

Gestalt, Phenomenology and Constellations

I am primarily trained as a Gestalt psychotherapist, and within the discipline of Gestalt phenomenology is central. My interest here is in showing why drawing on Gestalt's central themes, including phenomenology as an approach, a method and a discipline, is a crucial component of the constellations process, particularly when working overtly with trauma as the underlying causality. While I will give an explanation of Gestalt and phenomenology, it is always with a background of working with the constellations methodology.

Gestalt

For me Gestalt is centrally a way of being, of approaching myself, the other and the world. Therapists who say that they "use Gestalt" or that they "do Gestalt" have always confused me. I have never really understood what this means. The best sense that I can make of this is that these people view Gestalt from the perspective of techniques or skills, which I think demonstrates a lack of understanding of what Gestalt is. It is true that the Gestalt tradition has incorporated some distinct techniques such as the two-chair experiment and the easy to understand notion of the top dog versus the underdog, but the two-chair technique for example was actually already in use in other disciplines, such as psychodrama and was borrowed by Gestalt practitioners. Also, back in the '60's, '70's and '80's Gestalt practitioners were often very confrontational, sometimes shaming, and often the work focused on high catharsis, emotional expression, getting angry, beating up cushions, shouting at representations of parents and so on.

I want to say right now that these ways of working were always more to do with the practitioners and the more general practice of psychotherapy at that time than anything to do with what Gestalt actually is. To reduce Gestalt to such techniques saddens me, because such a view misses the essence of this discipline completely.

Gestalt therapy is a phenomenological-existential therapy founded by Frederick (Fritz) and Laura Perls in the 1940s. It teaches therapists and patients the phenomenological method of awareness, in which perceiving, feeling, and acting are distinguished from interpreting and reshuffling pre-existing attitudes. Explanations and interpretations are considered less reliable than what is directly perceived and felt. Patients and therapists in Gestalt therapy *dialogue*, that is, communicate their phenomenological perspectives. Differences in perspectives become the focus of experimentation and continued dialogue. The goal is for clients to become aware of what they are doing, how they are doing it, and how they can change themselves, and at the same time, to learn to accept and value themselves.

Gestalt therapy focuses more on process (what is happening) than content (what is being discussed). The emphasis is on what is being done, thought and felt at the moment rather than on what was, might be, could be, or should be. (Yontef & Simkin 1981)

Relevant to us as constellations practitioners are the following principles that are drawn from Gestalt theory:

Gestalt is:

- **Existential** – having a primary focus on issues of existence, of living including our mortality.
- **Experiential** – giving a primacy to experience rather than interpretation, old habitual ideas, analysis, or other cognitive abilities. Carl Rogers emphasized the notion that it is our emotional experience that indicates the truth about ourselves in any moment, not what we think about ourselves.

- **Experimental**– giving primacy to the notion that within any moment is always the potential for the novel, making life an ongoing experiment rather than continually falling back on habitual ideas and behaviours.
- **Phenomenological** – giving primacy to the phenomena of perception and awareness in the moment, rather than analysis or interpretation.
- **A field-oriented perspective**, which is not dissimilar to a systemic perspective: In every moment we exist within a context that includes our perceptions, experiences, history, relationships, society, environment and so on. We are always in relationship with the field and the field with us. In fact, better to say *I am* the field and the field *is* me. Nothing that we are or do is separate from this field. Everything that we are or do is always within and affected by this contextual field.
- **Awareness**: Change comes through increased awareness of ourselves within this field concept, as existential, experiential and experimental beings.
- **Contact**: is about relationship, whether with myself, another person or the environment. At all times we are to some degree in contact with something, it just depends what is figural in our awareness and what is in the ground. The quality of our ability to be in contact is mediated by many things, not least of which is any dissociative strategies in response to traumatisation that we may have. (Here I am straying into the topic of trauma, but it is relevant.)

In describing Gestalt therapy, the prominent Gestalt therapist Gary Yontef defined the Gestalt therapeutic approach briefly as follows:

Awareness is the only goal, and awareness is the methodology.

This means that the only real goal of the work is the increase of self-awareness, actually in both the client and the therapist. It is through increased awareness of myself that I can, for example, make clearer and better choices about myself and my life and be less a hostage to confusing and unexamined forces within myself. But increased awareness of myself in the moment also means that I am more able to be in good contact with myself and from thence, with others... to be in relationship.

This increased awareness automatically results in integration, or wholeness of the self. The word Gestalt (German) means wholeness in the sense of the parts (of the self in therapy) becoming elements of an integrated whole, where the whole is greater than the sum of the parts. For example a piece of music that affects us emotionally as a melody is more than the individual notes involved.

The above statement also means that the only method involved is the method of focusing on what exactly I am aware of in the moment, all else are techniques that are in the service of this.

This is a very stripped-down definition of the Gestalt process, but that is exactly what I like about it. It reduces everything that we are doing within the psychotherapeutic endeavour to a very refined focus, where all techniques and distractions that are not in the service of this can fall away. In this, it becomes like a

meditation, or what the psychotherapist and writer Sheldon Kopp has called 'impeccable work'. (Kopp, 1977)

Phenomenology

As stated above, a phenomenological approach is one that gives primacy to the 'isness' of phenomena, the here and now subjective experience and observation of phenomena stripped of analysis and interpretation. This is a means to awareness. As Yontef and Simkin state:

A Gestalt exploration respects, uses and clarifies immediate, "naive" perception "undebauched by learning" (Wertheimer, 1945, p. 331). Gestalt therapy treats what is "subjectively" felt in the present, as well as what is "objectively" observed, as real and important data. *This contrasts with approaches that treat what the patient experiences as "mere appearances" and uses interpretation to find "real meaning."* (ibid) (my italics)

I think that the *concept* of a phenomenological approach is far easier to take on than its practice for the practitioner. In my book on Constellations (Broughton, 2010) I start the chapter on phenomenology with a quote from Socrates:

As for me, all I know is that I know nothing. Socrates

Paradoxically this is the statement of a wise person. Socrates advocated this approach as a way of avoiding the mind hardening into fixed patterns of knowledge, or interpretations, that diminish one's ability to see things exactly as they are experienced in the moment. A phenomenological approach requires a persistent receptiveness and openness to the novel, a willingness to be in a state of "creative chaos, out of which new insights can emerge." (ibid) This is exceptionally challenging for the psychotherapist and the constellations facilitator.

The requirements of a phenomenological approach for the practitioner are:

- Interpretative abstinence
- Absence of personal need or intention
- Openness to emergent new information/phenomena
- Hypotheses are held lightly and freely abandoned when necessary
- Ability to make proposals and experiments rather than directive intervention
- Ability to trust the client
- Ability to trust the present process as having its own validity and integrity (i.e. the constellation)
- Ability to tolerate uncertainty, confusion, not-knowing and the "creative chaos" that precedes clarity
- Ability to be centred and internally quiet
- Have an ongoing familiarity with one's own issues and a willingness to persistently address them.

The principles of a phenomenological approach are:

- **Description** – of phenomena (without interpretation)
- **Equalisation** - of phenomena as having potential equal value/relevance, i.e. not precipitously giving excessive value to anything until it is revealed in the process as having particular value
- **Inclusion** – of all phenomena as they arise (rather than exclusion or giving valuing precipitously)
- **Bracketing** – of views, hunches, personal biases, personal ‘counter-transference’ issues. So, holding ideas lightly and giving precedence to the process

Constellations

The constellations process is a methodology practiced with a particular underlying theoretical framework. All psychotherapies have an underlying theoretical framework, even if one such as the “stripped-down” version of Gestalt quoted above.

Family Constellations:

For example, traditional or ‘family’ constellations, while essentially and ideally phenomenological in its approach, have as the underlying theoretical framework the ‘Orders of Love’. This is a dictum that emerged from the early explorations of families using the method of constellations that defines principles deemed to support good and loving relationships in families. While this ‘ordering’ can become extraordinarily detailed - in my view excessively and unhelpfully so - it broadly rests on emphasising ‘inclusion’ rather than ‘exclusion’, stating that ‘exclusion’ generally creates difficulties. By ‘exclusion’ what is meant is the keeping out of the here-and-now consciousness of the system (family), and the individual as a member of that system, information/emotions/events/people that are relevant, thereby causing disturbance and unrest to the consciousness of the system. Issues brought by the client are usually deemed to be caused by unhelpful entanglement with some excluded element from the past, often several generations back. As a brief example, if a great-grandfather commits a crime, the family members at the time may ‘exclude’ him, by refraining from talking about him and his crime. This becomes an unintegrated component of the system, with the action of ‘exclusion’ being re-played from generation to generation, affecting the relationships in the system down to the present day. The present-day person (the client) is seen as potentially ‘entangled’ with this great-grandfather, carrying unconsciously the memory of him in contradiction of the exclusion. He is seen as in effect ‘re-membering’ this ancestor, attempting to reinstate him as a member of the system.

Despite the aspiration of traditional constellations to being a phenomenologically based approach, the practice in my experience is often far from this¹. I would tentatively say also that the practice of Gestalt similarly is often far from a phenomenological approach, frequently being quite interpretative. Even the tentative suggesting of a hunch by the therapist is, in effect, a form of interpretation and, depending on the current self-support of the client, may direct the therapeutic endeavour in a certain direction to all intents and purposes proposed by the therapist, not the client.

¹ Bert Hellinger, the originator of family constellations process and the Orders of Love, strongly advocated a phenomenological approach: “What is necessary is for the therapist, the client, and the representatives to be completely free of intent and fear, and to allow the essential reality to emerge. They have to agree to this reality as it is, without resorting to previously held theories, biases of experiences. This is the psychotherapeutic application of a phenomenological stance.” (Hellinger, 2003)

In mitigation of this I do think that a real phenomenological approach is an intense discipline that probably can never be an absolute, but must settle with being a discipline and an aspiration, similar to the practice of meditation. However, this being so I would also say that much constellations facilitation in my view is excessively directive, interpretative and interventionistic and there are, in my view, real problems with this, particularly when one comes to understand the processes of trauma. Suffice to say for the moment that in the group constellations event the theatricality of the process can be exceedingly seductive to the facilitator, leading potentially to a highly directed process and thereby a rather formulaic and artificial outcome. I do not see this as helpful to the client - in fact I see it as potentially incredibly harmful to the client - and nor do I see it as ethical practice.

Trauma Constellations:

Trauma constellations has as its underlying theoretical framework the following basic assumptions:

- Trauma is the result of an experience that completely overwhelms the person's psychological and physical being, rendering him utterly helpless in the face of unstoppable and consuming forces, causing the psyche to split, relegating the intolerable trauma experience to the unconscious, primarily by means of dissociation.
- These splits become reified and refined as part of the personality, at times being breached by triggers that override the dissociative strategies whose function is to keep the terrifying experiences unconscious. We call this a re-traumatisation.
- The split psyche imprint can be inherited across the generations primarily through the intimate and essentially life-preserving process of parent/child bonding².
- The bonding of a child with a mother whose psyche is split, and who has a tendency to dissociate when the more frightening emotions threaten to surface, can itself be a trauma for the child. We call this a symbiotic trauma or trauma of bonding.
- This symbiotic trauma varies in severity according to the initial experience (i.e. potentially from conception to approximately two years old), and this severity dictates absolutely the ability of the growing child to manage subsequent traumatic experiences.
- The splits that occur bring into being three essential components: a healthy component, a trauma component and a surviving component.
- Subsequent traumas, including incidences of re-traumatisation, may induce further splitting as a means of coping.

Much of this thinking is not in itself new, indeed the concepts of 'splitting' and 'dissociation' go back to Sigmund Freud, Jean-Martin Charcot and Pierre Janet (late 19th century) (Herman, 1992), and ideas about

² It is now established knowledge within the field of neuroscience that at the beginning of life the child is unable to regulate his internal metabolic processes and relies on the mother's regulatory processes through the resonance and regulation provided by the limbic brain system. This means that without sufficient connection with an adult (whose regulatory system is established) the child literally will not survive. And this does not even begin to address the effect of non-connection on the psyche.

the supremacy of attachment and bonding in the formation of the child's psyche to John Bowlby in the 1950's (Holmes, 1993). However it is Professor Franz Ruppert who has drawn these ideas together to create this theoretical framework (Ruppert, 2008, 2011).

Based on the thinking expressed above, the essence of healing is integration of the splits, and the process for this is one of a disintegration of the reified split structure, allowing movement, connection and better contact between the splits, and thence, step by step, integration. The constellation for this is oriented around the client's stated intention as being a representation of what is possible for this client at this moment in time. This 'issue' is represented in the constellation and usually 'becomes' experientially a part of the client (this is not always the case, at times the representative for the 'issue' may become a family member). The client herself is always in the constellation and the primary structure of the constellation is then focused on the relationship between the 'issue' and the client herself. Other elements, particularly relevant family members, may subsequently be represented if deemed necessary. The authority in my view for what needs to be included subsequently in the constellation should preferably come from the client/constellation itself (i.e. one of the representatives, client or 'issue' calls for it), rather than from the facilitator.

Understanding Trauma

As can be deduced from the theory above, trauma is defined by the experience of helplessness, the inability to do anything to help oneself other than split the terrifying experience off. Neither fight nor flight is possible in this situation, the only possibilities being freezing (or playing 'dead' as we see often in the animal world) and fragmentation (splitting).

Trauma and Power:

Trauma then is essentially about power, and powerlessness. And herein lies the reason why a non-directive, phenomenological and Gestalt-oriented approach is crucial. Within the whole endeavour of the constellation, the initial 'interview' where the issue (intention) is formulated, the constellations process itself, and the subtleties of the relationship between facilitator and client, and facilitator and representatives in the constellation, the underlying question always is: by whose authority do we work? Who actually is in charge of what we do? Who really knows at depth where this is going and what is possible right now? Who should we look to for guidance as to what comes next? In my view, quite apart from any ideas I may have about the ability of the client to know, ethically I must always defer these authorities to the client, simply because here and now the client is *not* a victim, is *not* powerless; even though her defining experience may well be one of powerlessness, in effect this is simply not true. Even though she may, out of survival strategies and habit attempt to defer to me, to make me the authority, I undermine the whole endeavour if I agree to this even for one moment. And so, by constantly and persistently remaining as purely phenomenological as I can, I am able to stay free of unhelpfully assumed powerfulness; I can stay happily in the realm of not needing to have any kind of hypotheses for what 'should' happen, because in this frame I am quite simply not the person who knows.

This does not mean, however, that the facilitator is absent. The facilitator must be present throughout, physically, emotionally and cognitively, in the sense of 'presence', so much so that the client can feel it, even when the facilitator is not in view. This presence is related to awareness, inner quietness and is such that often the facilitator, after the constellation has finished, cannot immediately recall much of the constellation. This presence is in-the-moment and doesn't hoard information thereby filling the mind, but allows information to flow freely in the field, knowing and trusting that when it is needed it will be there, either in the facilitator, the client, the representatives or the holding circle. The power of the facilitator then, is this ability to be present, phenomenological and respecting and trusting of the client's autonomy.

This is an extremely demanding stance of course. It requires the facilitator to be continually alert and clear, which refers us back to the enduring premise of psychotherapy, that the facilitator must continually attend to their own personal therapeutic work. It also requires a high degree of trust: in one's own ability to tolerate not knowing, confusion and uncertainty; in the client as somewhere in themselves (of course not consciously) knowing exactly what is needed, how much she can tolerate and for how long, this knowing being communicated in the subtleties of her responses, body language, resistances and sudden emerging insights; and in the constellations process itself through the persistent listening to and inclusion of the experiences of the representatives as always having something to contribute. It requires the facilitator always to stay scrupulously in touch with here and now reality, since trauma is always confused by illusion, delusions, fantasies, lies and secrets. It requires the facilitator always to be truthful and honest with the client, because as well as being about power, trauma is also always a betrayal of trust and truth. In the initial trauma event trust was betrayed, and in the primary splitting of the psyche the trust within the self was betrayed. Quite often I see in the trauma constellations process, when two parts of the self begin to come into contact, that mistrust and sense of betrayal arise, often with one part admitting to the other "I don't quite trust you". However, this statement of truth then increases trust. As the one has had the courage to say this to the other, immediately the other becomes more trusting of the one. This to me now seems a truth that I trust, that is: telling the truth builds trust.

Conclusion

There are profound implications to the process of working with trauma of the stance, intention and approach of the facilitator. Understanding the nature of trauma, its fundamental affect on the whole life of the person involved, must lead us to scrutinise these things in our learning how to work. In my view a basic comprehension of Gestalt principles and phenomenology help, indeed may in fact be the very best foundations for good work with trauma, for doing truly "impeccable work".

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