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God, Buber, and the Practice of Gestalt Therapy

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Introduction

In recent years significant advances have been made in the theory and practice of Gestalt therapy. Contributions such as the integration of Gestalt with Psychoanalytic theory (Jacobs, 1992; Yontef, 1988) and Relational Gestalt Therapy (Hycner and Jacobs, 1995; Yontef, 1999)) have stretched the boundaries of Gestalt theory. And, the expanding applications of Gestalt Therapy continue to influence our clinical work from children (Oaklander, 1978) to the elderly (Woldt & Stein, 1997) and practically every population in between. However, with all the interest in Gestalt theory and practice, very little has been written about how to work with clients who struggle with issues about God** or who could turn to God as a source of healing. This article describes a Gestalt therapy approach to working with such clients.

I've been practicing Gestalt therapy and training therapists for over 25 years yet only the last 10 years have I been working with clients about their "God issues." I was working with a gay man in his late 40's who was HIV positive. He came to therapy to get his life "straightened out," to come to terms with HIV, and to learn to take better care of himself. He talked a lot about his loneliness and lack of connection with others. He grieved over his "disconnect" from the Protestant church, and how, as a gay man, he didn't feel accepted there. I mostly listened. During our time together he talked a great deal about his illness and his regrets, about finding a new community, about healing his old wounds from the church, and about his relationship with God. He talked about God and to God and found a sense of peace and healing. A door was opened for me about what is possible in therapy. I didn't look for it. It found me.

* I am deeply grateful to my teachers who have inspired me over the years: Erving Polster, Ph.D., Miriam Polster, Ph.D., Joseph Zinker, Ph.D., Sonia Nevis, Ph.D., Robert Resnick, Ph.D., Robert Martin, D.S.W.(of Blessed Memory), Rabbi Susan Talve, and Rabbi James Goodman. I also thank Joe Wysong who encouraged me to write this article, and Shelly Fredman who edited my work.

** In this article I will use the word "God" rather than the commonly used pronoun "He." Although this could result in some awkward sentences, I believe it is important to use gender-neutral language when talking about God.

Concurrently, I was on my own spiritual path, deeply involved in the formation of a new Jewish congregation in St. Louis. Judaism came alive for my family and me. I serve as the lay cantor in my congregation and I substitute for the rabbi when she is unavailable. When I lead services I bring, and am able to tap into, my Gestalt therapist self and, when I'm in my office, I do the same with my spiritual self.

Recently, I've begun to offer workshops and training for therapists interested in bringing a spiritual dimension to their clinical work. What started out, in the Fall of 1997, as a 15-week course ended in the Spring of 2000 as a three-year program on the integration of spirituality and psychotherapy from a Gestalt perspective, mostly because the therapists had a hunger for spiritual talk in their lives and work. I believe it's true for other therapists as well. However, despite all my enthusiasm, I realize this work is not for everyone. Some clients and therapists will gravitate to it, others won't. This paper reflects a small portion of what's possible.

Research About Belief in God

When clergy members tell us that it's good for us to believe in God, we might dismiss it because it's their job to say so. When medical researchers say that faith or belief in God is good for our health, one might want to take notice. That's exactly what's happening. Recent polls suggest that 95 percent of Americans believe in God and 76 percent pray on a regular basis (Benson, 1996; Chopra, 2000); one poll showed "over 70 % of patients believe that spiritual faith and prayer can aid in recovery from illness." (Richards and Bergin, 1997, p.86), and, Clay found that faith may boost mental health.

In summarizing studies that examined people's view of God, Clay found:

People who feel angry toward God, believe they're being punished for their sins or perceive a lack of emotional support from their church or synagogue typically suffer more distress, anxiety and depression. In stark contrast are people who embrace the "loving God" model. These people see God as a partner who works with them to resolve problems. They view difficult situations as opportunities for spiritual growth. And they believe their religious leaders and fellow congregation members give them the support they need. The result? They enjoy more positive mental health outcomes." (1996, p.1)

In other research individuals who perceive God as warm, caring, and dependable reported less loneliness, anxiety and depression and more general life satisfaction than those who either perceive God as cold, vengeful, and unresponsive or those who weren't certain about their trust in God (Clay, 1996)

Herbert Benson, M.D., author of The Relaxation Response (1975) and Timeless Healing (1997) cites research that linked "religious commitment" to a positive effect on health. Religious commitment includes faith or belief in God and other factors such as attendance at a worship service or membership in a congregation or fellowship community. I object to the term because it sounds as if subscribing to the religion is the

key whereas, according to Benson, the most important factor is belief. Some research examined participation in organized religion, other research looked at “less publicly practiced beliefs in God” (Benson, 1997, p.173). The general conclusion was that belief in God can improve health (Benson, 1997). According to Benson, one researcher (Levin, 1994) reviewed hundreds of studies and concluded “that belief in God lowers death rates and increases health” (Benson, 1997, p.172). Other studies showed that religious commitment can positively affect quality of life, marital satisfaction, sense of well being, and self esteem (Benson, 1997). Clearly, these results make a strong statement. Even if only a fraction of these findings are true, how can we not consider the implications for our work as therapists?

God References in Gestalt Therapy

Direct references to God’s presence are almost absent in the Gestalt literature. Zinker describes creativity as “the presence of God in my hands, eyes, brain – in all of me” (1977, p.3). Smith, in a delineation of his personal theology states,

Whatever force, power or spirit which was involved (in creating life)
I can call God... God created life...The ultimate worship of God is
a life abundantly lived. The ultimate praise of God is to embrace
life joyously. (1996, pp. 46-47)

Although God’s presence is acknowledged in each quote, little else is mentioned about what clients might be experiencing about God, if anything, and how to access it.

There are other references to God but they are secondary to the theoretical points being made by the authors. Polster, in discussing anthropomorphic identification states:

The personification of God and the ease thereby gained in the
experience of knowing him are monumental entries into the
psyche of multitudes of people. (1995, p.11)

And, Polster and Polster (1973) tell of working with a young man to help him engage as passionately with others as he did in his conversation with God. These references illustrate important theoretical clinical examples. However, God is not the primary focus, nor has it been in the Gestalt literature.

Spirituality in Gestalt Therapy

Gestalt Therapy gets a little closer to dealing with issues about God when “spirituality” is mentioned. Although God and spirituality are not necessarily the same (one’s issues, struggles and relationship with God are perhaps a component of one’s spirituality), some Gestalt therapists have written about a spiritual dimension in therapy. Hycner describes such a dimension.

At the Conference*, there were a number of questions about this being a spiritual approach. Discussing a philosophy of dialogue, talking about the “between” and mentioning “grace” places my thought explicitly in a spiritual context. By spiritual, I mean a recognition of a reality greater than that of the sum total of our individual realities, and of the physical and visible world. It is inconceivable to me to steep myself in a dialogical approach without recognizing a spiritual or “transpersonal” dimension. I feel more and more that in my best therapeutic moments I am present to, and sometimes the “instrument” of, some spiritual reality. (1990, p.44)

Jacobs talks of transcendence in Gestalt therapy when she states,

When the full implications of Gestalt therapy are lived through, from the perspective of the I-Thou relation, then I think it is impossible to divorce transcendence-and therefore spirituality-from one’s view of the nature of persons, and from the therapy process. (1978, pp.132-133)

Clarkson mentions a sacredness that is present in a particular kind of therapeutic relationship.

The transpersonal relationship is the spiritual dimension of relationship in psychotherapy....It is about a kind of sacredness in the therapeutic relationship... (1997, p.65)

Each of these quotes is a description, from the therapists’ perspective, of something spiritual happening in the client/therapist relationship. “Grace,” “transcendence,” “sacredness,” and “transpersonal,” are the authors’ attempts to describe what they experience. We may not yet have the language to describe accurately this phenomenon, but the authors are describing something extraordinary, something quite special that exists and seems “greater than ourselves,”

Martin Buber and Gestalt therapy

The writing of Martin Buber has had, and continues to have a profound influence on the theory and practice of Gestalt therapy. Perls was the first to describe the importance of Buber’s (1958) I and Thou relationship in Gestalt therapy although its scope of significance may have been diminished by the popularization of the phrase, “I and Thou, Here and Now” (Perls,1964; Naranjo,1967). Subsequently, students of Gestalt therapy have gone well beyond the phrase to recognize the importance of dialogue, inclusion, confirmation, presence, and the “between” in the therapy process, and Gestalt therapists are now writing significant works on the importance of the client/therapist relationship (Hycner, 1985; Hycner and Jacobs, 1995).

* 11th Annual Conference on the Theory and Practice of Gestalt Therapy, Congress Hotel Chicago, May 4-7, 1987

Almost all of the Gestalt literature focuses on the person to person aspect of Buber's writings and their clinical applications in Gestalt therapy. There is very little mention in the Gestalt literature of the importance, for Buber, of one's relationship with God and more specifically, how to work with that relationship in therapy. I believe that the next logical step is to look at Buber's writings about one's relationship with God and to see how to work with that relationship in therapy.

The Other I-Thou Relationship

The other I-Thou relationship is one's relationship with God, and, in some ways, for Buber, this is the most important relationship. Smith states:

The question for Buber (is): how may I understand my experience of a relation with God (1958. p.7)

By "relation with God" Buber means an immediate and direct (I-Thou) relationship that is always spontaneous and in the moment. The immediate and direct relationship also involves dialogue.

God ...cannot be spoken of, but ...spoken to. ...cannot be seen, but can be listened to.* The only possible relationship with God is to address (him) and to be addressed by him (in the present). (Kaufman, p.26)

Buber refers to God as the eternal Thou and, while the I-Thou relationship is a possibility in one's relationship with another, the I-Thou relationship "always applies to a person's relationship to God" (Telushkin, 1991). According to Buber one's relationship with God is not a one way relationship. God, too, enters into a relationship with us - through God's acts.

God...him who—whatever else he** may be—enters into a direct relation with us men in creative, revealing and redeeming *** acts, and thus makes it possible for us to enter into a direct relation with him. (Buber,1958, p.124)

* In Judaism, God is not seen or visualized. God is listened to or heard. The Israelites, when receiving Torah said, *Na'aseh venishma*, "We will do and we will hear." (Ex. 24:7)

** Hebrew is a gender based language. Every noun is either masculine or feminine and there is no neutral word "it." In the Hebrew language, all the names for God are masculine.

*** Creation, Revelation and Redemption are the first three major themes in most Jewish prayer services.

Buber and Hasidism

Buber was very drawn to the early Hasidic movement that arose during the eighteenth century in Eastern Europe. Hasidism was regarded as “revolutionary and religiously liberal” (Telushkin, 1991, p.214) because it emphasized one’s relationships with others and one’s own unique, personal relationship with God.

Hasidism had a number of teachings that appealed to Buber. The first is that God is in all things. “Thus, a divine spark lives in every thing and being” (Buber, 1950, p.5). Second, God is in the everyday and in our relationships. This is especially important for Buber. When one person truly meets another, they both encounter God. However, Buber goes on to say,

God is not found by fleeing the world to private moments of mystical union; God is met in the social world with its concrete societal demands and ethical duties....Revelation as the relation of an I to the eternal Thou is always spontaneous, it always occurs only in the present, and it occurs if one is in a state of readiness to receive it. (Selzer,1952, p.xiii)

This might seem like an apparent contradiction to the Hasidic teaching that Buber embraced, that God is found in all things. I think he would say that there is a divine spark (of God) in all living things but to have a relationship with God, one has to engage through actual immediate encounter with God (as an external Thou). Buber’s comments:

But truly though God surrounds us and dwells in us, we never have Him in us (Buber,1958, p.100).

This supports the notion that while God might be found in all things, to have a relationship with God means God must be perceived as external and “other.” I disagree with this apparent dichotomy, and take a less “all or nothing stance.” My experience and those of my clients is that one can experience God both as an external encounter with a Thou, as Buber describes, and, as an internal experience (the divine spark inside) as a part of oneself. And often the experience with God is not one of a dramatic “Wow” but of a much quieter “still small voice” * (Buber, 1950, p.13). Hasidism also emphasized the creative expressions of the “heart,” through song and dance and the importance of rejoicing in life. Accordingly, “rejoicing in the world, if we hallow it with our whole being, leads to a rejoicing in God. (Buber, 1950, p.19)

* From I Kings (19:12) (in the Hebrew) *Kol d’mama dakah*, “a still small voice.”

The Eclipse of God

One more point needs to be made. Buber suggests that it's not easy to have an I-Thou relationship with God. There is something in our way. Buber believed that modern thinking had become, at best, indifferent, and, at worst, hostile toward having a direct immediate relationship with God. He called this the eclipse of God (Buber, 1952). In effect, contemporary thinking has blocked or eclipsed our access to God. Buber states:

In our age the I-It relation, gigantically swollen, has usurped, practically uncontested, the mastery and the rule (of society). The I of this relation, an I that possesses all, makes all, succeeds with all, this I that is unable to say Thou, unable to meet a being essentially, is the lord of the hour. This selfhood that has become omnipotent, with all the It around it, can naturally acknowledge neither God nor any genuine absolute which manifests itself to men as of non-human origin. It steps in between and shuts off from us the light of heaven. (1952, p.129)

The Eclipse of God was first published in 1952. Almost 50 years later, Robert Coles, in The Secular Mind, makes a very similar point.

The secular mind in the past lived side by side with the spiritual interests and yearnings of millions, a sacred mind. In recent centuries that secular mind has itself experienced a transformation. Once an alternative to entrenched religious life, that secularity became an aspect of individualism, as societies became less and less dominated by church life, more and more capitalistic in nature. (1999, pp.188-189)

So what are we to do? It is difficult enough to know what to do to have a "direct and immediate" encounter with another person. I think it is even more difficult to know how to experience this with God. Yet it seems to be a basic need for many of us. And, Buber doesn't exactly give a set of instructions. He does, however, quote Rabbi Menachem Mendel of Kotzk who, when asked, "Where is the dwelling of God?", replied, "God dwells wherever man lets him in" (Buber, 1950, p.40-41). One way to help our clients to let God in (and maybe help to bring an end to the "eclipse of God" as well) is to offer, within the safety of the therapeutic relationship, an opportunity for our clients to explore their relationships with God. Some methods of exploration follow.

Difficulties Asking and Talking about God

One of the major difficulties with God is the word itself. It is probably one of the most overused words in our language and yet, there is no clear or common meaning. Quite simply, God means different things to different people. Perhaps we can identify with the one time childhood view of God as an old man with a long, gray beard in heaven. Beyond this, each of us has our own image or sense of what God is or is not. Then, there is the emotional charge of the word, God, arguably one of the most 'loaded' words in the English language. Many shudder when God references find their way into politics, education, and professional sports. Others contend that such a personal belief or

expression should be reserved for private moments within oneself or in church or synagogue where such language is more acceptable.

Also, our traditional images of God as jealous, angry, and judgmental are not very useful and the images of God as compassionate and good are difficult to reconcile with such tragedies as the Holocaust. In addition, Biblical language which anthropomorphizes God, reduces God to a human-like entity and can bring about one's skepticism ("I don't believe that God really spoke to Moses"). Finally, the masculine language can alienate women whose energies are divided between a spiritual search and a need to work through the difficult imagery created by stories and language with a patriarchal bias.

In addition, clients and therapists may have specific difficulties voicing the subject of God. I have found that clients are reluctant to talk about God or spiritual issues because they fear the therapist will not accept them or the issue. Clients may also be reluctant because they believe in a kind of societal dichotomy - therapy happens in the office or clinic; God/spirituality/religion happens in church or synagogue.

Therapists often have the same belief. Also, some therapists report that they want to be respectful of clients' privacy so they don't ask about God or spirituality. They also don't ask because they think the client doesn't want to talk about God although this is often the therapists' projection. Some therapists say they feel less "expert" in spiritual/religious matters and are thereby uncomfortable with the content. Finally, for some clinicians that work in agencies, there may be a mandate or policy that limits what can be asked or worked on in therapy. One trainee who was interested in beginning to ask her clients about God told me that she was confronted by her supervisor who said, "We don't do religious counseling here."

Finding a Language to Talk about God.

Any time we try something new, it's awkward or uncomfortable. When first studying a foreign language, it's difficult to learn the words let alone use them in a sentence. It takes even more time to converse in that language and even longer to "think" in that language. Take a minute and see if you can recall the first time that you asked a client to do a Gestalt experiment. What might seem like a very natural way of working now was, then, probably a very unnatural and self-conscious effort. Such is the case when first asking clients about the presence of God in their lives.

I recall my own discomfort when I first heard a client say, "I pray to Christ the Lord every night." In my response, "Can you say more about that," I was painfully aware of my own avoidance of saying the words, "Christ The Lord". As a Jew, "Christ Lord" does not represent either my language or my image of God. The words were too difficult for me to say. A more validating or affirming response might have been, "Tell me about praying to Christ the Lord every night." Why? I've found that the most effective language to use is the language the client uses.

I've also found that some clients want or need to talk about God in (or not in) their lives and are reluctant to volunteer the information. In this way the topic of God is

similar to that of substance or sexual abuse. The therapist often first addresses it. Clients are often pleasantly surprised to find that they can talk about God and spiritual concerns in therapy. Sometimes they have gone to a minister, priest or rabbi initially and have been “turned off” by the proscriptive, judgmental response. The client wants to explore the issue, not to be lectured about it.

Applications

As a Gestalt therapist I believe very strongly in a process approach to therapy. What I call process – the patterns of what happens and how it happens, (Resnick, 1977) is well documented in the Gestalt literature. Resistances to contact (Polster & Polster, 1973), contact styles or strategies (Wheeler, 1991), or what I call “processes” all refer to ways that individuals interact with the environment to get their needs met. Working with clients’ issues about God involves working with specific content. I have found that I am able to keep a process focus, work with awareness, focus on the quality of the client’s contact and utilize experiments both to develop awareness and work through thematic material – in essence, do Gestalt therapy while introducing and working with content about God.

I want to make a final point before discussing the clinical applications. Asking clients about God and dealing with their issues about God can be an emotionally charged experience for both client and therapist. As a therapist, I have to be aware not to do “therapist centered therapy.” By this I mean my subtle or sometimes not so subtle attempts to have the client work on what is important to me. Spiritual work is important to me. However, the client has to be ready and willing to look at this material for me to proceed. If I ask a client about the presence of God in his life and he doesn’t want to go there, I won’t push the issue.

The Initial Session

My initial session with a client involves more information gathering and less “work” (in the typical Gestalt sense) on a particular issue. In meeting the client I’m interested in what brings them to therapy, the problem or difficulty as they experience it, and what they’re wanting from therapy. It’s a chance for them to begin to tell their story and for me to hear it. In the course of the telling, I’ll find out much of what I need to know to work with them – information about family of origin, nuclear family, work life, psychiatric histories, presence of alcohol and drugs in their lives, to name a few. I also want to know what works for the client – instances in which they feel competent and successful. And, I want to know about their support system – who and what is support and how it works for them. It is in response to my asking about support that clients will sometimes show a glimpse of their spiritual lives. “My faith keeps me going”, they will say or, “I go to church on Sundays.” Thus, they open the door to further exploration of spiritual content.

When clients don’t mention anything about their spiritual lives (which is most of the time), I will often ask about it with questions such as, “Do you have a spiritual practice that is a support to you in your life?” or, “Are you a part of a fellowship community?” or, possibly, “Have you ever felt the presence of God in your life?” Such

questions can introduce the topic in a less threatening way than directly asking the client if he/she believes in God. In dealing with clients' issues about God and spirituality, it may be worth grading down (Zinker, 1977) the intensity in the beginning.

Depending on the client's response, I might ask more specific questions about the presence of God (however they describe it), prayer, meditation or other forms of spiritual or religious practice. If a client has positive emotional experiences with God, I can utilize these later in the therapy work. If a client has negative emotional experiences with God (often referred to as "religious wounds") I can work with the client to resolve such experiences (if the client is interested), or decide with the client not to work with this material at all.

Religious Wounds

I define religious wound as a negative emotional or physical experience that the individual attributes to God or a representation of God. These wounds result in a person being at best, ambivalent, and at worst, damaged by the experience and "turned off" to God in their lives, participation in a fellowship community, spiritual practice or all of the above. The experiences can happen at any age or stage of individual development and vary in intensity. I have seen three categories of religious wounds in my work with clients.

The first involves a direct violation, betrayal, or "crossing the line" by a priest, minister, rabbi, or religious representative. In these instances the victim often generalizes the abuse from the perpetrator to include God and experiences that religious figure/perpetrator and God as the same.

Daniel is a 38 year old married man who came to therapy because he was sexually abused by a priest when he was 12 years old. His recollections of his abuse evoked flashbacks, intense anger and rage toward the priest, members of his family of origin (who sided with the priest), the church, and God. The pain, anger and sense of shame from Daniel's sexual abuse is compounded by the fact that his priest was the perpetrator. Both the priest and the church were once sources of safety, comfort and support. Now, Daniel cannot attend services in the Catholic Church without feeling sick to his stomach. He has, out of necessity, closed the door to what was once a nourishing part of his life.

The second kind of wound involves hurt or disappointment from people within the congregation or fellowship community. This wound also gets generalized, but mostly to the church itself, as though it were a person.

Mary is a 42 year old woman in her second marriage who came to therapy because she experiences anxiety, depression and a sense of isolation. When I asked her if she had a spiritual practice in her life, she described an experience in her first marriage, 16 years ago. She and her husband were members of what she called a "very conservative" church. During their time at church, she and her husband met another couple and became friends. Mary confided in her friend about the emotional and physical abuse that she was experiencing from her husband. She was told by her friend to stay in the marriage,

that she belonged “by her husband’s side,” and that this was “the will of God.” Mary eventually left the marriage, the friend, and the church. Although she has resolved some of her abuse issues, she finds it difficult to develop and maintain friendships and has not been able to find a spiritual home which she very much wants to do.

The third kind of wound is more specifically about loss. This includes serious illness or death of a loved one or coming to grips with one’s own illness or impending death. With these wounds the person is angry and experiences God as unfair or without compassion. This wound can also include loss of life or property through natural causes such as flood or earthquake, which interestingly enough are described legally as “acts of God.”

Linda, 46, describes herself as a spiritual person who is upbeat and very grateful for all that she has in her life. She came to therapy when her older sister developed cancer. The sisters were very close as were their spouses and children. During the first few months of her sister’s treatments, Linda tried to “make sense” and “understand” what was happening. As her sister deteriorated, Linda felt more and more sad and helpless, and angry, both at her sister and at God. During the last three months of her sister’s life, when Linda probably needed to feel God’s presence the most, she could only feel her anger toward God.

All three kinds of wounds involve leaving behind a relationship that was once an important part of the person’s life. And, once left behind, it is difficult to reclaim. Whether it’s a relationship with a loved one, a spiritual leader, a part of oneself, or God, the experience of not having that relationship can be very painful. By identifying and working with religious wounds, the losses can sometimes be healed and new relationships can be discovered. The methodology for this work is described in the next section.

Dialogue with God and Development of the Godself

Buber’s notion of a direct, immediate relationship with God as a separate other (Thou) and the idea that God exists in every being supports the dialogue with God experiment. The dialogue with God experiment is just that. The client addresses God with whatever material in whatever way he or she needs to and God responds. It is exploration, through dialogue, of the client’s relationship with God both as an external “other” and as an internal part of the “self.” The assumption is, in Gestalt terms, that there is a God part in each of us. As with other polarities (Polster and Polster, 1973; Zinker, 1977), the God part may be denied and projected so the client feels that God says or does things to or with the client. And the client experiences God as outside the “self.” This conceptualization works for the client to encounter or dialogue with God as an “other” since it is the “otherness” of God that is heightened by this part of the experiment. The client dialogues with God (their God part), expresses what needs to be expressed and pays attention to what it is like to express it.

The client then switches and responds as God (their God part). They often describe what it was like to hear themselves, and, as the God part, how it is to respond.

The client's God voice, of course, varies with the client and issue. Some of their phrases include "my judgmental part," "perfection," "love," "my critical voice," "the nurturing part of me," "wisdom," "my loving parent part," "the part of me that lets me take the high road." With the development of the more positive, nurturing God part, the client has another place to go -to the God within- for support, comfort, or direction. And although clearly projective in nature, it is, none the less the part I call the client's Godself.

Pam is 39 and the mother of a seriously learning disabled, 8 year old boy. She is angry at God for giving a son to her that she feels inadequate to parent. When she can't parent him to her satisfaction, she alternates between blaming and hating herself and blaming and hating God. In one session, I asked her to express her anger toward God. When I asked her to switch places and respond as God, she stopped for a moment and wanted to change the experiment from God responding to her to God responding to her son. What followed was God's (her) declaration of love for her son and a commitment to do all she could to find the kind of academic and emotional help he needs. At that moment she was neither angry at herself nor God. She was speaking from her Godself, and when Pam heard that part speak, she felt relieved and more competent to parent her son.

Allen is a divorced psychologist who grew up as a member of a fundamentalist church. When he got divorced, he left the church and lost many of his friends (who were also members of the church). He struggles between his critical self and his "teenage rebel" self. The critical part is the harsh and unrelenting voice of his fundamentalist church, his ex-wife and God, and says, "You're bad for leaving your wife and children and the church and the only resolution is to get remarried to her and to rejoin the church." The other part is the teenage rebel, which says, "Screw you, I'm out of here." Neither place feels particularly good to him, especially when he thinks of the long term. In one session, during a painful dialogue between the two parts, I asked him to imagine working as a therapist with himself as the client. I was interested to hear how he would respond to both parts of himself. He was respectful, calm, understanding and loving. When I asked him what he experienced as his therapist he said, "I wish my God sounded like this." From that moment on, he began to experience a different sense of God in his life and is now working to strengthen his Godself which he calls his "new God part."

Melvin is an 81 year old retired physician. He initially came to therapy to deal with his wife's longstanding illness and physical deterioration. After she died we dealt with his grief, his having to go on living, as well as his own aging and health concerns. Melvin grew up in an Orthodox Jewish family and belonged to an Orthodox congregation, but is not particularly observant. He identifies himself as a "humanist," not a "believer" (in God). We rarely talk about God because he has made it clear that it isn't "useful" to him. Recently, Melvin has been forgetting names and dates, and is experiencing more difficulty walking and keeping up with his day to day routine. Even though he knows he is aging, it's difficult for him to accept it. In a recent session, just after he forgot an important meeting, he asked, "Do you think these things are happening to me because I'm not a believer?" I told him I would respond to his question, but before I did, would he be willing to do an experiment? I suggested that he ask God and listen

for some kind of response. He said, without missing a beat, “I know exactly what God would say. You’re a good person, a loving person. You do good deeds in the world and want to help people. Don’t worry about being a believer. I wish those who are believers did as much as you.” Maybe, for just that moment, one who doesn’t consider himself to be a “believer” felt some healing from his Godself.

Other Experiments

Time and the limited space in this article do not permit inclusion of other experiments that can be used in working with clients issues about God. I will briefly mention them. Prayer, both in the session and given as homework (Polster and Polster, 1973) can be useful especially if the client is dealing with serious illness (theirs or someone else’s) or the death of a loved one. I have also worked with the development of creative, healing rituals with some clients and have found that certain rituals can help to bring a sense of order out of what might feel like chaos. Practices of gratitude and forgiveness and the seeking out a fellowship community can offer healing as well.

Summary

The prevalence of peoples’ belief in God, the research which indicates the potential positive effects of belief in God, as well as clinical examples of clients who struggle with God, all point to the need to begin to incorporate talking about God into our clinical work. Martin Buber’s description of the I-Thou relationship between people has been a cornerstone of contemporary Gestalt therapy practice. Since one’s relationship with God is a major focus in Buber’s writings, it seems to me a logical next step to explore and work with one’s relationship with God within the context of Gestalt therapy. The Gestalt experiment of Dialogue with God can be a means for clients both to encounter God as an external “other” and as a part of oneself, which I call the Godself. It is my hope that Gestalt therapists will begin to consider the potential nurturing and healing in one’s relationship with God and will begin to work with this relationship in Gestalt therapy.

References

- Benson, H. (1975). *The relaxation response*. New York: William Morrow Co.
- Benson, H. (1996). *Timeless healing*. New York: Fireside.
- Buber, M. (1950). *The way of man according to the teaching of hasidism*. New York: The Citadel Press.
- Buber, M. (1952). *Eclipse of God* (Forward by R. Seltzer). Atlantic Highlands, NJ: Humanities Press.
- Buber, M.(1958a). *I and Thou* (R.G. Smith, Trans.). New York: Charles Scribner’s Sons
- Buber, M. 1958b). *I and Thou* (W. Kaufmann, Trans.). New York: Charles Scribner’s Sons
- Chopra, D. (2000). *How to know God*. New York: Harmony Books.
- Clarkson, P.(1997). Variations on I and Thou. *Gestalt Review*, 1, 1, 56-70.
- Clay, R. (1996) Psychologists faith in religion begins to grow. *The APA Monitor*, 27, 8, pp.1 & 48.
- Coles, R. (1999). *The secular mind*. Princeton: Princeton University Press.

- Hycner, R. (1985). Dialogical Gestalt therapy: An initial proposal. *The Gestalt Journal*, 8, 1, 23-49.
- Hycner, R. (1990) The I-thou relationship and Gestalt therapy. *The Gestalt Journal*, 13, 1, 41-54.
- Hycner, R. & Jacobs, L. (1995). *The healing relationship in Gestalt therapy: A dialogic/self-psychological approach*. Highland, New York: The Gestalt Journal Press.
- Jacobs, L. (1989). Dialogue in Gestalt theory and therapy. *The Gestalt Journal*, 12, 1, 25-67.
- Jacobs, L. (1992). Insights from psychoanalytic self-psychology and intersubjectivity theory for Gestalt therapists. *The Gestalt Journal*, 15, 2, 25-60.
- Levin, J. (1994) Religion and health: is there an association, is it valid, and is causal?" *Social Science and Medicine*, 38, 1475-1482
- Naranjo, C. (1967). I and thou, here and now: Contributions of Gestalt therapy. In F. Stephenson (1975) (Ed). *Gestalt therapy primer*. Springfield, IL: Charles Thomas Publishers.
- Oaklander, V. (1978). *Windows to our children*. New York: The Gestalt Journal Press.
- Perls, F. (1964). Gestalt therapy and human potentialities. In F. Stephenson (1975) (Ed.), *Gestalt therapy primer*. Springfield, IL: Charles Thomas Publishers.
- Polster, E. (1995). *A population of selves: A therapeutic exploration of personal Diversity*. San Francisco: Jossey Bass.
- Polster, E. & Polster, M. (1973). *Gestalt therapy integrated*. New York: Brunner/Mazel.
- Resnick, R. (1977). An introduction to Gestalt therapy. Unpublished manuscript. Gestalt Institute of St. Louis.
- Richards, P. & Bergin, A.(1997). *A spiritual strategy for counseling and psychotherapy*. . Washington, D.C.: American Psychological Association.
- Smith, E. (1996). Entheos: Toward a bio-existential rational theology. *Voices: the Art and Science of Psychotherapy*, 32, 4, 46-50.
- Telushkin, J. (1991). *Jewish literacy*. New York: William Morrow Co
- Wheeler, G. (1991). *Gestalt Reconsidered*. New York: Gardner.
- Woldt, A & Stein, S. (1997). Gestalt therapy with the elderly: On the "coming of age" and "completing gestalts." *Gestalt Review*, 1, 2, 163-184.
- Yontef, G. (1988). Assimilating diagnostic and psychoanalytic perspectives into Gestalt Therapy. *The Gestalt Journal*.9, 1, 5-32.
- Zinker, J. (1977). *Creative process in gestalt therapy*. New York: Brunner/Mazel.

