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THE SOCIAL FUNCTION OF THE SELF - GESTALT THERAPEUTIC PERSPECTIVES OF THEORY DEVELOPMENT AND EMPIRICAL RESEARCH[1]

The extension of the original, essentially egocentric self-concept of Gestalt therapy (id-, ego-, personality-function) by the inclusion of the social function of the self is not only important for understanding social integration processes, but also for explaining the relational origin of the self and its functioning. In order to research on the effectiveness of Gestalt therapy as a therapeutic method, it is therefore proposed to examine the methods that correspond to the various self-functions in terms of their respective significance for the therapy of psychological and psychosocial disorders.

Key terms: theory of the self, social function of the self, empirical research on the effectiveness of Gestalt therapeutic methods

1. Perspectives of the theory of the self - the social function of the self

Gestalt Therapy (PHG) describes the self not as an entity, but as a contact process between the person and his environment, as a "contact boundary in action" with the aim of maintaining and growing the person. Three functions of the self are distinguished: The id-function, the ego-function, and the personality-function. All three functions relate to the self-preservation and growth of the organism/person in his/her environment. These three functions, awareness of needs and the need-relevant environment and their satisfaction in contact and exchange with the environment (id-function), differentiation of ego and non-ego (ego-function), and assimilation and integration of experience (personality-function) are, in my opinion, sufficient to explain the self-process when it concerns the satisfaction of physical or egocentric needs - "I take what I need". This process of self-preservation and growth, of the organism in the organism-environment field is also very well described in the fundamental work of Gestalt therapy: Ego, Hunger and Aggression (cf. Perls 1982/*1947*) at the paradigm of food intake and assimilation.

It is different when we concern social relations and intersubjective contact, social goals and the needs of others with whom we are in contact.

Even though Gestalt therapy emphasizes the importance of relationship, empathy, and intersubjectivity in its practice, drawing on both its roots in the dialogic philosophy of Martin Buber and Lewin's field theory (see also the contributions of Lynn Jacobs (Jacobs 2005) and Gary Yontef (Yontef 1999), one can find little of this in the classical description of self-functioning in PHG. In my opinion, this contradiction can be explained by, on the one hand, the correct recognition presented in PHG that the organism/person cannot be thought without its environment, that is, the self-process encompasses organism and environment, and, on the other hand, a relapse into equating the self with the organism/person in an environment that remains mere representational, objective, external to it in the sense of an I-it-relationship (Ich-Es-Beziehung).

In order to understand the process of social contact and the focusing not only on one's own needs but also on the needs of others, it is necessary to expand the theoretical concept of the self by the inclusion of its de facto existing *social function*, which consists primarily in the ability to empathically identify with the other and to adopt the perspective of the other (cf. Boeckh 2019, 139f.). Incidentally, we are thus moving in the tradition of the social psychologist G. H. Mead (cf.

Mead 1969), to whom Paul Goodman also referred. In my opinion, this social function is just as decisive for the *contact process*, as Gestalt therapy defines the self, as the three classical functions mentioned above. This new concept of the social function of the self is important not only for the methodological approach (e.g., dialogue work) of Gestalt therapy, but also for research into its functioning and its effectiveness as a psychotherapeutic treatment. I will discuss this in more detail in the second part of this article.

The social function of the self

If 'taking on the perspective of the other' is a central function of the self, then one's own well-being is also dependent on whether the other person is doing well, and not just on whether I have or get what I need for myself.

"I have finally learned to think of myself first," is a phrase I often hear in the context of Gestalt trainings. The opposite: to sacrifice oneself, to satisfy only the demands of others, from whom one is thereby dissociated, is in its exclusiveness certainly an equally undesirable goal. However, this sentence contains an egocentric tendency, which in the long run does not represent a solution of psychosocial problems, because in the end we all depend on each other. Therefore, it is an illusion to believe that we can steal away from our mutual responsibility and each live entirely for himself/herself.

If the goal of Gestalt therapy were only to strengthen the classical functions of the self (ego, ego and personality function) and not, as is usually the case in its practice, the quality of relationships, i.e. the social function of the self, the basic social condition of our existence would be neglected. If this is denied, we would eventually end up in narcissistic individualism, towards which our present culture is unfortunately clearly moving.

This is not just a matter of social ethics or moral philosophy, but -and this is my hypothesis- it corresponds to the social construction, or dialogic structure, of the self (cf. Boeckh 2019, 17-40).

We cannot conceive of ourselves as isolated beings, but always only as "parts of the social game," as G.H. Mead would have put it. Individualism is a consequence of the development of modern society and not the anthropological basis of human being. We begin our life in social relatedness and grow up in it. For this reason, the structure of our self is necessarily relational and dialogical, reflecting these first relationships. Identification with the others with whom we have been in contact or are coming into contact functions mostly unconsciously mediated by the 'mirror neurons'. Identification with their feelings and interests is as important to us, our feelings and actions as identification with our own interests. It is the basis of social integration. For this reason it seems to me necessary to extend the Gestalt concept of the self by the inclusion of its social function. Incidentally, this also corresponds to the findings of modern neuropsychology, which have identified the ability to empathize and also the mentalization ability described by Fonagy (Fonagy 2004) and the resulting consideration of the needs of others as essential functions of the frontal lobe and the so-called insula, in which the mirror neurons are also located. (Cf. also: Mc Gilchrist 2019, 57f. and esp.: Rizzolatti/Sinigaglia 2008).

To better understand this social function of the self, it is helpful to consider the emergence and functioning of self-consciousness.

Self-consciousness as internalized dialogue

A central function of the self is self-consciousness, the being aware of oneself. This has as its basis not only the physical experience of one's own actions and their effects, but also the experience of the reactions of the significant others. The reactions of others are like a living mirror for the child (Cooley 1902, 182). These verbal and nonverbal reactions form the center of the self-consciousness that develops in the relationship between the child and his caregivers. At the beginning of his life,
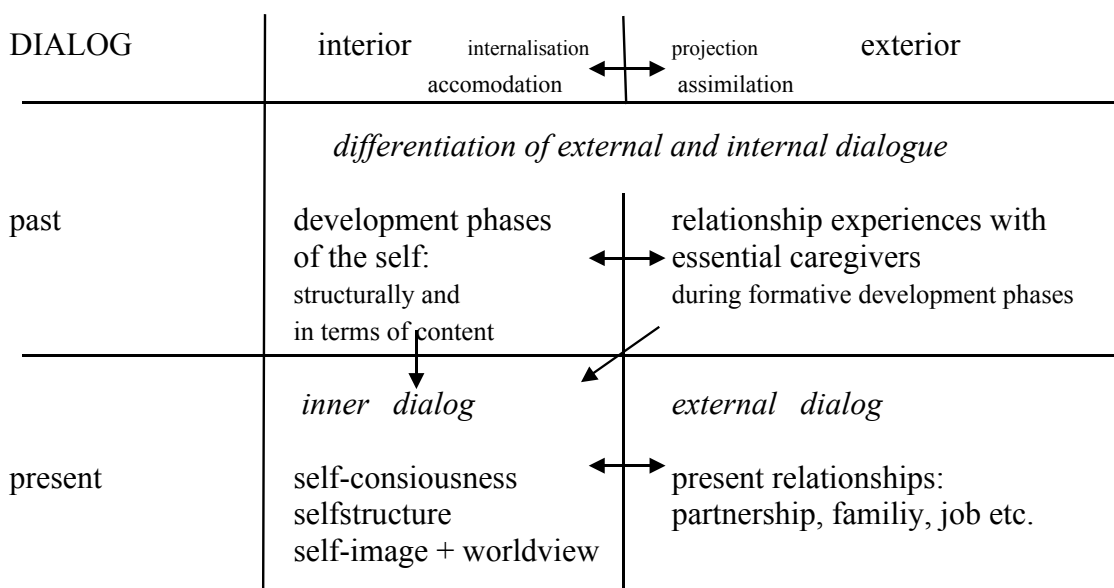
the child does not exist for himself, but always in relationship. His experiences of himself and his caregivers are not clearly distinguished at the beginning, but differentiate only within the first years of life (cf. fig.1). The difference between "I" and "non-I" is at best rudimentary at the beginning. That the concept of "I" does not exist from the beginning is proven, among other things, by the fact that children under two or three years of age normally do not speak of themselves by "I", but instead of the personal pronoun "I" say their own name, as their caregivers do; i.e., they adopt the perspective of others. This also has to do with the symbolic representation of immediate experience in a common medium, verbal language or in gestures with common meaning. By using the words or gestures of his caregivers related to himself, the child tends to take over their position and begins to perceive himself from their perspective.

Self-awareness develops from interaction in the primary relationships between the child and his caregivers. Self-awareness is formed in the process of internalizing this interaction. The two poles of this interaction determine the poles of self-consciousness. The child refers to himself, identifies with his reference person. In this way, there are two poles: the side of the "ego", the child's expression and will, and the other pole: the side of the "alter", the reference persons with whom identified, the child refers to himself. This is the basis of self-consciousness, which is an internalized dialogue in which the person switches back and forth between these two poles. The German philosopher Hans Georg Gadamer described this phenomenon as "das Gespräch, das wir sind" ("the dialog that we are")

In Gestalt therapy, we also know this dialogue as the dialogue of "top-dog" and "under-dog" or between head and belly. This is closely related to the Freudian conception of the "superego" as internalized parental control of the "id."

But if we reduce the structure of self-consciousness to the internalization of control by parental authorities, we lose not only the essential aspect of recognition by caregivers, but also the dialogic aspect of self-consciousness, which implies empathy and the adoption of the perspectives of others. In this extended sense, we can speak of a *dialogic structure of the self*, which is more than the internalization of a "superego".

Fig. 1) *THE DIALOGICAL STRUCTURE OF THE SELF*

DIALOG	interior internalisation projection exterior accomodation ⟷ assimilation	
	differentiation of external and internal dialogue	
past	development phases of the self: structurally and in terms of content ⟷	relationship experiences with essential caregivers during formative development phases
present	*inner dialog* self-consiousness selfstructure self-image + worldview ⟷	*external dialog* present relationships: partnership, familiy, job etc.

In conclusion, we can state that the self develops in the interaction between the child and its caregivers. The experience of this interaction is internalized and in this way constitutes an internal

dialogue. From this point of view, its structure is dialogical and its process is an internal dialogue. This explains on the one hand the self as *self-consciousness* and on the other hand its *social function*, since the self always includes and embraces the poles of the "ego" and the "alter", the I and the other.

In the development of the self, the poles necessarily differentiate. The pole of the "ego" includes not only the "id"-function, but also the function of the "personality," increasingly including aspects of the "alter." The pole of "alter" expands according to the expansion of the social contexts in which the person lives.

With which of the two poles the person identifies more strongly depends on the particular situation and changes according to the necessities of these situations and according to the development of the personality. That is, the boundary between "ego" and "non-ego" (the ego-function of the self) does not necessarily correspond to the two poles: "ego" and "alter", but depends on which of the poles the person identifies more with.

The *social function of the self* consists, to specify it again, in the ability to take the perspective of others, of empathy, of feeling how others feel and, in particular, of seeking coordination between the interests of others and one's own interests. These abilities do not represent a conscious social attitude that guides action according to the values of a social morality, but a quasi-automatic, in many cases unconscious, function of the self that stems from the dialogic structure of the self that includes "ego" and "alter." In the therapeutic processing of the inner and/or outer conflicts, it is then naturally a matter of making these often unconscious attunements conscious and possibly clarifying them in dialogue work.

The classical functions of the self, the id, the differentiation of "ego" and "non-ego" and the personality, help the person to perceive his needs, to satisfy them in the active process of being in contact with the need-relevant environment and to assimilate, or internalize the results.

While the goal of these egocentric functions is the *self-preservation* of the person in his environment in the sense of the "self-preservation instinct", the goal of the *social function of the self* represents the maintenance of *social integration*, *mutual recognition* and, as the strongest motive, the desire *to love and be loved*.

The functions of the self in the contact process

I do not see these different functions of the self as antithetical - egocentric or social - but as necessary stages in the contact process, since there is hardly any process in which there would be no social aspects or, conversely, egocentric aspects, as can be seen in the following figure:

Fig. 2) *FUNCTIONS OF THE SELF IN THE CONTACT-PROCESS*

ego function

social function   SELF   personality function

id function
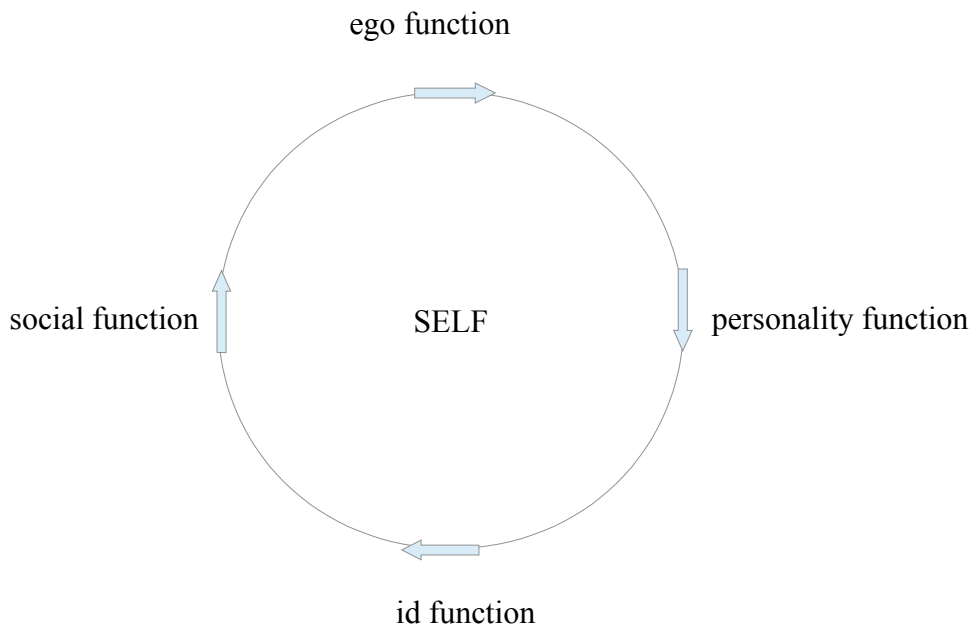
When a person feels any need, he begins to perceive not only the possibilities of satisfying this need in the environment, but also the possible reactions of the people around him or of people he has internalized. This may open up the whole field of introjects and projections with which we as therapists work. But to see this exclusively as avoidance or defense mechanisms misses the importance of this social function of the self, which usually unconsciously considers the social compatibility of the client's own possible actions. Therapeutic work here consists in making this process conscious and checking it, e.g., with the "empty chair" method, and not in reinforcing the client's impulses at any cost without regard for his respect for others, for social integration. In this context, social integration is to be understood as a process that is also conflictive throughout, not as confluence that attempts to create harmony by denying differences.

Encouraging the breakthrough of avoided emotions, on the other hand, can help clients who suppress their feelings of anger, pain, or sadness to experience these feelings and allow them to flow into their actions.

One might compare the egocentric functions and the social function of the self to *melody* and *harmony* (or dissonance) in music: While the melody resembles the egocentric functions, the harmony (or dissonance) corresponds to the social function with its goal of social integration (as far as this is possible). Only together do they produce the music of life.

2. RESEARCH PROSPECTS

on the social function of the self in comparison with classical functions and their different methods

So far, studies on Gestalt Therapy have not distinguished between methods corresponding to the different functions of the self, or have rather focused on the use of methods related to the classical

functions of the self, especially the "id" and the "ego" functions.

To validate her Gestalt Therapy Fidelity Scale, Madeleine Fogarty (cf. Fogarty et al. 2020) had experienced Gestalt therapists assess film sequences of therapy sessions with the question of whether they were Gestalt therapy or other forms of therapy. The film sequences from Gestalt therapy sessions used, as far as I remember correctly, focused exclusively on the awareness in the here and now of sensations, feelings and bodily expression, although Fogarty also listed "Dialogic relating", "Working with contacting process" and "Field sensitive practice" as items in her assessment scale, i.e. items related to the social function of the self.

An exception related to the emphasis on methods that correspond to the social function of the self is the research of Leslie Greenberg (cf. Greenberg/Goldman 2019), who primarily focuses on and promotes the relationship between therapist and client and then often uses the dialogic method of "empty chairs" during the course of therapy, thus promoting the social function of the self.

An examination of Gestalt therapy in terms of the concept of the social function of the self could follow the following questions:

1. In what ways and by what methods can the social function of the self be improved?

2. What contact avoidance mechanisms play a role in the social function of the self and the relational methods of therapeutic work that correspond to it?

3. How effective is therapy that promotes the social function of the self to alleviate mental health problems such as anxiety, obsession, depression, social phobia, etc.?

a. For which psychological problems does focusing on the social function of the self help?

b. and for which problems is it better to promote the other functions of the self?

4. what qualitative and quantitative research methods can be used to study relational methods on the one hand and methods that follow the classical concept of self on the other?

Ad 1. What are the methods to promote the social function of the self?

There are two main methods to enhance the social function of the self.

- The first one is the most direct: the good design of the therapeutic relationship. According to all research on the effectiveness of therapy, the quality of this relationship is crucial to its outcome.

According to Martin Buber, "all true life is encounter." This dialogical attitude is decisive as a therapeutic basis, at least for the more relationship-oriented Gestalt therapy, as it was advocated especially by Lore Perls.

- The second consists in the actualization of external or internalized social relationships (from primary or previous relationships) with the help of experimental methods.

The most famous experimental method of Gestalt therapy to promote the social function of the self is the work with the "empty chair", which allows to identify with other people or with parts of one's own person, which originally stem from important persons of one's biography.

By identifying with these people or with the parts of one's own personality, one can better feel their respective attitudes and feelings.

Moreover, this identification enables one to take the other person's perspective, to experience his or her view of the world and also to see oneself as the other person sees one, which is, after all, the basis for self-confidence.

Often, identification with other people leads to the realization that the person who previously frightened me has different intentions than the one I previously assumed and feared. This kind of identification is certainly problematic when one has been massively hurt by a person. In this case, it is first necessary to clearly distance oneself from this person, to strengthen the ego position, before, if necessary, perpetrator intros can be worked on.

By moving between the chairs, one can have a dialogue with the other person or an internal dialogue and work on the conflict. Here, the consideration of the emotional side is of particular importance. For these dialogues, especially for the internal dialogue, it is recommended to use the technique of two "empty chairs" representing the different parts.

Ad 2: What contact avoidance mechanisms play a role in the social function of the self and the relational methods of therapeutic work corresponding to it?

The above relational methods of therapeutic work are generally known and frequently used in the practice of Gestalt therapy. However, so far they have no basis in their theory of the self. They are also sometimes suspected of allegedly supporting confluence, retroflection, and reinforcing introjection because they reinforce the position of the other rather than supporting the client's self-support, self-expression, and assertiveness.

To me, this seems to be a prejudice that has nothing to do with relational work in therapy. The purpose of this work is not to have the client follow his introjects, but on the contrary to develop an awareness of his introjects and thus prevent him from projecting them onto the people around him. Only then can the client act in such a way that he/she takes into account not only his/her own interests, but rather the real interests of others and not the presumed ones disguised by projections. In dialogue work, the client puts himself/herself in the respective polar parts/persons and experiences not a confluent mixture, but clear differences. In this respect, confluence is dissolved in favor of clear polarity, which can possibly be integrated in the dialogue work.

Retroflection often has more to do with the fear of supposed reactions of others than with an actually existing danger. Identification with the other also allows here to recognize and work on the projected self parts and to enter into a real contact with the other instead of retroflectively avoiding it. Therefore, in my opinion, relational methods do not support the avoidance mechanisms, but help to dissolve them.

Ad 3. How effective is therapy that promotes the social function of the self in alleviating mental health problems such as anxiety, obsession, depression, social phobia, etc.?

a) For what psychological problems does focusing on the social function of the self help?

- The establishment of an empathetic, sustainable and authentic therapeutic relationship,
- the increase of empathy and understanding towards others and oneself,
- the clarification of differences and the search for conflict resolution and integration in problems of social relations and also in internal problems of the client, and
- the dialogical work with the "empty chair(s)"

are certainly helpful in any therapeutic work that has to do with external or internalized social relations, i.e. contradictions between parts of one's personality.

b) For which problems is it more helpful to focus on the other functions of the self?

The methods that correspond to the classical functions of the self, such as

- – the intensification of awareness,
- – the increase of concentration,
- – the promotion of the experience of feelings and the awareness of one's own needs
- – the differentiation between "I" and "non-I" and above all
- – the promotion of expression and purposeful aggression

can help in any case in the therapeutic process and do not necessarily contradict relational methods. Aggression (in the sense of the Latin verb 'aggredi' - 'to tackle something') is necessary for any contact with the environment and is important for getting in touch and taking what one needs. In social contact, aggression is a part of competition, a normal phenomenon in any relationship or group. It is important to emphasize these self-functions especially with clients who have not learned to position themselves, to distinguish themselves, to represent their own interests. However, this must always be seen in the context of social relationships, which must be clarified and promoted.

Ad 4: Which qualitative and quantitative research methods can be used to study relational methods in comparison to methods that follow classical self-concepts?

Here I have some questions and ideas that might be useful for discussing the development of research methods:

- – How can we observe methods to increase the social function of the self and classical methods in the therapeutic process? - E.g., with the help of video recordings.
- – What are the effects or outcomes of different methods for clients? - e.g. observation of the change by means of the video recordings and ex-post questioning of the client
- – How to measure the use of these methods and the results for clients? - e.g. using pre/post comparisons of self-assessment questionnaires on symptomatology.

What forms of research might be useful for this:

- – Qualitative research methods would be indicated here - at least at the beginning of such an investigation - which could then provide the basis for quantitative testing of the hypotheses obtained. - e.g. observation and questioning
- – In order to investigate the effects of the methods, one could conduct pre/post studies, such as those used in the SCTS project presented by Pablo Herrera.
- – One could compare different groups of people with certain mental disorders in which the social function of the self is improved with appropriate methods, respectively the other functions of the self are supported with appropriate methods. For example, one research hypothesis could be that in dissocial or narcissistic disorders, enhancement of empathy and resonance, and in dependence disorders, enhancement of ego function are more helpful.

Concluding remarks

The conceptualization of the social function of the self and its developmental psychological grounding in the related development of the self in primary relationships, provides a theoretical foundation for the relational practice of Gestalt therapy and in this way can also contribute to the reflection of this practice in therapy research. Hopefully, it has become clear that I do not see the various functions of the self and the appropriate promotion of these functions in therapy as contradictory to each other, but as necessarily complementary to each other.

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