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The Paradox History of Ideas

The history of ideas is a given – and all the same it is an illusionary product of our imagination. Thus, it is also a creative justification of who we choose to be and how we evaluate and design the "given".

Usually – for example, when we talk of a paradigm shift in the field of psychotherapy by the solution-focused stance – we are happy to believe, ideas that were new, groundbreaking and revolutionary in our own thinking, really were "new" and "groundbreaking" and "revolutionary" within the history of ideas. And, of course, sometimes this might be true.

However, quite often the *Copernican revolutions*[1] turn out to be not exclusively performed by the people we hold accountable for in the widely agreed upon history of ideas. Historically, quite often even hidden to experts of the field, there are other people who expressed these ideas some years, sometimes even centuries before they appeared for the "first time". Copernicus, Darwin, Freud, Pearls, de Shazer … these names are not just names of interesting people of our past, but they became names in stories that are told in order to tell stories to justify who we choose to be. And, of course, sometimes these stories might not be true.

Thus, being conscious of alternative ways of telling the story called "History of Ideas" helps us to be flexible and creative in our ways of world-making[2] and not becoming disciples within a community of ideas, who then resemble plaster casts of other peoples thinking instead of living examples of thoughtful thinkers and creators in communication with others.

For the pleasure of the latter, we are reprinting a short, yet classical, paper written in 1970 by the American psychiatrist and Gestalt therapist Arnold Beisser, which is the most frequently referenced article in the body of Gestalt therapy literature next to the works of Frederick Perls. Nonetheless, it might be unknown to many readers of the *Journal of Solution Focused Practices*, just as Beisser's inspiring account of how he coped with being a quadriplegic after a polio infection at the age of 25 with the very "solution-focused" title: *Flying without Wings*.

At a time, when Solution-Focused Brief Therapy (SFBT) was not jet conceived, Beisser looked back on almost half a century of Frederick Perls' professional life which he found at odds with the "psychological establishments".

Many who are familiar with the development of SFBT would probably and interestingly agree, if one would replace the name *Frederick Pearls* with the name *Steve de Shazer* in the first paragraph of the article. Give it a try.

However, by 1970 Steve de Shazer had not published anything and the first sentences of his first publication in 1974, though it is concerned with the issue of change as well, to me sound much less in line with solution-focused thinking than Beisser's article. De Shazer's first sentences reads:

> The goal of the family therapist, whatever his theoretical orientation, is to promote change, and the initial problem he faces is finding a way to break into a rigid system. Interventions which deliver a shock to the system and throw it out of equilibrium, are an effective way to initiate change.[3]

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[1] A (maybe) first exploration into this idea in the field of solution-focused thinking was done by Jenny Clarke (2012). https://sfwork.com/pdf/2012AnotherCopernicanRevolution.pdf read 27.5.2021.

[2] A term connected to another story by Nelson Godman (1978): Ways of Worldmaking. Hackett.

[3] de Shazer, Steve (1974): On getting unstuck. Some change initiating tactics. In: Family Therapy 1 (1), p.19.

Instead, the paradoxical theory of change that Beisser describes, is briefly summed up like this: *"that change occurs when one becomes what he is, not when he tries to become what he is not."*[4]

The paradoxical idea that change starts to unfold, when people stop trying to live up to past or jet to come versions of themselves, is much closer to the idea of *radical acceptance*[5] of clients ways of being, than to the strategic system-thinking in tradition of MRI from where solution-focused practice developed. You are invited to explore further differences and similarities of two models – Gestalt therapy and SF practice – that are not often compared and related.

Now, let me just draw your attention to some of Beisser's formulations, that hit a tune that many might want to hum along with.

We there find a rather radical version of describing a "not-knowing" position, where wanting to be helpful is already seen as a claim of knowledge: *"A therapist who seeks to help a patient has left the egalitarian position and become the knowing expert".* We also find an interactional argument to keep changing, what we are doing as we go along, with every specific client: *"This kind of mutual interaction leads to the possibility that a therapist may be most effective when he changes most, for when he is open to change, he will likely have his greatest impact on his patient".* This is something we might forget sometimes, when we are too enthusiastic with minimalism or a specific idea of what is or is not solution-focused or how SFBT should look like. Sometimes it is precisely questions beyond what is expected in solution-focused conversations that are particularly important to remain solution-focused.

Another topic which Beisser addressed in 1970 was long out of sight of solution-focused practitioners, or even deliberately set aside: "social change" and the "compartmentalization" of communities.

Well, have a look at this journal's statement on missions and visions[6] or other recent activities, as for example the *Solution-Focused Manifesto for Social Change*[7] to become aware that at least some solution-focused practitioners would wholeheartedly agree with Beisser, who says: *"it is proposed that the same principles are relevant to social change, that the individual change process is but a microcosm of the social change process."* And Beisser also calls for an ethical obligation to find ways to create new relationships between compartmentalized people: *"The compartmentalization of old people, young people, rich people, poor people, black people, white people, academic people, service people, etc., each separated from the others by generational, geographical, or social gaps, is a threat to the survival of mankind. We must find ways of relating these compartmentalized fragments to one another as levels of a participating, integrated system of systems."* Fifty years later this description and demand is sadly still right up to date.

Looking back into the "History of Ideas" we discover the paradox, which is that it does not exist. What exists are the different stories we tell each other and that we do or do not listen to. Or maybe put differently, what exists are the people united or separated in the way they co-create mutual communication. Beisser's point was that **paradoxically** *"change (…) does take place if one takes the time and effort to be what he is – to be fully invested in his current positions".* And – before you might choose to explore his article yourself – I would like to add my conviction, that in order to become fully invested in our current positions, we need to be fully invested in *listening* to the current positions of others.

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[4] This and the following quotes in italic are from the reprinted article by A. Beisser (1970).

[5] An idea that appears relatively late in the field of solution-focused writing. See for example: de Shazer, Steve (1997): Radical acceptance. In: Families, Systems & Health 15, p. 375–378.

[6] Journal of Solution Focused Practices, Missions and Visions (2021). https://digitalscholarship.unlv.edu/journalsfp/aimsandscope.html

[7] The Solution-Focused Collective, (2019). A Solution-Focused Manifesto for Social Change. https://solfocollective.net/the-manifesto-for-text-readers/ read 27.5.2021.

RE-PRINT

The Paradoxical Theory of Change

Arnold Beisser, M.D.

This manuscript is a reprint presented in its original version. The original manuscript can be found at
https://www.gestalt.org/arnie.htm

The Paradoxical Theory of Change

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

Perls's own conflict with the existing order contains the seeds of his change theory. He did not explicitly delineate this change theory, but it underlies much of his work and is implied in the practice of Gestalt techniques. I will call it the paradoxical theory of change, for reasons that shall become obvious. Briefly stated, it is this: *that change occurs when one becomes what he is, not when he tries to become what he is not*. Change does not take place through a coercive attempt by the individual or by another person to change him, but it does take place if one takes the time and effort to be what he is -- to be fully invested in his current positions. By rejecting the role of change agent, we make meaningful and orderly change possible.

The Gestalt therapist rejects the role of "changer," for his strategy is to encourage, even insist, that the patient be where and what he is. He believes change does not take place by "trying," coercion, or persuasion, or by insight, interpretation, or any other such means. Rather, change can occur when the patient abandons, at least for the moment, what he would like to become and attempts to be what he is. The premise is that one must stand in one place in order to have firm footing to move and that it is difficult or impossible to move without that footing.

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

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

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

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

Kardiner has observed that in developing his structural theory of defense mechanisms, Freud changed processes into structures (for example, *denying into denial*). The Gestalt therapist views change as a possibility when the reverse occurs,

that is, when structures are transformed into processes. When this occurs, one is open to participant interchange with his environment.

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

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

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

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

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

The field of concern in psychiatry has now expanded beyond the individual as it has become apparent that the most crucial issue before us is the development of a society that supports the individual in his individuality. I believe that the same change theory outlined here is also applicable to social systems, that orderly change within social systems is in the direction of integration and holism; further, that the social-change agent has as his major function to 'work with and in an organization so that it can change consistently with the changing dynamic equilibrium both within and outside the organization. This requires that the system become conscious of alienated fragments within and without so it can bring them into the main functional activities by processes similar to identification in the individual. First, there is an awareness within the system that an alienated fragment exists; next that fragment is accepted as a legitimate outgrowth of a functional need that is then explicitly and deliberately mobilized and given power to operate as an explicit force. This, in turn. leads to communication with other subsystems and facilitates an integrated, harmonious development of the whole system.

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

The paradoxical social change theory proposed here is based on the strategies developed by Perls in his Gestalt therapy. They are applicable, in the judgment of this author, to community organization, community development and other change processes consistent with the democratic political framework.

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