

## Narrative versus Gestalt Therapy

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**Narrative therapy** is a postmodern, post-structuralist approach. It seeks to be a respectful, non-blaming approach to therapy which centres people as the experts in their own lives. People create life stories and/or “scripts” which determine how they interact with others and lead their lives, as based on interpretations of external events. Both the stories as well as the scripts function as pre-determined “rules” according to which people live their lives, confirm their interpretations, and expectations. In therapy clients are supported to create and internalise new stories, draw new assumptions about themselves, and open themselves to future possibilities by re-authoring their stories.

**Gestalt Therapy** deals with the whole person in his/her life-situation (**Holism**). It is an existential approach. In some cases it is also referred to as an “insight” approach. It assists the client in experiencing his or her existence and way of being in the world more fully, and in assuming full responsibility for that. It deals with present [foreground] problems and connects them with past and future concerns. Gestalt doesn’t ask clients “*why* did you do that?” [nor does Narrative] because it arouses defenses and encourages rationalisations. Instead, it asks people to experience all of their selves, to accept all their alienated parts and, thus, become whole - a Gestalt. In terms of concepts, based on the notion that Narrative is grounded in postmodern epistemology, it can be said that the selected system [person] should experience a balance between morphostasis and morphogenesis, between openness and closeness, between negative and positive feedback loops, and thus reach a state of negentropy. In terms of the holistic subsystems that constitute a client, he or she should become “whole”. In this sense, Gestalt and Narrative **both advocates wholeness**. Narrative furthermore gives closure to the Gestalt of life and death as a meaningful whole by enhancing complete and functional “life scripts”.

There are various commonalities shared by both approaches but in my opinion, two are particularly significant: always maintain a **non-judgmental** approach, and always let the **client create meaning** to the issue at hand. Never make assumptions! It is also the client who evaluates whether the therapy has value to his/her well-being. In Narrative, it is again the client who finally decides on the “alternative” life story, not the therapist. The non-judgmental approach in both therapies also aims to **legitimise the client’s feelings** and experiences.

Importantly, in both “therapies” the client plays a significant part in mapping the direction of the therapy. Both narrative and gestalt therapists are **interactive** and non-judgmentally in collaboration with the people consulting them. The therapist seeks to understand what is of interest [on the foreground] to the people consulting them and how the therapy is suiting their preferences. Neither Narrative nor the Gestalt therapist offers “interpretation” or “tell clients what is going on with them.” Both are based on **exploration and discovery** rather than a program for change.

Both approaches are a “**way of living**” and thus a Philosophy, and do not simply spell out a series of steps that will bring a desired change. Change emerges from the work, often in unexpected ways. It is based on developing our capacity for awareness in the present. Both **facilitate change**, rather than enforcing it on the client. Both approaches are goal orientated in the sense that therapy should enhance the well-being of the client. However, instead of predetermined goals it aims at **setting a context for change** rather than inducing change from the outside. It can be said that the client “diagnoses” the problem not the therapist. The

therapist is seen as “perturber” rather than “agent of change” in terms of postmodern concepts such as the epistemology of participation, non-purposeful drift, structural determinism, and autopoiesis. Because of stochastic processes (equipotentiality and equifinality) it is not possible to make predictions about change. The client himself determines which changes will occur, if any, in terms of its structure. Similar, in Gestalt it is the client who decides which changes to allow and to integrate (assimilation) in order to become a gestalt. It is the Gestalt client who gives meaning to any projections, and it is the Narrative client who names the problem.

Other commonalities/differences:

- The search for **polarities** in Gestalt correlates with the search for **unique outcomes** and alternative stories in Narrative. In both cases once again it is the client evaluating the value of the outcomes.
- **Externalising** in Narrative refers to separating the client from the problem by putting the problem “outside” the client so to speak, in order for the client to “objectively” view and address his/her relationship with the problem. “Internalised externalising” refers to when addressing e.g. a biological problem such as cancer. The **dialogue game** (as working principle) in Gestalt also “separates” two different, conflicting aspects of the client for the same purposes. Externalising an internal dialogue (or the problem) clarifies conflicting impulses/issues that are often mixed-up together, and allows a client to discover sides of him/herself that have been suppressed (so-doing addressing unfinished business in Gestalt).
- Value sensitivity: Both approaches realise there is **no value neutrality** in the therapeutic relationship as problems as well as therapeutic practices are constructed in cultural contexts which include power relations of race, class, sexual preference, gender, and disadvantage.
- **Introjection** (Gestalt) correlates with **discourses** in Narratives where learned ideas/beliefs/behaviour is accepted wholeheartedly even though they may be inappropriate and unhealthy.
- Whereas **assimilation** [or sometimes polarities] in Gestalt is pursued to “solve” introjection, **deconstruction** is the “solution” in Narrative. Deconstructing old notions and replacing them with multistoried possibilities helps reduce the power of dominating, problem-saturated stories.
- Use of language: both approaches make use of **tentative questioning** rather than stating “facts”.
- Both approaches lend themselves to expressive [creative] art works. Rather than being employed for objective diagnostic and interpretive purposes, in both clients are once again invited to make meaning of their own expressions. The therapist takes a stance of curiosity and facilitates the expansion of preferred meanings for the client, rather than offering an expert opinion on artistic productions.
- **Resistance** in Gestalt is seen as a sign that the client is still “fighting” for himself. In Narrative, therapists are searching for times and places where the client has shown resistance to the problem in order to find unique outcomes.
- **Autopoiesis** is the process of self-generation. It refers to a system [person’s] ability to change and adjust when considered as necessary in order to survive and correlates to the Gestalt concept of **organismic self-regulation**.

## **Important concepts used for Narrative therapy based in postmodern epistemology**

**Feedback** refers to the process of information fed back into the system in a circular manner. The stability of the system is maintained in the context of feedback processes; of change and stability. Feedback, therefore, is seen as the aspect of recursion involving “self-correction” in order to increase the probability of the survival of the system.

**Equifinality** (as a stochastic process) implies that regardless of where one begins, the redundant interaction patterns result in the end always being the same (“stuck” patterns). **Equipotentiality** is the notion that different end states may occur from the same initial beginning. This concept implies that intervention techniques have to be constantly monitored as deterministic predictions regarding interventions cannot be made.

**Entropy** refers to a state of maximum disorder and disintegration which occurs when a system is too open or too closed in terms of its boundaries. **Negentropy** refers to an appropriate balance between openness and closedness. It is tending towards maximum order. The system is allowing in information and permitting change as appropriate, while screening out information and avoiding changes that would threaten the survival of the system.

**Autopoiesis** is the process of self-generation. It refers to a system’s ability to change and adjust when considered as necessary in order to survive.

**Structural Determinism** refers to that fact that the system itself determines the range of change it can accept without loss of identity.

*Note: System refers to the person/client in this assignment.*