

## Original Contributions - Originalbeiträge

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## Basic Principles for Therapeutic Relationship and Practice in Gestalt Theoretical Psychotherapy

Gestalt theoretical psychotherapy (GTP) is legally recognized as a scientific psychotherapy method in its own right in Austria. The Gestalt theory of the Berlin School (as formulated by Wertheimer, Köhler, Koffka and Lewin) exerted an influence on the psychotherapeutic field from the inception of the field of study known as Gestalt psychology. Early on, pioneering work was done on the Gestalt theoretical understanding of healthy and pathological development (cf. Stemberger, 2002). Gestalt theory also influenced the development of several psychotherapeutic schools, including Gestalt therapy, group psychoanalysis, and other psychotherapeutic approaches which focused on group dynamics, and later on catathymic-imaginative psychotherapy. As regards psychotherapeutic understanding and the existential needs of the person, Gestalt theory has much in common with both Adlerian individual psychology (cf. Soff & Ruh, 1999) and Carl Rogers' client-centered approach (cf. Metzger, 1977). Also, some psychoanalytic schools of thought have considered integrating Gestalt-theoretical insights (cf. Waldvogel, 1992; Galli, 2017; Trombini & Trombini, 2006).

A new attempt to formulate a GTP in a comprehensive and consistent way was made in the late 1970s in Germany, when Hans-Jürgen P. Walter published his doctoral thesis as a book under the title “Gestalttheorie und Psychotherapie” (Gestalt Theory and Psychotherapy; Walter 1985; 1994), and the Society for Gestalt Theory and its Applications (GTA) was founded, in a project that allowed psychotherapists to join forces with others in psychology and related fields. After a phase in which the orientation was more toward a Gestalt theoretical foundation of Gestalt-therapy, this was increasingly developed into an independent method in its own right, and put forward the claim of an integrative approach. While its initial phase was oriented toward the Gestalt theoretical foundation of

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This contribution essentially follows the basic statements of the elaboration by Gerhard Stemberger, which was published in German in the journal *Phänomenal – Zeitschrift für Gestalttheoretische Psychotherapie* (Stemberger, 2018b; 2019a; 2019b).

I sincerely thank the reviewers of my manuscript for their helpful suggestions; the remaining shortcomings of this paper remain entirely mine.

Gestalt-therapy, the Gestalt theoretical approach developed to become an independent method in its own right, whose integrative approach gained a foothold mainly in German speaking countries.

The purpose of this contribution is to present and justify the practice of Gestalt theoretical psychotherapy, and also present its main features and more recent developments. While presentations of therapy methods and research often focus on the procedures which are practically performed there, we want to take the top-down path in the Gestalt theoretical sense. In order to describe what actually happens in psychotherapy, it is necessary to understand the overarching whole in which it is embedded. The ground from which the figure of practical procedure stands out and with which it interacts most closely is established in the relationship between therapist and client in the respective therapeutic situation (Stemberger, 2018a, 2018b).

There is a scientific consensus that the psychotherapeutic relationship has a significant influence on the outcome of a therapy. Since the beginnings of psychotherapy, aspects of relationship have played a central role. Orlinsky and Howard (1986) concluded on the basis of the meta-analysis of over 2300 studies that the quality of the therapeutic relationship is of central importance for the therapeutic outcome. This result was subsequently confirmed by numerous studies (e.g., Horvath & Symonds, 1991; Strunk & Schiepek, 2014). No finding of psychotherapy research has been validated as frequently as the correlation between the effect factor quality of therapy relationship and the success of psychotherapy (Pfammatter, Junghan, & Tschacher, 2012). This correlation can be demonstrated across different therapeutic procedures, such as psychodynamic and cognitive-behavioral approaches (Flückiger, Horvath, Del Re, Symonds, & Holzer, 2015; Barwinski, 2014). For therapeutic interventions to be effective, they must be embedded in a good working relationship, since therapeutic relationship is the basis of psychotherapy (Strunk & Schiepek, 2014).

### **1. Accepting the Factual Duplication of the Psychotherapeutic Situation and Building on It**

A Gestalt theoretical approach to the psychotherapeutic relationship first considers the epistemological background. From the point of view of critical realism, it cannot be assumed that we have only *one* single therapeutic relationship and *one* single therapeutic situation. In fact, when we talk about therapy, we have *two* therapeutic relationships and *two* therapeutic situations. The therapeutic relationship involves one experience in the phenomenal world *of the client*, and one experience in the phenomenal world *of the therapist* (cf. Sternek, 2021; Stemberger, 2013).

The therapeutic relationship in the client's phenomenal world is not the same as the therapeutic relationship in the therapist's phenomenal world. Although generally there will be similarities in certain areas, there will often also be significant differences in other respects. Between these worlds, understanding and reciprocity are possible, but not always made available in advance. Therapeutic practice must take this into account (Stemberger, 2018b).

“So, what happens in the therapeutic field of the therapist's phenomenal world is by no means identical with what happens in the therapeutic field of the client's phenomenal world. It has first to become a fact in the world of the other to become a field part there, and it will then function as a part of this other field, possibly differing considerably from how it functions as part of the therapist's field.” (Trombini, Corazza, & Stemberger, 2019, p. 64)

Understanding and agreement between these two worlds are possible on a fundamental level. Further, they are also necessary for a successful therapy process. Creation of a psychological contact between these two phenomenal worlds is essential, and succeeds only if it is supported by communicative processes. Experience and perception of both worlds should correspond to some extent (Stemberger, 2019a).

In this sense, research on the topic of therapeutic relationships can only be read with some skepticism from a Gestalt-theoretical point of view, where they report *one* therapeutic relationship. The nature of the therapeutic relationship can never be viewed adequately only from within the therapist's phenomenal world or from within the client's phenomenal world; for this reason, it should always be clearly stated which of the two we are discussing or investigating. Although client and therapist “factors” influencing the working alliance are identified in the research concepts by interviewing therapists and clients alike (Horvath & Luborsky, 1993; Norcross & Lambert, 2018), their results still very often refer to a fictitious single and uniform therapeutic relationship.

## 2. The Nature of the Therapeutic Relationship

A special working alliance aimed at psychotherapeutically supporting the client in overcoming a particular state of mental suffering, emotional distress, or psychic restriction is seen in GTP as an essential part of the therapeutic relationship. Like any relationship, it is a genuine encounter between people and therefore cannot be limited to the aspect of a working alliance. As Wolfgang Metzger described in 1954 (p. 62ff), a therapeutic relationship possesses qualities of a Gestalt, with texture properties (*Materialeigenschaften*), properties of order and construction (*Struktureigenschaften*), and expression properties (*Wesenseigenschaften*): The texture properties are determined by the persons involved, whereas the

structural properties result mainly from the particularities of the coming together in a therapy and its course. The expression properties of the relationship—whether tense, trusting, insecure, confusing, etc.—will change over and over during the course of therapy and, above all, will not always show themselves in the same way on both sides (therapist and client). A therapeutic relationship also shows other Gestalt qualities: On the one hand, it is not static, but rather a progressive Gestalt (*Verlaufsgestalt*), and on the other hand it is characterized by dynamic self-organizing tendencies (Stemberger, 2018b).

Therapeutic relationships can be more or less *prägnant* (concise). Giuseppe Galli analyzed social virtues that are important not only for the psychotherapeutic relationship, but for all interpersonal encounters. These social virtues are *Prägnanz* forms (conciseness forms) of relational structures (Galli, 2005; 2017). Stemberger (2020) noted: “When we think of relationships in which one person tries to help another, nurtures or supports the other in a therapeutic way, and the other person receives help, accepts care, and accepts the therapeutic options, then, in the successful case, all the social virtues analyzed by Giuseppe Galli take effect on both sides.” (p. 44; transl. AB)

The social virtues analyzed by Galli (devotion, gratitude, wonder, repentance, trust, and sincerity), as well as their psychological contrasts (escape into fantasy, envy and presumption, obtrusiveness and possessiveness, insincerity, indifference and contempt), can come to light in the treatment of the client’s relationships in his/her everyday life, but they can also reveal themselves as *Prägnanz* forms of the therapeutic relationship. On the part of the therapist, the *Prägnanz* form of devotion can be seen as the basic form of the psychotherapeutic situation—in the context of one’s devotion in addressing the therapeutic concerns of the client (Stemberger, 2013).

### 3. Threefold Relationship Centering in GTP

Not only the therapeutic relationship, but also all relationships in general play an important role in GTP, owing to the fact that the human being is regarded as a genuine social being. The phenomenal world of a person is a social world in which he/she is in close interaction with fellow beings and with human communities. The human being is thus not seen as an individual being to which social references are added only later, but as a primarily social being whose experience and behavior are determined by the relationship between the person and his/her environment—and there again, above all, such determination being made by his/her fellow human beings. This phenomenal world is therefore not seen as an isolated individual social world. With his/her behavior, a person influences the phenomenal worlds of his/her fellow human beings, which in turn can lead to corresponding reactions. In addition, it is also a world socially shaped by the

respective concrete socio-economic circumstances, gender fate, power, and politics (cf. Zabransky, Wagner-Lukesch, Stemberger, & Böhm, 2018).

In this context, GTP considers itself to be a relationship-centered approach in which the therapist's attention is essentially focused on the client's relationships. On the one hand, the particular interest with which GTP concerns itself lies in the relationships which the client has with his/her fellow human beings (e.g., family, love and friendship relationships, relationships in work-life and in cultural and political associations); on the other hand, GTP is interested also in the relationship between therapist and client in the respective therapeutic situation, and finally in the relationship the client has with himself or herself. These three stages or spheres of relationships interact closely with each other: Sometimes problems and coping opportunities that the client has in his/her everyday relationships manifest in the therapeutic relationship, perhaps in a somewhat modified form. This special type of "transference" offers the opportunity for such problems to be dealt with directly on the spot (on the Gestalt theoretical concept of "transference": cf. Kästl, 2007). In the protected environment of the therapeutic situation, one may try out new forms of dealing with these difficult and challenging situations. When successful, new experiences of relationship-healing may be found in the therapeutic encounter (Stemberger, 2018b).

As the American Gestalt psychologist Mary Henle has shown in her study of the phenomenology of personality, there is also a close correlation between the nature and expression of a person's relationship to his/her fellow human beings and his/her relationship to himself or herself (Henle, 1962; Stemberger, 2010). A focus on the client's relationship to himself or herself, including its manifold interactions with relationships to other people and groups in everyday life and with his/her relationship to his/her therapist, can only succeed if the therapist has also investigated these interactions within himself or herself. This threefold relationship-centered GTP can finally be expressed through the fact that the therapist considers it an essential therapeutic goal and at the same time an indicator of the progress of the therapy to support the client's various relationships in their development toward more positive forms and higher levels of conciseness/Prägnanz (Stemberger, 2018b).

#### **4. Therapeutic Attitude**

The meaning of the German wording "therapeutische Haltung" is closely related to both "therapeutic attitude" and "therapeutic stance." Both designations are used in the literature, depending on the focus (Jørgensen, 2019) of the study. This contribution refers to those aspects of the therapist's attitude toward his/her tasks, the way of encounter with his/her clients, and to the fundamental orientation toward psychotherapeutic work in GTP, which is why the term "attitude" seems more appropriate in this context.

Several researchers have found that the therapeutic attitude varies considerably from one therapist to the other and have confirmed that the therapeutic attitude is closely related to the epistemological background and theoretical orientation of the different therapeutic schools (e.g., Taubner, Kächele, Visbeck, Rapp, & Sandell, 2010; Sandell et al., 2006). In GTP, with its special characteristic that its conception is not primarily based on a certain praxeology or doctrine of disease, but explicitly on the epistemological position of critical realism, the therapeutic attitude is aligned accordingly. It considers the different experiences of different people, the need to respect different phenomenal realms and distinguishes itself from monopersonal approaches (cf. Sternek, 2021).

The course of the psychotherapy process is essentially determined by the quality of the therapeutic relationship, which is shaped on the therapist's side by a certain attitude toward his/her task, his/her client and himself/herself. From the very first encounter between client and therapist, as in all subsequent encounters, the relationship that develops between them is expressed in the attitude with which they face each other and will relate to each other in the future. "This attitude is both the manifestation and the core of their relationship with each other." (Stemberger, 2019a, 29; transl. AB)

Such attitudes arise "internally" from the attitudes of the person concerned toward him-/herself, the other person, and therapy, from the expectations and readiness associated with these attitudes and the means through which they are incorporated into the therapist's encounter and cooperation with the client. "Externally," this attitude can also become visible in their posture, in their gestures and "rituals," and in all aspects of their interactions with each other. Here, too, it is not only about the therapist's attitude toward the client, but also about the therapist's attitude toward himself/herself or at least toward his or her task.

GTP is characterized by certain ideas about the attitude with which the therapist should encounter his/her client and the therapeutic task. The therapist's main requirement is an attitude of "objectivity," which means that one should not be guided in therapy by selfish personal interests, but by the "demands of the situation." This attitude has its origin in the social virtue of devotion described by Giuseppe Galli – an attitude of human respect (Stemberger, *ibid.*).

As regards the question of what constitutes a healing encounter in psychotherapy, there is a close agreement with the findings of Carl Rogers, who formulated six necessary and sufficient conditions for personality development through psychotherapy:

"For therapy to occur it is necessary that the following conditions exist.

1. That two persons are in *contact*.

2. That the first person, whom we shall term the client, is in a state of *incongruence*, being *vulnerable*, or *anxious*.
3. That the second person, whom we shall term the therapist, is *congruent* in the *relationship*.
4. That the therapist is *experiencing unconditional positive regard* toward the client.
5. That the therapist is *experiencing* an *empathic* understanding of the client's *internal frame of reference*.
6. That the client *perceives*, at least to a minimal degree, conditions 4 and 5, the *unconditional positive regard* of the therapist for him, and the *empathic* understanding of the therapist." (Rogers, 1959, p. 213; emphasis in original)

These conditions, which unfortunately are often reduced to three "therapist variables" in the psychotherapy literature (congruence, unconditional positive regard, and empathy), do justice to the relationship character of psychotherapy in a way that coincides with the viewpoint of critical-realism as to the psychotherapeutic situation.

The conditions mentioned above point to the fact that the therapist and client do not live in a common phenomenal world, but each in his/her own phenomenal world. However, a phenomenal therapist and a phenomenal client meet each other in both worlds. A client–therapist encounter is experienced in the phenomenal world of both the client and the therapist, but how that encounter is experienced can and does differ significantly between the phenomenal worlds of the client and the therapist. Through processes of mutual perception, communication, and behavior, despite this difference, or even because of this difference, in the phenomenal worlds of both persons involved, a genuine interpersonal relationship can emerge, which sufficiently agrees with and sufficiently differs from the other person's point of view.

The important thing now is the development of psychological contact between these two worlds. This succeeds wherever an agreement between these two worlds can be achieved through communicative processes. Congruence, positive regard, and empathy on the part of the therapist, therefore, only make sense if they are also present in the phenomenal world of the client (Stemberger, 2019a).

One of the guiding principles of the GTP is that the therapeutic situation should act as a "place of creative freedom" for both sides and should be shaped accordingly (Walter, 1985; derived from Metzger, 1962). Creative freedom, therefore, means to cope with one's own individuality as well as with the individuality of one's counterpart. According to Metzger, sustainable changes can only be achieved on the basis of a person's inner forces. Arbitrary, enforced changes to living beings or living processes from outside are ineffective in the best case and they can be interpreted as being acts of ruthlessness or even violence in the worst case. In



this sense, the therapist will not take a “making” attitude in which he or she sets the pace of work and the topics.

#### 4.1 The Therapy Situation as a Place of Creative Freedom

With Metzger, we assume that the possibilities for the development of the inner forces are pre-existing in the human being. These forces do not have to be formed by the therapist first, but his or her task is to create the conditions under which such forces can occur and to remove obstacles to ensure that, where they exist, they can come into operation—with the aim that something special, new, peculiar, original, genuine, and true can emerge, such as the clarification of unexpected connections, a discovery or invention, or an unexpected and convincing solution to a problem. Creative freedom does not mean the freedom to do anything, but the freedom to do what is right in a particular situation (Metzger 1962, 75). This kind of freedom is not seen in the sense of being free from arbitrariness or from external restrictions and specifications; it is rather seen in the sense of being free from internal and external barriers and forces that distract from the actual goal. What is right for the client in a given situation does not depend on the therapist’s assessment, but neither does it simply depend on the client’s assessment. Doubts or conflicts about what the situation is and questions as to what to do have finally led the client into therapy. What is at stake, then, is helping the client to find a clearer understanding of the situation and what it requires of him. The therapist lends to the client his skills for this search, and is expected to refrain from supplying his own opinion as the determining one.

Metzger (1962, p. 18ff) has detailed six “characteristics of working at the living” (living beings and living processes) as those conditions under which creative forces can develop and unfold. These characteristics were applied to the psychotherapeutic field by Walter (1985). These characteristics do not only refer to psychotherapeutic situations; they come into play in all places where the requirement to deal with living beings arises (such as in upbringing, care, education, and even in connection with animals and plants). The leading principle is “reverence” for the inner qualities of the person, wh our daily lives; in terms of psychotherapeutic ich is understood as a self-regulating system (Galli, 2007). Consequent to their interdisciplinary significance, these characteristics are also increasingly gaining recognition outside GTP, e.g., in educational sciences (Soff, 2017) and humanistic therapy methods (Kriz, 2007).

Further, the six characteristics developed by Metzger, as applied by Walter (1985) to psychotherapy, are briefly described here:

##### 1. Non-Exchangeability of Forms

Nothing may be imposed on a living being that is contrary to his/her nature. Likewise, only those potentials can be brought to maturity that are inherent in a



person or a living being. Metzger explained this fact by means of the difference to dead (non-living) material (such as a work-piece made of gypsum, clay, or metal), which one can produce, craft, or make anything out of—just as he or she likes, just when he or she likes, and just as he or she wants it to be. In connection with living beings, in the long run, one cannot force anything which is against one's nature. Only that which is inherent in the living being as a possibility can be brought to an unfolding. This is not to say that it would be impossible to impose anything on a person from the outside. However, this possibility is considered to be very limited and not permanent and contradicts man's ability for self-organization.

## 2. Shaping the Process by Using the Forces Inherent within the Living Being

Metzger described this characteristic vaguely translated as “shaping from inherent forces.” The impulses and forces that realize the desired form have their origin in the cared-for being. The psychotherapist is challenged to set conducive surrounding conditions and to strengthen or weaken these inner forces at certain points, thereby ensuring that they satisfy the needs in the current situation. Therefore, psychotherapy will only succeed when it is respectful of the indwelling forces within the client. Each psychotherapy situation needs to be adjusted to the individual possibilities and abilities of both human parts—in an interactive process between the psychotherapist and the client. Any procedures which are executed along a standardized pattern, irrespective of the individual and the situational needs, are out of place. The psychotherapist rather has to stay in close contact with a given situation and with the client's skills as well as his or her own skills or faculties in order to find those paths of discovery which are innate in this individual.

## 3. Non-Exchangeability of Working Times

Every living being, especially every human being, has its/his own time and moments which are particularly fruitful for change. Not any given time or point of psychotherapy is suitable for every procedure and every step taken thereafter. Planned procedures do not mean that the psychotherapist follows a rigid pattern without questioning whether the time is right for the client to take certain steps or undergo certain procedures. Every person has his/her own productive times for discovery and change. A Gestalt Theoretical Psychotherapist does not determine the exact course of the development steps in advance.

## 4. Non-Exchangeability of Working Speed

In this context, it is also impossible to specify the speed of operation or speed of working. It cannot be arbitrarily accelerated or slowed down. Sometimes the therapist has to wait patiently, because no one can “do growing.” Further, since it

is sometimes necessary to wait for the right time, it is thus an obligation for the therapist to really seize the opportunity.

### 5. Accepting Detours

Sometimes the therapist has to accept detours, because clients do not always go straight to their defined goal. Therapists will often have to tolerate diversions, or to even make provisions for them deliberately, when they have realized that there are indispensable intermediary steps in the client's unfolding discovery process. Here, trust in self-regulation plays an important role.

### 6. Mutuality of influence

All things that happen in the psychotherapeutic process influence one another. There is a reciprocity involved in everything that goes on. Psychotherapy is a collaborative process and a joint process of discovery and change within a vital relational situation occurring between two (or more) humans. Any occurrence during the psychotherapeutic process is to be comprehended as a field process that complies with the rules of the psychic field. "Although geared toward the clarification of a situation, of the developmental potential and the need of support by *one certain* person, with the professional help of the *other*, both do affect each other, opening themselves to this interaction and adopting an egalitarian attitude, which they use mindfully and consciously for the clarification to be achieved." (Stemberger, 2008, p. 100).

All these characteristics specify the necessary conditions for the development of self-regulation. For the psychotherapist, it is the observance of these characteristics that is paramount, not the use of certain techniques or forms of intervention (Kästl, 2011). The same applies to the "social virtues" described by Giuseppe Galli. The attitudes and behavior patterns in therapy anchored in such insights therefore not only claim to do justice to the nature of human beings and the concrete encounter-situation in psychotherapy, but also to lend effectiveness to therapy by promoting the self-healing powers of human beings (Stemberger, 2019b). With Galli (2017), we call Gestalt Theory a "school of respect."

## 5. Forms of Encounter and Cooperation

In explaining his approach of working at the living, Metzger distinguished three basic forms of this work, which parallel the leadership styles described and examined by Lewin, Lippitt, and White (1939). He described *care*, *leadership*, and *fight* as three basic forms which, in practical work, often complement, mix, and merge (Metzger, 1962). Kästl (2011) emphasizes these three basic forms as being valid for psychotherapeutic work, as well as for all professional and private relationships which we engage in our daily lives; in terms of psychotherapeutic work

Kästl summarizes as follows: Care means that the client's will is at the forefront of the joint approach and the therapist remains largely in the background, consciously allowing himself to be guided by the client's concerns. This type of encounter will be particularly necessary if the client is emotionally strongly involved in a topic to be worked on, needing nothing more than the sustained interest and receptiveness of the therapist—when more active participation, beyond caring support, could disturb the process.

As regards the second form (leading), one's own sphere of will is expanded by including the will of another person. In addition to the therapist's own will, the client's will must be preserved. Therapist and client pursue a common goal; under this approach, the client willingly leaves the therapist to assume charge; the client's willingness to assent to this form of treatment might be inferred from the mere fact that the client feels motivated to attend treatment-sessions and thus indicates that he or she reposes confidence in the therapist's expertise. In the third form, the fight, the will of the other person is overcome in a concrete context; in extreme cases, it may even be broken. The latter may occur in rare situations in psychotherapeutic processes, when the patient endangers himself or herself or others. Here, a maximum amount of transparency is required on the part of the therapist in order to dissolve the fight as quickly as possible and return to leadership as a form of relationship.

Stemberger (2019a) adds that these three basic forms are not limited to the therapist, but also take place on the client's side. Both do this with each other or in relation to each other, whereby it can become clear in what way the client cares, leads, and fights in his everyday life relationships, but also how he cares, leads, and fights in dealing with himself. In addition, he states that this caring, leading, and fighting must be embedded in another, overarching form of encounter: *cooperation* between client and therapist in pursuit of the client's concerns. For this, it is necessary that both agree from the beginning that the therapist will also be involved and shall be available as a reliable partner at the eye level.

## **6. Working Procedures and Methods**

“Practicing phenomenology,” together by therapist and client, combined with a change-activating force field analysis, are the fundamental working methods of GTP. While practicing phenomenology is aimed at “looking at what is,” as unreservedly as possible, at what the client directly encounters in her or his phenomenal world, the force field analysis aims to find out—by experimenting and varying—the forces that decisively determine how this phenomenal world is found and how it works (“discovering what forces are at work”) (cf. Zabransky et al., 2018).

The phenomenal world of the client cannot be explored by the therapist, but only by the client himself/herself, because he or she alone has immediate access to his or her own phenomenal world (Stemberger, 2016). The therapist can only learn about it through the client. In doing so, the therapist encourages the client to seriously engage with her or his experience and the thoughts and ideas associated with it and to share these in a dialogical process with the therapist. While the client is to become his/her own diagnostician, it is the task of the therapist to accompany this exploration competently and unselfishly (Stemberger, 2019b). This process of exploration should be as unaffected as possible by presumptions and reservations. In this context, Stemberger (2016) emphasizes that what is “discovered,” which simply has to be “accepted as it is,” refers not only to what is descriptively encountered in the experience, such as what is seen, heard, felt, and sensed, but also to what is thought, imagined, remembered, and planned. “This way of working is based on trusting that the simple recognition and acknowledgment of ‘what is’ forms the basic prerequisite for any problem solving and healing.” (Stemberger, 2019b, 40; transl. AB)

Practicing phenomenology jointly with the client always includes the force field analysis. It is not only about understanding and deepening the client’s experience, but also about getting to the bottom of the effective driving and inhibiting forces, thereby ensuring that the emergence of the phenomenally encountered facts can be understood. These forces are, on the client’s side, his/her own needs, plans and goals by means of which these needs are intended to be addressed, the obstacles operating in the internal personal area, the therapist’s assessment of the client’s mental environment and the interrelation this environment bears with the phenomenal world, the requirements from this environment and the associated inhibiting and promoting forces and induced needs and goals, and finally, as a framework condition that defines the potential space of all these forces, the material, non-psychological conditions associated with the person’s existence (e.g., gender, age, social class affiliation, or physiological condition). In fulfilling this process, the therapist encourages his or her client to check the assumptions and convictions about himself/herself in the here-and-now of the therapy situation by inviting him or her to try out variations of the corresponding situation (e.g., to assume a position of power, a different time perspective, etc.). Such an experimentally varying procedure (Luchins & Luchins, 1959; Lindorfer, Luchins, & Luchins, 2020) can, if successful, not only promote new insights, but also create a new psychological situation in itself. In this sense, we speak of change-activating force field analysis.

The practicing of phenomenology and force field analysis take place in a situation-focused “top down” approach. The “top” or “the whole” is understood here as: the psychological situation the client is currently in; the person of the client

in interaction with his or her environment; and the therapeutic relationship as a basis for the further concrete steps to be taken. In any case, the Gestalt theoretical psychotherapist does not proceed in such a way that individual symptoms or personality areas are researched and “worked on” one after the other and independently of each other in order to form a summative image of the overall situation or of the client’s person, but rather – conversely – always tries to start from a view of the client’s overall psychological situation, in which individual problems, personality traits, balance of power etc. are embedded. “It is the character of the psychological situation as a whole that determines the peculiarity of individual parts, not the reverse.” (Zabransky et al., 2018, 160; transl. AB) For this reason, interventions and techniques in GTP must always be appropriate for the client’s overall psychological situation, and must also be within the range of the therapist’s capabilities.

Practicing phenomenology and force field analysis are applied in an emotion-focused and insight-oriented manner. GTP assumes that to discover a way out of mental crises and disorders, the human being also needs to obtain insight into his/her situation and possibilities, and that psychotherapy has to support him/her in gaining and implementing such insights. Insight-oriented problem analysis, as developed by Erna Hruschka (1969) on the basis of Gestalt theoretical research, is regarded as a comprehensive Gestalt process that can lead to necessary restructuring. Emotions play a decisive role in this process, as numerous studies (especially by Kurt Lewin and his students) indicate. In GTP, emotions are seen as *Prägnanz* forms of experiencing oneself in the world and experiencing oneself to this world. GTP places emphasis on the need to concisely express the needs and goals of a person (cf. Stemberger & Sterneek, 2019). In emotions and feeling, the following aspects are *prägnant* (concise) in a holistic way, namely: who you are, in which world, and what results directly from your interaction with the world. Therefore, the Gestalt theoretical psychotherapist preferentially directs attention to the experience of emotions and promotes the expression of emotions both with the client and with oneself—not for the sake of an end in itself or to relieve tension, but as a natural part of clarification processes.

Given its epistemological allegiance to critical realism, which itself invites both phenomenology and a relationship-centered approach, the therapeutic process of GTP is strongly dialogical. There is a need to attend not only to facilitate communication between therapist and client, but to observe the way in which the client relates to his/her world, to both fellow human beings and communities contained therein, and the client’s internal communications—the “inner dialogue” between different “parts”, “aspects,” or psychological functions of a person. When the psychotherapeutic process is no longer primarily about discovering new insights, but rather about consolidating and optimizing existing or newly

acquired abilities and skills, GTP proceeds in a pragmatic and experimental manner. Consistent with Gestalt theory, practicing is understood not as mechanical repetition, but rather as experimentation with previous attainments which are aimed at further developments and honing them, under new, more differentiated conditions (Stemberger, 2019b).

## 7. Forms of Interventions and Techniques

With regard to techniques and methods, GTP is open to diverse forms of work from different areas, provided that they reflect the particular demands of the situation (*Gefordertheit der Lage*) and align with Gestalt theoretical principles. GTP rejects the uncritical embrace of evidence-based treatment in nomothetic contexts, whose “one-size-fits-all” cookbook approaches may be insufficiently attuned to individual needs and differences. Contrary to the medical model, successful psychotherapy cannot be measured by specific methods for specific disorders. Instead the therapeutic process as a whole is decisive (Norcross & Wampold, 2011; Lambert 2013). From the point of view of GTP, the use of techniques plays only a subordinate and supporting role. The use of a particular technique depends less on the specificity of the form of intervention than the therapeutic situation and therapeutic relationship in which it is embedded.

GTP regards the human being as an open system that is permanently self-regulating. The process of self-regulation is directed by the phenomenal world of a person, powered by his or her needs and quasi-needs (*Quasi-Bedürfnisse*) (Metzger, 1969). From the beginning of their lives, people actively interact in and with their environment, seeking both balance and new experiences. Accordingly, the experienced, phenomenal world is a dynamic system that constantly strives for new states of equilibrium (*Fließgleichgewicht*). Following the findings of Gestalt theoretical research, this self-regulation is subject to the laws of Gestalt, which are applied here in the sense of the *Prägnanz* principle. The task of GTP is now to help people whose lives have become overly unbalanced to find a new dynamic balance, to the greatest degree possible. Interventions and techniques should be aimed at supporting reorganization and restructuring tendencies that are already indwelling as demands in the phenomenal world of the client.

Stemberger (2019b) enumerates the different forms and techniques of intervention that GTP employs to achieve therapeutic objectives:

1. Forms of intervention and techniques that are able to induce certain changes in the client's systems of tension, i.e., to directly address his needs and plans.

The effect of conscious and unconscious needs, objectives, and meanings will have to be examined in order to be able to establish or maintain tension systems (cf. Lindorfer, 2021). if necessary, or, in the case of tension systems that are no

longer appropriate, to promote their conversion or reduction. Verbal and non-verbal forms of intervention range from directing attention to one's own aspirations (e.g., with the question, "What do you want right now?") or the aspirations of others ("What do they want from you right now?"), to trying out the effect of expressing these aspirations, to forms that make the currently effective needs and aspirations, in their various aspects, capable of being directly experienced (e.g., in fantasies of wish fulfillment, in imagined stagings, in dialogical works, etc.). For example, current unconscious aspirations can be rendered accessible by directing attention to posture, body movements, the sound of the voice, or the melody of speech. Possible conflicting or contradictory aspirations can thus be uncovered.

2. Forms of intervention and techniques which are able to induce structural changes in the client's life space.

Using Kurt Lewin's field theory (1963), a distinction can be made between verbal and non-verbal forms of intervention:

- which are able to induce an extension or reduction of the time dimension of the life space (e.g., moment exercises, time travel, life panorama, etc.),
- which are able to induce a change in the degree of reality of the life space (or parts thereof), e.g., transformation of the experienced into a film scene, magic and the like,
- which are able to induce a higher or lower differentiation of the life space (e.g., viewing through a magnifier or telescope),
- which are able to induce liquefaction or solidification of the life space (or parts thereof),
- which are able to induce extension or narrowing of the life space, and
- which are able to induce a change in the degree of order.

Although most of the forms of intervention listed here mostly focus on one of these dimensions, their impact also affects more or less all the others.

3. Forms of intervention and techniques that focus on the tension systems and structures in the therapeutic relationship.

On the one hand, the therapeutic relationship can be addressed as a learning field, on the other hand as "transference" and "countertransference" events. The forms of intervention require a particularly sensitive approach and range from simply addressing the current relationship or proceedings, to clarifying relationships in dialog, to techniques in which the situation-determining relationship in the perception of the therapist becomes the subject of therapy.



4. Forms of intervention and techniques that focus on the tension systems and structures in other social relations of the client.

A distinction is made here between those interventions which explore the conditions for the emergence of ego-centered experiencing and behavior, and those interventions which promote situation-centered experiencing and behavior. This category includes all verbal and non-verbal interventions and techniques that are suitable to transport the client into the experience of different situations (of the present, the past, or the future).

The differentiation between these four functional basic forms of interventions and techniques is primarily conceptual with a focus on aim and effect. In practice, they mostly overlap. A wide variety of forms of intervention can now be assigned to these categories, which can be used in GTP depending on the situation and the requirements.

### Summary

Gestalt Theoretical Psychotherapy, in the broader sense of the term, has developed in various forms on both sides of the Atlantic since the 1920s. Gestalt Theoretical Psychotherapy, in the narrower sense of the term, came into being in the second half of the 1970s in German-speaking countries. In Austria, it is a state-approved, independent scientific psychotherapy method since 1995, and an integrative psychotherapeutic approach based on the Gestalt theory of the Berlin School. With reference to this comprehensive, consistent, scientific theory, this article presents the basic concepts of therapeutic practice in the field of Gestalt psychotherapy. Starting from the overarching whole to the parts, the paper first examines the concept of therapeutic relationship and therapeutic attitude, and then describes the basic principles of the practical design of the therapeutic process.

**Keywords:** Gestalt Theoretical Psychotherapy, therapeutic relationship, therapeutic attitude, psychotherapeutic praxeology.

### Zusammenfassung

Gestalttheoretische Psychotherapie im weiteren Sinn hat sich seit den 1920er-Jahren in unterschiedlichen Formen diesseits und jenseits des Atlantiks entwickelt. Die Gestalttheoretische Psychotherapie im engeren Sinn entstand in der zweiten Hälfte der 1970er-Jahre in den deutschsprachigen Ländern. Sie ist in Österreich eine seit 1995 staatlich anerkannte, eigenständige wissenschaftliche Psychotherapiemethode, ein integrativer psychotherapeutischer Ansatz auf Grundlage der Gestalttheorie der Berliner Schule. Bezogen auf diese umfassende, konsistente wissenschaftliche Theorie werden in diesem Beitrag die Grundkonzepte der therapeutischen Praxis dargelegt. Ausgehend vom übergeordneten Ganzen zu den Teilen, wird zunächst die Auffassung von therapeutischer Beziehung und therapeutischer Haltung beleuchtet, um darauf aufbauend die Grundlagen der praktischen Gestaltung des Therapieprozesses zu beschreiben.

**Schlüsselwörter:** Gestalttheoretische Psychotherapie, therapeutische Beziehung, therapeutische Haltung, Praxeologie der Psychotherapie.

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