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STRENGTHENING SUPPORT

There is no trouble so great or grave that cannot be much diminished by a nice cup of tea. (Bernard-Paul Heroux, 1900)

This chapter looks at the concept of support both for the client and, equally importantly, for the practitioner. Support means 'that which enables' (Jacobs, 2006: 12). It is a key Gestalt concept and the necessary basis of all healthy functioning. Part of the therapist’s job is to help identify the various aspects of support in the client’s life in order to discover what is missing, understored or overused.

The act of walking is only possible if there are strong enough muscles and bones, a supply of energy, the ability to balance, the capacity to monitor and adjust the step to accommodate changing terrain, and so on. All of these functions could be said to be the necessary ‘support’ for walking. A dysfunction in any one of them (such as dizziness or a twisted ankle) leads to an inability to walk effectively or comfortably. A similar process is true in the psychological realm. Healthy self-process, clear energetic figures and satisfying contact are only possible with sufficient self-support and a supportive field. The strength of the support in any situation depends on the use and relationship between these resources. Healthy support is a position of interdependence where the person is supported in his situation. The issue is not whether the person is self-supported or environmentally supported, but rather, how he can co-operate with his environment or community for mutual support, balancing his own needs with consideration of the needs of others.

Suggestion: Think about what coping strategies and resources helped you through times of difficulty. What was missing? What support did you receive from others or would you ideally have wanted from others? On reflection, how could you have best supported yourself?

In developing support there are many areas of possible focus. Body process, attitudes or beliefs, relational patterns, employment, self-care activities, spiritual practice, community resources. However, we will focus here on two major categories: self-support and relational support.
DEVELOPING SELF-SUPPORT

Working with physical process

Perhaps the most fundamental area of support is the ways in which a client relates to his body processes in the here and now. For instance, he can be invited to pay attention to his breathing and to notice which ways of breathing are most supportive to him and which help him to feel calm and stable (see suggestions in Chapter 14, and on pages 252-5 (Chapter 20). You can encourage him to notice his posture – the way he stands, sits and moves – and experience the difference to his inner feelings that can be brought about by, for example, sitting up straight rather than hunched or slumped. Here is a place where the therapist can model a supportive embodied presence.

EXAMPLE

Alex significantly lacked support in many areas. His breathing was shallow; his posture was rigid and tense. His relational support was also low and he had no real friends. After some negotiation, the counsellor decided to prioritize focusing on increasing the support of body processes. She suggested that he experiment with different types of breath and body position as they talked. Alex soon found that when he allowed himself to breathe freely and sit relaxed and supported by the chair he felt much more free to express himself and felt more confident with the counsellor. She noticed that Alex’s voice became quieter when he lost energy and was able to use this as a guide to alert him when he was losing touch with his energetic support.

Using the language of self-responsibility

In discussing self-responsibility and self-support, we are aware of the apparent contradiction with the notion of co-creation – the constant shaping and being shaped that is the inevitable consequence of being in the world with other people. There is a very real way in which we are indeed ‘made’ to feel or be the way we are, including perhaps through mirror neurons (see Rizzolatti et al., 1996). However, in our view, this relational truth should not interfere with the equally important view that the individual can take authorship of his life. He can push back the self-limiting boundaries of his potential, can become more aware of the influences upon him, and own his experience with authenticity and integrity. The promotion of self-agency as support has a high priority in a gestalt perspective.

A valuable gauge of our subjective experience is the way we use language. So much of the time, the language we use reflects a passive attitude to life, a belief that we have no power over what happens to us, that we are not in charge of our lives. When we are very young or otherwise genuinely in the power of another person, or when we are physically hurt or coerced, our responses can realistically be said to be caused by ‘external forces’ or people.

However, we sometimes act as if we were permanently powerless over our reactions. We say things like, ‘You made me lose my temper’, instead of owning our own experience and acknowledging that we have responsibility for our responses by saying, ‘I felt furious when you did that.’ We also use expressions that deny our choice or power over our environment. We say, ‘I got lost’, or ‘I can’t’, rather than ‘I lost my way’, or ‘I choose not to’, or ‘I won’t’. We encourage powerlessness by exaggerated (or understated) words such as, ‘It was an absolute disaster,’ ‘I was completely helpless’, and so on.

A counsellor can invite the client, first of all, to be aware of his use of language or his choice of words and can then suggest experiments using the language of self-responsibility and noticing the difference it makes to how he feels about himself and his attitude towards the world. This is not trivial word-play. It can be extremely significant in both the definition and the resolution of a problem. When a client uses a sentence like ‘I want life to be worth living’, he puts all the responsibility for that outside of himself. The counsellor can invite him to think about the times when life does feel worth living and what he is contributing to the situation. Alternatively, some clients inappropriately take too much responsibility for a situation: ‘I couldn’t possibly say so to my friend, she’d be crushed’, or ‘I would feel so guilty asking for help, she’s got too much to do’. Then the counsellor’s job may be to invite the client to reflect on whether he is really responsible for the fragility of a person’s feelings, or whether he is taking too much on. ‘Has anyone ever been actually “crushed” by your saying no to them?’ or ‘What does “crushed” mean? What would really happen? Can be surprisingly powerful confrontations.

Suggestions about using different forms of language are experiments that invite a client to be aware of how his language both influences and contributes to his attitude to himself and his relationships in the world. They are not instructions for a superior way of speaking. Indeed, it is often quite disheartening to see Gestalt clients or trainees who have been schooled to speak “correctly” but have not changed their underlying attitudes of self-responsibility.

Suggestion: Think of an event that has left you feeling disturbed in some way. Experiment with telling the story of the event first in passive language (for example: ‘My friend turned up late again. Suddenly the thought struck me that she was making me feel powerless with her unpredictability and that it was getting me down’). Then tell the story again, this time paying attention to your language and taking responsibility for your experiences (for example: ‘My friend turned up late again. Suddenly I realized that I was feeling powerless in the face of her unpredictability and I didn’t like it’). Notice any difference in your sense of self-agency and self-esteem as you do so, as well as any ways in which you had been discounting your ability to feel differently.
Identifying with your own experience

Resnick (1990) proposed that identifying with your own experience is the best support for living congruently. This means accepting who you are, with the experience you are having at that moment. He was highlighting how devaluing it as if we have to put energy into denying or avoiding our experience or hiding it from others. If we believe, for example, that we "shouldn't" feel angry, hurt, envious, competitive, then we will often shut down our awareness of those feelings and in doing so lose awareness of other resources. Mindfully owning our experience paradoxically reminds us that this is not all we are.

As the counsellor practises the phenomenological method and offers a dialectic relationship, he will also be modelling a focus and acceptance of present experience and will be encouraging such identifying. However, a more proactive approach is to practice owning with acceptance — even suggesting the client say to himself, "I am anxious/jealous/hurt, etc. and this is my experience right now." It is astonishing how often clients (and we ourselves) preface feelings or experience with denying qualifiers, criticisms, minimizers and deflections. We say: "I'm fine really...having fallen and hurt ourselves," 'I really shouldn't be scared/upset about this,' "Oh well, I expect I'll get over it", "I know it's silly but..."

Supportive self-dialogue

Another way of increasing essential support is to help a client to identify some of the negative messages he says to himself, and design some positive and encouraging sentences to use instead. This can be illustrated most easily in an example.

**EXAMPLE**

Alyssa identified that whenever she made even a small mistake she would say to herself, "Oh I'm so stupid. I can never get anything right." She realized that this thought accompanied a feeling of anxiety and a tensing of muscles in her solar plexus. The counsellor asked her to think about the truth of the matter. Was she stupid? Most certainly not. Alyssa actually had two university degrees and worked successfully as an organization consultant. Did she sometimes get things right? She did. She very often — in fact usually — achieved what she set out to do. So together Alyssa and her counsellor worked out a sentence that was truthful and soothing which would help to restore Alyssa's supportive self-process. It would not have been effective to simply choose an opposite thought like, "I'm so clever I can do anything." Alyssa would have known that it was not true. It needed to be a sentence that brought her back to here-and-now reality. Alyssa chose, "I am very intelligent. I often do well at things, and sometimes I make mistakes. That simple statement of truth meant giving up the easy familiarity of an extreme self-critical position but it also relieved her of what felt like a lifetime of pressure.

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Suggestion: Remember an interaction with someone where you ended up feeling bad. Allow yourself to re-live the scene — where were you, what happened, who said what, what else was going on? (Take a few minutes to remember...) At the end, when you were feeling bad, what did you say to yourself, about yourself, about the other person, or people, or about life? Is this a familiar thought? If it is, come out of the scene and think about that belief realistically. The chances are that it is a self-limiting thought that is not true — or not totally true. Work out a more affirming thought that challenges your self-limiting one. Make sure your affirming statement is realistic. For example, if you said to yourself, 'I couldn't possibly confront that colleague, you might choose the statement, 'I don't like confronting colleagues, but I have the ability and strength to do it if I really needed to.' Design the sentence that is right for you. In your imagination, re-enter the scene and say it to yourself. How does that feel?

The evoked companion

We borrow Stern's (1985) wonderful phrase to describe the strategy of imagining a supportive person at a time of stress. This imagined companion could be a friend, partner, therapist, relative, or it could be someone remembered from childhood. The person is chosen for their needed qualities — lovingness, compassion or perhaps advocacy or fighting spirit — and is summoned to offer internal support when the client feels the need. This idea can be offered and practised initially as an experiment in the session to find the most supportive image. The therapy itself can provide this sort of support and many clients carry around an "interalized counsellor" to whom they can talk in their imagination or remember as warm and encouraging. We sometimes suggest that, during holidays or periods of great difficulty, clients set aside some quiet time to be alone and imagine being in a session, write a letter to us (perhaps to be brought the next time we meet) or remember an encouraging phrase or affirmation that we have discussed in the therapy room. This can be a valuable support in times of stress and separation.

**Suggestion:** Who in your life have you experienced as loving and supportive, as a model to you or even as an inspiration? Think about him or her and the qualities that you need or admired in them. Now return to the difficult scene you were remembering in the last exercise. Imagine your supportive companion being with you at the time. What would he or she say to you?

DEVELOPING RELATIONAL SUPPORT

At the simplest level, the counsellor can encourage the client to consider how he uses available supports such as a partner, family or friends. If his therapeutic journey stirs up difficult emotions, are there people he can call upon? Does he know what other
resources there are in his community? This will be a rich source of information and will bring to the surface many of his underlying beliefs about the world and his relationship to it. It may be that he is completely unaccustomed to asking for support and this whole issue will need to be explored in the sessions. He may also have many introjects or beliefs about not deserving or allowing support (often found in mal-dominated cultures).

Sometimes, a therapist can be so involved in the rich dynamics of the therapy room that he can forget to pay attention to the influence of field conditions. It is important to remember that according to all the psychotherapy outcome meta-studies (e.g., Norcross, 2011) a substantial proportion of positive therapeutic outcome is due to factors outside the therapy room, such as a supportive family, friends, spiritual groups, community activities, nourishing pastimes, self-care and so on.

**Suggestion:** On a sheet of paper, make a map of your support networks (you can also suggest this exercise to a client). Place yourself in the middle and then write or draw in the people or things in your life that nourish you. Use Post-it notes or objects for each person, group or activity and place them near or far from you in relation to the intensity of their support. Then draw a chart that maps the amount of time per week you spend alone or working and how much with these friends, family or activities. Do the proportions seem right to you? What changes could you make that would increase your use of the resources?

One of the most obvious relational supports is of course the counsellor! In a way, almost everything we discuss in this book is directly or indirectly involved with increasing the support of the client. This is especially true of Chapters 1 and 4, where we discussed the support provided by therapeutic boundaries, the working alliance and the dialogic attitude of the therapist, and Chapter 18 where we describe ways of building resources for a traumatized or anxious client.

**The role of challenge**

However, support is by no means always comforting. There are times when the therapist needs to support by confronting or challenging fixed gestalts. It is not uncommon for new clients to use the therapeutic environment in a way that the therapist believes to be unhelpful – for example, becoming overly dependent or excessively asking for advice. In these situations, the therapist may decide to decline what she sees as an inappropriate demand that in effect will prevent the client from finding support for himself. The subtle therapeutic dilemma of when to offer support or help and when to confront or challenge runs throughout all Gestalt therapeutic work.

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**Example**

The therapist had noticed how Beverley agreed readily with everything he said or suggested. She started to tremble and fidget as they talked about the idea of exploring her presenting issue of sexual abuse. The therapist knew that it was vital that the therapy not feel like a repeat of the abuse and stopped the exploration. Gently, he invited her to say what was going on for her right now and Beverley was able to say that she had not wanted to talk about the incident but didn’t like to say so. As they talked, she recognized her old pattern of pleasing adaptation. The therapist set up a light-hearted experiment. First, she pointed to a picture on the wall and said she liked it. Beverley agreed. Then he asked Beverley to name something in the room that she did not like. Beverley chose a lumpy chair. The therapist said she liked it – and Beverley immediately looked uncomfortable. The therapist asked Beverley to experiment with disagreeing and saying she disliked all the things the therapist indicated. They went round the room, the therapist pointing to a picture, an ornament or a piece of furniture and expressing increasing levels of enthusiasm for them. Beverley – tentative at first – soon began to enjoy the game and began to articulate a variety of ways of disagreeing and expressing dislike: "I couldn't disagree more ... I feel completely different ... No, I don't like that ... No, I wouldn't want to sit there!" She began to laugh, she sat up straight and her voice took on a strength that was wholly new. At last she said, "I take the point. I will stick up for myself in future." There was a pause and she added wonderingly to the therapist, 'Do you know, I think that's the first time I've ever said some of those things.'

**Maintaining Counsellor Support**

If you are to be an effective and competent counsellor, you need to pay attention to your own working conditions, satisfaction levels and supportive activities. We suggest the following:

- Have regular supervision.
- Know when to go for personal therapy.
- Have regular contact with professional colleagues through peer support groups, etc.
- Maintain ongoing professional development, for example attending conferences, workshops and distance learning (to read excellent Gestalt skills books).
- Develop a ritual that marks the end of a session or the end of a day's work (this includes meditating, airing the room, playing music, and so on).
- Keep a diary where you express your left-over feelings, or at least identify them.
- Maintain a balanced caseload with clients of sufficient difficulty to keep you at your growing edge without the danger of burn-out.
We follow the chapter on support with one on shame. This is because there has been a significant theoretical revision of the understanding of shame in Gestalt, which historically prioritized personal autonomy and located shame as a problem or weakness in the individual. Wheeler and others (e.g. Lee and Wheeler, 1996) led a reorientation to seeing shame and support as interrelated aspects within the relational field; both are ways of regulating contact, moving towards what is needed or retreating from being rejected.

Thus, the dynamic of shame is about reception and acceptability; our basic connectedness in any particular situation. It is a relational process where the shame is a co-creation (rather than a deficiency or lack of resilience in the individual).

Although support is usually seen as good and shame as bad, in certain field conditions too much support can be disabling and too little shame can be unhelpful. Support in the field, for example, allows people to accept and be accepted, live authentically and risk change. Shame allows people to avoid or protect against situations that will provide insufficient support and could be dangerous. It is thus a regulator or modification to contact and is always relative to particular field conditions.

It is important to distinguish the difference between shame and guilt reactions: guilt is about what you have done; it is conditional (and restitution is possible), whereas shame at worst is about who you are, is unconditional (and feels unchangeable). Shame is experienced by the individual as a feeling of being fundamentally unacceptable, unworthy or defective, which leads to a desperate urge to hide or disappear. It is so overwhelming that it is usually experienced as a temporary loss of self; the shameful person becomes nothing but the experience of shame—which is why he doesn’t have the space to feel guilty about what he has done to someone else. Over time the sense of shame can become so embedded that it passes out of awareness and only shows up as an extreme reaction to criticism or judgement (and also sometimes to praise or admiration). When it is triggered in the session, the therapist often has a sense of the person shrinking from contact or having a disproportionately strong negative response to an intervention.

Rather than begin right away in a discussion of how to work with shame, we start with an overview of what shame is, how to understand it, how it develops. We do that because we believe that shame is a unique feeling/emotion, that we all experience sometimes, and which is categorized by a profound lack of capacity to think and