Situated Ethics and the Ethical World of Gestalt Therapy

by Dan Bloom


Situated ethics as the underlying ethical architecture of psychotherapy’s experiential world is the organizing concept of this chapter. This ethics accounts for our being concerned with ethics at all. I will describe situated ethics and more broadly show how the ethics of our clinical practice is within its framework. In so doing, I will introduce intrinsic, extrinsic, and fundamental ethics as important practical ethical categories to guide us in our daily work as psychotherapists.

The following example illustrates the ethical balance achieved in a contactful moment of a Gestalt psychotherapy session.

A person leans forward, eyes down, and says,
“You know, I didn’t want to come here today. Therapy isn’t working. Nothing has and nothing will. I feel like a lump of lead”.

The therapist now finds himself leaning forward. “Jim, I am drawn to you as you speak. You are here and seem to be coming toward me. Would you lift your head?”

He lifts his head. His eyes meet the therapist’s. He smiles.
The therapist smiles...they hear themselves exhale as if with one breath.

The above seems so simple; yet we Gestalt therapists know it is not easy. How can we describe what happened in those moments? It is the nature of contacting to evade verbal description. Notice the gentle back-and-forth of the patient and the therapist, the openness and availability of the therapist as a co-emergent presence with the patient at the contact-boundary. The therapist-patient’s perhaps modest risk-taking is supported by the therapist’s secure ground as part of the common ground of the session. The therapist’s ground includes clinical experiences, skill, professional training, understanding of standards of professional practice and assimilated codes of ethics. These are
unaware background support for the work. Of course, if necessary the therapist will consciously or even deliberately rely upon this support. I will refer to this background support for the therapy as the *fundamental* and *intrinsic ethics* of psychotherapy.

Yet there is something else here. The graceful rhythm of the patient and therapist’s co-experiencing at the contact-boundary is shaped by something more basic. It is shaped by the human quality to see one another “ethically” – that is, as humans who recognize one another as fellow humans and look to one another with a certain expectation, with a certain *ethical* sensitivity. This isn’t something learned. This is basic to the structure of being human. I will call this “something else” *situated ethics*, the ethics of the human situation, a structure of the phenomenal lifeworld in which all of us can be human *beings*.

This chapter has the following organization: Part One defines situated ethics in Gestalt therapy; Part Two describes Gestalt therapy’s potential confusion between extrinsic and intrinsic ethics, and the practical impact of this confusion on the phenomenological method of our psychotherapy practice. I will address how easy it is, especially for Gestalt therapists, to confuse these ethics. In doing so, I will discuss practical clinical concerns this confusion presents in our clinical practices. And I will try to help clinicians through the difficult ethical dilemmas presented in our work.

In short, this is a phenomenologically grounded practical guide for an ethics of Gestalt therapy.

### 1. Part One: Situated Ethics

How ought we to be toward one another? There have been countless answers to this question and never any generally agreed upon answers for all times and all places. For the purposes of this chapter, the answers, as significant as they always are, are less important than the fact that we are always driven to ask these questions. The universal asking of such questions is the watermark of situated ethics upon human beings. Being open to ethics is at the heart of our humanness and therefore is implicit in the practice of psychotherapy. Asking and answering these questions especially sharpened Gestalt therapy’s orientation toward the world.

Gestalt therapists have always emphasized the call for us to be community organizers, social critics, and political activists committed to reforming society according to our view of human nature and society (Perls, Hefferline and Goodman, 1951). A the same time as this reformist appeal, we are also called to be psychotherapists motivated by Gestalt therapy’s own humanistic, egalitarian, and non-authoritarian clinical values. Contemporary Gestalt
therapists have been explicitly addressing Gestalt therapy ethics (Joyce and Sills, 2006; Wheeler, 1992; Lee, 2004b.). They have been bringing a welcome focus to the ethics of the psychotherapy. They have been calling for a shift from a modernist “ethics of individualism” to a post-modern “relational,” “field,” “community,” or “environmental” ethics (Wheeler, 2000a; Lee, 2004b; Staemmler, 2009) and to an intersubjective “ethics of care” (Jacobs, 2011). They have been calling for a focus on the therapy relationship. They have been asking us to pay special attention to the Gestalt therapist’s impact on the patient since the therapist and patient are co-participants in therapy itself (Hycner and Jacobs, 1995).

But these are not the ethics I am mostly concerned with here. I am concerned with the ethics that sustains the therapy process itself, indeed, is a condition for it – and is also implicit to our existing as human “beings with one another” (Heidegger, 1962). This ethics is an ethics of our common phenomenal ground, the lifeworld. It orients our awareness that there are ethical matters in the therapy relationship at all times – for example, in how we handle fees and conduct ourselves towards our colleagues and supervisors. It also stands behind our codes of ethics and our standard of practice – and in moments of professional isolation, it anchors our faith that we are never alone in our work. This is not an ethics that tells us what to do, what is right or wrong, but an ethics that opens us to the ideas that there might be a right, a wrong, or a controversy about there being a right or wrong at all. This is “situated ethics” – an ethics of a different order.

My usage of “ethics” in “situated ethics” is influenced by Continental philosophy. In Emmanuel Lévinas’s complex philosophy, among other things, “ethics” or the “ethical” is our fundamental practical concrete relation to one another (Critchley, 2002). Ethics is a way of «being in relation with the other as an act or a practice» that Lévinas describes as “ethical” (Lévinas, 1969, p. 12). The “ethical” is an “irreducible inter-personal” structure upon which all other structures “rest”. Levinas’s ethics provides none of the rules of usual ethics; it is the “condition of my existence” and “defines the very domain I inhabit” (Davis, 1996).

«Ethics is an optics» (Lévinas, 1969). Just as the structure of our eyes enables us to see and choose colors, situated ethics sensitizes and opens us to the ethical situation within which we are able to have an ethics of content and choice.

Situated ethics can be imported into Gestalt therapy’s paradigm of the organism/environment field, which is being supplemented with various understandings of the “situation”, as I discuss below. I also refer to this ethics as situated in order to emphasize that it is an embodied and social aspect of the organism/environment field. Contacting and the contact-boundary, the core of
Gestalt therapy, are situated in an ethically organized world. The clinical implication of situated ethics as a platform for the practice of Gestalt therapy is an ongoing theme of this chapter.

My discussion includes a phenomenological dimension. I discuss situated ethics as a structure of the lifeworld rather than only of the organism/environment field so as to stress the experiential or phenomenal characteristics of this ethics. There are different meanings of lifeworld in phenomenology as the philosophy developed over its history. However, there is general agreement that the lifeworld is the experiential world. The following aspect of the lifeworld is from the later writings of Edmund Husserl: «the lifeworld is always already there, being for us in advance, “ground” for everyone... The world is pregiven to us» (in Steinbock, 1995, p. 103). The lifeworld precedes experience. And expanding this with Martin Heidegger’s similar concept of “world” (Heidegger, 1962), it includes the historical, cultural, social world into which we are “thrown” as its architecture that is then the foundation of our world of experience. The architecture of the lifeworld, I propose, includes our essential ethical perspective. Situated ethics is part of this architecture within the structure of the world.

1.1. The Situation and Gestalt Therapy

Contemporary Gestalt therapists have been bringing “the situation” into Gestalt therapy, although with different emphases (Staemmler, 2006a; Robine, 2011; Staemmler, 2011; Wollants, 2012). It is an idea whose time has come. From my perspective, the situation emphasizes the concrete existential dimension of Gestalt therapy.

As Jean-Marie Robine observes, the term “situation” occurs many more times in (Perls, Hefferline and Goodman, 1951) than “field”. The contact-boundary occurs in phenomenal wholes of the “situation”, as the ground or figure/ground and self emergence (Robine, 2011). The situation is “chunks in time” as an experiential whole (Staemmler, 2011) and the sequence of contact at the heart of our method is a temporal process. The “situation” specifically locates contacting as a temporal process within the broader notion of field.

Phenomenologically and existentially, the situation is where human existence primarily finds itself. [...] Whatever is to be encountered is encountered in a situation. Whatever is to be done is done out of a situation and with regard to further situations. Human existence is its situation» (Rombach, 1987, p. 138). Thus, the situation has the quality of human existentiality; it is a marker of human existence. The situation is an experiential and existential subset of the field. Situated ethics, then, is the ethics of Gestalt therapy’s
situations – an experiential and existential phenomenon. This situation is both emergent of contacting and the basis for contacting. It is part of the pre-given structure of the lifeworld that is always already there for us – a structure present for us, available to us when we practice Gestalt therapy. «I am made by the situation and take part in the creation of the situation as well. Even before any construction of a Gestalt» writes Robine, «a situation has already started to be built and will be ground for the forthcoming figures» (Robine, 2011, p. 110). For Robine it is «the id of the situation» (p. 103); for me, it is also the situation as the lifeworld.

1.2. Situated Ethics and Ethics of Content

Situated ethics is not an “ethics of content”. Ethics of content includes moral, personal, or societal values that allow us to choose this or that, “right” or “wrong”. Rather, situated ethics is our inescapable ethical orientation towards an ethics of content. It is an aspect of the pre-given lifeworld structure that makes possible an ethics of content to occur to us. We are ethical beings concerned with an ethics of content because ethical sensitivity is embedded in the structure of our situation as situated ethics.

2. Part Two: Intrinsic, Extrinsic, and Fundamental Ethics

Every theory of psychotherapy is based on some conception of the chief dynamic factor in life and society. (Perls, Hefferline and Goodman, 1951, p. 279)

A clinical example.

A session begins.
The psychotherapy office door opens.
A person enters. The therapist and person shake hands and both sit down.
“What brings you here?” asks the therapist.
The person says “I am depressed, sad, worried...”
Then weeps.

The psychotherapist will next ask about this person’s circumstance – and this is necessary for any psychotherapy to proceed. What if there is an
emergency in this person’s life, for example? What next? What will be the focus of the “work” – the person’s social field, home life, relationship(s), family, drug use, and so on? The “environmental field”? The “relational field”? The “spiritual field”? Global or political matters? Or the contact-boundary of this psychotherapist and this person where this person’s suffering can be directly experienced? How can psychotherapists practice phenomenologically when personal beliefs or concerns in the “outside world” are figural?

All psychotherapists have their own beliefs: personal, clinical, ethical, cultural, and so on. Therapists cannot leave their personalities at the office door. It is neither good practice nor possible. What do we do with our strongly held personal beliefs? Devout Roman Catholic psychotherapists hear patients plan abortions. Socially conservative psychotherapists listen to couples discuss multiple sexual partners. Sometimes therapist and patient personal beliefs match – sometimes clash. Our personal beliefs guide our personal lives. These are ethics of content.

Of course some of a therapists’ personal beliefs are necessary for psychotherapy to be practiced. These include therapists’ knowledge gained from clinical training and personal clinical experience. Therapists remain persons within their clinical role and practice within their personal styles shaped by their life experiences (Perls L., 1992). In this light how can psychotherapists deal with potential conflicts of the personal with the clinical when the question “what brings you here?” is asked and answered?

Distinctions between extrinsic and intrinsic ethics and the fundamental ethics of psychotherapy might help answer this question. When the psychotherapist allows his or her own personal ethical beliefs to be figural within the session, an extrinsic ethics intrudes on the psychotherapy. Perls, Hefferline and Goodman (1951) declaratively say that Gestalt therapy involves «…analyzing the internal structure of the actual experience… The achievement of a strong Gestalt is itself the cure, for the figure of contact is not a sign of, but itself the creative integration of experience» (Ivi, p. 232). And this figure of contact emergent of the contact-boundary must therefore be free of irrelevant personal concerns of the psychotherapist. It is the patient who is the patient. Or more precisely, the contact-boundary of therapist/patient is the locus of the psychotherapy in which the patient’s experience is figural against the active background presence of the therapist who is oriented by situated ethics.

A hypothetical clinical example.

A person flops down into the chair and looks down at the floor.
“I had a miscarriage”. She is breathless. Agitated.
The therapist leans forward toward her.

“Mary, can you look up at me? I had one too a few years ago. Sure you feel bad today. This will pass. All this means is that you have to try to get pregnant again as soon as you can”.

The therapist’s personal views are extrinsic ethics of content and will shape the course of the work. At least an opportunity to explore the emergent structure of the patient’s sense of loss was missed. This is an extreme example. Impossible? Perhaps not.

Of course everything present for patient, even if seemingly extrinsic to the matters at hand, is basic to our work as Gestalt therapists. There is no abstract “here-and-now” (Staemmler, 2011). It is phenomenologically impossible (Zahavi, 2003). The patient’s ethics of content is part of the “structure of the actual situation”, attention to which is our clinical mandate. We are always interested in what any experience means to a person.

I return to Mary and a different clinical approach.

“I had a miscarriage”. She is breathless, agitated.

“Mary, when I hear your words I find myself sinking into this chair in a sense of loss. As I sit with this I wonder how much of this is yours. Would you tell me more about what you are experiencing?”

“I feel heavy, John, and floating at the same time. Odd”.

“Would you put your feet on the floor and see what happens?”

Mary does so, breathes, and is silent.

Once again, the therapist and the patient begin to pay attention to what is co-emerging of the contact-boundary. They are supported by a common unexpressed embodied sense, a “seeing”, a “knowing” that there is a human relationship sustaining the developing sequence of contact. Mary can be silent now, “held” by the fundamental support of the therapy relationship, unspoken about yet experienceable. Perhaps a new experience of Mary’s miscarriage will emerge, or Mary will reach a new understanding, and familiar figure/grounds will reconfigure into new and surprising forms within the continuing process. The architecture of support for this process is the situated ethics of the lifeworld.

Situated ethics establishes and maintains the conditions for psychotherapy and provides the orientation for the fundamental ethics of psychotherapy, which is an ethics of content. Fundamental ethics is the ethical condition that makes psychotherapy possible. For example, fundamental ethics includes the therapist’s clinical know-how, experience, knowledge, and even relevant codes of professional ethics. It includes concern for the well being of the patient,
potential for harm to or from others, the patient’s suitability for therapy and the therapist’s suitability for this particular patient. As constituents of the professional expertise of the psychotherapist, these concerns are fundamental and intrinsic to the relationship itself: necessary conditions for the therapy and guidelines for the ongoing work. They are “within” the therapy itself and not brought in from the extrinsic, “outside”, irrelevant interests of the psychotherapist. This might sound simpler than it is. But it may be especially more difficult for Gestalt therapists because of our history.

2.1. Gestalt Therapy: A World View With the Best Intentions: Gestalt Therapists are Vulnerable to Confusing Intrinsic and Extrinsic Ethics

Everyone will readily agree that it is of the highest importance to know whether we are not duped by morality (Lévinas, 1969)

*Gestalt Therapy* (Perls, Hefferline and Goodman, 1951) is the book that launched a thousand Gestalt therapists – psychotherapists, community activists, and social reformers committed to create a more just world. All had an ethics of best intentions. The introduction to *Gestalt Therapy*'s theoretical section ends with these passages, which motivate Gestalt therapy’s psychotherapeutic theory and a social reformist philosophy: «we exist in a chronic emergency and... that most of our forces of love and wit, anger and indignation, are repressed and dulled... Unless we consider life as filled with “creative possibilities” it is frankly intolerable [italics added] [...] Our standard of happiness is too low». The aware, sensitive, and courageous among us «mainly waste themselves and are in pain, for it is impossible for anyone to be extremely happy until we are happy more generally» (Perls, Hefferline and Goodman, 1951, p. 251).

At the same time, *Gestalt Therapy* calls upon us to be psychotherapists who address the actuality of this person’s “interruptions of contacting” and “losses of ego function”. We also must pay attention to the patient’s context – that we are living in a «society [...] opposed to life and change (and love)» (Perls, Hefferline and Goodman, 1951, p. 252). We attend to the process of this person’s contacting-making in this session. *Gestalt Therapy* also asks us to be social activists. After all, a *Gestalt* is a whole of its parts; no person is an island split off from the world. The lifeworld is, indeed, a world, as I described above,
albeit a phenomenal world. To be sure, Gestalt therapy was not alone with such a clinical-social worldview; it shared a commitment to social activism with radical psychoanalysis, for example (Lichtenberg, 1969).

Our patients, then, are not just suffering individuals; they are parts of the larger social field whose institutions are turned against the good and true animal impulses of them as organisms (Perls, Hefferline and Goodman, p. 275). These impulses possess the «wisdom of the organism» – a “wisdom” that is an «immediate» but fallible «ethics» (Ivi, p. 275). Gestalt therapy would liberate this “wisdom” not only in a psychotherapy that undoes damage to the individual caused by this society, but by political action to bring about social changes (Perls F., 1992; Stoehr, 1994; Perls and Stevens, 1969; Aylward, 2006; Bocian, 2010). Herein lies Gestalt therapy’s vulnerability to confuse intrinsic and extrinsic ethics. Can Gestalt therapy be a clinical practice and an instrument for social change simultaneously in a psychotherapy session?

When Gestalt therapists write about Gestalt therapy they sometimes write about its clinical practice. Sometimes they write about social, political, or religio-spiritual agendas in which clinical practice seems to be subsumed (Levin, 2010). «We are as much a political as a therapeutic art» (Aylward, 2006), writes one contemporary Gestalt therapist. It is unclear if he means these are practiced at the same time.

And going even further another Gestalt therapist writes,

Gestalt therapy offers more than a mere cure. It is concerned with healing… A healer for our times is required to care for the environment and the community by addressing a range of socio-economic issues such as globalization, as well as the transpersonal and spiritual interiority of people’s souls. [emphasis added] (Levin, 2010, p. 147)

How different would a clerical calling be?

Whatever personal creeds are drawn from the humanistic spiritual-socio-political ideals of Gestalt therapy, they are an extrinsic ethics of content, which may be salutary for the world-at-large yet these creeds are extrinsic to the clinical practice of psychotherapy – and potentially intrusive on it. The psychotherapist’s personal ethical agenda carried into the therapy session can become the norm against which emerging figures are evaluated. Perls, Hefferline and Goodman (1951) caution «the patient will largely truly create himself according to the therapist’s conception of human nature» and further, «It is desirable to have a therapy that establishes a norm as little as possible, and tries to get as much as possible from the structure of the actual situation, here and now» (p. 282). Yet the patient and the therapist are of the larger social field. Can the therapy be isolated from this? Is there a middle course?
In Gestalt therapy, psychopathology is understood as disturbances at the contact-boundary (Spagnuolo Lobb, 2007d; Francesetti and Gecele, 2009). These disturbances are directly experienced by the patient and therapist as aesthetic (sensed) aspects of contacting (Bloom, 2003). Our phenomenological method itself requires the setting aside (bracketing) of extrinsic irrelevant presuppositions so that we can attend to what emerges in the session (Bloom, 2009; Crocker, 2009; Philippson, 2009; Yontef, 2009).

Of course the psychotherapist’s clinical know-how, clinical wisdom, and standards, are not bracketed. They remain available background since they are part of the fundamental ethics of psychotherapy. How can there be therapy without them? Knowledge of the outside world also remains as background. After all, a session cannot be hermetically sealed. The “bracketer” is “un-bracketable” (Stolorow and Jacobs, 2006).

Does bracketing of extrinsic ethics of content welcome an irresponsible ethical free-for-all supposedly characteristic of the paradigm of individualism (Wheeler, 2000a)? Critics of Gestalt therapists practicing within that paradigm point to therapists as encouraging patients to resist all authority and to be courageously autonomous in disregard of their impact on others (Yontef, 2002). It was true that Fritz Perls cheered on the anti-establishment counter-culture (Perls F., 1992), but it is absurd to say he was responsible for the extreme ethos of the counter-culture.

We are entering the phase of the quacks and the con-men, who think if you get some breakthroughs, you are indeed cured…disregarding any growth requirements. I am very concerned with what is going on right now (Perls, 1992, p. 1).

The ethical values of do-your-own-thing autonomy were followed by some therapists who sometimes behaved recklessly with patients under their assumption of creative freedom. Some Gestalt therapists thought this was sanctioned by The Gestalt Prayer (Perls F., 1992). These excesses were not limited to Gestalt therapists, of course. Gestalt psychotherapy within the early individualistic paradigm has been criticized as often shaming patients. Confrontational therapists cajoled patients to “break through” their “resistances” (Yontef, 2002). Therapists are claimed to have sometimes behaved outside what many now consider proper standards of practice. Gestalt therapy apparently got a bad reputation from practice under this paradigm. But does Gestalt therapy need to do penance for alleged past transgressions?

While considering the question of a “Gestalt therapy code of ethics,” in Gestalt Counselling and Psychotherapy, Phil Joyce and Charlotte Sills reflect that «Gestalt therapy was developed in the 1950s and promoted an anarchic attitude that saw moral codes as outmoded fixed gestals that needed to be
challenged. Ethics and codes of conduct were to be individually decided or negotiated.

They continue: «There was little interest in the potential for therapeutic harm or any discussion of morality or community values. We believe that this has led to many examples of abusive therapeutic relationships and continues to pose a significant problem for a Gestalt code of ethics and conduct [emphasis added]» (Joyce and Sills, 2006).

Yet weren’t those Gestalt therapists committed to “community values and morality” specific to their time and place? Can anyone seriously question Fritz Perls’s clinical bona fides, notwithstanding his showmanship in non-clinical settings? The first-generation Gestalt therapists had standards of practice. They were concerned with the welfare of their patients. Of course, not all of them always were. Not all of us are now. There were, are, and will be ethical problems in all professions. All professions need ethical codes just as all societies need laws. Surely Gestalt therapists are not the only “ethical delinquents” in the profession.

Furthermore, it is a core aspect of Gestalt therapy’s clinical theory/practice to challenge fixed moral codes when unaware introjecting becomes aware and figural. Some moral codes are indeed outmoded and emerge within sessions as restrictions to contacting at the contact-boundary. This is familiar to all Gestalt therapists. Standards of contemporary practice no longer urge us to provoke our patients but to be concretely present with them at the contact boundary and with them to be sensitive to whatever is emerging.

Robert Lee made a significant contribution to Gestalt therapy ethics. In his essay *Ethics: A Gestalt of Values/The Values of Gestalt. A Next Step* (Lee, 2004a), he wrote of our “implicit relational strivings”. These strivings and much of his dialogical intersubjective theory (p. 26) seem similar to the situated ethics described here. Situated ethics, however, refers to the more fundamental architecture of the pre-given lifeworld from which implicit relational strivings are possible. He describes a relational ethic where ethical implications and decisions emerge from a “compassionate ground” valuing connections and relationships. Situated ethics, however, is our ethical perspective from which we can see and then know the value of connections and relationships. Situated ethics can be the basis for compassion. Lee’s relational ethic becomes an ethics of content when he extends it beyond Gestalt therapy’s psychotherapy of the contact-boundary into a social criticism of the “wider larger field”.

«Individual health is dependent on health of the larger field» (p. 27). Gestalt therapy, then, «places a strong value not only on support for the individual but also on support for the environment field» (p. 25). He continues, «we must find whole solutions that support both self and environment» (p. 26). This is
legitimate as an instruction for socio-political reformers. But how wide is the field of our immediate clinical concern for this suffering patient in this moment in this office?

Attention to a person’s social field informs our work since self is inclusive of its widest ground – the social field, phenomenal field, or organism/environment field. But extending this attention to a vague value of “field responsibility” or to a personal opinion about the “health” of the larger field takes this into an uncertain ethics of content with implications for our experiential method. Opinions about the environmental field are honorable ethics of content for social or political reform, but their specific clinical relevance to the fundamental ethics supporting psychotherapy is questionable. Different political parties have different political agendas each with its own ethics of content. It is arrogant to assume any particular sub-group of well-meaning psychotherapists has a lock on truth.

Community values, morality, opinions about the “field”, the environment, relational responsibility, even spirituality change over time. But the structure of the actual situation and our work at the contact-boundary remain constant. They are the pole star of our practice while the nature of our patients’ suffering and our clinical knowledge base change over time.

Our post-modern world’s decentered subject struggles to find an ethical course. Post-modern ethics is hardly a simple matter. In his book, *Postmodern Ethics*, Zygmunt Bauman wrote, «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 much of her autonomy may I take away? …There is but a thin line between care and oppression…» (Bauman, 1993, pp. 91-92).

The razor’s edge of Bauman’s thin line cannot be ignored. We must never forget that at one time the well-intentioned standard of practice was to cure homosexuals and to turn aggressive women into passive housewives. We are wiser now. But what will be said about our wisdom in a hundred years?

### 2.2. A Practical Matter: Situated Ethics and an Ethical Compass

A colleague asked me to see a woman for one session in order to help her restore her trust in therapists, if possible. She would be seeing other therapists after me. This was her choice. She didn’t feel it was safe to see someone more than once. She asked for male therapists.

*She keeps her eyes down. When she speaks, it is almost a whisper.*

“I loved him. He was a wonderful therapist. He was my therapist, teacher and supervisor. He said it would be okay. It felt right for both of us. We trusted
what our bodies told us. Sex was part of the therapy. We made love. In the
office. I needed to feel safe in a loving, erotic, relationship. I had
breakthroughs in therapy. It was the first time I had orgasms.

Then I found out he was having sex with all of them”.

Her eyes filled with tears.

I am troubled to hear this and feel an urge to defend therapists to her. (She
must have seduced him, I think, look at how she looks...) I check myself and
notice I am feeling myself pulling away, I relax my muscles, and then I feel sad,
touched by her hurt. And say,

“Alice, I feel sad when I see your eyes fill with tears”.

Looking up, slowly, “Why?...”, and then... suddenly... “I’m afraid you’ll
want to touch me”.

“No” I say. I notice I had leaned toward her unawares. I take a breath,
noticing now that my chair feels solid under me, more solid than I would have
thought, I feel myself settle into the chair.

“No”, I say, without thinking, and gently, “No, I won’t”.

“I believe you”. Our eyes meet.

“I want to hear more about what it was like for you with him”.

Her shoulders shake as she weeps. She looks up and speaks...

The rhythm in which Alice and I moved back and forth in the session –
with our bodies, with our voices – emerges from our seeing one another
through the lens of situated ethics. Our “ethical eyes” were open to a sense that
“something was wrong” – a sense of a disturbed ethical ground that was for me
more fundamental than a simple question of moral “right” or “wrong”, or of
professional transgression. It was a “wrong” I saw in her eyes, felt in her
comportment, and experienced in myself. I experienced something more than
empathy, more than my feelingful sense of the other. More complex than
compassion. And this is my point.

I was troubled by Alice’s story not only because I was empathic to her. I
was troubled because I could also identify with her therapist’s impulse, and
was moved by what I imagined the tensions such an impulse would place on
the standards of practice and the code of ethics that I know are fundamental for
psychotherapy. I had a felt sense of tensions in an “ethical field”.

My empathy with this patient and her therapist was also a conflict to which
I was open because I could “see” that there were ethical choices to be made.
For a moment I was in the “space” where I could “see” ethical sensitivities,
vulnerabilities, possibilities and the necessity to make choices. Her therapist
and Alice had choices – and so did I as I listened to her. I repeat the theme of this chapter: situated ethics is the structure of the lifeworld that is the optics (in Lévinas’s sense), of our being able to be concerned with ethics at all. It opens us to one another’s vulnerabilities to ethical choosing and to the consequences of our choices. It opens us to compassion.

While situated ethics is our “seeing” of an ethical dilemma, it doesn’t instruct “proper” choice. It isn’t an extrinsic ethics of content within which we can make a choice. All psychotherapists are regularly faced with ethical dilemmas that require ethical choices that impact therapy. For example, a patient’s criminal conduct or possible abuse at home requires us to decide a course of action. What do we do when we know about a colleague’s breach of professional ethics or are tempted ourselves to violate ethical codes and standards of practice? Add another session to a bill to the insurance company? Or code a different diagnosis to get more sessions authorized? Of course we have codes of ethics, but are they all authoritarian rules we have to swallow? We have standards of practice, but can we make them our own and use as we see fit? Is there a difference between authoritarian rules and just rules?

Emmanuel Lévinas’s thoughts on ethics and justice might be helpful. His ethics is within the sphere of the intersubjective and is not about mutuality or equality (Lévinas, 1969). Lévinas refers to matters of justice, morality, and equality as “political” questions within the sphere of the third party that «opens up broader perspectives and instigates a concern for social justice» (Davis, 1996, p. 82). This «third party», writes Bauman in his discussion of Lévinas, «can be encountered […] in the realm of Social Order ruled by justice… [T]he relationship between me and the other must …leave room for the third, a sovereign judge who decides between two equals» (Bauman, 1993). There is no ethics of the same and the other without this third party administering justice, even though in Lévinas’s philosophy the third party «puts distance between me and the other» (Davis, 1996, p. 82). It follows that no more can Lévinas’s ethics be maintained in a world without the third party than can psychotherapy be responsibly practiced if the psychotherapist is oblivious to the third party for its standards of practice, ethical codes, professional experience, and clinical wisdom.

The situated ethics as our ethical vision encourages us to look to this third party for an ethics of content. Codes of professional ethics, professional expertise, and clinical judgment are included within this ethics of content as a fundamental condition for therapy itself. Codes, professional expertise, learning, judgment, and so on, are included to the extent the therapist has assimilated them and are in what the therapist brings to the contact-boundary of the work.
If the psychotherapist’s ethical choosing isn’t “seen” through the optics of situated ethics, the therapist will not know there is an actual ethical choice to be made, but will only be formulaically following prescribed rules of conduct or practice. It is by situated ethics that we see there is an ethical concern at issue – and therefore there is a need for an ethics of content, an ethical code as third party – be it an actual code of practice, a community of colleagues, supervision, or any other basis for an ethics of content that would be an intrinsic and fundamental support for the therapy.

Now we can be open to standards of practice and codes of professional conduct as the relevant extrinsic third party contextualized within the fundamental ethics of psychotherapy and not applied as an irrelevant extrinsic ethics intrusive on clinical practice. As such, the third party furthers the therapy as support for both therapist and patient. This third is not merely an abstract or even concrete written code but can be a living community of colleagues, professional associations, institutes, and supervisors.

Isolated therapists who are disconnected from such actual third party might be lost in ethical confusion when faced by an ethical dilemma. Proper professional training, while no guarantee, provides guidance since there would the ethical third party within the assimilated background of professional learning. And since none of us has been trained in isolation, all of us integrated our social experiences of training as background social support. Our professional community is present in the structure of the lifeworld in which situated ethics is a significant structure. But are these assimilated experiences enough to assure a way out of ethical confusion? This is another way of asking if a therapist can practice without professional supervision. It is difficult to imagine any code of ethics that does not require it.

Situated ethics gives us therapists our ability for ethical sight. It orients us to ethical choice. We can see and with our best judgment possible, make ethical choices grounded on our experience, professional expertise, training, knowledge of standards of practice and professional ethics – within our community of colleagues. All of these are elements of the fundamental ethics upon which psychotherapy depends. Situated ethics is part of the structure of the widest social field, the lifeworld within which even the isolated therapist dwells.

3. Conclusion

Gestalt therapy deserves to be proud of its ethics. We Gestalt therapists should encourage one another to export our ethics of best intentions for social reform and activism as far and wide as our vision can take us. At the same
time, we should be mindful of our commitment to our clinical work as phenomenological psychotherapists who address immediate experience emergent of the contact-boundary. This is the power of our clinical method. Our unique clinical vision is compromised when an extrinsic ethics of content intrudes on the intrinsic ethics of Gestalt therapy fundamental to our work. To some degree, our ethics of best intentions that moves us to be social reformers and humanistic psychotherapists makes us vulnerable to this intrusion. Further, we cannot rely on the felt “truth” of our work at the contact-boundary to know the justice of our behavior towards our patients – only its clinical rightness.

We are at home in this lifeworld and see one another through the optics of the situated ethics, our ethical sensitivity. Situated ethics opens us to “right” and “wrong”. Within this home each of us is able to formulate an ethics of content and mold the shape of personal worlds according to always-changing norms of human nature.

«The good is what it is human to strive for» (Perls, Hefferline and Goodman, 1951, p. 334). Situated ethics is the sight with which each of us can see a good towards which each of us cannot but strive, differently.

Comment

by Richard E. Lompa

This chapter in the book considering ethical issues in the practice of Gestalt therapy is a very important and interesting contribution to the complete essence of this publication which offers a wide spectrum of the practical applications of this therapy. Ethical considerations have often received only minimal attention in Gestalt theoretical literature in the past. Training programs for Gestalt therapists have only in the past ten years or so included these issues in a meaningful way in their educational programs. Any attempt to bring this issue into full focus in the practice of Gestalt therapy and to offer guidelines that help the Gestalt therapist with the complex situations he is confronted with are certainly welcome. I and many of my colleagues often struggle with the emergence of ethical issues and/or dilemmas that take place in the relational field that is such a necessary concept in our practice. Reading this chapter has heightened my awareness of my personal position in my contribution to the relational field that emerges at the contact boundary.

Dan Bloom deserves respect and appreciation for his energetic and thorough examination of much of the recent literature that has contributed to more careful consideration of the effect that ethical concepts have on our being as therapists and that of the people who consult Gestalt therapists for help. The concept of situated ethics as being an ethics of the phenomenal ground,
lifeworld, is a concept that resonates to the very core of our humanness in interacting with our fellow beings. This concept reflects the more recent considerations of the field emphasizing Gestalt therapy as a psychotherapy of the situation.

In agreement with the Gestalt theorists, Goodman (Perls, Hefferline and Goodman, pp. 13-14) states that in order to understand one’s behavior one has to determine for every kind of thought, emotion and action in the momentary whole situation, i.e. the structure of the current situation of a person and his phenomenal environment, which implies that behavior is a function of the psychological situation. The importance of the field perspective becomes increasingly relevant.

Agreeing with this approach, Wollants (2007, p. 43) stresses that «a supportive situation is a situation in which a human being can be self-supportive while being dependant on the support of others. Self-support is impossible without environmental support». This is consistent with the present movement from the practice of Gestalt therapy more as a monopersonal approach to a therapy that recognizes the developing relationship in the therapeutic field of the therapist and the client. This relationship emphasis contributes to evolvement into a multipersonal approach, a different focus.

My experience in the therapeutic field supports me in the conclusion that as more focus is directed onto the relational field of the therapist and the client, the intimacy and the resulting vulnerabilities of the two parties emerge to the foreground. Exactly these vulnerabilities make the ethical behavior of both parties so crucial. It becomes very important for the Gestalt therapist to become aware of these vulnerabilities and develop strategies to address these issues in their practice of psychotherapy with clients.

While appreciating this chapter, I also need to express a critical note. Dan Bloom introduces clinical examples of meetings between the therapist and the client to demonstrate his point of view. However, I am often left with a feeling of confusion as to the message that is being presented and its connection with the ethical considerations that are being stressed, especially in the beginning of the chapter. As a reader I am confronted with the idea that I need to consult my own Gestalt therapy practice for examples of the importance of ethical considerations. I can do this by myself but I do miss the support from the author. Beginning Gestalt therapists reading this chapter might be even more confused since they have less experience in the relationships that emerge in the therapeutic field.

Dan Bloom’s introduction of the concepts of intrinsic and extrinsic ethics and their distinctive differences is an offering to the Gestalt therapist in the unraveling of the confusion often experienced in their clinical practice. Here the two clinical examples were more demonstrative of the subtle intrusion of
these two ethical concepts on the contact boundary and the impact that this confusion has on the phenomenological methodology of psychotherapy practices.

One of the examples given is with the client that feels much shamed by her former therapist and requests a session to re-establish her trust in a therapist in his therapeutic role. This is a painful example of the result of the behavior of the therapist. I contend that any time shame arises in the therapeutic relationship there is a call to take ethical issues into consideration. I am not referring to the possible shameful experience of the client having to ask for help but that which takes place in the therapeutic field. Shame is a feeling that blocks the process of self-realization of the person. Lee (1996, preface xii) states that if psychotherapy is relational and if shame is relational, then the dimension of shame in the therapeutic field must be addressed and new theoretical tools must be developed with which to address it.

Our work as psychotherapists is to support and encourage the process of further self-realization which will enable the person to creatively adjust to their life’s present and future situation. All experiences that take place at the contact boundary in the therapeutic field need to be assimilated and given a meaning that supports this adjustment. This is a creative process and any obstruction that develops through the relationship of the therapist and the client to this process needs to be evaluated as a possible exploitation of one or both of the parties. Therefore to me any obstruction implies that this is an unethical practice of Gestalt therapy. My opinion is that the shame that is experienced in the relational field of the therapy can therefore become an indicator of an unethical practice. The possibility of this relational connection needs additional investigation and continued reflection.

In conclusion, excitement and gratitude come to the foreground upon reading Dan Bloom’s careful and thorough consideration of ethical considerations in the practice of Gestalt therapy. Many ideas and reflections are presented that will contribute to further discussion and exchange of experiences and ideas in an area which is highly relevant to therapeutic practice that will keep this aspect of the psychotherapy practice relevant, meaningful and accentuated in the totality of psychotherapeutic practice.