Paradoxical Theory of Change

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1. How this Theory developed

According to Beisser in (http://www.gestalt.org/arnie.html) for nearly a half century, the major part of his professional life, Frederick Perls was in conflict with the psychiatric and psychological establishments. Perls's own conflict with the existing order contains the seeds of his change theory. He did not explicitly delineate this change theory, but it underlies much of his work and is implied in the practice of Gestalt techniques. Beisser called it the paradoxical theory of change, for reasons that shall become obvious.

2. What this Theory encompasses

Briefly stated, it is this: that change occurs when one becomes what he is, not when he tries to become what he is not (http://www.gestalt.org/arnie.html). Beisser (1970:77) advanced the theory that change does not happen through a "coercive attempt by the individual or by another person to change him" but does happen of the person puts in the time and effort to be "what he is," "to be fully in his current position". When the therapist rejects the change agent role, change that is orderly and also meaningful is possible.

He goes on to say that the Gestalt therapist does not attempt to change but rather to

encourage, even insist, that the patient be "where and what he is." In other words, you can't force change to occur; you can only create the conditions for it to happen. And those who work from a Gestalt stance would say that heightening awareness of the current state – especially including the fragments and disowned portions of the self, is what allows movement to occur.

3. What this Theory implies

The "paradoxical theory of change" holds that when one really becomes aware in the "now," change unfolds in its own way. By being fully in the present, the growthful direction in which one needs to move becomes clear. The only place from which one can take a step is where one actually is. Thus, living in the future or the past prevents one from taking intentional growth steps. Miriam and Erving Polster put it well: "When a person gets a clear sense of what is happening inside him, his own directionalism will propel him into whatever experience is next for him (http://www.religion-online.org/showchapter.asp?title=1939&C=1750).

Children introject whole ideas and behaviour and this results in an enforced morality (principles) rather than an organismically compatible morality. As a result, people frequently feel guilt when they behave in accordance with their wants as opposed to their shoulds. Some people invest an enormous amount of energy in maintaining the split between the shoulds and wants, the resolution of which requires recognition of their own morality as opposed to an introjected one. Shoulds sabotage such people and the more they push to be what they are not, the more resistance is set up, and no change occurs (Yontef 1993).

According to Mackewn the paradoxical theory of change can be compared to the following. A child changes when he becomes more fully himself not when he attempts to become someone else of someone he is not. During the process of therapy as the child makes choices, absorbs and rejects information from the environment, satisfaction is experienced and change occurs in the child's behaviour and in his attitude toward himself and those around him (www.gestalttherapy.org/publications/ commentary_on_cartesian.html).

The Gestalt theory of change maintains that change occurs when a person becomes what they are, not when they try to become what they are not. When awareness of what IS does not emerge then Gestalt psychotherapy is one way of increasing awareness and hence, choice and responsibly (http://www.icubed.com/~cfitz/personality.htm).

Within the paradoxical theory of change the client is supported and challenged to say "I own this as my existence now", and in this owning is aware of choicefulness – including the choice to disown and to say where s/he is. Even to say "I own that I don't want to look any further," must be acceptable here. Zinker (1994) (as cited in Philippson 1998) subtly changed this theory: "He encourages the couple or family to see and experience the goodness, the usefulness, and the creativity of what they discover when they examine themselves." The point is not that it is good, or useful or creative, but that it is THEIRS! They do it. They will keep doing it until they stop or are stopped by the environment. And that is the reality that must be affirmed by the therapist. Within some ways of doing Gestalt a humanistic view of "all clients are good really" has been introjected. From the point of view of creative indifference, we may well say "all good clients are evil really." The existentialist perspective is merely "They are."

4. How change happens

(a) Spontaneous change vs. Forced change

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[1] [Online] Available http://www.playtherapyonline.net/Students/Cooke-Moynene-Paper1.html. [29/11/07]

The gestalt therapy notion is that awareness (including owning, choice and responsibility) and contact bring natural and spontaneous change. Forced change is an attempt to actualise an image rather than to actualise the self. With awareness, self acceptance, and the right to exist as is, the organism can grow. Forced intervention retards this process (Yontef 1993).

Therapy within Gestalt and the Theory of change

1. Therapists Stance

The paradoxical theory of change also has implications for the therapist's stance. In some other systems of counselling/psychotherapy, it is assumed that the stance of the therapist will be consistent with the desired end result. Specifically, if the end result is to be that the client experiences themselves as empowered or as being equal in power to the therapist, then the therapist is expected to be careful not to advise or suggest anything to the client, or to act powerfully in relation to the client (Philippson 1998).

In Gestalt therapy, which combines a paradoxical approach with the methodology which distinguishes direct and indirect suggestions and an emphasis on boundary conditions, the logic of the therapist's stance is very different. If the therapy is paradoxical, it is to be expected that the means will differ qualitatively from the ends. It is only if the therapist is powerful that the client can take his/her own power. Paradoxically, if the therapist empowers the client, that in itself affirms the therapist in a one-up position, from which s/he can hand over some power. The implication is that in the "real world", where people do not hand over their power, the client is no better off than before. What the gestalt therapist provides is a safe but strong boundary in relation to which clients can experiment with their developing their own strength. The therapist can be active, suggesting experiments and giving feedback, and simultaneously be providing a graded experience of firm contact in relation to which the client can take her/his own power (Philippson 1998).

2. Considerations for Therapists

Along with these active possibilities come a number of considerations of which the Gestalt therapist must be aware. With a compliant client, is the activity of the therapist pointing towards the 'safe emergency' or is it providing a series of exercises which the client can compliantly go through the motions of carrying out, without touching their real growing edge at all? Much Gestalt done by people copying Perls without understanding the basis of what he was doing can end up this way. With a frightened or ashamed client, is the contact offered by the therapist graded right, or so overwhelming that the client must leave therapy or dissociate, and again go through the motions, while cordoning off their vulnerability? The opposite problem would be to work so hard at trying to avoid 'shaming' clients that they do not experience the shame linked with their 'response-ability' in abusive situations. It must be recalled that one of the distinguishing features of Gestalt is that there are no passive victims (Philippson 1998).

A Gestalt dialogic approach has a very specific character. Gestalt shares with other approaches from the analytic tradition an emphasis on therapeutic abstinence, coupling this with a de-emphasis on the verbal. Gestalt dialogue does not presuppose a great deal of verbal self-revelation by the therapist. The therapist invites contact, but not with partial, neurotic self of the client; rather, by owning his/her strength and frustrating such contact, the therapist offers a relationship with a more authentic integrated self at the highest sustainable level of honesty. This is also what Buber (in Philippson 1998) and his followers did (he called it confirmation of the clients becoming as well as the clients being), and is inherent in the existentialist tradition. It is not a 'nice' approach (Phillippson 1998).

The Gestalt psychology principle of Pragnanz states that the field will form itself into the best gestalt that global conditions will allow. So, too, Gestalt therapists believe that people have an innate drive to health. This propensity is found in nature, and people are part of nature. Awareness of the obvious, the awareness continuum, is a tool that a person can deliberately use to channel this spontaneous drive for health (Yontef 1993).

3. Goal of Therapeutic Relationship

Gestalt therapists tend to reject the notion that they are in the role of changing a client. Rather they see their function as being there to encourage, their client actually to be where and what he is, sometimes even insisting on this. The Gestalt therapist does not treat his client as the 'helpless' person with him being the superior one. He tries to remain within an I-Thou setting, where he can regard his client as an equal. The Gestalt therapist believes change does not take place by 'trying', coercion, and persuasion or by insight, interruption or any other such means. Rather change takes place where the client can abandon what he would like to be and attempts to be what he is (Beisser 1970:77).

In this light, the therapist does not have the truth about the client, and neither interprets nor offers solutions. The therapist's role is to generate a space for the client to experiment by himself/herself in a sufficiently protected atmosphere (http://en.wikipedia.org/wiki/Gestalt_therapy).

The principal idea within therapy is to replace the concept of blame (related to shoulds and musts) with responsibility (related to organismic self-regulation). This creates flexibility with the relationship with the medium, allowing natural equilibrium between needs and the environment, permitting the natural equilibrium between one's own needs and those of the environment. Gestalt therapy emphasizes the independence of the client, leaving him or her in charge of his or her own development. This contributes to a great measure the role of Gestalt therapy, understood more as a facilitator or guide to the therapeutic process rather than making the Gestalt responsible for the client's well being or pretend to create confidence in the client and his capacity. In

this manner it avoids generating a relation of dependency with both and creates a model for a positive relationship for personal growth (http://en.wikipedia.org/wiki/Gestalt_therapy).

Paradoxes in the Therapeutic Relationship

1. Paradox of Change

The current fashionable word for the goal of psychotherapy is "change". Unfortunately there is no consensus as to what constitutes change, what brings it about, and when is enough, enough? According to Haley (1963) (as cited in Denes 1980) the 'cause of change resides in what all methods of treatment have in common – the therapeutic paradoxes which appear in the relationship between psychotherapist and patient. He delineates six of these paradoxes and they are as following:

The relationship is defined as compulsory in a voluntary framework, as in private practice. E.g. patient seeks help out of his own free will and the success depends on his/her cooperation despite difficulties, within this voluntary frame there are however compulsory conditions, whereby the patient must pay, not miss his/ her appointments and so forth.

It is never quite clear whether a therapist sees a patient out of choice or only as a way to earn a living.

The patient is simultaneously told that he cannot help who he is while the very premise of psychotherapy is based on the notion that indeed he can help who he is.

The therapist presents himself as the expert, but within that framework, he disengages from offering expert advice and puts the responsibility of the proceedings on the patient.

The patient is told that the treatment circumstance and the relationship are special and he can be self-expressive as in no other setting because ordinary rules do not apply. As soon as he believes this, he is reproached for not reacting to the therapist as one human being to another.

The patient is placed through a punishing ordeal which varies with the type of therapy. In other words, the patient gets consistently disapproved of until he spontaneously "changes".

Levenson (1978) (as cited in Denes 1980) also regards change as a matter of paradox. He claims that the psychoanalytic process, the healing process, is a language process which allows for, indeed requires, the syntheses of these two paradoxically oppositional aspects of therapy: the aspect of meaning and the aspect of experience. Change is seen by Levenson, not as a matter of the therapist influencing the patient, but as a matter of discourse between two participants, both of whom are in process, and who interact in process.

In sharp contrast to this conception of change, Strupp (1973) (as cited in Denes 1980) says: Therapeutic change is largely due to skilled management or manipulation by the therapist, with the important condition that the interventions occur in the framework of an emotionally charged affectional relationship.

Singer (1971) conceives change as brought about by the effort the patient makes in the course of treatment to genuinely get to know his analyst. This view is highly existential and even gestalt in view, whereby meaning is primarily dependent on function, on structure, and not on extraneous embellishments. The distinction drawn is between knowing someone and knowing about someone. The patient changes because he learns not through mimicry, but through experience, a new mode of apperception which includes paying attention to what is, and not to what should be, or to what is said (as cited in Denes 1980).

According to Denes (1980) what emerges then from this review of the various theoretical positions on change is a twofold notion. One, in which apparently the patient has ceased to be a single entity in anybody's mind and he is now regarded as one member of a bipolar field where the entity is the patient-analyst dyad. Thus the primary paradox becomes, to which several of the personas I have quoted earlier allude: can you be the observer of a process in which you are a participant? Or to put it still another way, how relevant remain the concepts of transference, counter-transference, participant observation and real relationships in the light of this new shift of vision regarding the interaction and its significance in the patient-analyst dyad?

Another characteristic of current theories of change, although not unique to them, is the general striving towards a unifying principle. The assumption of each theorist is that all patients change in the same context and for the same reasons. However when the same theorists look at the analysts functioning they perceive great variability, in all sorts of modalities and dimensions. Denes (1980) however remarks that what is advocated for the analyst should be for the patient as well. She makes the case that the premorbid character structure, with its corresponding cognitive and perceptual styles and preferred contact modes, persist at least to some degree through most forms of psychopathology. It follows therefore that what needs fixing is the pathology and not the premorbid character structure, she promotes the practical principle that if something works, don't fix it!

2. Paradox of Therapy

The 'paradoxical theory' is precisely that therapist and client stay at the point of resistance, rather than seeing it as somewhere to get beyond and 'fix'. Once again, the paradox of the paradox is that, if the impasse of the paradox does not lead to the explosion of the newly choiceful behaviour, one would be taking people's money under false pretences, foisting an ideology or metaphysics onto them rather than working with them in a way which has proven results (http://www.g-gej.org/6-2/layers.html).

Summary

Within the previous sections the Paradoxical Theory of Change was discussed with reference to how it came

about, its development recorded back to Perls who was in conflict with the psychiatric and psychological establishments. It was however not Perls who founded this theory, but Beisser. This theory was defined within the following: that change occurs when one becomes what he is, not when he tries to become what he is not. Beisser advanced the theory that change does not happen through a "coercive attempt by the individual or by another person to change him" but does happen of the person puts in the time and effort to be "what he is," "to be fully in his current position". As a result, people frequently feel guilt when they behave in accordance with their wants as opposed to their shoulds.

Within the theory of change the client is supported and challenged to say "I own this as my existence now", and in this owning is aware of choicefulness. The gestalt therapy notion is that awareness and contact bring natural and spontaneous change. Forced change is an attempt to actualise an image rather than to actualise the self.

Therapy within Gestalt and the Theory of change was divided according to the therapists' stance, considerations for the therapist and the goal of the therapeutic relationship. What the gestalt therapist provides is a safe but strong boundary in relation to which clients can experiment with their developing their own strength. The therapist can be active, suggesting experiments and giving feedback, and simultaneously be providing a graded experience of firm contact in relation to which the client can take her/his own power. Gestalt dialogue does not presuppose a great deal of verbal self-revelation by the therapist. Gestalt therapists believe that people have an innate drive to health.

Gestalt therapists' see their function as being there to encourage, their client actually to be where and what he is, sometimes even insisting on this. The therapist does not have the truth about the client, and neither interprets nor offers solutions. The therapist's role is to generate a space for the client to experiment by himself/herself in a sufficiently protected atmosphere. Gestalt therapy emphasizes the independence of the client, leaving him or her in charge of his or her own development

Paradoxes within the therapeutic relationship can be seen with regard to change and therapy. The current fashionable word for the goal of psychotherapy is "change". Unfortunately there is no consensus as to what constitutes change, what brings it about, and when is enough, enough? With regards to therapy a paradox can be found in the situation wherein an impasse of the paradox does not lead to the explosion of the newly choiceful behaviour and people are therefore under false pretences.

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