

***Relational Approaches in Gestalt Therapy*  
(2009)  
Edited by Lynne Jacobs and Rich Hycner**

**One Good Turn Deserves Another...  
and Another... and Another:  
Personal Reflections**

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To study the relational is like scooping up a handful of sand. For an instant, you can grasp it – it feels like you have something in hand yet inexorably, what seemed so solid a moment ago slowly slips through your fingers. (Jacobs and Hycner, 2009)

That sentence from Rich Hycner’s “Preamble to a Relational Approach: A Plea for Existential Fluidity,” begins section 1, “Overview and Explorations,” of *Relational Approaches in Gestalt Therapy*. His sentiment is at once ironic and trenchant. For what can be more immediately clear than that each of us is relationally situated? That being human is one and the same as being human together? Yet, ironically, as clear as this is, it has been difficult for me to grab hold of my own reactions to this topic – to comment on this book’s impact – as




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I have been asked to do here.

Lynne Jacobs and Rich Hycner's *Relational Approaches in Gestalt Therapy* is an edited collection of essays by accomplished Gestalt therapists. Each essay contains an important statement of the relational perspective, and each has a characteristically different perspective from the others. This collection contains no surprises; some of its essays are here for the first time, but many have been previously published and are already part of our field's larger discussion.

This opportunity to comment on the impact of the book gives me a chance to join the discussion in a small way. In doing so, I will wonder about "*the relational turn*." I will discuss this "turn" as an "*ethical turn*" and a "*dialogical turn*" – each with its own implications. I will consider these "turns," underscore some of the ideas within them, and push back against some of them – not so much in disagreement as in engagement. I will propose a new idea for us to consider, that of "*dialogical contacting*," as a way to integrate the psychotherapy of dialogue into Gestalt therapy by using our fundamental concepts to understand "dialogue." What follows, then, is not a strict commentary on this book's impact, which you will judge for yourself as the book is more read widely in the community, but a discussion of how this book stimulates my own thinking on the relational approach to Gestalt therapy.

### **"Relationalists" and "Originalists"**

In November 2009, the Gestalt therapy institutes in New York City – The New York Institute for Gestalt Therapy, Gestalt Associates for Psychotherapy, and The Gestalt Center, in association with the Northeast US Region of the Association for the Advancement of Gestalt Therapy – convened a one-day conference on "What is Relational About Gestalt Therapy?" I was on the kick-off panel that considered this question, which all of us conference attendees explored for the rest of the day. Listen to us for a moment:

"There's been a relational turn in Gestalt therapy."

"We are all relational now."

"What do you mean, 'now'? We've always been relational."

"That's right. It's our original model. We don't need anything added."

"Of course we needed to turn to relationships. The original theory was about hungry animals! Just look at how Gestalt therapists behaved until this new attention to relationship came in."

"But those Gestalt therapists were a minority! We here always paid attention to the relationship."

"Minority? Have you looked around lately?"

And so it went, more or less – if you will grant me the dramatic license to caricature a serious discussion. These concerns and questions were certainly not answered in New York on that day. Neither are they settled in the entire Gestalt therapy world. There are those among us who espouse a “relational turn” in Gestalt therapy, and there are those who assert it is unnecessary, redundant, or misguided.

What could be at stake here? What could possibly divide the New York Gestalt therapy community into “originalists” and “relationalists”? From those who defend the implicit relationality of basic Gestalt therapy theory, and claim to have been trained in and to be practicing relationally from the founding days of Gestalt therapy; to those who style themselves as “course correctors,” shifting Gestalt therapy away from the original “individualist model” to a dialogical, relational, Gestalt therapy. While it would be easy to dismiss the originalist-relationalist argument as a “tempest in a teapot,” and to proceed under the impression that we are all, in our own ways, as relational as this book’s authors whether we admit it or not – that would be a mistake. Something is going on in this questioning. What is it?

Like some questions, the assumptions underlying the question might be as important as any answer. I propose this. At heart is not merely a question of emphasis in our practice, but rather notions of what it means to be human – and *how* to be more fully human in our clinical practice.<sup>1</sup> All psychotherapy operates within a philosophical anthropology. And further, every philosophical anthropology operates within what the historian of philosophy Peter Gordon (2010) refers to as a normative image:

a kind of mental orientation that lies at the very root of philosophical reflection. . . as a condition for thinking about ourselves at all. . . . The images that first provide orientation for thinking often seem to precede thinking; they are first evident to us not through concepts but at a level we may call preconceptual, a primitive substratum that embraces. . . metaphor and affect. . . . An image plays an added and indeed crucial role insofar as it motivates and inspires us with a sense of what the world should be like. ( pp. 5, 6)

That said, the originalists and the relationalists are shaped by different normative images, which form different worldviews with different notions of what it means to be human, of what the human world should be like, and of different senses of the functioning of Gestalt therapy – and the necessary

<sup>1</sup> Des Kennedy (2009) used the phrase “more fully human” in “An Excess of Certainty: The Church, the Gestalt Therapist, and Homosexuality” and sparked controversy. This issue of values in Gestalt therapy needs further discussion.

ethical comportment of the Gestalt therapist toward the patient.

### **Relational Turn as an “Ethical” Turn**

“Gestalt therapy is systematically relational in its underlying theory and methodology. A relational perspective is so central to the theory of Gestalt therapy that without it there is no coherent core of Gestalt therapy theory or practice” (Yontef, 2009, p. 37). This confident declaration is in Yontef’s fine chapter, “The Relational Attitude in Gestalt Theory and Practice.” Against what alternative does he make this declaration? Yontef (2009) immediately gives us his answer:

There is an attitude in some Gestalt therapy circles, stemming from the confrontative tenor of Gestalt therapy in the 1960s, that there is a weakness, a flaw: the patient/trainee is needy; the therapist/trainer is self-sufficient, and the therapist’s job is to frustrate the manipulation of the needy patient. (p. 43)

He continues: “The view of need and dependency as a weakness, and the creating of an icon of the self-sufficient hero, so prevalent in American rugged individualism, is fertile ground for creating shame” (p. 43). He also refers to this attitude as promulgating the message to patients that therapy is just expressing emotions and that larger issues of value are often not fully addressed.

The implicit normative image of human nature within originalist or non-relational Gestalt therapy, then, is support for the aggressive rugged individualistic world of self-supporting people “doing their own thing” and where inter-personal values are ignored. Relational Gestalt therapy, on the other hand, functions in a world with another view of human nature. It “emphasizes the importance in the therapy of compassion, kindness, wisdom, equanimity and humility” (Yontef, 2009, p. 49). “It is my opinion,” Yontef goes on, “that these qualities are not given as much emphasis in talk about Gestalt therapy as is warranted by their impact” (p. 49). Centered on “dialogue,” relational Gestalt therapy pays attention to the patient’s vulnerability, to the impact of the therapy on the patient and on others. This is a different normative image of human beings from that of non-relational Gestalt therapists. It is an image of an entirely different atmosphere in Gestalt therapy’s clinical practice.

The relational turn is an *ethical* response to certain styles of behavior and attitudes characteristic of practitioners of the other model of Gestalt therapy.

Whatever clinical judgments are also involved in the relational turn – and many fine ones have been described in this book and in the wider literature of relational approaches (e.g., Francesetti and Gecele, 2009; Spagnuolo-Lobb, 2009), the relational turn is an *ethical turn*. Yontef's words quoted above are unambiguous.

The relational approach is an explicit statement of a different set of values from the one of a Gestalt therapy that focuses on self-support, self-regulation, and need frustration. The paradigm has shifted from a need-satisfying, self-regulating, self-responsible individual to that of person always in relation to others and whose own satisfaction is itself inextricably of the social fabric, the "field" (Lee, 2004a; O'Shea, 2009; Staemmler, 2006). Yet, this is more than a simple change in emphasis. Throughout the wider relational Gestalt therapy literature, there is consistent disparagement and aggressive rejection of the individualist model of the purportedly dominant Gestalt therapy paradigm (Hatfield and O'Shea, 2008; Hycner, 1993; Lee, 2004a, 2004b; Ullman, 2004). Even further, the whole culture of individualism is analyzed to its historical roots in order for it to be replaced by a new relationally oriented model (Wheeler, 2000). A paradigm of relationship and field responsibility is proposed as a reformation of the Gestalt therapy of therapist-excess – and further, grandly, as a balm for society as a whole. Gestalt therapy has always tried to reform society according to its current normative image, so this is nothing unusual.

The relational turn in Gestalt therapy is an *ethical turn*. I refer to an *ethical turn* since what is figural to the relationalists in psychotherapy are the *interpersonal qualities* of the therapy relationship itself; and not the therapy as if it were practiced *only* upon an autonomous patient by a removed therapist. The Gestalt therapist is a responsible part of the process, not merely an active expert facilitating the process. *The Gestalt therapy is the Gestalt therapy relationship*. The relationalists turn their attention to how the therapist positions herself toward the work: how she understands her impact on the patient as well as the patient's impact on her. Therapeutic insight is emergent of the relationship. The therapy is a therapy of the contact-boundary, understood strictly as the place where the organism meets the environment and not as a boundary of separation, as such: our work cannot be otherwise than relational (Francesetti & Gecele, 2009).

Ethics is inevitable when we bring our figural concern to the relationship. The ethical dimension appears in what may be called the "how-structure"<sup>2</sup> of the relationship – the actual conduct of the relationship. It is "how" one person is to another – and this is always an ethical "how." This is ethical in the sense by which Emmanuel Levinas uses the term "ethics":

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<sup>2</sup> The moral dimension might be called the "should-structure."

a *comportment* in which the other is strange and indifferent to you, who belongs neither to the order of your interest nor to your affections, at the same time matters to you. . . . [It is] a relation of another order than that of knowledge . . . . Placed in an ethical relation, the other man remains other. Here *it is precisely the strangeness of the other . . . his "stranger-ness" which links him to you ethically.* (Levinas & Poirie, 2001, p. 48, emphasis added)

The philosopher Simon Critchely (2002) puts this somewhat more simply: "It is the event of being in relation with the other as an act or a practice. . . that Levinas describes as 'ethical'" (p. 12). Ethics, then, is a matter of comportment of one person to another and, following Levinas, is a very special kind of comportment that links – or structures – our way of being-with one another.

### **The Relational Turn is a "Dialogical" Turn**

The relational turn is a turn to psychotherapy of dialogue (Friedman, 1989; Hycner, 1993; Hycner and Jacobs, 1995). Rich Hycner, Lynne Jacobs, and Gary Yontef, and were on the same track. "The dialogical turn" is a turn away from Gestalt psychotherapy where the therapist is a stage director who proposes role-plays, and so on, to the patient. It is turn to a psychotherapy of engaged conversation. Therapists in the original model abruptly challenged any attempts by the patient thought to be "manipulations" and refused to answer the patient's questions or to repeat their own comments to patients. But now after the dialogical turn, the therapist is a partner in a give-and-take conversation. This is the ethical turn put into action as the therapy itself. Psychopathology is now understood as a relational *and* dialogical phenomenon – at the contact-boundary itself, that is, emergent and of the patient and the therapist (Spagnuolo-Lobb, 2001).

Martin Buber is known as the philosopher of the psychotherapy of dialogue<sup>3</sup> (Friedman, 2003).<sup>4</sup> While Laura Perls from time to time referred to Buber in her teachings and writings, and while Fritz Perls himself perhaps even more often referred to the Buber's I-Thou and I-It dynamics, these references to Buber were more or less in passing until the relational turn. That is, they were primarily about the nature of the personal Thou versus the impersonal

<sup>3</sup> Insufficient attention has been given to Franz Rosenzweig, Buber's sometime colleague and collaborator. Rosenzweig was a major force in the "Zeitgeist of Dialogue" of the early twentieth century. Rosenzweig had a major influence on Emmanuel Levinas.

<sup>4</sup> Why not Carl Rogers? Buber's dialogical psychotherapy influenced humanistic psychotherapy for most of the twentieth century, yet Roger's client-centered approach was also an important secular model popular at the same time as the original Gestalt therapy model. Roger's model was explicitly relational in ways that would satisfy relational Gestalt therapists.

you and the objectifying It, or, in Laura's case, about Buber's actual personal presence. Erving and Miriam Polster also developed Buber in their influential development of Gestalt therapy. Buber's philosophy is a good deal more than the I-Thou, I-It story. Buber is the basis for the psychotherapy of dialogue; he was a philosophical anthropologist and a mystical Jewish theologian.

Hycner, Jacobs, and Yontef broadened Buber's influence in Gestalt therapy. They imported more Buber into Gestalt therapy. "Inclusion," "confirmation," "presence," "commitment and surrender to the between," and "dialogue" (Yontef, 2009, pp. 47-49) became part of the Gestalt therapy method. Chapter after chapter of *Relational Approaches in Gestalt Therapy* refers to these concepts from dialogical psychotherapy. Against the charge that this importing of Buber, or of any other ideas, dilutes Gestalt therapy, Yontef (2009) states outright that relational Gestalt therapy is characterized by its welcoming of imports (p. 43).

Buber's ideas have spread throughout contemporary Gestalt therapy – "I-Thou," "I-It," "the between," "the inter-human," "meeting," and so on. These are as common as contact or self-functioning. And in some of our theory and practice, I think that they are even more common. At the international conference of the European Association for Gestalt Therapy, held in Berlin in September 2010, there were displays not only of Fritz, Laura, and Paul Goodman but also of Buber's life and contributions. Has our trio of founders become a quartet?

And here I have my first serious hesitation to this aspect of the relational turn. While I agree that the originalist version of Gestalt therapy fails to stress the importance of "dialogue" in therapy, I am cautious to the utmost about ideas imported to Gestalt therapy. Gestalt therapy is a "continually ongoing innovation and expansion in whatever direction is possible and with whatever means are available between the therapist and the patient in the actual therapeutic situation" (L. Perls, 1992, p. 140). Yet, all ideas have implicit views of human nature as they are shaped by their normative imagery. Ideas are not detached abstractions that can be moved from here to there. An idea is always already situated in fabric of other ideas – it must be considered as part of its whole. Each idea is a part of an entire system of thought and, as such, carries elements of the system as a whole. Before an idea is accepted for import into our land of Gestalt therapy, it ought to be inspected with all the care given a food product on the dock of an international port. We must be careful not to import unintended ideas along with the ideas that so attract us. We say that we are careful to distinguish between ideas that are introjected, and those that are assimilated or integrated into our understanding, but when we are unaware and confluent with our introjected ideas, they will be invisible to us. That is the nature of confluence.

So, when the psychotherapy of dialogue, I and Thou, inclusion, and so on, are ported over the border into Gestalt therapy, what else might they carry? What normative images of human nature might shape them? When we invoke those ideas, are we clear what else we may be invoking with undertones or subtle implications? I ask these questions and assume no answers.

This is not the place for a comparison of Buber's psychotherapy of dialogue with Gestalt therapy. Buber was a conscience for a century that had been sorely in its need; he is a beacon of light for all of us who still search to perfect our humanness. Buber's impact on psychotherapy is significant, immense – and valuable. His influence on all contemporary Gestalt therapy continues. He and other philosophical anthropologists, phenomenologists, and "existential" philosophers continue to shape our concepts.

But I offer this observation. There is a difference between psychotherapy and theology. Buber was a mystical theologian, a philosopher of dialogue, and an advocate of dialogic psychotherapy. Much of his writing about psychotherapy (Agassi, 1999) itself makes reference to good, evil, guilt, the soul, holiness, and God. Over the post-relational turn years, I have noticed an increasing solemnization of Gestalt therapy. The dialogic process is sometimes – not always – spoken of in almost hushed tones as the words "dialogue" and "the between" are mentioned. A "meeting" seems to be a "sacred" instant of connection. I sometimes imagine harp music. The "sacred" has found its way into our discourse and is now defined for us by Erving Polster (2006) in *Uncommon Ground: Harmonizing Psychotherapy to Enhance Everyday Life*:

The four attributes of sacred experiences that I believe to be operative in both *religion and psychotherapy* and that will form the foundation for a definition of sacred experiences are: *amplification, symbolism, sanctification and indivisible union with otherness*. Though each of these attributes is distinct, all overlap with one another. (p. 17, first emphasis added)

"Our clinical work is suffused with mystery. . . . Martin Buber believed that God dwelled in the 'betweenness' of our existence. Ultimately, we end in mystery" (p. 9) – writes Hycner (2009) in his Preamble to *Relational Approach to Gestalt Therapy*. And even "field" – of course, not a Buber-import (his "sphere" has not made it into Gestalt therapy yet) – is sometimes spoken of as if it were "Elysian." The spiritual aspects of psychotherapy are assumed, outright mentioned, or even stressed – mostly without elaboration. I would be surprised to find a colleague who has not heard our work referred to as "sacred." Has the "relational turn" become for some a "sacred turn" for some?

Fortunately, for me, this "sanctification" of the relational turn is not explicitly



true of the bulk of the essays in this collection, nor is it true of the other writings of these authors. In his contribution, Stuart Stawman (2009) offers an excellent critical engagement with Buber's "between" that should give pause to those who use the term as if it were identical to contact-boundary. Such sanctification is also not true for many other Gestalt therapy writers and trainers. Among some who have taken the relational turn, there appears to be an easy, unquestioned conflation of the language of spirituality and the language of Gestalt therapy. The casualness of this conflation should be noted and questioned, lest the normative image of Buber's theology of human nature become that of the relational turn by default. It is just as necessary for us to question importing Levinas<sup>5</sup> into Gestalt therapy, as it is to question imported Buber. This goes without saying, yet it ought to be said, since many of us are turning to Levinas to provide the systematic, ethical philosophy of intersubjectivity that Buber did not provide (Orange, 2009).

### **The Ethical Turn, the Relational Turn – and Values**

Since a relational perspective brings an ethical focus to the psychotherapy relationship, it leads to questions of values, morality, and norms. It is a short and perhaps too tempting a step from stressing the importance of authentic interpersonal connection as a value, and *mandating* it as a norm for human being.<sup>6</sup> It is a short step from stressing values and responsibilities, and imposing those same values upon our friends, neighbors, and patients. Maurice Friedman (2003) provides an example of a subtle normative dictum concerning relationship:

It is an illusion to think that genuine relationship can be achieved when two people or groups of people are focused on getting their needs met, even if in the interest of self discovery, personal wholeness or spiritual growth, a genuine relationship must cultivate the total ground of existence. (p. 54)

It is one thing for a philosopher, ethicist, or member of the clergy to set the standards by which the genuineness of a relationship may be evaluated, and quite another when a psychotherapist does it.

If the culture of the originalist model stressed autonomous self-regulating

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<sup>5</sup> Levinas explicitly separated his philosophical and theological writings and explained how the one related to and was different from the other.

<sup>6</sup> It is impossible to be value-neutral, since even that is a "value." Gestalt therapy properly is a value-based psychotherapy. I am not proposing otherwise. Gestalt therapy's distinction between normative values extrinsic to contact, and the intrinsic values of contact itself, is relevant (Bloom, 2003).

to its detriment, then the current model's stressing of field-responsibility (Staemmler, 2009) as a goal for therapy is subject to equal criticism. The following is from an article abstract in a recent issue of *Gestalt Review*:

Gestalt therapy offers more than a mere cure. It is concerned with healing. . . the activity of psychotherapy is an invitation to sacred ground. A healer for our times is required to care for the environment and the community by addressing a range of socioeconomic issues such as globalization, as well as the transpersonal and spiritual interiority of people's souls. (Levin, 2010, p. 147)

Here is the mix of the sacred and the clinical; and here is the "shamanizing" of the Gestalt therapist who now has a duty to follow a prescribed agenda. And notions of a Gestalt ethics that is a *prescription* for a preferred quality of human relatedness is the old wine of imposed morality in the new of bottle of "dialogue."

In referring to postmodern ethics, Zygmunt Bauman (1993) cautioned:

This is the genuine aporia of moral proximity [of one to the Other]. There is no good solution in sight. If I do not act on my interpretation of the Other's welfare, am I not guilty of sinful indifference? And if I do, how far should I go in breaking the Other's indifference? And if I do, how far much of her autonomy may I take away. . . . *There is a thin but a thin line between care and oppression, and the trap of unconcern awaits those who know it and proceed cautiously as they beware of trespassing.* (pp. 91-92, emphasis added)

Of course we have learned from the careless cruelties of the normative image of a need-satisfying isolated human nature, and of course we understand ourselves as responsibly with-one-another in a fully relational ethical world; but the razor's edge of Bauman's thin line is one we must never ignore.

Fortunately, there are safeguards to the aporia of imposing values in the name of our values. For one, there is the clarity of the hermeneutic approach to psychotherapy as described by Frank Staemmler (2007) in his essay, "The Willingness to be Uncertain: Preliminary Thoughts about Interpretation and Understanding in Gestalt Therapy." So long as meaning is fluid, uncertainty a constant, and interpretation a mode of our being engaged with one another, no perspective can reign (Orange, 1995). We are all parties to shared horizons; so long as we are all committed to the process of perspectival understanding without end, during which each of our perspectives is engaged with one another's – and understood in hermeneutic dialogue – we have protected

ourselves from imposing one person's normative ethics upon another's. No one perspective can be lauded over another when it is held by a person willing to be uncertain. When this perspectival approach is coupled with respect for the intrinsic qualities of contacting (Bloom, 2003), we can avoid the imposing of one person's normative values onto another's.

The relational ethics of Gestalt therapy is not an ethics of how one *ought* to be toward one another; rather it is an *inevitable* ethics of responsibility that is emergent of the kind of being one *is* toward another in psychotherapy – its “how-structure.” “I am interested in knowing how that was for you when I said that?” might be the simplest of invitations from the therapist to the patient that welcomes a “conversation of perspectives” between two uncertain people. Such a question – when contactfully intended – is an example of the “how-structure” of the therapy process, its ethical world.

### **Imported ideas**

Let me return to my concerns about importing the unintended along with the needed ideas in order to offer a different way to consider dialogue within Gestalt therapy. Why not interrogate dialogic psychotherapy and see *if* and *how* it is Gestalt therapy? Why not ask in the legendary style of Isadore From, “Just what does dialogue have to do with Gestalt therapy?” Or said more welcomingly – since From's questioning was known to make the timorous quake – “How can we understand the dialogic imperatives of the relational approach from *within* the fundamentals of our Gestalt therapy model rather than as something *added* to it?”

Lynne Jacobs (1995) began this process in her essay, “Dialogue in Gestalt Theory and Therapy,” published in her previous collaboration with Rich Hycner, *The Healing Relationship in Gestalt Therapy*:

Dialogue establishes the ontological significance of contacting. Contact is the means by which we feed ourself, by which we understand, orient, and meet our needs. *But cast in the light of I-Thou, contact also stands at the ontic center of the psychological and spiritual development unique to our human existence.* (pp. 58-59, emphasis in original)

Jacob's discussion deserves close reading and further consideration, which I will attempt below.

### **Dialogical Contacting: An Immodest Proposal**

Let me propose “dialogical contacting” as a way to consider this discussion

further, and to try integrating "dialogue" more fully into our fundamental theory of contacting. "Dialogical contacting" has the virtues of Buber's concern for the inter-human without the possible baggage of his theistic mysticism; it has the clarity of our phenomenological understanding of experience through contacting, without any possibility of forgetting that significant contacting always includes the other. Contacting is not "sacred," but it is transforming. I will explain.

While there may be disagreements among us about the essentials of our fundamental theory, I doubt anyone questions the centrality of contacting. Contacting is the process of human experiencing, of successive wholes of experience, as the affordances and limitations of the situation present opportunities for human development. All of this is ordinary, commonplace, mundane. All contacting is a *process of discovery*. Curiosity leads to discovery and surprise. Interest proceeds to knowledge. Desire leads to satisfaction. Figure/grounds unfold and re-fold as the horizon of the phenomenal field shifts. The unknown becomes known, what is needed is found and fashioned to our use. The "novel" is "assimilated" (Perls, Hefferline, and Goodman, 1951).

Yet, all of this is still everyday contacting, insofar as most experiencing is actually unextraordinary, mundane. Forgettable and forgotten. We are regularly, unavoidably, and comfortably engaged in innumerable contacting processes throughout our day. It is how we get from here to there and solve puzzles on the way. There is nothing explicitly relational in contacting, although implicitly there must be since it is the phenomenal process of the social field. The world of persons is the social ground.

Making contact with another person is not ordinary contact. But instead of using the already available terminology of Gestalt therapy, the relationalists imported the terminology of dialogical psychotherapy to describe this other dimension of contacting: the inter-human, the between, the meeting, dialogue. This can muddy our clear waters. "Dialogical contacting" is an alternative term for contacting another person and, I think, keeps Gestalt therapy's conceptual waters clear.

Dialogical contacting is different from ordinary contacting. When we are faced directly with the challenge of contacting another person, we face another "I" who is not an "unlike to be made like," not a "novelty to be assimilated," or even as a "known to be made known." Contacting as the process of assimilating the novel comes to an abrupt halt when one person begins to make contact with another. Another human cannot be assimilated. An Other cannot be known and yet remain an *Other*. Contacting another person can only, then, be a process of dialogical contacting in which one person and another come up against one another's intractable difference,

experienced in the meaningful dialogical exchange. The Other can never be known, in the fullest meaning of the word. "To know" the Other is to cloak the Other in the terms of my own understanding: to tailor the Other to my own fit. To be known is to be mastered by another's conquering understanding, leveled into a certainty. Laura Perls had a one sentence phenomenological diagnosis for couple dysfunction: "The significant other becomes the insignificant same." The bright "novelty" of the Other cannot go gently into the dark night familiarity of the same. In dialogical contacting, the singularity of each person is maintained *and* the figure/ground in contact is transformatively reconfigured.

Dialogical contacting is *making* contact with an Other as an other. Dialogical contacting includes the "I-Thou moment" of contacting (Perls, *et al.*, 1951, p. 418). Contacting the Other may even transcend the "I-Thou moment" if we understand Thou as "my Thou." Thou are a "you" only on my own terms. "Thou" are "my Thou." Un-assimilable Others are co-emergent selves at the contact-boundary. It is not necessary to consider "the between" here. In dialogical contacting each person is able to be available to the other to extent that each person's contacting process has sufficient support – and that together there is sufficient ground of support in common for both to be in contact. This ground is *ontic* to the extent that it is the felt and actual basis of the present situation for their *making contact*; and it is *ontological* to the extent that it includes the fundament potentially available as the ground for their *being in contact* (Bloom, 2010).

Dialogical contacting can account for the significance of dialogue in Gestalt therapy by using the understandings of Gestalt therapy by themselves. As such, Gestalt therapy can stand as a relational dialogic approach without importing ideas from other modalities. Buber's world of good and evil, God and Man, which is the normative imagery shaping his philosophy of dialogue, does not have to enter the world of Gestalt therapy – unless we have deliberately chosen it.

### **Conclusion**

In this commentary, I have described the impact on me of reading *Relational Approaches in Gestalt Therapy*. It has led me to consider the relational turn in terms of a succession of "turns" – in fact, to see anew the dynamism of our changing perspectives. One good turn deserves another, and another. The implications of Gestalt therapy's relationality touch all aspects of our theory and practice and should cause us to consider our own normative images of human nature. Each moment of our psychotherapy practice ticks on an ethical clock within the emerging, continuous how-structure of the therapist- patient

relationship. The relational approach understands this and asks us never to neglect it. Or, so it seems, from my perspective.

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