

Gestalt Therapy and the Phenomenological Method

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In the last several years Gestalt therapists have been arguing about the value of the phenomenological method in the practice of psychotherapy. Some question its validity, believing that it is so flawed that it should be abandoned as a psychotherapeutic method. This article spells out what the method is, advocates its use, and explores its limitations. The article clarifies how the phenomenological method serves the therapy process and what the therapist needs to know and understand about it to maximize its value.

EDMOND HUSSERL DEVELOPED THE PHENOMENOLOGICAL METHOD in the early 1900s. Even though Husserl's work predated field theory, Gestalt psychology, and dialogic existentialism, his material on the phenomenological method is still used by many contemporary Gestalt therapists. The phenomenological method focuses on the observation and study of the phenomena of consciousness. Husserl's purpose when using this method was twofold: first, to determine the role of the subjective experiencing process in how meaning is created and, second, to better understand the nature of reality.

The phenomenological method is a search for understanding that is based upon what a person observes. In this approach the observer is most interested in understanding the "what" and "how" of experience and behavior, as opposed to the "why" of it. Husserl believed that, with the phenomenological approach, knowledge became grounded in what was presented to the senses as opposed to what interpretation was made of the sensory data. He thought that the best way to gain relevant and useful knowledge of others, the world, and ourselves was to stay as close as possible to the "original experience." Description, rather than explanation and interpretation, is emphasized in the phenomenologi-

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cal approach because it is more likely to illuminate the “what” and “how” of our experience.

The phenomenological method does not take any assumptions, beliefs, or theories for granted and depends on the data of “here and now” awareness for its evidence. The goal is to allow experience to organize itself. In this way the person gains more relevant and pertinent knowledge of himself and others. He is more likely to perceive and understand other people as they are, in contrast to how he imagines them to be. Husserl (1931) described his method, which he called the “phenomenological reduction” as follows:

Instead of living naively in experience . . . and subjecting what we experience, transcendent nature, to theoretical inquiries, we perform the “phenomenological reduction”. In other words: instead of naively *carrying out the* acts proper to the nature-constituting consciousness with its transcendent theses and allowing ourselves to be led by motives that operate therein to still other transcendent theses, and so forth—we set all these theses “out of action”, we take no part in them; we direct the glance of apprehension and theoretical inquiry to *pure consciousness in its own absolute Being*. It is this which remains over as the “phenomenological residuum” we are in quest of: remains over, we say, although we have “Suspended” the whole world with all things, living creatures, men, ourselves included. We have literally lost nothing, but have won the whole of Absolute Being, which, properly understood, conceals in itself all transcendence, “constituting” them within itself [pp. 154–155].

The Three Principles of the Phenomenological Method to Be Followed by the Observer or Therapist

1. *Bracketing (also known as the Rule of Epoch)*

Bracketing is the active process of suspending judgment about one’s perceptions. More specifically, it is a method involving deliberate self-observation and monitoring in which the observer consciously suppresses, suspends, and withholds the formation of opinions and explanations that are not grounded in the sensory evidence of the situation at hand. It is an effort to eliminate all convictions and preconceived ideas as one registers the situation before him. When he brackets, he attempts to set aside his history in order to observe the situation at hand, as if for the first time. Bracketing is based on the assumption that the observer constructs his judgments and opinions about his observations and that he has the ability to monitor, withhold, and/or prevent judgments and interpretations from being formed.

The purpose of phenomenological bracketing is to learn what the direct experience of the experiencer is and what it means to him. To bracket is to deliberately set aside or bracket off biases, expectations, demands, interpretations, theories, and assumptions as one focuses on the immediate data of the other. Bracketing also allows the observer to be more open to and aware of the data of the observed since his perception is not clouded with prejudgments.

Husserl and his followers believed that a properly trained observer could monitor and hold in abeyance most of his personal values, beliefs, and judgments so that the phenomena being observed could reveal themselves as they were; for example, bracketing means that a therapist sets aside her preconceived ideas and observes cleanly what the client is saying and doing. This includes bracketing beliefs in unconscious forces, hidden motivations, and stereotypes. It is assumed that the therapist can set aside her biases and projections and not be affected by whether her client is a molester, an alcoholic, a movie star, or a politician. In each case the therapist is assumed to be able to see and interact with the person as he is and not as she imagines or expects him to be.

2. *Describing*

Human beings are meaning-making organisms. People are generally uncomfortable unless they make some sense of raw sensory data as soon as it becomes foreground. They translate images, sounds, and feelings into symbolic representations and in this way add meaning to their sensory experience. In accordance with the principle of description, the observer or therapist, as much as possible, describes her observations, rather than explaining or trying to understand them. By doing this, she is more able to perceive experiences as they are and not as she imagines them to be; her experiences are then more likely to order themselves into organismically meaningful gestalts based on the conditions of the "here" and "now."

In order to describe, the therapist differentiates among sensory data, descriptions, and interpretations as she interacts with her clients. It is assumed that the farther away she goes from the sensory data, the more room there is for her to project her interpretations onto her client. By remaining descriptive, the therapist can hopefully come closer to seeing and understanding her client as he actually is.

3. *Horizontalizing*

Horizontalizing means consciously giving equal value, significance, and importance to all aspects of the event being explored. The therapist

does not conclude that more obvious or more dramatic aspects of an event are therefore more important in understanding that event. As much as possible, she avoids evaluating one observation as more meaningful or worthy of attention than another. If a therapist does not horizontalize, her biases are more likely to determine what she attends to or focuses upon. An example of horizontalization is that a therapist notices a shift in her client's posture and considers it to be as important as loud, angry words.

A Proposal for the Refinement of the Phenomenological Method

Gestalt therapists have been arguing about the validity and usefulness of the phenomenological method in the practice of psychotherapy. There are some who insist, for example, that it is impossible for therapists to bracket off their preconceived ideas and that the method is too flawed to be useful in psychotherapy (Sapriel, 1998). Others maintain that Husserl's method is not only valid, but a centerpiece of the methodology of contemporary Gestalt therapy (Resnick, 1995; Blaize, 1998). Thomas (1997) writes,

In recent years there has been increasing acknowledgment of the tension, in Gestalt Therapy theory, between its field theory orientation, which stresses the impossibility of separating the individual and environment/context, and a tendency, rooted in a Western value orientation, to emphasize individual phenomenology and autonomy (e.g. Ciornai, 1995; Frew, 1992; Wheeler, 1991; Yontef, 1992). Most critics agree that the individualistic focus has been the dominant force, at least in Gestalt Therapy as it is taught and practiced in the United States [p. 109].

Edmund Husserl (1859–1938) was a contemporary of Sigmund Freud (1856–1939), and both were students of Franz Brentano. They were both interested in studying consciousness and how humans create meaning. In an effort to better understand and explore human behavior and experience, Freud developed psychoanalysis, which focused largely on unconscious processes and proposed a biological model of the mind emphasizing drive theory. Husserl concentrated on here-and-now conscious experience rather than on an unconscious. He focused on consciousness itself and wanted to know the process by which objects present themselves in awareness and how those objects are transformed into meaningful experience. Following Husserl's lead, the existentialists developed a model of the mind that was relational, rather than

biological, in nature. Gestalt therapy, which was heavily influenced by both of these approaches, developed a model of the mind that was relational and was also based on the figure-ground phenomenon and the cycle of experience.

Over the past 60 years many of Freud's original theories, methodology, and techniques have been altered to be consistent with new evidence and advances in theoretical thinking. Phenomenology has evolved over the years, but the phenomenological method has remained essentially the same since Husserl developed it. I believe that Gestalt therapy needs to reevaluate whether the phenomenological method can be used by therapists in its original form and still be consistent with the principles and assumptions of field theory, Gestalt psychology, and dialogue. Husserl did not have available to him the psychological concepts that have been developed over most of the past century. He developed the phenomenological method in the first part of the twentieth century. At that time field theory was not generally accepted outside of physics. The contributions of Gestalt psychology and existential phenomenology, including Martin Buber's philosophy and method of dialogue, also came later.

I found that some of Husserl's assumptions, principles, and conclusions are inconsistent with the principles of field theory, Gestalt psychology, and dialogic existentialism. I believe, however, that, with some refinement, it is still valuable and useful to keep the phenomenological method as a part of the theory and practice of Gestalt therapy.

When one examines bracketing, describing, and horizontalizing in the light of psychological field theory and dialogic existentialism some inconsistencies occur. Field theory and Buber's dialogic existentialism both assert that all mental processes, including perception, are relational; that is, they include an interaction at the boundary between the individual's experiencing self and something outside of his I-boundary.

There is agreement in transcendental phenomenology and field theory that perception and interpretation are unique for each individual, that human beings are free and responsible within specifiable limits, and that objective knowledge of reality is unattainable. Husserl thought, however, that we can explicitly separate the observer and the observed, the therapist and the client, and he believed that, by using the phenomenological method, the observer could mostly free himself from bias and preconceived perspectives and see the "essence" of the other. He assumed, furthermore, that the observer was independent of the subject being observed. In contrast, what we learn from Gestalt psychology, field theory, and Buber's dialogic approach is that meaning is relational in nature and emerges from the mutual interaction of figure and ground, of the observer and the observed, of self and other, of client and therapist.

From the perspective of field theory, the therapist's presence, biases, and behavior continually interact with the client and contribute to how the client perceives, interprets, and creates meaning. The client affects the therapist in the same way. This is similar to the concept that all art is biographical. An artist cannot create something that is not a reflection of his being. The same principle holds for memories that are not reproductions of past realities; they are, as someone put it, "personal stories with a point of view." The therapist and the client are inevitably a part of each other's meaning-making process. Husserl's theory and method do not take into account the mutual influence and interaction of the observer and the observed. The focus of his method was on seeing and understanding the other as he actually was.

The presumption in field theory, as well as in Gestalt psychology and dialogic existentialism, is that two or more interrelating fields are continually influencing one another; thus, an interconnectedness exists not only between individuals, but between events as well. In contrast the assumption of the phenomenological method is that, by bracketing, describing, and horizontalizing, the therapist is able to separate herself from the client to the degree that she can set aside her preconceived ideas, describe while withholding interpretations, and give equal value to all aspects of the event being explored.

According to field theory, dyads or groups exist as wholes, the whole is more than the sum of its parts, each part affects and is affected by all other parts, a division or separation in a field destroys its wholeness and integrity, and a field can be viewed from many perspectives with equal validity. If we accept these assumptions, we cannot accept the phenomenological method as understood by Husserl. The therapeutic dyad or group, of which the therapist is a part, becomes a new whole with all of the characteristics of any field. The evidence from various sciences supports these hypotheses of field theory; the observer and the observed invariably mutually influence one another. The data from numerous studies indicate that objective observation or objective interaction between people is not achievable. Field theory and scientific evidence strongly indicate that bracketing, describing, and horizontalizing, as presented by Husserl, are humanly impossible.

In February 1998, a team of Israeli scientists reported in *Nature* that even observation by an inanimate device affects the behavior of electrons (Buks et al., 1998). When a sophisticated detector was "observing" electrons, they behaved more like particles than waves. As soon as the machine was turned off, the electrons once again behaved like waves. When a person is part of a dyad or group, it is clear that there is considerable mutual and collective influence occurring continually; however, the degree to which a person's perceptions, interpretations, behaviors, and total experience influence and are affected by the dyad or group is

only beginning to be understood. Schema theorists now postulate that core schemas, which nearly always operate outside of awareness, are so imbedded in an individual's total organism/environment field that they permeate all aspects of his perceiving, meaning-making, and relationships (Fodor, 1996, 1998).

Field theory and schema theory presume that therapists are both free and limited in how they interpret, monitor, and regulate their experience. The degree to which any therapist can self-monitor and self-regulate is affected by the power, sway, and interaction of the larger fields of which she is a part and the smaller fields of which she is composed, including her schemas.

The subjective qualities of awareness, self-observation, self-monitoring, intention, will, and choicefulness allow the therapist to regulate her meaning-making processes to a considerable degree. To the extent that these qualities are available to her, she has choice and control over how she perceives, interprets, and responds; however, every field and therefore every therapist has a definite set of limits. The therapist must understand that the amount of choicefulness associated with awareness is directly related to the quality of her awareness. Unless she is able to claim and maintain mindful accountability for her preferences, biases, introjects, and schemas, she has limited control over them. Field theory postulates that even full, effective awareness does not eliminate the mutual influences of the fields of which one is a part and the fields of which one is composed.

If the above arguments are valid, it is obvious that Gestalt therapists who accept Husserl's assumptions and method must change their position with respect to the effectiveness and limitations of those assumptions and the method. I think that there are three ways to accomplish this. The article that stimulated my interest in critically examining transcendental phenomenology and the phenomenological method was one by Lolita Sapriel (1998). The article points out that bracketing is inconsistent with field theory and Buber's dialogic approach. Sapriel proposes that Gestalt therapy replace bracketing with the dialogic method or with the methodology of intersubjectivity theory. Stolorow, Atwood and Brandchaft describe intersubjectivity theory in their 1995 book *The Intersubjective Perspective* Sapriel (1998) summarizes this approach as follows:

Intersubjectivity theory does not posit the existence of universal contents of human experience (i.e. oedipus complex, separation-individuation, even stages of mental metabolism). Rather, intersubjectivity theory is a more abstract theory which addresses primarily the larger relational field. Therapeutic work focuses on

the dyad and on the primacy of personal subjective experience. It operates from a contextual, field theory approach. It offers a "lens" through which to illuminate the personal subjective world of an individual in the context of a *specific relationship with a specific "other"* (p. 21).

This view acknowledges that therapists will always be biased in how they perceive, interpret, and create meaning in relationship to their clients. In other words, the intersubjectivists acknowledge that they are unable to effectively bracket. The intersubjectivist deals with this inability by making the mutual interactions, the dance of the dyadic or group field, a primary focus for exploration in the therapy process.

I believe that Sapriel's idea of eliminating bracketing and replacing it with the method used by intersubjectivity theory is one option for correcting the flaws of the phenomenological method; however, this requires Gestalt therapists to learn a different theory and approach. I believe that her alternate suggestion of eliminating bracketing and using dialogue as the sole therapeutic method of Gestalt therapy is a second possibility for dealing with the problems of the phenomenological method. Dialogue is already a part of Gestalt therapy's theory and practice, and this method can be used effectively with or without combining it with the phenomenological method.

I am not ready to throw out bracketing. Bracketing, describing, and horizontalizing in my opinion can remain powerful and useful parts of Gestalt therapy's method as long as certain conditions are met. First, the therapist needs to adopt a field theory approach to the nature of reality. Most essential here is an understanding that the therapist and client are continually mutually influencing one another in all aspects of the therapeutic relationship. Second, the therapist needs to understand that she is not bracketing, describing, and horizontalizing to see her client as he "truly is." Rather, she is monitoring her own preconceived ideas in an effort to more fully understand how her client organizes, interprets, and makes meaning of his experience. Third, the therapist must be clear that these processes are limited, imperfect, and vary from person to person, time to time, and place to place. Finally, the therapist needs to keep in mind that the extent and depth of her own self-awareness also limits these processes. A therapist can never know the degree to which she is bracketing, describing, or horizontalizing and the degree to which she is viewing the other through the lenses of her own biases, schemas, and projections.

It is assumed in Gestalt psychology and Gestalt therapy that we create meaning in our lives by forming figures in the context of our personal backgrounds. In contrast, Husserl (1931) thought that, by

the dyad and on the primacy of personal subjective experience. It operates from a contextual, field theory approach. It offers a "lens" through which to illuminate the personal subjective world of an individual in the context of a *specific* relationship with a *specific* "other" [p. 2].

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following the phenomenological approach, we could form figures that were independent of our backgrounds, independent of our histories. Writing about what we call background, he says, "We set all these theses 'out of action,' we take no part in them; . . . we have 'Suspended' the whole world with all things, living creatures, men, ourselves included" (p. 109). When we examine this premise in the light of current evidence and thinking, it is clear that what Husserl hoped for is beyond human reach. I believe, however, that, with focused effort, training, self-awareness, and supervision, it is possible to monitor and limit the influence of one's background upon figure formation.

I want to emphasize that having flaws, even serious flaws, does not render a method useless any more than it renders a less-than-perfect therapist useless. The assumptions of field theory lead to the conclusion that no matter what method a therapist chooses, that method will dynamically affect the total field. Whether one chooses to bracket, reflect, interpret, or explore the dance of the dyad, it does not eliminate the mutual interplay of the fields involved. It simply changes the interactions.

The Clinical Relevance of the Phenomenological Method for the Gestalt Therapy Process

"Love is a deep form of attention."—author unknown

As Gestalt therapists, we are interested in exploring and increasing the client's awareness of how he takes in, processes, and responds to life's experiences and how he makes choices, interprets, and creates meaning out of that experience. We assume that, with increased awareness of these processes, the client is able to examine, clarify, confront, and change them if he chooses. We cannot fully enter our client's subjective worlds to see how they organize and create meaning out of their experience. We move closer to knowing and understanding them, however, by putting ourselves in their shoes. We can then mirror back to our clients, which in turn fosters more exploration. Our goal is to authentically dialogue with them and as much as possible enter and understand their subjective worlds of awareness and meaning-making. This may lead to an ongoing process of new awareness and understanding, followed by further dialogue, assessment, and exploration. Although the therapy process can never lead clients to a final understanding of themselves, it hopefully leads to a more adequate and meaningful understanding. Gestalt therapists also assume that, with expanded awareness, clients have increased choice in removing blocks to authentic living and are able to become more self-supportive, contactful, creative, responsible, and free.

Gestalt therapy uses the phenomenological/dialogic method as its primary means of fostering awareness and growth. This method is based on trust in, partnership with, and respect for the client's experience. We assume that clients grow primarily as a result of a meaningful relationship with their therapist. **As therapists, our focus is on being attuned to the client, attending to him from a stance of openness, truthfulness, and genuine regard.** We support the client in describing, clarifying, and understanding his perceptions, feelings, behaviors, assumptions, beliefs, introjects, schemas, and so forth. **As therapists, we do our best to approach our clients with good-will, empathy, and a nonjudgmental attitude.** In the dialogic process we may share how our perspective is different from our client's; however, we do not assume that our way of understanding the client is more valid or more useful than his.

We assume that, for new insight or awareness to be assimilated and become self-knowledge, it must be grounded in experience. Awareness and change usually originate from the relationship and interaction between the client and the therapist. This is different from the classical psychoanalytic view of insight in which change is assumed to result from the analyst's interpretation of the unconscious processes of the client. We aim to have the client become aware of and organize his experience in a way that is meaningful to him, not in a way that is meaningful to the therapist.

If a therapist chooses to use the phenomenological method, she must maintain a clear knowledge of her limited ability to bracket, describe, and horizontalize. To the best of her ability, she intentionally sets to the side her preconceived assumptions and interpretations about the client, as well as beliefs in assumed forces such as the unconscious and hidden motivations. She focuses on the descriptive experience of her client: the "what" and "how" of "here" and "now" experience. She facilitates the client in discovering, becoming aware of, and owning how he organizes, makes sense of, and responds to his experiences, how he makes choices, how he limits himself, and so on. The therapist holds the assumption that the client is the expert with respect to understanding his experience, not the therapist. She further assumes that, when the client creates a meaningful understanding of an introject, schema, self-imposed limit, or personal block to living authentically, the new awareness increases the likelihood of his freeing himself from its grip.

The therapist may use other methods to further the client's self-awareness. She might share her experience of the moment, share a related personal experience, share an observation, challenge an introject or schema, confront apparent erroneous thinking, ask exploratory questions, or make investigative comments. She might say, "How was that for you?" or "What do you mean by that?" or "Tell me more about that."

If she responds with a reframe, a hunch, a suggestion, or an interpretation, she makes sure the client understands it as a possible way, rather than the correct way, to make sense of his experience.

Experimentation is also a way for facilitating awareness and growth. The therapist may focus on the client's experience cycle. She might set up experiments aimed at building awareness of how the client functions at figure formation, scanning, choosing, making contact, assimilating, or letting go. In the final analysis the therapist's task is to lovingly serve the awareness and growth of the client in whatever way she deems to be the most useful, given her own talents and limitations and given the client and situation at hand. In order to perform this task well, the therapist must be attuned to and aware of her own personal phenomenology, as well as attuned to and aware of the client's phenomenology.

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