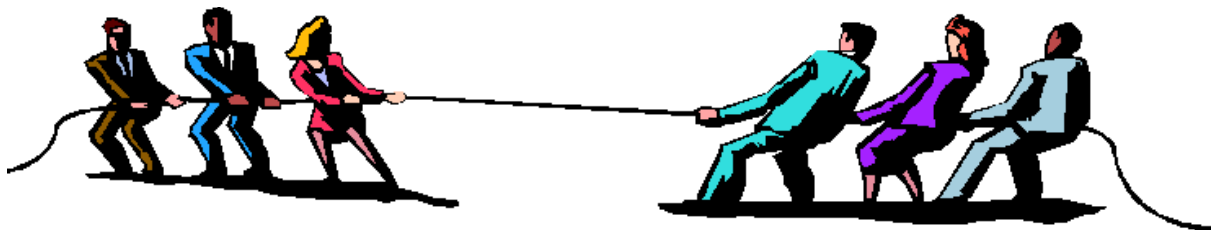


# CHANGE

## Resistance - Stability versus Change

All movement engenders resistance. Since experience is in constant flux, it too takes place against an inner resistance. This inner resistance of mine I experience as a reluctance to change my own ways of doing things, of behaving as I typically do in daily life. I take comfort in the me that has constancy. I also take comfort in my flow, but this change needs to move at a rate which is safe and clearly lubricated for me, a change which enhances the experienced me.

Zinker, J., (1978) Creative Processes in Gestalt Therapy. Vantage Books, New York. page 34



Acceptance of being is a basic tenet in working with clients in therapy. The role of the therapist in Gestalt therapy is to accept the person as they are at that moment and in the accepting of what is lies the opportunity for growth and change.

Change requires, first, to know the what and the where of my self; else how might any change be recognised.

### **The Paradoxical Theory of Change**

Although brief, the "Paradoxical Theory of Change" is, outside of the works of Frederick Perls, the most frequently referenced article in the body of Gestalt therapy literature. Written in 1970, it originally appeared in Fagan and Shepherd's Gestalt Therapy Now, a Harper Colophon Book.

The Gestalt therapist rejects the role of "changer," for his strategy is to encourage, even insist, that the patient be where and what he is. He

believes change does not take place by "trying," coercion, or persuasion, or by insight, interpretation, or any other such means. Rather, change can occur when the patient abandons, at least for the moment, what he would like to become and attempts to be what he is. The premise is that one must stand in one place in order to have firm footing to move and that it is difficult or impossible to move without that footing

The full text can be found here - [Arnold Beisser](#)

"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."

Haley, Jay (1963). *Strategies of Psychotherapy*. New York: Grune & Straton, Inc.

Edgar Levenson also regards change as a matter of paradox. In a current paper he writes:

My claim is that the psychoanalytic process, the healing process, is a language process which allows for, indeed requires, the synthesis of these two paradoxically oppositional aspects of therapy: the aspect of meaning, and the aspect of experience (Levenson, 1978)

He regards meaning as dependent on metaphor, (a culturally shared symbol) which lends constancy to human functioning. And he regards experience, that is, affective functions, as dependent on metonyms (contextual symbols, private and shared) which are devices for change. In treatment, the interaction of the two modalities, and their effect on the participants (both therapist and patient) is what produces progressively altered perceptions and interactions, which produces progressively altered perceptions and interactions, which produces ... and so on and on, 'til cure do us part. In other words, change occurs as a result of both interpretation and the relationship where the two add up to something greater than their sum. Content and context in this system become alternately focal with each focus changing and enlarging the focus to come. Change, then, is seen by Levinson, 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, Hans Strupp says,

Therapeutic change is largely due to skilled management or manipulation by the therapist, with the important proviso that the interventions occur in the framework of an emotionally charged affectional relationship (Strupp, 1973).

And again he says,

The full range of common influencing techniques is inevitably brought to bear on any psychotherapeutic relationship, and this indeed constitutes one of the defining characteristics of psychotherapy. Basically, these techniques are shared with education and other social influence processes (Strupp, 1973).

...

Still from another angle, Erwin Singer, also in a current paper, conceives of change as brought about by the effort the patient makes in the course of treatment to genuinely get to know his analyst. In his words,

If it is true that through self-knowledge and self-recognition analysts become capable of grasping the essentials of their patients' lives, and if, conversely, it is also true, as I have argued, that through their new found and rediscovered self-knowledge patients grasp the essentials of their analysts, then psychoanalytic success seems to me readily definable. It expresses itself in the patient's ultimately becoming as conversant with the analyst's personal visions, his psychological operations, and his hierarchy of values-including the discrepancies between what he professes and by what he truly lives-as the analyst, hopefully, has become conversant with these central aspects of his patients' lives (Singer, 1971).

The conceptualization here, with which I am in total agreement, if I understand it correctly, is a 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. Content information,

that is, whether one likes bean or chicken soup, plays chess or the violin, is by and large, irrelevant, except as reflective of character and cognitive style which with enough alert attention one can grasp anyway without the bits of information. In this connection, the notion of the analyst as a role model becomes an infuriating concept, as opposed to a task model, which defines someone from whom you legitimately learn how to do something. The patient then 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 is. I label this an existential-Gestalt notion, but in truth the concept far precedes the label as illustrated by Antigone saying to her sister, Ismene, when Ismene is being uncooperative about burying their brother, "I cannot love a friend whose love is words."

What emerges then from this review of the various theoretical positions on change is a twofold notion. One, that 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 persons 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 relationship in the light of this new shift of vision regarding the interaction and its significance in the patient-analyst dyad?

...

Another curious characteristic of current theories of change, although not unique to them, is the general striving toward a unifying principle. The assumption of each theorist is that all patients change in the same context and for the same reasons. Now, I say that this is curious, because when the same theorists look at the analyst's functioning they perceive great variability in all sorts of modalities and dimensions. Thus, for example, Levenson, in the paper I quoted before, referring to the success of one analyst as over another in a particular case, writes:

Both the theoretical position of the therapist, and his characterological unflappability, (which may well have made the theoretical position initially sympathetic to him) combined to offer the patient the climate of

conviction, and faith in change, that led to her improvement (Levinson, 1978).

## References

<http://www.gestalt.org/magda.htm> PARADOXES IN THE THERAPEUTIC RELATIONSHIP, Magda Denes

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