Abstract:
This chapter proposes a framework for a phenomenological ethics in psychotherapy: situated ethics. It also identifies extrinsic, intrinsic and fundamental ethics of psychotherapy. These are the ethics of the phenomenological practice of gestalt therapy.

Situated Ethics and the Ethical World of Gestalt Therapy[1]

©Dan Bloom 2011

Introduction:

The organizing concept of this chapter is *situated ethics* of gestalt therapy as the underlying ethical architecture of the experiential world in which we practice. It accounts for our being concerned with at ethics all. I will describe situated ethics in this chapter and, more broadly, show how the ethics of our clinical practice is within its framework. In doing so, 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.

> *Patient: (Leaning forward, eyes down),*
> *"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."*
>
> *Therapist: (Finding 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?*

[1] Dan Bloom, "Situated Ethics and the Ethical World of Gestalt Therapy," in *Gestalt Therapy in Clinical Practice: From Psychotherapy to the Aesthetics of Contact*, ed. Gianni Francesetti, Michela Gecele, and Jan Roubal (It: FrancoAngeli, 2013), 131–45.

Patient: (He lifts his head. He and the therapist's eyes meet. He smiles.)

Therapist: (Smiles)
Both hear themselves exhale, as if of one breath..)

The above seems so simple; we gestalt therapists know it is not easy. Reading it it is almost difficult to say what happened. That is the nature of contacting. Notice the gentle back and forth, 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, the therapist will consciously, or deliberately if necessary, 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 to-and-for co-experiencing at the contact-boundary is shaped by something more fundamental. It is shaped by a human capacity to see one another "ethically" -- that is, as humans together who are open to one another, who recognize one another as fellow humans and look to one another with a certain expectation, a certain sensitivity. This isn't something learned. This is basic. I will call this "something else" *situated ethics*, the ethics of the 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*, *intrinsic*, and *fundamental* ethics, and the practical impact of this confusion on the phenomenological method of our psychotherapy practices. I will address how easy it is for gestalt therapists especially to confuse these ethics. In doing so, I will discuss practical clinical concerns

personal presented in our clinical practices. And I will try to help clinicians through the difficult ethical dilemmas presented in our work.

I will offer a phenomenological and practical guide for an ethics of gestalt therapy.

Part One: Situated Ethics:

How ought we to be toward one another? There've 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. This universal asking of such questions is the watermark of situated ethics upon human beings. It 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. A the same time, we are also called to be psychotherapists motivated by gestalt therapy's own humanistic, egalitarian "ethics of care." [Cite Lynne] Contemporary gestalt therapists have been explicitly addressing gestalt therapy ethics (for example, ((Joyce & Sills, 2009; Lee, 2004b; Gordon Wheeler, 1992) 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 (Staemmler, 2009; G. Wheeler, 2000),(Lee, 2004b) and to an intersubjective "ethics of care" (Jacobs). They have been calling for a focus on the therapy relationship. They have 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. L/H

These ethics 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. This ethics is an ethics of the 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, our standard of practice – and in moments of professional isolation, anchors our faith that we are never alone. This is not an ethics that tells us what to do, what is right or wrong, but opens us to the ideas that there might be a right, a wrong or a controversy about there being an answer 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 Levinas's complex philosophy, among other things "ethics" or the "ethical," is our fundamental practical concrete relation to one another.(Critchley, 2002) The "ethical" is an "irreducible" inter-personal" structure upon which all other structures "rest." (T I 79 (Levinas, 1969). Ethics is a way of "being in relation with the other as an act or a practice…that Levinas describes as 'ethical.' " (Critchley, 2002, p. 12) "The whole drama of subjectivity is ethical *from the very first moment*." Davis 80 I [e added]

"Of itself, ethics is an 'optics.' " 29 (Levinas, 1969) Just as the structure of our eyes enables us to see, identify, and choose colors, situated ethics opens and sensitizes us to the ethical situation within which we can have an ethics of content and choice.

This fundamental human connection, this optics that opens our eyes to ethics, I call *situated* ethics in order to import it more easily into gestalt therapy. I refer to this ethics as situated to emphasize that it is of the organism/environment field, which is embodied and social. Self as the process of contacting is at home, is situated, in this ethically organized world. The clinical implications of situated ethics as a platform for the ethical practice of gestalt therapy will be an ongoing theme of this chapter.

I discuss situated ethics as a structure of the *lifeworld* rather than as of the organism/environment field to emphasize the experiential or phenomenal characteristics of ethics. Characteristically, there are different meanings of lifeworld in phenomenology. There is general agreement that the lifeworld is the experiential world. But this aspect of the lifeworld from the late writings of Edmund Husserl is not often considered, "The lifeworld is *always already there*, *being for us in advance, 'ground' for everyone. …The world is pregiven to us*[2]*."* E AddedSte p 103 The lifeworld precedes experience. It includes the

[2] Martin Heidegger's earlier idea of being "thrown" into a world that is always already there is a similar.

historical, cultural, social fabric as its architecture that as the foundation of our world of experience. The architecture of the lifeworld, I add, must include the essential ethical inclination of human beings[3]. Situated ethics is part of this architecture, within the structure of the world.[4]

The situation and gestalt therapy

Contemporary gestalt therapists have been bringing "the situation" to gestalt therapy, although with different emphases. R, S, Wo, FS I t 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, "situation" occurs X times in , our founding text, (hereinafter, PHG).PHG, while the "field" only X The contact-boundary occurs in phenomenal wholes of the "situation," as the ground or figure/ground and self emergence. e(Robine, 2011) 110S. The situation is "chunks in time" as an experiential whole (S) 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, pp. 138). Thus, the situation has the quality of human existentiality; it is a marker of human existence. The situation is an experiential and existential sub-set of the field. Situated ethics, then, is the ethics of gestalt therapy's situation. And it is part of the pregiven 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 JMR, "a situation has already started to be built and will be ground for the forthcoming figures." JMR 110

[3] I also add: insofar as the lifeworld is a lived experience, it is also embodied. This is beyond the scope of this chapter to develop this further.,

[4] My description of the lifeworld reflects the current conversation between Husserl (Welton, for example) and Heidegger X) scholars concerning the Husserl's evolving notions of the lifeworld and Heidegger's concept of the worldhood of the world.

Situated ethics and ethics of content

I reiterate: situated ethics is not an "ethics of content." Ethics of content include 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 itself. It is a pre-given lifeworld structure making it possible for an ethics of content even to occur to us. We are ethical beings who *are concerned* with an ethics of content because ethical sensitivity is embedded in the structure of our situation.

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. (FS Perls, et al., 1951)

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. What if there is an emergency in this person's life, for example? But what next? What will be the focus of the "work"? --the person's social field, home life, relationship, 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 psychotherapist practice phenomenologically when personal beliefs or urgent 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 a patients plan abortions. Socially conservative psychotherapists are stunned to hear couples content with multiple sexual partners. Sometimes the politics match --or clash. No one is without them. Our personal beliefs are our ethical beliefs and they guide our personal lives. These are ethics of content.

Of course therapists' personal beliefs are necessary for the work to proceed. These also include therapists' clinical training and personal clinical experience. Therapists remain persons within a clinical role. In the light of this, how can psychotherapist 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 f*undamental* ethics of psychotherapy might help. When the psychotherapist allows personal ethical beliefs to be figural within the session, an extrinsic ethics intrudes on the psychotherapy. PHG is declaratively says that gestalt therapy involves "… analyzing the internal structure of the actual experience," PHG " … 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. 232 FS Perls, et al., 1951) emphasis in original. 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 figure* against the *therapist as background* active presence, oriented by situated ethics.

Another clinical example:

> *A patient flops down into the chair and looks down at the floor.*
> *"I had a miscarriage." She is breathless. Agitated.*
> *The therapist leans forward toward the patient.*
> *"Mary, can you look up at me. I had one too. Sure you feel bad today. 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 are likely now to shape the course of the work. An opportunity to explore

the emergent structure of the patient's sense of loss was missed. Perhaps this is an extreme and absurd example. 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." FS 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 an 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 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-emergent of the contact-boundary. They are supported by a common unexpressed sense, a seeing, a knowing that there is a relationship sustaining the developing sequence of contact. Mary can be silent now, "held" by the fundamental support of the therapy, unspoken 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 in 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 because it is within deepest foundation of the *fundamental ethics* of psychotherapy. Fundamental ethics are the conditions that make 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 of harm to or from others, the patient's suitability for therapy and the therapist's

suitability for this 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 guides for the on-going work. They are "within" the therapy itself and not brought in from the extrinsic "outside" interests of the psychotherapist. This sounds simpler than it is and perhaps it is especially historically less simple for gestalt therapists.

Gestalt Therapy: A World View With the Best Intentions: Gestalt therapist 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." I 21(Levinas, 1969)*

Gestalt Therapy, Excitement and Growth in the Human Personality)(FS Perls, et al., 1951) (PHG) is the book that launched a thousand gestalt therapists— a gestalt psychotherapists, community activists, and social reformers committed to the values of more just world. All had an ethics of best intentions. The introduction to PHG's theoretical section ends with these lines, which imply gestalt therapy's best intentions to be a psychotherapeutic theory and a social reformist philosophy. "[W]e exist in a chronic emergency and that most of our forces of love and wit, anger and indignation, are repressed and dulled." PHG *Unless we consider life as filled with "creative possibilities it is frankly intolerable."* PHG [emphasis added]

Continuing, 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. " (FS Perls, et al., 1951) [Emphasis added]

Yet we are called upon to be psychotherapists who address the actuality person's "interruptions of contacting" and "losses of ego function" (FS Perls, et al., 1951) 429 and to pay attention to the patient's context –that we are living in a "society … opposed to life and change (and love)." (FS Perls, et al., 1951)252 We attend to the process of this person's contacting-making *in the session* and also to be critics of society in general. To be sure, gestalt therapy was not alone; it shared this with radical psychoanalysis, for example. (Lichtenberg, 1969)

Our patients are not just suffering individuals in psychotherapy; they are parts of the larger social field whose institutions are turned against the good and true animal impulses of the organism. These impulses possess the wisdom of the organism – a "wisdom" that is an "immediate" but fallible "ethics." 275 (FS Perls, et al., 1951) Gestalt therapy would liberate this "wisdom" not only in a psychotherapy that undoes the damage to the individual caused by this society, but by political action to bring about social changes itself.(Bocian, 2010; F. Perls, 1992; Stoehr, 1994) (FS Perls & Stevens, 1969) (Aylward, 2006; Stoehr, 1994) Gestalt therapy's propensity to confuse intrinsic and extrinsic ethics can be attributed to this dual role as a psychotherapy and as a movement for social change.

When gestalt therapists write about gestalt therapy they sometimes write about clinical practice and sometimes about social, political, or religio-spiritual ethics in which our clinical practice seems to be subsumed. (Levin, 2010b) "We are as much a political as a therapeutic art" 136 (Aylward, 2006)writes one contemporary gestalt therapist.

And going even further another 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.* (Levin, 2010) E added

How different would a the clerical calling?

Whatever personal creeds are drawn from the humanistic spiritual-socio-political ideals of gestalt therapy, they are extrinsic ethics of content, which may be salutary for the world-at-large, yet extrinsic to the *clinical* practice of psychotherapy -- and potentially intrusive on it. The psychotherapist's personal ethical agenda can become the norm against which emerging figures are evaluated and carried into the therapy session. PHG cautions that "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." (FS Perls, et al., 1951) 282 Yet the patient and the therapist are of the larger

social field. Can the therapy be isolated from the field in which it is a part? Is there a “middle course”?

In gestalt therapy, psychopathology is understood as disturbances at the contact-boundary(Francesetti & Gecele, 2009).(Spagnuolo Lobb, 2007)These disturbance are directly experienced by the patient and therapist in the aesthetic sensed aspects of contacting, (DJ Bloom, 2003) This phenomenological method requires the setting aside of extrinsic irrelevant presuppositions so that we can attend to what emerges in the session. Yontef, 2009)(Dan Bloom, 2009; Crocker, 2009; Philippson, 2009)

Every gestalt psychotherapist inevitably brings some extrinsic ethical agenda and personal belief into a session as presuppositions, but they are “bracketed” in our phenomenological method. (Bloom/Crocker/Yontef) The psychotherapist’s clinical know-how, clinical wisdom, and standards, remain available background since they are 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.” Jacobs/S

But what if the bracketing of extrinsic ethics of content appears also to welcome an ethical free-for-all supposedly characteristic of the paradigm of individualism. 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. Y It was indeed true that Fritz Perls cheered on the anti-establishment counter-culturein his gestalt therapy books. FP

These ethical values of do-your-own-thing autonomy were followed by therapists, too. Gestalt psychotherapy within that paradigm often resulted in shamed patients. Confrontive therapists cajoled patients to “break through” “resistances.” Yontef Therapists sometimes behaved outside what many now consider basic standards of practice. Gestalt therapy got a bad reputation. But does gestalt therapy need l to do penance for its perceived passed transgressions?

While considering the question of a gestalt therapy code of ethics, *Gestalt Counseling 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

> gestalts 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*." 335 (Joyce & Sills, 2009) [emphasis added]

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 non-clinical showmanship? The first-generation gestalt therapists had standards of practice. They were concerned with the welfare of their patient. Of course, not all of them 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 therapist are not the only "ethical delinquents" of the profession.

Furthermore, it is still part of the clinical practice of gestalt therapy to be aware of unaware introjecting of restricting societal or cultural norms. Some moral codes are indeed outmoded. Standards of practice no longer urge us usually to challenge our patients but to be present at the contact-boundary and sensitive to any emergent disturbances of contacting.

Robert Lee made a significant contribution to gestalt therapy ethics. In his excellent 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 26 seems 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." L 7 Y Situated ethics is basis for this "compassionate ground." He extrapolates his relational ethic into 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." 27 Gestalt therapy, then, "places a strong value not only on support for the

individual but also on support for the environment field." 25 (emphasis in original) He continues, " we must find whole solutions that support both self and environment." 26 language has ethical standards for the wider field. This is perfectly legitimate as a basis for social reform. Of course self is emergent of and therefore inclusive of its widest ground -- the social field, phenomenal field, or organism/environment field. But how wide is the field of our immediate clinical concern for this suffering patient in our office?

Attention to a person's social field informs our work, but extending this attention to an unclear value "field responsibility" or to an 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 a respectable content ethics for social or political reform, but their specific clinical relevance to the fundamental ethics supporting is unclear with regard to this patient and this therapist at the contact-boundary of this session. Different political parties have different political agendas for this and according so would different therapists.

Community values, morality, opinions about field, environmental, relational responsibility, even spirituality change over time; the structure of the actual situation and our work at the contact-boundary remain constant. They our pole star of while the nature of our patients' suffering and our clinical knowledge base change over time.

Our post-modern world's decentered subject (cite) 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) [emphasis added]

The razor's edge of Bauman's thin line cannot be ignored in our clinical practice. We must never forget that at on time the well-intentioned standard of practice for homosexual patients was to transform them into heterosexuals and to conform assertive woman into passive housewives.

A practical matter: Situated ethics and an ethical compass

A colleague asked me to see a woman for one session 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 and requested 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…*

How Alice and I moved back and forth in the session is an example 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, but of a "wrong" I saw in the her eyes, felt in her comportment, and experienced in myself. I experienced something more

than empathy, more than my feelingful sense of the other. 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 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.

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 therapists, Alice had choices, she 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 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. Perhaps it is an "ethical empathy."

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 us to make ethical choices. Some are simple. Others not. All impact the therapy. For example, a patients' criminal conduct or possible abuse at home require 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 cross 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 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 Levinas'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. (L) Levinas refers to matters of justice, morality, and equality as "political" questions as within the sphere of the third party that "opens up broader perspectives and instigates a concern for social justice." Ev 82 . [Cite] This "third party," writes Baumann in his discussion of Levinas," 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. " 113 There is no ethics of the same and the other without this third party administering justice, even though, in Levinas's often cryptic philosophy, the third party "puts distance between me and the other."Ev 82 It follows that no more than Levinas's ethics can be maintained in a world without the third party 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 ethical sight encourages us to look to this third party for an ethics of content. Codes of professional ethics, professional expertise, and clinical judgment are included in this ethics of content as a fundamental condition for the therapy itself. The codes, professional expertise, learning, judgment, and so on, are intrinsic to the extent the therapist has assimilated them and are present in what the therapist brings to the contact-boundary of the work.

If psychotherapist's ethical choosing isn't "seen" through the optics of situated ethics, the therapist will not understand 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 an ethics of content, 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 intrinsic and fundamental support for the therapy,

In this way, we can be open to standards of practice ethics and codes of professional conduct as the relevant extrinsic third party contextualized *within* the fundamental ethics of psychotherapy and not applied as an intrusive extrinsic ethics irrelevant to 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.

A therapist who is disconnected from such actual third party would be lost in ethical confusion when faced by an ethical dilemma[5]. But if properly trained, this therapist can look to a third party within the

[5] A poorly trained therapist might not even have an ethical dilemma when otherwise necessary.

assimilated background of professional learning as a guide through the confusion. And since none of us has been trained in isolation, hopefullythis therapist will have integrated social experiences of training as background social support. The therapist's professional community is present in the structure of lifeworld in which situated ethics is a significant structure. But are these enough to assure 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 orients the therapist to ethical choice. The therapist can *see* and with experience, professional expertise, training, knowledge of standards of practice and professional ethics, and a living connection to a community of colleagues, and standards of practice and codes of ethics as basic to 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.

.

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 psychotherapy. To some degree, our ethics of best intentions that move us to be social reformers as well as humanistic psychotherapists make us vulnerable to this intrusion. Further, we cannot rely on the felt "truth" of our work at the contact-boundary either to know the justice of our behavior towards our patients – only its clinical rightness.

We are all at home[6] in this lifeworld and see one another through the optics of the situated ethics, which is our ethical sensitivity. It opens

[6] See Stolorow's "relational home" and Steinbock's "homeworld" for an expansion of this.

us to consider about "right" and "wrong." Within this home we are able to formulate ethics of content and mold the shape of our personal worlds according to our always-changing norms of human nature.

"The good is what we strive for." PHG Situated ethics is the sight with which each of us can see a good towards which each of us cannot but strive, differently.

Aylward, J. (2006). Gestalt Therapy and the Dawn of Postmodernism. International Gestalt Journal, 29(2), 121- 146.

Badiou, A. (2002). Ethics, An Essay on the Understanding of Evil (P. Hallward, Trans. Vol. London): Verso.

Bauman, Z. (1993). Postmodern ethics: Wiley-Blackwell.

Bloom, D. (2003). " Tiger! Tiger! Burning Bright"-Aesthetic Values as Clinical Values in Gestalt Therapy. Creative license: The art of Gestalt therapy, 63.

Bloom, D. (2009). The Phenomenological Method of Gestalt Therapy: Revisiting Husserl to Discover the "Essence" of Gestalt Therapy. Gestalt Review, 13(3), 277 - 295.

Bocian, B. (2010). Fritz Perls in Berlin 1893 - 1933 (P. Schmitz, Trans.). Bergisch Gladbach, Germany: EHP - Verlag Andreas Kohlhage.

Clemmens, M. (2005). Getting beyond sobriety: Clinical approaches to long-term recovery: The Analytic Press.

Clemmens, M. (2005). Who is it That is Not Harmed? British Gestalt Journal, 14(1), 44.

Critchley, S. (2002). Introduction. In S. Critchley & R. Bernasconi (Eds.), The Campbridge Companion to Levinas. Cambridge: Cambridge University Press.

Crocker, S. F. (2009). Phenomenology in Husserl and Gestalt Therapy. British Gestalt Journal, 18(1), 18 - 28.

Davis, C. (1996). Levinas: an introduction: Polity press.

Fairfield, M. (2004). Gestalt Therapy: A Harm Reduction Approach. British Gestalt Journal, 13(2), 100.

Fairfield, M. (2005). The Priorty of Harm Reduction: A Reply to Clemns, Thomas, Brazier, and Wheeler. British Gestalt Journal, 14(1
), 49 - 50.

Francesetti, G., & Gecele, M. (2009). A Gestalt therapy perspective on psychopathology and diagnosis. British Gestalt Journal, 18(2), 5 - 20.
Frank, R. (2001). Body of Awareness (1st ed.). Cambridge, Mass.: GestaltPress.
Frank, R. (2001). Body of awareness: A somatic and developmental approach to psychotherapy: The Analytic Press.
Gendlin, E. (1978/1979). Befindlichkeit: Heidegger and the philosophy of psychology. Review of Existential Psychology and Psychiatry, 16, 43-71.
Heidegger, M. (1964). Letter in Humanism (F. A. Capuzzi, Trans.). In D. F. Krell (Ed.), Basic Writings (pp. 217 - 265). New York: Harper Collins.
Joyce, P., & Sills, C. (2009). Skills in Gestalt counselling & psychotherapy: Sage Publications Ltd.
Lee, R. G. (2004a). Ethics: A Gestalt of Values/The Values of Gestalt -- A Next Step. In R. G. Lee (Ed.), The Values of Connection (pp. 3 - 34). Hillsdale, NJ: GestaltPress.
Lee, R. G. (Ed.). (2004b). The Values of Connection. Hillsdale,NJ: GestaltPress.
Levin, J. (2010a). Gestalt Therapy: Now and For Tomorrow. Gestalt Review, 14(2).
Levin, J. (2010b). Gestalt Therapy: Now and For Tomorrow. Gestalt Review, 14(2), 147 - 170.
Levinas, E. (1969). Totality and Infinity: an Essay on Exteriority (A. Lingis, Trans.). Pittsburgh: Duquesne University Press.
Lichtenberg, P. (1969). Psychoanalysis: Radical and Conservative. New York: Springer Publishing Co.
Merleau Ponty, M. (2002). Phenomenology of Perception. London: Routledge.
O'Neill, B. (Ed.). (2009). Community, Psychotherapy, and Life Focus. Wollongong, Aus: Ravenwood Press.
Perls, F. (1992). Gestalt Therapy Verbatim. Highland, NY: The Gestalt Journal.
Perls, F., Hefferline, R., Hefferline, R., & Goodman, P. (1951). Gestalt therapy: Excitement and growth in the human personality: Julian Press.
Perls, F., & Stevens, J. (1969). Gestalt therapy verbatim: Real People Press Lafayette, CA.
Philippson, P. (2009). The Emergent Self. London: Karnac Books.
Robine, J.-M. (2011). On the Occassion of the Other. Goudsboro, Me.: Gestalt Journal Press.

Spagnuolo Lobb, M. (2007). Why Do We Need a Psychotherapeutic Approach to Panic Attacks. In G. Francesetti (Ed.), Panic Attacks and Postmodernity -- Gestalt Therapy Between Clinical and Social Perspectives (Vol. FrancoAngeli, pp. 27 - 45). Milan, It.
Staemmler, F.-M. (2009). Aggression, Time, and Understanding. Santa Cruz, CA: Gestalt Press.
Stoehr, T. (1994). Here now next: Paul Goodman and the origins of Gestalt therapy: Jossey-Bass, San Francisco.
Wheeler, G. (1992). Gestalt Ethics. In E. C. Nevis (Ed.), Gestalt Therapy Perspectives and Applications (pp. 113 - 127). New York, NY: Gardiner Press.
Wheeler, G. (2000). Beyond Individualism: Toward an Understanding of Self, Relationship, & Experience. Hillsdale, NJ: The Analytic Press.