In Dialogue with Robert and Rita Resnick

Clinton Power

This dialogue is based on an interview that was conducted by video on June 16, 2012 for Australia Counselling Directory, originally titled: Two Become One & Then There are None: Moving From a Fusion Model to a Connection Model in Couples Therapy.

Clinton: It’s my very great pleasure today to be here with Dr Rita Resnick and her husband, Dr Robert Resnick. Dr Rita Resnick has been faculty chair of GATLA’s European Summer Residential Training Program since 1991 and a faculty member since 1986. For those of you who don’t know, GATLA stands for Gestalt Associates Training Los Angeles. Welcome, Bob and Rita.

Rita: Thank you.

Robert: Thank you very much.

Clinton: So tell us a little bit about how your interest and passion in working with couples came about?

Robert: Well, for me it happened as a teenager. I started to be interested in relationships and I noticed that everybody seemed to have difficulties with relationship. As I got older and became a psychologist, I began to specialise after my Gestalt therapy training in couples therapy. So I’ve been specialising in that part of Gestalt therapy for about 40 years.

It seems strange to me that something that everybody has and wants, which is some kind of a connection with a primary other over a long time, seems to have so many problems. There are fantastically high divorce rates, and as I looked further into it, what became clear was that the divorce rates don’t reflect the major part. The major part is what we call the “secretly miserably married.”

These are the people who the textbooks will tell you are successful because they stayed married, but in fact they stay there because of the children or because of religion or because of money or because they’re afraid to be alone or because of social stigma. When you start looking at that, then there’s something drastically wrong with the model of marriage in western culture.

The only other explanation is we are all nuts, and that has been the assumption - to pathologise people by saying that if you are only more together, then your relationships and marriages would work better. And I think that mythology has really been hurtful.
Clinton: Great! And how about you, Rita, how did your passion for this area came about?

Rita: I think when I started to work with individual clients, which is the way that I was trained in graduate school, it started to become clearer and clearer to me that all therapy is really about relationships. Relationships to parents, relationships to children, relationships to spouses or to bosses or to somebody. And if people didn’t talk about relationships there was nothing to talk about in therapy. So it is the key issue that all people come into therapy to talk about.

Then I got interested in really looking at the models that exist currently for couples therapy and what I saw as the holes and the deficits. Then Bob and I, together, started to develop a couple’s therapy theory.

Clinton: What were some of the holes and deficits you saw in the current philosophies and theories of that time?

Rita: Well, I think initially, people that are doing therapy are always looking for people to do more of that which doesn’t work-to make better deals with each other. You do more of this that you don’t like that and I’ll do more of that that I don’t like. And somehow magically that’s going to improve the relationship between us. I think quite the opposite, the more that you try not to be you, the more difficult things become. So that’s a major issue that I think is the difference.

The other is that I think a lot of couple’s therapies really look at the past and previous relationships as the important variable that goes on between people currently. And while I think it’s important, I don’t think it’s the only issue. I think there are some other things to look at that are equally as important.

Clinton: So Bob, can you give us a brief overview of the philosophy and theory that underpins your work with couples?

Robert: Well, I could go on for days. There are many, many ways in which I think we differ from the other models of couple’s therapy. But there are two that I think are very distinctive about our view of couples and coupling and of couples therapy.

The first one comes from what I was saying before that somehow everybody has relational issues and most relationships are not mutually nourishing. They either divorce, when we’re talking about primary relationships, or they stay together, but are miserably married. So if the relationship doesn’t explode-it implodes. And people just go into quiet desperation, depression, sometimes alcohol or other substance abuse, or use other outlets, and so on.

But it became clear that the model doesn’t work. And from a Gestalt perspective, we are field theoretically oriented. How could you possibly ignore the cultural model of marriage which has evolved over tens of thousands of years? It didn’t start with Genesis in the Old Testament. That was just a
reconfirmation of what was always in the culture and what has been in the culture for tens of thousands of years - the notion of two become one.

That’s the fusion model, regardless of religion, within western culture. It’s different in some other cultures. But in Western culture, it’s two become one, which is why we say “Two Become One and Then There are None.” The none means that it is not mutually nourishing for either person when they fuse and become one.

It took a while to find an alternate model instead of a fusion model that would work and we came up through our Gestalt lenses with the notion of a connection model. In order to have a connection, you have to have two. You must have two and you therefore must have a boundary. The boundary will separate as well as connect.

So the connection model means there are two people who are touching and occasionally are fused and confluent. Confluence is lovely to visit but not lovely to get stuck in. Getting cast in bronze in confluence or fusion is no better or worse than getting cast in stone in isolation or cast in stone in contact. It’s getting stuck in one place, that’s the problem and not allowing people to deal with what we call - and certainly not original - “the basic human dilemma”, which is how to be connected to another and maintain a self.

It’s not a problem. It’s a lifelong issue, like breathing or eating - being connected and being separate. The problem is the fusion model of marriage does not allow for that movement. It requires that you be fused or there’s something wrong with you. Don’t you love me?

Clinton: What I think I hear you saying is that the model that you work from is a more dynamic model and the fusion model is static. Is that going to fit for what you’re saying?

Robert: That’s true literally, except the word dynamic is so often associated with psychoanalytic or psychodynamic. And I wouldn’t use that word because it is already so heavily coloured by the psychoanalytic world. But it is a moving model rather than a static model.

You cannot have balance without movement. It’s required in Physics, it’s required for people. You need movement to maintain balance. That’s the first major piece.

The second major piece is, after working with couples for decades and decades, what became really distilled and clear is just about every single couple’s issue stems from the same place. It stems from how they deal with differences. Notice I didn’t say what the differences are. That may be true in 3% or 4% maybe even 5% of the time. But the vast majority is not about what the differences are but how people deal with difference.

Those two are where I think we are really unique in proposing a connection
model rather than a fusion model - in looking at the process of how people deal with difference.

**Clinton:** So Rita, tell us how have you found using a Gestalt theory lens helpful in your work with couples?

**Rita:** Couple of things: one is what Bob mentioned before about it being field theoretical, meaning that you don’t just look at a couple as they appear in your office at a given moment. You have to take into consideration the background, the culture, the economy, the whole system that they come from and that they interact in.

Like a couple who comes in where he’s a steel worker and he just lost his job, and the generations in his family have all been steel workers. It’s his basic identity. So his depression comes internally from his culture and from the background that he comes from. It’s not an isolated incident that happens within the couple. So looking at that, the field that each of them come from and the way they interact with each other.

Also, Gestalt therapy is more process oriented, so we’re looking for repetitive patterns that happen both with one member of the couple and with the other member, and together how they interact. Regardless of the content of what they’re talking about, they are unique in the usual ways in which they operate, and we’re looking at those processes.

**Robert:** Some of those processes are very useful and very efficient. The ones that aren’t, the ones that interrupt self-regulation, are probably character. That’s old, obsolete ways that were very healthy at one time that are now in the wrong time in the wrong place.

The beauty of working from a phenomenological and existential position is that you can access and make clear how the relevant past is affecting and interrupting the self-regulation in a very palpable real way. You don’t have to interpret, you don’t have to guess, you don’t have to derive. You can see it, you can taste it, you can experiment with it.

**Clinton:** I think that’s what I love about couples work as well, is that it’s all in the room, right there in front of you and it’s so alive. And as you say you can literally taste it. If you can capture it, it’s a powerful form of change.

So I think that what you’re alluding to is that it is very much in the room with you.

**Robert:** Yes, but it’s just not Here and Now, because frequently, the person’s Now is not here. The characterological stuff is from 35 years ago. That’s the relevant past. Not all the past is relevant.

**Rita:** But when it comes up in the moment, it’s alive and it’s palpable as Bob says. It’s not going on an archaeological dig to figure out what happened, how you were nursed when you were two months old. But it’s something that
emerges right in the present in the way that you’re interacting in the moment with your partner.

So you see it and it is alive in the moment in the room. Then it’s useful to look at the past.

Clinton: Yep, so you use the current phenomena then to access the past, is that what you’re saying?
Rita: Yes, exactly.
Robert: Right, that past has a life in the present. If it doesn’t have a life in the present, it’s the irrelevant past.
Clinton: Right. Let’s just zoom out a bit, because I am interested. You have such extensive experience in the psychotherapy field and working with couples. What changes-

[Interposing]
Robert: You just called us old.
[Laughter]
Rita: In a very nice way.
Clinton: In a nice way.
Robert: She’s not as old as I am. She usually points that out.
Clinton: So tell us about what changes you have seen in the couple’s therapy field over the last four or five decades.
Robert: Well, you want me to start?
Rita: You can start, it’s okay.
Robert: Back in the day, most couples therapy was psychoanalytically oriented. Psychoanalysis wouldn’t have anything to do with it. But psychoanalytically oriented therapists kind of defined what couples therapy was about except for a few behaviourists. It is different now-totally different.

But back then relationship problems were seen mostly through a psychodynamic lens about the neurotic or the pathology of each person and what’s wrong with this one and what’s wrong with that one, etc. And the notion was that if each person could be cured of their neurosis, relationships would work fine.

The data doesn’t support that, the empirical data doesn’t support that, anecdotal evidence doesn’t support that. After people have a lot of individual therapy, even if it’s good therapy, then the relationships work fine. That would be lovely if it were true. It’s not.

The shift over the last four or five decades has been from that kind of psychodynamic attempt to understand, as if that’s going to change it, to much more cognitive problem solving approach. In most of the western world, CBT is the leading therapy. It’s so called evidence-based and most couple’s therapy now is CBT-based as well.
CBT has gotten a lot broader than it used to be. They’ve even taken over, for example, the notion that we’ve talked about for decades in Gestalt therapy - fixed ways of organising and making meaning (fixed organising perceptual Gestalts) we have which are a large part of character - of making meaning in the world. They call it Schema Theory, ways that people in fixed ways, organise to make meaning.

So they have expanded some, but basically, the shift is from a psychodynamic understanding to a cognitive problem solving. Even some of the peripheral therapies to CBT like Imago therapy, which is kind of a blend of the psychoanalytic foundation with a top layer of cognitive behavioural therapy, integrate both.

Rita: I think there’s also more emphasis currently on attachment theory which was something that was certainly very relevant way back when, when Bowlby was first coming out with it. Attachment theory was dormant for quite a long time and now has a resurgence particularly with Susan Johnson and emotionally-focused therapy. Ellyn Bader and Peter Pearson talk a lot about attachment also. So that’s a shift.

Clinton: Yes. I wanted to ask your thoughts about that. Because there certainly seems to be more of a focus recently in couples therapy on the attachment and differentiation piece. I recently saw Stan Tatkin do a presentation on his psychobiological approach to couples therapy and of course as you mentioned Peter Pearson and Ellyn Bader of the Couples Institute, who very much speak about attachment and differentiation as part of their developmental model of couples therapy.

So do you include attachment theory differentiation in your understanding or are you coming from a Gestalt understanding of that?

Robert: Well, let me just add that David Schnarch is another name who focuses a lot on differentiation. He doesn’t focus much on connection, but he does focus on differentiation.

The attachment stuff is in my view “old wine in new bottles.” In the mid and late 60s, it was very popular. Then it kind of quieted down as Rita said. The problem with it is that it’s a systemic problem. That systemic problem being the lens you use will determine and limit what you see.

So if, like Susan Johnson, you’re talking to a couple, and while you’re listening to them and talking, you’re looking to see if you can assess and codify what their attachment style is, it becomes very close to a diagnosis. It becomes almost a fixed entity, ah, ambivalent attachment disorder. Now, that may be very relevant. The problem is if that’s what you’re looking for, that’s all you’re going to see.

The example I typically use is if you only use a microscope you will
never see an elephant. The lens will limit what you see and it will determine what you see. So if you broaden the lens and you do the multiple zoom lens which is characteristic of Gestalt therapy, then you have character, which is composed of course of the person’s attachment history. It also includes their actual experience and also the environment they were raised in, their introjects, their culture, their religion, their government, and the wars, the politics, all of those things that influence character, not just attachment.

So if you’re looking from a phenomenological bracketed way, you’re waiting to be touched by what’s happening in the room rather than having a pre-set theory about what that person’s attachment style is or what that person’s distance meter might be. As soon as you begin to narrow what you are looking for, before you’re there, you lose everything else other than what’s within the punctuation of that particular lens. It’s useful, but it’s dangerous if you go anywhere near being exclusive with that issue - attachment or anything else, you lose important information.

**Clinton:** I guess like all these things, it is important to hold those theories lightly and be open to the phenomena you see in the room.

**Robert:** Right, exactly.

**Rita:** Exactly. Don’t limit what you see with a pre-conceived idea of what you’re looking for, but stay open to see what you see.

**Clinton:** Yes. In your thinking, what are the contraindications for couples when you’re meeting a couple or maybe just making contact on the phone? Do you have contraindications in your mind when you actually advise not to do couples work?

**Rita:** Yes, I think so. I think people with severe mental disorders are not great candidates for couples therapy. People who struggle with substance abuse problems or physical violence and those people who have their own issues to deal with first before they can possibly deal with another, whoever the other is, need to do individual therapy first before entering into couples therapy.

So I think there are definitely are limitations on who I would consider taking into couples therapy.

**Robert:** Exactly.

**Clinton:** Yes. Let’s touch on how do you manage the boundaries between individual and couple work, because I know this is a question I’ve struggled with myself and many of my colleagues have struggled with it. For example, do you refer out a couple if you’ve been seeing the individual? How do you work in terms of...do you have an assessment phase? Tell us about it or just give us a flavour of how you work in terms the early part of therapy.

**Rita:** I would say generally, although I certainly have made exceptions to this, if I have an on-going relationship with one member of the couple, I would
most likely not see them as a couple I would refer them. Only because of the imbalance in the connection that I would have. I don’t have the same with each.

On the other side, I certainly have made choices to do that because one part of the couple I am working with I think needs more support and he or she can get it from me if I have an on-going relationship with him/her. So it’s not cut and dry, but usually I would refer out if I have more of a relationship with one than the other.

Your second part about, is there an assessment phase? There is not an official assessment phase. I think I’m assessing what’s happening with each of them or them together throughout the therapy. I’m not looking to do that in the first session. What I’m looking for in the first session is much more about what each of them wants, what they’re coming for and how able they are to articulate what they want from therapy, from the other and what they want for themselves.

I’m not looking for a particular thing in an assessment phase, because again, I think that limits what you see rather than staying open to what’s there.

**Clinton:** Yes. Something I’ve been interested in is just experimenting with even from the moment of first phone contact, starting to set expectations from the beginning, and I’ve noticed in my own practice that it can be quite powerful even before they’ve come in the room. There are certain ways you can start to get them thinking about the relationship.

But I’m curious, is that something that you have in your approach? How do you manage expectations from the first point of contact?

**Rita:** Again, I would tie the expectations to what they want. My expectation of them is to help them get clearer and clearer about their own process and what they want and how they interrupt their own self-regulation and how that interruption affects the partner that they’re with. So it’s much more about looking at themselves individually and their interactive process than it is about a certain outcome.

**Robert:** The kinds of issues that Rita was discussing that come up will come up in the interaction between the therapist and the couple, as well as between the members of the couple. If they are good at accessing and articulating what they want, then how they are currently going about trying to satisfy those needs often brings them to a place where they are dissatisfied. Their current ways of attempting to meet their needs creates their dissatisfaction. We want them to recognise their agency and their potency - even in the sense that they would see it as negative - that’s still agency, that I have a contribution, because if I don’t have a contribution, then I’m truly doomed, then I’m impotent, I can’t do a damn thing.

**Rita:** The recognition of my contribution to creating my life, allows for
hope, even if I find the current situation undesirable.

Robert: Yeah, exactly. I don’t have to wait for the other to change for me to approach being ok. That usually means (what Rita was talking about before) how can I position myself and act, no matter how uncomfortable it is, that it would be okay with you and how can you position yourself no matter how uncomfortable. Such posturing just postpones the explosion or the implosion for a couple of weeks.

But it doesn’t really deal with the question of “are we compatible?” And the only way I know that anyone can ever find out if they’re compatible is if they can fully show up. Otherwise, it’s managed care. If I synthetically show up by posturing to please you, then I have another job. Then I have a relationship that is fundamentally flawed and only works when I’m not there. And the whole sweetness and joy of a relationship is knowing that you’re there as you are and are valued and cherished and loved as you are.

You’ve got your pain in the ass parts, just as the other person does, but you don’t have to be so careful, because you’re known and valued as you are. If you’re only valued because you’re not being who you are, then there’s always the fraud there.

Clinton: As I’m listening to you, Bob, I’m wondering is that part of maybe the expectations or - maybe that’s not a good word, but is that part of the education that you would have within the sessions early on that this is about each of you showing up fully in seeing where we can go from here.

Robert: Yes, and also making it clearer that although I might have a personal investment, the therapy doesn’t have an investment in the directionality. If a relationship breaks up because people are truly incompatible, that’s a sad good thing. The tragedy is most relationships break up before anybody has shown up in the first place. That’s tragic, especially, when there are kids and family and extended family.

Clinton: I’d like to talk a little bit about experimentation. Where do you stand in terms of experimentation either in the session or having couples outside of the sessions experimenting? Tell us a little bit about that.

Rita: I don’t know what you’re laughing at, but I’ll tell you what.

[Interposing]

Robert: I’ll tell you later. No, I’ll tell both of you.

[Laughter]

Rita: The purpose of an experiment, for me, is to raise somebody’s awareness of what they do and how they do it. I would always use an experiment if I think it would be useful to raise their awareness or to get them in touch with something that they do that seems to be out of their awareness. Sometimes that would be in the session. Something as simple as moving your chair closer in
or further out, to notice how you are with more closeness or more distance, or some kind of homework.

I might ask someone to pay attention to every time he/she starts to say something and then stops - interrupts him/herself. I would ask them to notice for the purpose of raising awareness, and I do that. I don’t know what - now, what are you laughing at?

Robert: What I was laughing at is completely consistent with what Rita’s saying, but it’s a step earlier I think, that what’s happened in some areas in Gestalt therapy. People have begun to believe that the experiment is a crucial and a functional necessary part of Gestalt therapy. It isn’t.

The methodology of Gestalt therapy is awareness. You can gain awareness only one way. Awareness is the result of difference. And whether the difference is through dialogue, an engagement of two phenomenologies - one way to have those differences, or it’s to do with an experiment, the end result is to highlight difference. Difference allows and encourages awareness. The methodology or technique of how you come to that awareness of difference is irrelevant.

Experiments can be useful if they facilitate difference and therefore awareness. There are lots of ways to do that. Experiments are perfectly good ways to do that, but you don’t have to do an experiment in a session in order to be doing Gestalt therapy. What you have to be doing is facilitating awareness and that’s through difference. Only one technique of doing that is through experiments.

Clinton: As you both are speaking, what I’m taking from this in particular is just the importance of difference and of bringing their differences out in the room. It sounds like it’s really an essential part of your model - this model of moving from fusion to connection.

Robert: Absolutely.

Rita: Right, exactly. And usually you don’t have to wait very long to hear the differences in a couple, as you probably know.

Robert: And what I said quickly before, I want to repeat and amplify a bit, is that in order to have difference, you must have a boundary where I’m different than you. A boundary we seem to forget has two functions. Everybody knows boundaries separate, but we tend to forget boundaries also connect.

In fact, I would suggest the difference is not only connective tissue but it’s the only connective tissue. You cannot connect with an “other” unless there’s some difference between you. If there is no difference you can only fuse with them - there’s no boundary which means there’s no difference. Fusion or confluence is lovely to visit, but not to live there.

Clinton: Well, I’m aware that you run a European residential for Gestalt therapy and couples therapy. Can you tell us a little bit about - just to give us a
flavour of what the residential is about. One of the questions I have is do you need to be a Gestalt therapist to attend?

Rita: You do not need to be a Gestalt therapist to attend. We have many people there who have come from other orientations that are interested in learning about the Gestalt model.

Robert: You do need to be a therapist.

Rita: Yeah, you do have to be a therapist or an allied professional. Somebody who works with organisations or as in health nursing or-

[Interposing]

Robert: Probation.

Rita: -somebody like that, but related to therapists in some way. The couples programme is a 5-day 6-night programme. We do it in different countries in Europe every year. This coming summer we’re going to be in Hungary.

Robert: This is our 41st year.

Rita: 41st summer. So we’ve been doing it. He’s been to all of them. I’m much younger, so I haven’t been to so many. But-

[Interposing]

Robert: I told you she’d get that in.

[Laughter]

Rita: I had to say at least once. The Gestalt programme is 12 days. It’s a little bit longer programme. What we’re trying to do with each programme is to give a combination of theoretical lectures that talk about our perspective and our point of view about theory and how the theory relates to the clinical work and to give time to live clinical demonstrations.

In the couples programme Bob and I work with what we call “model couples.” They’re real couples that we bring that we work with over the five days. Participants then can see not just the first session but a second session and a third session - therapy over time. We give the more advanced students an opportunity to work with the model couples themselves under our supervision and the beginning students work with role play couples. Students actually get a flavour of how it is to work with a couple and see where they run into difficulties with a supervisor sitting in the room with them.

Clinton: I’m hoping to get there myself very soon and we can continue this conversation in person. But thank you so much for giving up your time today. I’m very appreciative of your generosity of spirit and sharing your theory and philosophy of couples work. And I hope we can have a conversation again.

Rita: Thank you. I hope so, too.

Clinton: Wonderful! Well, thank you so much and all the best.

Rita: Thank you for inviting us.

Robert: Thank you, Clinton.
Clinton: Bye for now.
Robert: Bye.

Rita Resnick, Ph.D. Clinical Psychologist, Gestalt & Couples Therapist.
Faculty Chair of GATLA’s European Summer Residential Training Program
www.GATLA.Org. In addition to her private practice in Santa Monica, California, Rita is actively training psychotherapists in the United States, Australia, Europe, and China in both Gestalt and couples therapy.

Robert Resnick, Ph.D. Clinical Psychologist, Gestalt & Couples Therapist.
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Robert has been a clinical psychologist, Gestalt and couples therapist trainer for almost 50 years and was trained and personally certified by Drs Fritz Perls and James Simkin. Dr Resnick was chosen by Fritz Perls to introduce Gestalt therapy to Europe in the summer of 1969. He’s an international Gestalt therapy and Couples therapy trainer and has been doing training each year since 1969. He published 10 Commandments for Maintaining Connection for Couples, in the book, 10 Commandments for Couples: For Every Aspect of Your Relationship Journey. He’s currently developing a series of contemporary couple’s therapy and Gestalt therapy training films. Bob tells me that his first clinical practicum was driving a New York taxi cab, and I’m told that Resnicks are frequently happily married.

Clinton is a Sydney-based Gestalt therapist and counsellor who has an interest in working with individuals and couples with relationship issues as well as issues experienced by GLBT people. He has a particular interest in how technology and social media impacts relationships. He is also the founder of Australia Counselling, an Australian directory for counsellors and psychotherapists. www.clintonpower.com.au