

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.

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The Paradoxical Theory of Change

Arnold Beisser, M.D.

For nearly a half century, the major part of his professional life, Frederick Perls was in conflict with the psychiatric and psychological establishments. He worked uncompromisingly in his own direction, which often involved fights with representatives of more conventional views. In the past few years, however, Perls and his Gestalt therapy have come to find harmony with an increasingly large segment of mental health theory and professional practice. The change that has taken place is not because Perls has modified his position, although his work has undergone some transformation, but because the trends and concepts of the field have moved closer to him and his work.

Perls' 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. I will call it the paradoxical theory of change, for reasons that shall become obvious. Briefly stated, it is this: that change occurs when one becomes what he is, not when he tries to become what he is not. Change does not take place through a coercive attempt by the individual or by another person to change him, but it does take place if one takes the time and effort to be what he is -- to be fully invested in his current positions. By rejecting the role of change agent, we make meaningful and orderly change possible.

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 person seeking change by coming to therapy is in conflict with at least two warring intrapsychic factions. He is constantly moving between what he "should be" and what he thinks he "is," never fully identifying with either. The Gestalt therapist asks the person to invest himself fully in his roles, one at a time. Whichever role he begins with, the patient soon shifts to another. The Gestalt therapist asks simply that he be what he is at the moment.

The patient comes to the therapist because he wishes to be changed. Many therapies accept this as a legitimate objective and set out through various means to try to change him, establishing what Perls calls the "top-dog/under-dog" dichotomy. A therapist who seeks to help a patient has left the egalitarian position and become the knowing expert, with the patient playing the helpless person, yet his goal is that he and the patient should become equals. The Gestalt therapist believes that the top-dog/under-dog dichotomy already exists within the patient, with one part trying to change the other, and that the therapist must avoid becoming locked into one of these roles. He tries to avoid this trap by encouraging the patient to accept both of them, one at a time, as his own.

The analytic therapist, by contrast, uses devices such as dreams, free associations, transference, and interpretation to achieve insight that, in turn, may lead to change. The behaviourist therapist rewards or punishes behaviour in order to modify it. The Gestalt therapist believes in encouraging the patient to enter and become whatever he is experiencing at the moment. He believes with Proust, "To heal a suffering one must experience it to the full."

The Gestalt therapist further believes that the natural state of man is as a single, whole being - not fragmented into two or more opposing parts. In the natural state, there is constant change based on the dynamic transaction between the self and the environment.

Kardiner has observed that in developing his structural theory of defence mechanisms, Freud changed processes into structures (for example, denying into denial). The Gestalt therapist views change as a possibility when the reverse occurs, that is, when structures are transformed into processes. When this occurs, one is open to participant interchange with his environment.

If alienated, fragmentary selves in an individual take on separate, compartmentalised roles, the Gestalt therapist encourages communication between the roles; he may actually ask them to talk to one another. If the patient objects to this or indicates a block, the therapist asks him simply to invest himself fully in the objection or the block. Experience has shown that when the patient identifies with the alienated fragments, integration does occur. Thus, by being what one is—fully one can become something else.

The therapist, himself, is one who does not seek change, but seeks only to be who he is. The patient's efforts to fit the therapist into one of his own stereotypes of people, such as a helper or a top-dog, create conflict between them. The end point is reached when each can be himself while still maintaining intimate contact with the other. The therapist, too, is moved to change as he seeks to be himself with another person. This kind of mutual interaction leads to the possibility that a therapist may be most effective when he changes most, for when he is open to change, he will likely have his greatest impact on his patient.

What has happened in the past fifty years to make this change theory, implicit in Perls' work, acceptable, current, and valuable? Perls' assumptions have not changed, but society has. For the first time in the history of mankind, man finds himself in a position where, rather than needing to adapt himself to an existing order, he must be able to adapt himself to a series of changing orders. For the first time in the history of mankind, the length of the individual life span is greater than the length of time necessary for major social and cultural change to take place. Moreover, the rapidity with which this change occurs is accelerating.

Those therapies that direct themselves to the past and to individual history do so under the assumption that if an individual once resolves the issues around a traumatic personal event (usually in infancy or childhood), he will be prepared for all time to deal with the world; for the world is considered a stable order. Today, however, the problem becomes one of discerning where one stands in relationship to a shifting society. Confronted with a pluralistic, multifaceted, changing system, the individual is left to his own devices to find stability. He must do this through an approach that allows him to move dynamically and flexibly with the times while still maintaining some central gyroscope to guide him. He can no longer do this with ideologies, which become obsolete, but must do it with a change theory, whether explicit or implicit. The goal of therapy becomes not so much to develop a good, fixed character but to be able to move with the times while retaining some individual stability.

In addition to social change, which has brought contemporary needs into line with his change theory, Perls' own stubbornness and unwillingness to be what he was not allowed him to be ready for society when it was ready for him. Perls had to be what he was despite, or perhaps even because of, opposition from society. However, in his own lifetime he has become integrated with many of the professional forces in his field in the same way that the individual may become integrated with alienated parts of himself through effective therapy.

The field of concern in psychiatry has now expanded beyond the individual as it has become apparent that the most crucial issue before us is the development of a society that supports the individual in his individuality. I believe that the same change theory outlined here is also applicable to social systems, that orderly change within social systems is in the direction of integration and holism; further, that the social-change agent has as his major function to 'work with and in an organization so that it can change

consistently with the changing dynamic equilibrium both within and outside the organization. This requires that the system become conscious of alienated fragments within and without so it can bring them into the main functional activities by processes similar to identification in the individual. First, there is an awareness within the system that an alienated fragment exists; next that fragment is accepted as a legitimate outgrowth of a functional need that is then explicitly and deliberately mobilised and given power to operate as an explicit force. This, in turn, leads to communication with other subsystems and facilitates an integrated, harmonious development of the whole system.

With change accelerating at an exponential pace, it is crucial for the survival of mankind that an orderly method of social change be found. The change theory proposed here has its roots in psychotherapy. It was developed as a result of dyadic therapeutic relationships. But it is proposed that the same principles are relevant to social change, that the individual change process is but a microcosm of the social change process. Disparate, un-integrated, warring elements present a major threat to society, just as they do to the individual. The compartmentalization of old people, young people, rich people, poor people, black people, white people, academic people, service people, etc., each separated from the others by generational, geographical, or social gaps, is a threat to the survival of mankind. We must find ways of relating these compartmentalized fragments to one another as levels of a participating, integrated system of systems.

Notes from *Joe Wysong, Editor, The Gestalt Journal*

1. The paradoxical social change theory proposed here is based on the strategies developed by Perls in his Gestalt therapy and are applicable to all levels of system.
2. Gestalt therapist Ruth Lampert's award winning essay, "The Case for Going Gentle," was inspired by her training with Dr. Beisser. This essay won a 1996 award from California Writer's Roundtable. The author is a Gestalt therapist who studied with Arnold Beisser, M.D. It has been added on the next pages.

THE CASE FOR GOING GENTLE

*"Do not go gentle into that good night,
Old age should burn and rage at close of day;
Rage, rage against the dying of the light. " Dylan Thomas*

I was a teenager the first time I read Dylan Thomas' words to his dying father, and I shouted whatever was the current vernacular version of --"YES!". How right he was, I thought, to demand fighting to the very end. That's the way I would be when my time came, and that's the way everyone should be. I have had a few (quite a few) years to think it over. Today, with "old age" not just a far-distant eventuality, burning and raging have less appeal. In my sixth decade, having been close to many people of various ages who looked into, and went into, "that good night" I find myself impatient with the "Give 'em Hell!" crowd. Probably his bellicose stance helped Thomas the son. The psychotherapist in me thinks, "That's one way to avoid feeling the pain of loss --- focus on how the one you are losing ought to behave." And if we refuse to accept parental death, we can, like Woody Allen, nourish the secret, sly wish that although "everyone dies, I'm hoping that in my case they will make an exception." But how did Thomas the father feel about it? We are not privy to that knowledge. My own father died unexpectedly in his sleep when I was nine years old. Some part of me must have felt angry and betrayed, but at nine I could not articulate my grief, let alone rage. I can never know what it was like for him. I have since experienced the death of my grandmother in her eighties, my mother in her seventies, friends, colleagues, and teachers in their middle age, and young clients cruelly claimed by AIDS and cancer. Most of the time I desperately wanted the person to live and not die, but I have become very careful to not add my own need to the burden of the dying one, offering only unqualified loving support. I have come to believe that affirmation of life is not incongruent with acceptance of its inevitable end; that the instinct to survive is not incompatible with ultimate acquiescence. "A good death" may be a rarity but it is not an oxymoron.

I have been helped to understand this seeming paradox by the work and example of the late Gestalt therapist and teacher Arnold Beisser, M.D. Arnie was 25, a recent medical school graduate, Navy reserve officer, and tennis champion when in 1950 polio left him paralysed from the neck down. He went on to marry, to pursue his career, and to influence countless patients, students, and colleagues with his humane wisdom. In the elegantly succinct "The Paradoxical Theory of Change," he posited in 1970 the intriguing idea that the quickest path to growthful change is not via force (our own or someone else's) but through fully embracing the person we are.

Our metaphors for health and survival are those of the battlefield and the competitive world of business and sports. We "win" or we "lose." Thus we have "weapons" to "conquer" cancer. Thus the obituaries daily give notice of fallen warriors who "lost a long fight with.....". Thus we applaud those who "successfully" recover, and call them "super- stars." How we long to believe it is all within our control, that we can do it if we just try hard enough. Then we can avoid feeling wrenching pity for the child born deformed, for the family killed in a plane crash. Somehow, it must have been their responsibility. If only we try hard enough, say the right incantations, acquire the most lethal "weapons" to banish tragedy, we will be spared a similar fate. Instead of weapons, why not tools to help us heal, to live our life to the fullest?

Some years ago I attended a workshop on the use of visualization to shrink tumours, a technique developed by Carl Simonton, M.D., and others. The suggested imagery was of tanks running over the cancer cells, machine guns wiping them out, etc. When several women, including me, objected to the warlike metaphor, we were told that our protest was a function of female resistance to owning anger. We had no problem owning and expressing our anger at this interpretation. Mindful of some studies suggesting that the muscle relaxation elicited by gentle, nurturing imagery enhances the immune system and that the reverse is true of tension-evoking hostile visualization, we shared some alternate imagery:

There is a garden where both lovely flowers and poisonous weeds grow. We water the flowers and enrich the soil. We do dig up some weeds, and we may use some chemical spray (not enough to damage the flowers}, but mostly we nourish the flowers and watch them crowd out the weeds and take over the garden.

In another visualization, malignant cells are seen as aggressive bullies. Using the "broken record" assertiveness technique we repeat again and again the messages: "No, you can't come in...of course you want to very much but it isn't allowed...the door is powerful, pounding on it won't help.... the locks are incredibly strong...no matter what you do you can't come in. Give it up." Eventually the cancer cells slink away muttering, "We're wasting our time. Let's split."

Arnold Beisser never seemed to be embattled. He did not hate his disability or the prospect of death, and since hate is a necessary component of warfare, he did not go to war. He did undergo the strenuous physical therapy then prescribed which ironically enough turned out to be not only ineffective but damaging. Did he "fail" in his efforts to recover? Anyone knowing him or reading his remarkable 1970 book "Flying Without Wings" knows the absurdity of that notion. Did his death at age 60 mean that he had "lost his long fight with polio?" More absurdity. It is his response to disability and loss that inspires us. He transformed his tragic circumstances by going gently. Is longevity all we aspire to? Do we admire a rose less because it will not live as long as an oak tree? The Alcohol Anonymous prayer asks for courage to change what can be changed, serenity to accept what cannot, and the wisdom to know the difference. Acquiring that wisdom is surely one of our most worthy and important goals. Reconciling our appreciation for hair dye, cosmetic surgery, fitness, hip replacements, contact lenses, etc., with honouring age -- and eventually death -- is essential for serenity. We can, I believe, cherish life, work tirelessly to find cures and relieve suffering, and wear lipstick, while recognizing the truth and beauty of Buddha's words:

"Everything that has a beginning has an ending. Make your peace with that and all will be well."