

Fritz Perls

CHAPTER 7

Gestalt Therapy

Jessica is a 30-year-old African American woman who works as a police officer. She is physically fit, verbal, and appears open to counseling. Jessica has a 5-year-old son, Dale, from a previous marriage. Jessica and Dale have had no contact with Dale's father for several years.

Jessica seeks counseling because she is troubled in her current relationship with Randy, with whom she has been living for 2 years. Recently, the couple had a serious fight involving physical contact. Jessica had been trimming Randy's hair, and she moved his head too abruptly. Randy became angry and Jessica apologized. Randy remained agitated and got up, threatening to leave their apartment. Jessica, who feared that Randy would not return, took Randy's car keys. Randy reacted by locking the door, closing the blinds, and grabbing Jessica by the neck, shoving her against a wall. Randy then retreated to the bedroom. The couple did not speak about the incident afterward, and they have not discussed it since then. This altercation was the fourth episode of violence in Jessica's relationship with Randy.

Jessica is the oldest in a family of four children. Her parents divorced when Jessica was 12, and her mother remarried shortly afterward. She has two step-siblings as a result of this marriage, but she is not close to them. Jessica reports a "normal" childhood and some emotional turmoil as a teenager (in reaction to the divorce), but overall, says the household in which she lived was relatively calm. Jessica characterizes her mother as distant and businesslike, and reports that she has difficulty relating to her.

Jessica had a positive relationship with her biological father, who has not remarried, up until she decided to become a police officer. Her biological father reacted very negatively when Jessica told him, saying, "Cops are pigs. If you become a cop, I never want to see you again." Jessica pursued her wishes despite this reaction and has spoken with her father only three times in the last 8 years.

Jessica admits that she is afraid of Randy when he gets angry, but that otherwise they have a good relationship. Jessica seems to take responsibility for anything that goes wrong in her relationship. Randy sees no real problem with the violent incidents in the past and does

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CHAPTER 7

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not want to come to counseling. According to Jessica, he is very much in charge of their relationship, specifying how and when things get done around their apartment. Randy and Jessica's son Dole generally get along, but are not close.

Jessica wants to learn how to create a better relationship with Randy so that they do not get into as many fights. She sees herself as responsible for many of the problems in the relationship. Jessica thinks that if she tries harder to meet Randy's expectations, things will get better.

BACKGROUND

Gestalt Therapy (GT) is in some ways a difficult topic to approach. Historical descriptions of GT often center on the practice of the flamboyant and controversial Fritz Perls (1893–1970). Perls is captured well by his statement in his autobiography, written when he was 76: "I believe that I am the best therapist for any type of neurosis in the States, maybe in the world. How is this for megalomania?" (Perls, 1969b, p. 228).

Others have contributed to the theory and practice of GT, including Perls' wife, Laura, and the theory has evolved considerably from the approach he developed. Often, writers comment on "Perlism," which refers to Perls' distinctive style of doing therapy: showy, confrontive, and typically in a very public workshop format (Parlett & Hemming, 1996a). Insiders speak of "splits" within the GT community, "East and West Coast New York and Cleveland Gestalt Therapy, Gestalt Therapy with the empty chair and Gestalt Therapy face to face, Gestalt Therapy and body work, Gestalt Therapy and psychoanalysis, Gestalt Therapy of the early Perls and Gestalt Therapy of the later, etc., etc." (Friedman, 2003, p. 60). Modern variants are generally less confrontive and more attentive to the therapeutic relationship. Practitioners of these styles of GT may look more like traditional psychoanalysts than did Perls at the end of his career. In this chapter, I will attempt to convey the approach as it is practiced currently, but also describe the defining features of Perls' approach to GT.

Probably because Perls was a very colorful character and prone to providing showy public demonstrations of GT, the credit (or blame) for the theory is usually placed with him. He was a very controversial figure, a self-confessed "dirty old man" (Perls, 1969b), which prompted Clarkson and Mackewn (1993) to comment,

Who Perls was depends upon whom you speak with, and when. To some he was a hero, to others a bastard; to some cruel, to others tender; to some generous, to others the world's biggest taker; to some a genius, to others a near-illiterate non-intellectual; to some he seemed sociable and happy, to others lonely and poor at making genuine contact with the people around him; to some he was a beautiful sensuous man, to others an ugly toad, a dirty lecherous old man; to some a narcissistic exhibitionist, to others a shy, withdrawn introvert too proud to ask for love. (p. 30)

Perls was initially trained in classic psychoanalysis, and his first theoretical attempts replaced Freud's sexual drive with the hunger drive (Harman, 1990). In *Ego, Hunger, and Aggression* (1942), Perls' first book, he attempted to integrate these ideas with traditional psychoanalytic theory. Aspects of the "oral metaphor" can be seen in later GT theory's emphasis on assimilating (or digesting) experience and the rejection of introjection, or swallowing whole. Perls' subsequent writings retained some of the flavor of psychoanalytic theory, but progressively diverged both in theory and technique.

A major influence on Perls' thought was Gestalt psychology, a branch of perceptual psychology that explored how humans create meaning out of perceptual stimuli. The influence of this approach can be seen in the ideas about the holistic nature of human experience and the primacy of figure-ground relationships (see the section on needs later in this chapter). As GT theory evolved, however, the influence of the purely perceptual Gestalt theory diminished. Perls acknowledged that he was not wholly committed to classic Gestalt theory because he was uncomfortable with the traditional scientific approach used by these theorists. "The academic Gestaltists of course never accepted me," he wrote (1969b, p. 62).

GT theory was also shaped by Perls' background in theater, his stints in Reichian body therapy and Rolfing, and existentialist and Zen philosophy. Reich, who believed that psychic energy, including emotion, was stored in the body, was Perls' analyst for 2 years (from 1931 to 1933).

Born to a progressive Jewish family in 1893, Perls grew up in a suburb of Berlin, Germany. He was the youngest of three children; his mother was devoted to her children, whereas his father was more distant emotionally and physically (traveling for business) and reportedly had numerous extramarital affairs (Clarkson & Mackewn, 1993). Fritz was closer to his mother than to his father until about age 10, when his relationships with both parents, along with his scholastic performance, deteriorated. Rebellious throughout his adolescence, he was expelled from school once, but managed to find a second school that affirmed his independence, from which he graduated. Throughout his adolescence he pursued theater work, and his emphasis on nonverbal behavior in GT counseling is said to stem from these experiences (Clarkson & Mackewn, 1993).

After serving in World War I, Perls received his medical degree in 1920. He began his practice of medicine as a neuropsychiatrist (Clarkson & Mackewn, 1993). At age 31, still living at home with his mother, Perls began psychoanalysis with Karen Horney. Although brief, this analysis started Perls on the road to becoming an orthodox analyst, despite a very negative experience with his second analyst, who said almost nothing during sessions and scraped his feet on the floor to signal the end of sessions (Perls, 1969b). In 1926 he moved to Frankfurt, Germany, and it was there that he became familiar with Gestalt psychology. After Perls completed his training analysis, he established himself as a psychoanalyst and practiced in Berlin from 1928 to 1933.

According to Clarkson and Mackewn, the existentialist influences in Gestalt Therapy came by way of Laura Posner Perls, who had studied with the well-known phenomenologists Buber and Husserl. Laura and Fritz met in 1926 and married in 1929. They had two children, Renate and Steve.

Fritz and Laura left Berlin in 1933 as Hitler was appointed chancellor of Germany (Clarkson & Mackewn, 1993). They ended up in South Africa, where they established the South African Institute for Psychoanalysis. During this period Perls returned to Europe for a conference, hoping to meet Sigmund Freud. He was disappointed when his work was poorly received and Freud paid him little attention. Shortly thereafter, the International Psychoanalytic Association decreed that analysts who had not served as training analysts in Europe could not be recognized as such in other parts of the world. This invalidation of Perls' work in South Africa was a powerful event in Perls' development.

After World War II, in which Perls served as a physician in the South African army, Perls moved to America, followed a year later by Laura and their children (in 1947). Settling in

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New York, the couple established a practice and eventually established the Gestalt Institute of New York. The participants in the institute were diverse people with wide-ranging interests and strong personalities. During this time period, Perls first encountered Eastern religion and psychodrama, a form of psychotherapy invented by Jacob Moreno that required the client to act out life situations.

What many consider to be the foundation text of Gestalt Therapy, *Gestalt Therapy: Excitement and Growth in Human Personality* (Perls, Hefferline, & Goodman, 1951), was a result of the vigorous and lively discussions among the early members of the Gestalt Institute. According to Parlett and Hemming (1996a), the book originated from a 50-page manuscript that Perls asked Goodman to transform into a book. Goodman, described as a "quirky, brilliant thinker" (p. 91), took the challenge and ran with it; some authors refer to the work as Goodman's (Wheeler, 1991). The exercises in awareness in the first half of the book were contributed by Hefferline, who used them with his university students. The book is often referred to as "Perls, Hefferline, and Goodman," and its merits are still the subject of debate. All acknowledge that the basic elements of the GT approach were in the book (e.g., holism, the phenomenological approach, experiments), but it has been characterized both as dense and unreadable and as multilayered and deeply meaningful, like poetry (Parlett & Hemming, 1996a).

Fritz Perls was diagnosed with a heart condition in 1956 and moved by himself to Miami, Florida, at age 63. Tension had arisen in Fritz and Laura's relationship, and although they never divorced, they never lived together again for any significant period (Clarkson & Mackewn, 1993). It was in Miami that Fritz became the therapist, and then lover, of Marty Fromm. This relationship, needless to say, was a controversial one, labeled "irresponsible and unethical" by Clarkson and Mackewn (1993, p. 23). Perls characterized his relationship with Fromm as the most important in his life. It ended when Fromm fell in love with a younger man (Perls, 1969b).

Moving to the West Coast in 1960, Perls became affiliated with the Esalen Institute in Big Sur, California, in 1964. He was in poor physical health at the time. Ida Rolf eventually treated Perls with her approach, which emphasized breaking down chronic tension through deep muscle massage. Perls responded favorably, perhaps further supporting his conviction that many psychological dynamics are translated into physical problems.

Esalen became famous in the 1960s as a center of the human potential movement. It was known for the freewheeling styles of teachers and participants, including sexual encounters and drug use. At Esalen, Perls was exposed to many well-known individuals, including Rollo May, Virginia Satir, and Abraham Maslow (Clarkson & Mackewn, 1993). He began the workshop tradition for which he is well known at Esalen in which he demonstrated Gestalt Therapy on stage in front of large crowds. *Gestalt Therapy Verbatim*, consisting largely of edited transcripts of Perls' workshops, was published in 1969 (Perls, 1969a). An interesting account of Perls' and others' antics at Esalen, which still operates, is found in Anderson's (2004) *The Upstart Spring*.

From Esalen, Perls moved on to start a Gestalt community at Cowichan Lake, Vancouver Island, Canada, in 1969. According to reports, Perls was happy there, leading training sessions and working on several other books. Rather quickly, however, his health declined, and he died of a heart attack after surgery in March 1970.

Miller, in his introduction to *Gestalt Therapy Verbatim*, pointed out that GT was a product of the 1960s, which he described as "outrageously playful, promiscuous, utopian, rebellious; the mood of the sixties was alternatively good-humored and angry, and somehow

managed to be at once sophisticated and naïve" (Miller, 1989, p. 19). Over the years of his professional career, Perls' philosophy evolved from traditional conservative psychoanalysis to the freedom-loving, spectacular approach of GT, rebelling against authority and emphasizing a return to innocence. Perls himself, and GT, became icons of the hippie generation (Crocker, 1999), which rejected traditional norms in favor of experiments in living, the most prominent of which were drug use and "free" sex. To catch some of the flavor of GT, read the "Gestalt Prayer" shown in Box 7.1. I remember seeing the prayer on a poster, done up in psychedelic colors against a black background so that it would be cool under black lights. According to Anderson (2004), the last line was often left off, because it was too gloomy. What people in the '60s and '70s resonated to was the "do your own thing" message.

Second- and third-generation students of Gestalt Therapy such as Erving Polster, Miriam Polster, Isadore Fromm, and Gary Yontef continue to practice and promote the approach. You can read a selection about the therapist's tasks in Box 7.2, written by Joen Fagan. These later versions have promoted a more moderate form of GT than the confrontive, stagey "Perlism" (Parlett & Hemming, 1996a, p. 95; Rice & Greenberg, 1992). Wagner-Moore (2004) describes "modern Gestalt Therapy" as "a gentler, 'Rogerian-ized' version" (p. 183). However, one of the confusing things about GT theory is that although there are core principles and a broad sense of method, there is little orthodox doctrine about how these are put into action (Parlett & Hemming, 1996a). A survey of 225 attendees at the American Association of Gestalt Therapy's second international conference in 1997 revealed that GT is largely defined by how it is practiced (i.e., spontaneous, authentic, creative, alive, a process as compared to content orientation) rather than by its theory (Bowman, 1998, p. 105).

Miller (1989) observed that "Gestalt Therapy remains on the margins of the therapeutic establishment where it no longer generates much heat or controversy; most psychotherapists have heard of it, but relatively few know very much about it" (p. 20). Despite this rather grim assessment, there still seems to be significant activity around this theoretical orientation, particularly in Europe. Yontef and Jacobs (2000) reported that there is a GT institute in every major U.S. city and many other countries in the world. Parlett and Hemming (1996b) suggested that GT in Great Britain has raised eyebrows by becoming almost too establishment! In the United States and Canada, Process Experiential Psychotherapy

Box 7.1

The Gestalt Prayer

I do my thing, and you do your thing.
I am not in this world to live up to your expectations.
And you are not in this world to live up to mine.
You are you, I am I,
And if by chance we find each other, it's beautiful.
If not, it can't be helped.

From F. S. Perls, (1969). *Gestalt Therapy Verbatim*. Reprinted by permission of the Gestalt Journal Press.

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Box 7.2

The Tasks of the Therapist Gestalt Therapy

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The therapist is first of all a perceiver and constructor of patterns. As soon as he is informed of a symptom or a request for change, and begins listening to and observing a patient and responding to him, he begins a process that I refer to as *patterning*. While *diagnosis* is a more common term, it has the disadvantage of provoking the analogy of the medical model and implying that the purpose of the process is arriving at a specific label. A better analogy for the process of patterning is that of artistic creation, involving sometimes cognitive, sometimes perceptual and intuitive skills in interaction with the material and demands of the environment as, for example, in the creation of a mobile, in which a variety of pieces or systems are interconnected into an overall unity and balance.

As the therapist begins his contact with the patient requesting help, he has available a body of theory which is largely cognitive in nature, a background of past experience, and a number of awarenesses and personal responses derived from the ongoing interaction that have large emotional and intuitive components. From these, which may be given varying degrees of importance by a specific therapist, he begins to form an understanding of the interaction of events and systems that result in a given life style that supports a given symptom pattern. *Events* refers to the things that have happened or do happen to the patient; *systems* includes all those interlocking events that interact on a specific level of existence, such as biological systems, self-perception systems, family systems, etc. The patient is visualized as a focal point of many systems, including the cellular, historical, economic, etc. The more the therapist can specify the entire interaction, or be sensitive to the possible effects of systems he is not directly concerned with (such as the neurological), or intuit the connecting points between systems where the most strain exists, the more effective he can be in producing change. He can act on a level and at a point that promises the most positive change in symptoms or conflicts at the least cost of effort, and where the least disruptive change will occur to other systems.

An example may clarify some of the above description. A mother refers her son whose increasing stomach distress causes him frequently to stay home from school. The therapist shortly begins to accumulate information of various sorts. He learns that: the boy also has stomachaches that keep him from going to camp or from visiting relatives; the mother has few interests outside the home; the father does not like his job and also has frequent illnesses; the mother and father have intercourse very infrequently; the boy has average intelligence; the grandmother is very interested in his becoming a doctor; the other children tease him for being a sissy; his teacher is considered strict; the school system has a new superintendent who has made many changes, etc. The therapist observes that the boy waits for his mother to answer for him; that his voice is weak when he does answer; and so on through a long list of responses, observations, and experiments in which the therapist obtains some sort of assessment of the abilities of the boy and his family to respond to varying suggestions and pressures. Through these processes a picture emerges with increasing clarity. The boy, his stomach, his family, his peer group, the school, the school system, and the community come into focus with varying degrees of explicitness.

The Gestalt contribution to patterning involves a de-emphasis on cognitive theory and provides extensive assistance with the therapist's own awareness. Enright, in chapters 8 and 21, describes this process in detail, emphasizing the clues to underlying events and life styles that can be uncovered by awareness of the person's movements, tones, expressions, word choice, etc., and suggesting some appropriate techniques for exploration. Much of Gestalt patterning is worked out in the therapy process itself rather than by history-taking or interviewing. The meanings that result, as in dream work, are very different from the more traditional analytic interpretive approaches where certain meanings are specified in advance by theory or predicted from the patient's previous history. Of course, past events of much importance do arise from the process of exploring posture, gestures, and dreams. However, the Gestalt therapist is not interested in the historical reconstruction of the patient's life, nor in weighing the effects of various environmental forces, nor in focusing upon one specific behavior such as communication style. Rather, he is interested in a global way in the point of contact between the various systems available for observation. The interactions between a person and his body, between his words and his tone of voice, between his posture and the person he is talking to, between himself and the group he is a member of are the focal points. The Gestalt therapist does not hypothesize nor make inferences about other systems that he cannot observe, though he may ask the patient to reenact *his* perceptions of them, as in a dialogue with his father, for example. Most Gestalt procedures are designed to bear upon the point of intersection, and the nature of the other system is viewed as less important than how the patient perceives or reacts to it.

In other words, the patterning emphasis in Gestalt Therapy is on the process of interaction itself, including the patient's skills in fostering and risking interaction, or blocking awareness and change. Since these are skills of importance in the intersection of any systems from the biological through the social, the Gestalt therapist sees himself as preparing the individual to interact more effectively in all aspects of life. Perl's ideas concerning a therapeutic community, which he is presently formulating, represent a possible extension of Gestalt thinking to a more extensive system.

Fagan, J. (1970). The tasks of the therapist. In J. Fagan and I. L. Shepherd (Eds.) *Gestalt therapy now* (pp. 88-106). Palo Alto, CA: Science and Behavior Books.

(see Box 7.3 for a description), which combines Gestalt and Person-Centered theories, is considered a respected theoretical development. Enough supportive research on this approach has accumulated for it to be referred to as evidence-based experiential psychotherapy (Elliot, Watson, Goldman, & Greenberg, 2004; Greenberg & Rice, 1997).

I am pleased to invite you to watch the work of a contemporary Gestalt therapist, Shelley Stelmach, on the *Theories in Action* DVD. Other sources of current information on GT include a number of organizations and journals, such as the Gestalt page (www.gestalt.org). This site is a joint project of the *Gestalt Journal* and the International Gestalt Therapy Association. That the International Association held its first annual conference in 2002 demonstrates that Gestalt Therapy is still of interest among practicing therapists. An electronic journal, *Gestalt!*, can be found at www.g-g.org/, and two other English-language GT journals are *Gestalt Review* and *British Gestalt Journal*. The Association

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Box 7.3

Emotion Focused Therapy: The Process-Experiential Approach

A recent approach, Process Experiential Therapy (PET) also known as Emotion Focused Therapy, fuses aspects of the Person-Centered (PC) Gestalt, and existential approaches. PET is based on the assumption that human emotions are adaptive signals that tell us what is important and prepare us for action. Dysfunction results from problems in symbolizing experience, and accompanying distorted emotional processing of the experience. Here you surely see the influence of PC and GT versions of psychological dysfunction. The goal of therapy in this approach is to help clients learn new ways of processing emotion that lead to different meanings and more adaptive coping strategies. The therapist in PET first strives to create a therapeutic climate similar to that in PC therapy in order to evoke and understand client emotional experience. Once the relationship is established, the therapist can then use interventions that help reprocess the emotions; among these are chair dialogs similar to those used in GT.

PET emphasizes the importance of a collaborative therapy relationship and the power of the therapist's empathic prizing of the client in creating a situation in which clients can productively explore their experiences. Techniques in PET include a set that is similar to PC theory (focusing, systematic evocative unfolding, narrative retelling, and meaning creation) and dialogs reminiscent of Gestalt Therapy (two-chair and empty chair). Focusing, systematic evocative unfolding, narrative retelling and meaning creation are all interventions that support client exploration of feelings and the transformation of these feelings in ways that promote effective client responses to them. In two-chair dialog, clients experience aspects of themselves as they shift between two chairs. Two types of dialogs are identified: those between conflicting aspects of the self and those between the experiencing self and an aspect of the self that is blocking the expression of emotions or needs. Resolution of the conflict generally requires the two aspects to be accepted by the client so that they can work together.

Adapted from "Humanistic Approaches" by N. L. Murdock and D. C. Wang (in press), in H. E. A. Tinsley & S. Lease (Eds.) *Encyclopedia of Counseling*, Thousand Oaks, CA: Sage. Reprinted by permission.

for the Advancement of GT is an organization that includes professionals and laypeople dedicated to "governing itself through adherence to Gestalt Therapy principles enacted at an organizational level" (Yontef & Jacobs, 2000).

BASIC PHILOSOPHY

Gestalt Therapy (GT) theorists begin with the notion that humans are growth oriented. A very basic value is holism (Yontef & Jacobs, 2005): humans can't be separated from their environments, nor can they be divided into parts (such as body and mind). Physical and psychological functioning are inherently related; thoughts, feelings, and physical sensations are all a part of a unified being. GT theorists often use the term *organism* to convey the inseparable psychological and physical aspects of human nature; the process of being

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in touch with one's experience (defined in the broadest sense) is known as *organismic self-regulation* (Yontef & Jacobs, 2005).

GT is a humanistic/existential approach, and as such, it emphasizes individual choice and responsibility (Clarkson, 1989). In fact, GT theorists sometimes use the term *responsibility* to reinforce this perspective (Perls, 1970a). One can see the GT view of humans as neutral. Perls seemed to see humans as simply another form of biological life, yet the emphasis in the theory on growth and actualization would seem to support a positive view of human nature (Clarkson, 1989). According to GT theory, all organisms have an innate tendency to grow toward fulfillment and actualization (Crocker, 1999). GT is "a growth-oriented approach in which we are not focusing on a cure, pathology and cure, but on the growth process" (Edward Smith, cited in Harman, 1990, p. 19).

An important aspect of the GT mentality is an emphasis on creativity, spontaneity, and resisting conformity to convention (Tillet, 1994). It is expected that healthy behavior will sometimes be in conflict with societal norms (Perls, 1970a). Perls wrote, "Society has undergone a process that has moved it so far from healthy functioning, natural functioning, that our needs and the needs of society and the needs of nature do not fit together any more. Again and again we come into such conflict until it becomes doubtful whether a healthy and fully sane and honest person can exist in our insane society" (1970a, p. 16).

Paralleling developments in psychoanalysis, GT theorists of late have placed great emphasis on the inherent relatedness of the human condition (Yontef & Jacobs, 2005). In contrast to Perls' versions of GT, contemporary GT theorists focus more on the role of interdependence in human life.

Enrico is Jessica's GT counselor. He begins his work with her from the premise that she is a growing organism living an existence embedded in the environment. Jessica has the potential to grow in creative ways, actualizing herself in relationship to the world around her. She has the capacity to accept responsibility for herself and make choices that are true to her actualization. Yet, Enrico notes that allowing Jessica's true potential to surface may be contrary to some commonly accepted social rules.

HUMAN MOTIVATION

Human behavior is motivated by the drive to satisfy needs. Both biological and psychological needs are important. Although GT theory does not present a specific list of needs, biological needs are clearly important, and further reading of GT literature suggests that one very important need is interaction with other human beings (Hycner, 1987).

Another way to look at motivation from a GT perspective is to see humans as striving to regulate the organism so that it can grow. The goal of the process of self-regulation is harmony with the environment, maturity, or actualization. Self-regulation involves the process of discriminating what is good and bad for the organism, which should lead toward acceptance of the good and rejection of the bad (Rice & Greenberg, 1992). The tendency to self-regulate is innate, and humans adapt easily to the changing environment (Crocker, 1999).

Enrico sees Jessica as striving to meet her needs so that she can grow and mature. She gravitates toward experiences that maximize her growth, including wanting contact with other people. Jessica strives to adapt to her environment in a harmonious way.

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CENTRAL CONSTRUCTS

CONTACT

Contact is the central feature of life, according to GT. It is defined as meeting the environment, which can be either external to the person or aspects of the self. Seeing, hearing, touching, moving, talking, smelling, and tasting are all ways of contacting the environment (Polster & Polster, 1990). Healthy contact results in *assimilation* of novel elements (i.e., things not already a part of the organism) and hence, growth (Perls et al., 1951). Following contact, the organism withdraws for a period of rest to "digest" the results of the contact (Crocker, 1999). Assimilation involves aggression and destruction, which are natural processes essential to making new experiences part of the organism, thereby creating growth (Perls et al., 1951). As a result, Gestalt therapists see aggression as a natural and healthy part of life, rather than as an antisocial behavior.

Effective contact is essential to life, because it is necessary to the satisfaction of needs. Contact can occur in a fully aware state, such as when we deliberately touch someone else, or in the sort of automatic mode that we use in most of our daily living. An example of the latter kind of contact is breathing, during which we make contact with the environment.

The individual makes contact with the environment at the *contact boundary* (Yontef, 1995). An important aspect of the contact boundary is the differentiation between self and other. The "I-thou or I-it contact" is essential in establishment of the I (Yontef, 1995, p. 263). Yontef and Jacobs (2005) note that the contact boundary should be recognized as having two functions: to connect one to others, but also to allow us to be separate from them.

Jessica is able to make basic contact with her environment. She is healthy, indicating that she obtains the basic substances she needs. Enrico observes that she has a number of relationships, indicating that she is able to establish some kind of contact with other human beings. Jessica appears to have a sense of self; Enrico has a hunch that that sense varies from relationship to relationship.

NEEDS

Life is a process of need satisfaction (Rice & Greenberg, 1992). GT theorists use the notion of Gestalt, a German word roughly meaning "whole" or "pattern" (Crocker, 1999) to describe this process. A Gestalt has a *figure*, or feature that stands out, and a *ground*, which is the rest of experience (i.e., the background). In perceptual terms, the figure is clear and compelling to our attention, and everything else becomes ground. Look at the picture shown in Figure 7.1. What you make of this picture depends on what features become figural to you. If you are able to shift your attention, you will see that two different perceptions of this drawing are possible (a young woman and an old woman). Figure 7.2 illustrates another basic aspect of the GT theory of perception—the fact that we strive to integrate pieces into a complete Gestalt (Do you see the horse and rider?).

In GT theory, a need is an incomplete Gestalt that emerges into the organism's awareness; it becomes figure, and the rest of experience becomes ground. Think about how difficult it would be to concentrate on this paragraph if you were very hungry. Your mind would probably keep drifting to images of pizza! Once a need has become figural, the person

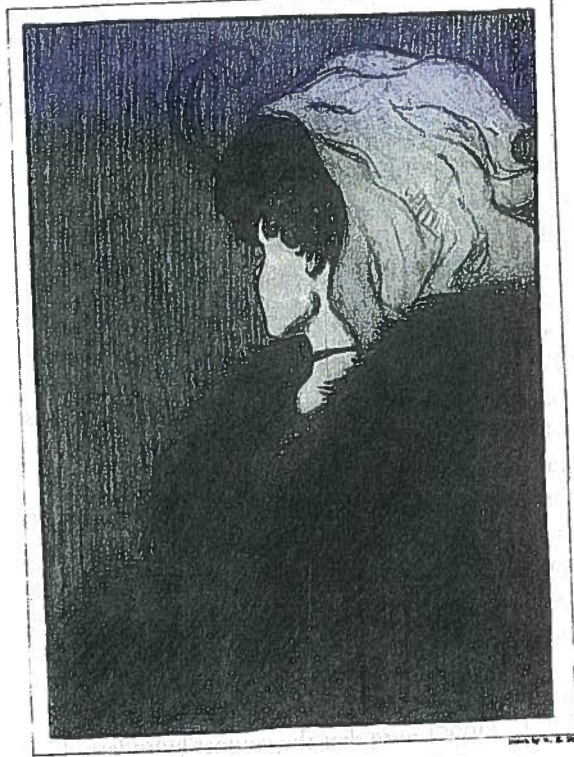


FIGURE 7.1. A Figure-Ground Exercise.



FIGURE 7.2. A Perceptual Integration Task.

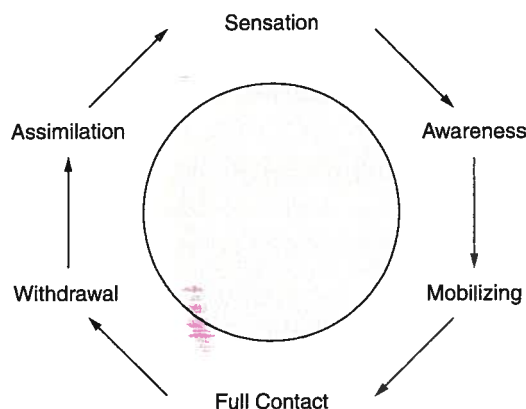


FIGURE 7.3. The Cycle of Awareness.

then initiates behavior aimed at meeting the need. When the organism is successful at satisfying the need, the Gestalt is completed and it is said to be destroyed (Wallen, 1970); the need becomes background rather than figural (Wagner-Moore, 2004). Very quickly, another incomplete Gestalt emerges to take its place. Whatever need is most urgent to the organism at a given time becomes figure (Yontef, 1995). It is important to note that *awareness* (of the need) is critical to this cycle.

The continual process of need emergence, satisfaction, and Gestalt destruction is the essence of life. Healthy growth requires this natural rhythm of figure-ground cycles. In fact, GT theorists like to draw pictures of the *cycle of experience*, and Clarkson (1989) acknowledged that everybody seems to have their own version of the cycle and name for it. It is in this spirit that I have created Figure 7.3.

Enrico makes some very basic observations in his early interactions with Jessica. He sees that Jessica is aware of the environment around her; he assumes that the degree to which she is aware varies from situation to situation. She appears to be meeting physiological needs adequately. Enrico tries to deduce current needs from Jessica's presentation and wonders if one thing that is figure for her is a need to be loved. Her work and relationships with intimates other than Randy seem to be ground at present.

POLARITIES

GT emphasizes the holistic nature of human functioning, and this allows the recognition of the power of polarities. If something exists, the opposite must as well; for instance, light implies dark, and right creates left (Perls, 1969a). Other relevant polarities are life and death, good cop and bad cop, passive and aggressive, and masculine and feminine (Levitsky & Perls, 1970). Perls maintained that Freud partly described one of the most important polarities when he acknowledged the superego. However, Freud did not label the other end of the dimension, which Perls called the *infraego* (Perls, 1969a). More commonly, Perls called this polarity *top dog* and *underdog*. Contemporary GT theorists would add *connection/separation* to the list of important polarities (Yontef & Jacobs, 2005).

Polarities are a natural part of life, and we have within our psyche both ends of the polarities. However, sometimes we don't want to accept one end of the polarity so we rigidify them into dichotomies and reject one end of the continuum (Yontef & Jacobs, 2000).

Enrico suspects that Jessica can recognize a number of polarities operating in her experience. Some particularly critical polarities seem to be bad-good and strong-weak. In her relationship with Randy, she seems to reject the strong part of the strong-weak polarity.

CONTACT DISTURBANCE

When the cycle of awareness is disrupted, problems are seen at the contact boundary. Perls and colleagues (1951) identified some basic ways that contact is interrupted; these processes are called **contact disturbances** or **boundary problems**. They are also sometimes called **resistances** (to awareness). Traditional GT practitioners deem these ways of operating dysfunctional if used chronically and inappropriately (Perls et al., 1951). For example, in discussing introjection, or the swallowing whole of experience, Perls and colleagues declared, "On this point we differ with Freud. He held that some introjections are healthy . . . but in this he was obviously failing to make the distinction between introjection and assimilation" (1951, p. 190). Other GT theorists maintain that these defenses should be seen as styles of contact and are sometimes adaptive and even healthy (O'Leary, 1997; Wheeler, 1991).

The most primitive contact disturbance is *introjection*, or taking in experience or food without digesting it. Infants survive by introjection of food, and the introjection of the attitudes and values of parents is to some extent an unavoidable feature of early childhood (Polster & Polster, 1973). For the infant, the only alternative to introjection is vomiting or spitting out, by which the infant deprives itself of nourishment. Once the child develops teeth and can bite and chew, she is able to digest and assimilate both physically and psychologically (Clarkson, 1989). For example, we often operate on the basis of shoulds that are dictated by society—a sure sign of introjection (Rice & Greenberg, 1992). You *should* be nice, quiet, and obey the rules! The problem, according to GT theory, is that we have not really considered whether these are our own values, or in the typical GT way of saying it, we have not chewed them up, digested them, and then assimilated them. They are foreign, alien things that sit in our stomachs.

The counterpart to introjection is *projection*, in which an unwanted part of the self is expelled into the environment. According to Perls and colleagues, we are aware of the impulse but can't cope with it, so we conclude that it has to come from outside of us. A good example of projection is seen when we avoid the experience of our own hate for someone by believing that they hate us. Projection can be based on introjection because the "shouldn't" that prompts the projection is probably an introject (Polster & Polster, 1973). A less dysfunctional view of projection is that it is essential to empathy. Empathy involves identifying with the others' experience, and one way to do that is to use one's own experience as a guide (Parlett & Hemming, 1996b).

Confluence is similar to introjection, except that it refers to a complete loss of self in which the individual cannot separate herself from the environment (Perls et al., 1951). Yontef and Jacobs (2005) point out that confluence occurs when the individual is unable

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to withdraw when it is appropriate to do so. An individual in confluence with another person has trouble expressing her own beliefs and values. A good example of confluence might be a kid who becomes a gang member and adopts the identity (self) of the gang. As with all of the boundary disturbances, confluence can be healthy, particularly in intimate relationships. O'Leary (1997) maintained that empathy represents healthy confluence, which she defines as aware or deliberate confluence.

In *retroreflection* the unacceptable impulse is turned toward the self, such as when John tenses his muscles to resist slapping someone. For this reason, GT counselors are often interested in the physical expressions of their clients as clues to where awareness has been interrupted. Retroreflection can be healthy because it is sometimes dangerous to express our impulses (such as hitting someone); the extent to which the retroreflection is adaptive depends on whether the individual has a rational reason for restraining the impulse (Perls et al., 1951). Awareness is the key to understanding healthy retroreflection. Unaware, chronic retroreflection is, according to Perls and colleagues (1951), equivalent to repression and therefore neurotic.

Various writers have identified several other defenses or contact disruptions (Yontef, 1995). An individual can *isolate* herself, losing contact with both the environment and the self. Although withdrawal can be healthy at times (e.g., to avoid bad things), persistent isolation is dysfunctional (Yontef, 1995; Yontef & Jacobs, 2005). In *deflection* the impulse is blunted or dampened, such as when Kathy smiles to soften the expression of her anger (Yontef, 1995). Deflection is also seen when we avoid or interrupt interaction with another person (O'Leary, 1992).

Jessica seems to be demonstrating several interruptions to contact. Enrico thinks that she has introjected cultural values that mandate that women can't be assertive and angry. She also appears to be very critical of herself, suggesting retroflected feelings that might have originally been directed at Randy. Allowing Randy to control the household may be evidence that she is in confluence with him.

THEORY OF THE PERSON AND DEVELOPMENT OF THE INDIVIDUAL

Originally, Perls revised the developmental theory of psychoanalysis, shifting the focus from the sexual instincts to the hunger instinct (Clarkson, 1989). Infants progress from sucking to biting; development culminates with the ability to chew food thoroughly so that it can be digested and assimilated. Perls and his followers later de-emphasized this model, although elements of it can be seen in the descriptions of the process of need satisfaction as destructive, and the use of eating-related metaphors (e.g., introjection as swallowing whole).

Current GT has relatively little developmental or personality theory (Miller, 1989). Miller (1989) maintained that the anti-intellectual bias of GT (largely a product of the 1960s influences) is responsible for this indifference to the why of behavior. Perls himself said, "*Why and because are dirty words in Gestalt Therapy*" (1969a, p. 44; italics in original).

Even though they lack an elaborate theory, GT theorists acknowledge the importance of childhood events. According to Perls, "Maturation is the development from environmental support to self-support" (1970a, p. 17). To grow healthfully, children need support from the environment, as well as love and respect (Yontef, 1995). Events in childhood that

are related to the frustration of need satisfaction can live on in adulthood and create trouble for the individual (see the later discussion of unfinished business). Perls noted that children need to learn to deal with frustration and overcome it, thereby increasing their independence. He said, "In the process of growing up, there are two choices. The child either grows up and learns to overcome frustration, or it is spoiled" (1969a, p. 32).

The self is simply the organism at the contact boundary, yet it is seen as an active transformer of experiences. The self is "the artist of life. It is only a small factor in the total organism/environment interaction, but it plays the crucial role of finding and making the meanings that we grow by" (Perls et al., 1951, p. 235).

Jessica has developed from needing complete environmental support to a level of self-support that allows her to function adequately as an adult in her community. However, Enrico suspects that some early childhood experiences of need frustration are still plaguing her.

HEALTH AND DYSFUNCTION

Healthy people are those who live in harmony with the environment, according to GT theory. The process of self-regulation guides the individual to be aware of shifting needs of the organism, which then organize behavior (Yontef & Jacobs, 2005). The organism simply follows its natural tendencies to self-regulate, taking in what is good for it, digesting it, and then assimilating it (Clarkson, 1989).

The healthy individual recognizes her interconnection with the environment, so although she is self-supporting, she strikes a balance between taking care of herself and attending to the needs of other people and her community (Mackewn, 1997). *Creative adjustment* is a term used by GT counselors to describe this balance between changing the environment to meet the needs of the organism and changing the organism to fit the environment (Yontef & Jacobs, 2005).

Healthy contact with the environment results in a "clear bright figure freely energized from an empty background" (Perls et al., 1951, p. 255). In Yontef and Jacob's (2005) terms, "good health has the characteristics of a good Gestalt. The good Gestalt describes a perceptual field organized with clarity and good form" (p. 312). It is clear which need is most important, and the person can then attend to it, and the bright shiny need is satisfied. Once the need is satisfied, the Gestalt is closed and another figure emerges.

Health can also be described as living an authentic existence (Yontef, 1995). "Since unfinished business does not pile up, he is free to do and be quite fully and intensely whatever he is doing or being, and people around him often report a sense of his being much more *with* them when he is with them" (Enright, 1970, p. 120; italics in original). The healthy individual is spontaneous, emotionally responsive, and expressive and can make direct interpersonal contact with others and relate authentically. She takes responsibility for the choices she makes in life and the meaning she makes of those experiences (Mackewn, 1997).

Dysfunction in GT counseling is called "dis-ease" to emphasize the view that the person is not in harmony with the environment (Clarkson, 1989, p. 41). Neurosis is seen as a "growth disorder" that results from the interruption of the cycle of awareness (Perls, 1969a). Wagner-Moore (2004) identifies a rather narrow view of this process—that all disruptions are due to a failure to be aware of a need—and a second, broader view associated with the

contemporary GT theorists. In this enlarged view, disruption of the cycle of awareness can also happen when the need or goal is in awareness and the person acts, but fails to satisfy the need.

When the continuous process of Gestalt formation and destruction has failed in some way, the result is **unfinished business** because the need that is not met hangs around to bother the person (Clarkson, 1989). Significant unmet needs organize the person's perception and behavior, interfering with the healthy processes of awareness and contact (Mackewn, 1997). The person does not clearly perceive her current needs and may appear confused or uncertain of what she wants. She may also display stereotypic or rigid behavior, signaling that her behavior is governed not by the organismic search for homeostasis but by the unfulfilled need (Clarkson, 1989).

GT counselors recognize that dysfunctional behavior was a creative adjustment made in an earlier difficult situation (usually childhood) that is no longer functional in the present (Yontef & Jacobs, 2005). Probably these behaviors protected the organism from injury or pain or somehow allowed a limited form of need satisfaction in what was then an emergency. Unfortunately, the use of this *neurotic self-regulation* in the present prevents the person from responding spontaneously and creatively to the environment as it now is. Healthy organismic self-regulation is replaced by the will to control experience instead of accepting it (Yontef & Jacobs, 2005).

Perls contended that modern society (defined as the kind existing in the United States or other Western European countries) contributes a great deal to the development of unhealthy functioning (1969a). Western culture encourages people to artificially separate mind and body (Clarkson & Mackewn, 1993). Social norms often punish aggressive behavior, which according to GT theorists is a normal and helpful kind of human behavior. Other "shoulds" are introjected at early life stages, and these are not necessarily in alignment with healthy organismic self-regulation.

If we focus on our experience long enough, we will eventually come across something uncomfortable or unpleasant. We inherently want to avoid such experience, so we interrupt our awareness of the now (Perls, 1970a). Many times what we don't want to experience is our own cruelty or aggression, and we disown the experience rather than tolerate it in our awareness. Society doesn't help by encouraging us to reject these experiences. By interrupting our experience, according to Perls, we reveal ourselves as frightened children who instead of assuming adult responsibilities retreat into phony social roles. "These phony roles are meant to mobilize the environment for support instead of mobilizing one's own potential. We manipulate the environment by being helpless, by playing stupid, asking questions, wheedling, flattering" (Perls, 1970a, p. 18).

If the client can get past the phony roles, she might be able to observe the *impasse*, the point where she is stuck. She no longer has support from the environment but does not have sufficient self-support to function adequately (Perls, 1969a). Mackewn (1997) characterized the impasse as the point where growth and resistance to growth are in a deadlock. Yontef and Jacobs (2005) describe the experience of impasse as one of terror. We avoid prolonged contact with our impasses because they force us to "take existential responsibility for our own stuckness and our ability to choose to experience things differently and we have often not had sufficient environmental or self support to face these choices. . . we are paralysed by the fear of the unknown" (Mackewn, 1997, p. 171).

GT theorists don't spend much energy discussing what might be called traditional forms of dysfunction, such as depression, anxiety, and so forth. They recognize emotions as signals to the self about unmet needs or danger (Cole, 1998). An exception to this position is that anxiety is seen as resulting from two possible processes. The first process is cognitive. Anxiety is "futzurizing"—failing to remain centered in the present (Yontef & Jacobs, 2005, p. 315). Perls, in his characteristically flamboyant way, called anxiety "stage fright" (Perls, 1969a). Anxiety can also be created through faulty breathing. When an individual becomes aroused, deep breathing is required. If the individual breathes shallowly and quickly, she is likely to experience symptoms that feel like an anxiety attack (e.g., hyperventilation; Yontef & Jacobs, 2005).

Jessica is not optimizing her integration with her environment. She has interrupted contact and appears to be carrying around some unfinished business, with associated behavior patterns. Enrico guesses that her early experiences with her withholding mother may have created an unfulfilled need for love for Jessica. She responded, he thinks, by burying her need because to allow it into awareness was painful. Jessica learned to deny her needs and feelings in intimate relationships through this early solution. Her experience with her father about becoming a police officer is another piece of unfinished business. Jessica felt close to her father, yet she has almost completely isolated herself from this relationship in recent years.

Jessica's relationship with Randy is problematic because she is denying aspects of her experience in it by using old patterns of defense. She is not experiencing some very vivid feelings that she has about how she and Randy relate, probably because she has introjected the societal rule that girls and women should be "nice." Further, her experiences with her mother and father—that uncompleted need for love and acceptance—are active in her relationship with Randy. Instead of experiencing and expressing her feelings and needs, she retrojects her dissatisfaction to herself, becoming critical of her own behavior in the relationship. She also shows confluence with Randy in her failure to assert her own needs and wants.

NATURE OF THERAPY

ASSESSMENT

No formal assessment is used in GT, although Yontef (1995) noted that nothing in the theory absolutely forbids it. More generally, the GT counselor is the assessment tool, using his powers of observation to assess how the individual functions in her life. The Gestalt therapist sees assessment and treatment as an integrated process that attends to all aspects of the individual's experience (physiology, ethnicity, social context, family relationships, and so forth). The GT counselor looks most specifically at the individual's patterns of contact with the environment, level of awareness, and how much support she has, both environmental and personal (Yontef, 1995). Enright (1970) observed that the Gestalt therapist tells the client to "sit down and start living, then note(s) where and how he fails" (p. 113).

Traditional diagnosis is also rejected by hard-line GT advocates based on the humanistic idea that labeling people is dehumanizing (Clarkson, 1989). Others take the position that diagnostic terminology helps in communication with other professionals and can facilitate therapy (Yontef, 1995; Yontef & Jacobs, 2005). Melnick and Nevis (1998)

GESTALT THERAPY

advocate the use of diagnosis, pointing out that, among other things, it can reduce anxiety in the therapist by allowing him to distance a bit and allow the client's figure to emerge. The process of diagnosing gives the therapist something to do while waiting. Melnick and Nevis' system for understanding DSM-IVTR diagnosis uses the cycle of experience as a conceptual basis. For example, they see borderline personality disorder as originating in the very beginning of the cycle; the individual simply can't manage the sensory input. Their conceptualization leads to the caution that awareness-heightening interventions should not be used for these clients (e.g., empty chair, confrontation). They go on to describe specific phobia as connected to problems in mobilization, histrionic personality disorder as related to the contact phase and posttraumatic stress disorder as a function of demobilization (or assimilation in my Figure 7.3).

The most common assessment/diagnostic question used in GT counseling is, "What do you experience right now?" (Yontef, 1995, p. 272). That is, the Gestalt therapist is most interested in assessing the client's current state of awareness (Parlett & Hemming, 1996b).

Enrico greets Jessica and simply asks why she came in. He listens and observes her closely as she relates her story about the fight with Randy. As she talks, he notes her tone of voice and physical reactions. Jessica pauses in her narrative, and Enrico inquires, "What are you experiencing right now?" Jessica stiffens and looks surprised. She then tentatively begins to describe her feelings of anxiety about being in therapy, her fear of Randy, and a feeling of being alone.

OVERVIEW OF THE THERAPEUTIC ATMOSPHERE

The essence of GT counseling is observed in the therapist's emphasis on the immediate experience of the client. A famous GT slogan is "I and Thou, Here and Now," which Perls borrowed from the philosopher Buber (Yontef & Jacobs, 2000). Polster and Polster (1973) maintained that "the therapeutic experience is not merely a preparatory event, but a valid moment per se, needing no external referent to confirm its inherent relevance to the patient's life" (p. 5).

The dictate to remain in the present does *not* mean that the past or the future is never the subject of therapy; it means that these are examined as they are experienced in the present (Parlett & Hemming, 1996b). Laura Perls, reacting to the misperception that Gestalt Therapy does not deal with the past or future, wrote, "The past is ever present in our total life experience, our memories, nostalgia, or resentment, and particularly in our habits and hang-ups, in all the unfinished business, the fixed gestalten. The future is present in our preparations and beginnings, in expectation and hope, or dread and despair" (1992, p. 52).

Traditional Gestalt therapists are very suspicious of intellectual activities because they tend to lead to *talking about* rather than experiencing and acting. Another famous Perlism is "Lose your mind and come to your senses" (Perls, 1970a, p. 38). Seeking intellectual understanding (asking the *why* question) is avoiding life. GT counselors tend to believe that "In modern life we suffer from too many explanations. . . . Perls' Gestalt Therapy gave up on explanations; it became impatient for something to happen. Happening, after all, is the best explanation" (Miller, 1989, p. 12). Emphasizing action rather than talking often leads to the construction of experiments in awareness, in which the counselor asks the client to actively experience some disowned aspect of her life in the session (Zinker, 1977).

Because experiencing the unfinished situation in the therapy session arouses anxiety, Perls characterized therapy as a "safe emergency" (Perls et al., 1951, p. 286). The reexperiencing of the rejected experience in the safe environment of counseling allows the completion of the Gestalt and, thus, the assimilation of the experience. An important consideration is the balance between support from the counselor (safety) and the therapeutic emergency (risk). The client is not allowed to stay in "safe but infertile territory," but neither is she exposed to experiences too threatening (Polster & Polster, 1990, p. 104).

The current approach to GT counseling is more moderate than what Perls presented. Support of the client is considered very important and GT counselors tend to emphasize the building and exploration of the here-and-now relationship between therapist and client more than did Perls and are less rejecting of the intellectual elements of counseling (Rice & Greenberg, 1992; Yontef, 1995). The Gestalt therapist strives to create an authentic contact with the client, a true encounter (Rice & Greenberg, 1992). According to Wagner-Moore (2004), the contemporary GT views the therapeutic relationship as a critical aspect of therapy and is less likely than GTs of the 1970s to use the techniques stereotypically associated with the approach. Yontef and Jacobs add that good therapy involves a fluid back-and-forth shifting on the therapist's part from attention to the client's process to focus on the relationship between therapist and client.

The GT counselor is active, directing the client's attention to various aspects of her experience (Rice & Greenberg, 1992). Empathic reflection is used to help the client become aware of her experience (Yontef, 1995). The GT counselor often proposes experiments that are designed to help the client heighten awareness (Crocker, 1998). At the same time, a primary task of the therapist is observation in the interest of discovering where the client has interrupted her experience (Rice & Greenberg, 1992).

GT counseling can be either short or long term (Yontef & Jacobs, 2000). Although Perls maintained that group psychotherapy using the "hot seat" method (discussed later) was superior to all other forms of counseling, contemporary Gestalt therapists disagree, practicing individual, couples, family, group, and organizational GT (Polster & Polster, 1973; Wheeler & Backman, 1994).

Enrico endeavors to help Jessica stay in the here and now without sacrificing his support of her. He makes observations about how he feels in relation to her in an honest, open way. He asks many how and what questions and no why questions. Enrico encourages Jessica to reveal her present experience as she talks about her relationship with Randy. If she brings up her father, mother, or family, Enrico will encourage Jessica to explore her feelings about them as they are present in the here and now.

ROLES OF CLIENT AND COUNSELOR

As is the case with Albert Ellis and Rational Emotive Behavior Therapy, the role of the counselor in GT often gets confused with the person of Fritz Perls. In Perls' version of GT counseling, the role of the counselor was to frustrate the client's avoidance of self-support (Perls, 1970a). The client was often confronted with her attempts to get the counselor to take care of her and her reluctance to be authentic. One of Perls' favorite labels was "phony" (Nelson-Jones, 2000). Clearly, confrontation was the hallmark of Perls' approach to GT

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session arouses anxiety, p. 286). The reexperiencing allows the complete consideration of therapeutic emergency," but neither is she (104).

what Perls presented. Counselors tend to emphasize the relationship between therapist and client in the process of counseling (Rice & Greenberg, 1992). To create an authentic relationship, according to Wagner (1989), is a critical aspect of Gestalt therapy. It involves a fluid back-and-forth process to focus on

various aspects of her experience to help the client become aware of her own experiences. At the same time, a therapist is where the client

(2000). Although Perls (discussed later) was not, therapists disagree, practitioner & Polster, 1973;

offering his support of an honest, open way encourages Jessica to Randy. If she brings her feelings about

therapy, the role of the therapist in Perls' version of GT is the importance of self-support for the counselor to get the counselor to use labels was "phony" in Perls' approach to GT

(Yontef & Jacobs, 2000). Friedman (2003) commented that the therapist in this version was something of a stage director or coach, and related that Laura Perls maintained that in interacting with clients in this way, Fritz Perls "turned away from the patient" (p. 63). Although this extreme approach is probably not used by many GT counselors currently, the extent to which confrontation is used varies greatly among GT practitioners.

In more recent versions of GT, the abrasive style of Perls is softened. GT counselors are expected to be authentic and transparent in their relationships with their clients. This approach is sometimes called dialogic or relational GT (Yontef & Jacobs, 2000).

Gestalt therapists are admonished to stay in touch with their own experiences in counseling, using such awareness as diagnostic tools (Mackewn, 1997). "Exclude nothing; dismiss nothing as irrelevant. What is your body doing involuntarily in the presence of this other person? Are your muscles tightening up or relating and opening? Does your attention wander or is your interest riveted? If you begin to daydream, *when* do you do so and *what* are you daydreaming?" (Mackewn, 1997, p. 47; italics in original). To maintain this level of awareness, a Gestalt therapist must have a significant emotional commitment, according to Clarkson (1989). Candidates should undergo personal psychotherapy, similar to the training analyses of psychoanalysts, only from a GT counselor, of course. "Gestalt Therapy is not an approach which can be applied by people who are themselves largely unaware of their own contact style or bodily experience" (Parlett & Hemming, 1996b, p. 207).

The client in GT counseling is expected to engage actively in the process of self-discovery (Rice & Greenberg, 1992). She is a student who is learning to test what is offered in therapy, to see if it fits (Yontef, 1995). The Gestalt therapist respects the client's expression of disagreement (and even better, anger) with the therapist because it demonstrates self-support. The last thing the GT counselor wants is the client to introject the values or opinions of the therapist.

Enrico is a moderate GT counselor. His first goal is to connect with Jessica in an authentic relationship. Enrico observes Jessica as she talks about her experience and also pays attention to his responses to her (e.g., he has a fantasy of her in her police uniform that quickly alternates with an image of a small child). Enrico also notices that his muscles are tensing and that he has impulses to rescue Jessica.

Jessica, eager for the therapist's help, openly discloses about her situation. She is willing to engage with Enrico. Jessica has a little difficulty expressing her own wants and preferences in counseling, but Enrico helps her stay with her experience until she is able to experience her needs.

GOALS

The one big goal in GT is awareness. Perls said, "*Awareness per se—by and of itself—can be curative*" (1969a, p. 16; italics in original). Yontef (1995) pointed out that, really, there are two kinds of awareness: "microawareness (i.e., awareness of a particular content area) and awareness of the awareness process" (p. 275). The point is that, although the Gestalt therapist wants the client to be aware of a current situation in therapy, he is also interested in the client understanding the process or event of awareness so that she can apply it to other situations. An added benefit of this kind of awareness is that it promotes taking responsibility for behaviors enacted when one has awareness (Yontef, 1995). Parlett and Hemming

(1996b) described the goal of GT a little differently, saying that the process should "promote self-support sufficient for the person to live a life of freedom and choice (thus increasing his or her 'response-ability')" (p. 205).

Awareness will ultimately result in the growth of the individual, for increased awareness will result in better harmony with the environment and enhancement of the organism through assimilation of needed things. Thus, a goal of GT could be said to be growth. In fact, many Gestalt therapists maintain that people come to counseling not for remediation, but for the facilitative aspects of GT. Polster and Polster (1973) emphasized the growth orientation of GT counseling when they said "therapy is too good to be limited to the sick" (p. 7).

Enrico hopes to help Jessica become aware of the unfinished business she is carrying around. He'd like to help her recognize the ways she avoids contact with the environment and aspects of herself. Enrico has no predetermined ideas about what she should do about her situation or relationships; he'd like her to become aware so that she can decide for herself. Ideally, Jessica will come to value awareness and responsibility in her life, taking these tools out of therapy to use in future life experiences.

PROCESS OF THERAPY

GT counseling has three central elements: relationship, awareness, and experiment (Clarkson, 1989). According to Yontef and Jacobs (2005) the method of GT is engagement, whether that is between therapist and client or between client and aspects of her experience. The first step is for the GT counselor client to establish an authentic *relationship*. This relationship is often the medium through which awareness is explored. For example, the client's desire to be dependent on the therapist can be brought up explicitly, with the client living and describing this experience in the session. *Awareness*, of course, is critical because interruptions in the awareness process are what bring the client to counseling.

Experiments in awareness are often used in GT counseling. Mackewn (1997) explained that experiments are intended to help clients try things out in the safe environment of counseling. She identified several goals of the experiment, including (a) increased awareness of the self and how it relates to others, (b) the integration of cognition and body experience, and (c) helping the client reach the impasse and experience it. The client and counselor should agree on, or even construct together, the experiment (Zinker, 1977).

Levitsky and Perls (1970, pp. 140–144) described the rules and games of Gestalt Therapy. The games will be described later in the discussions of the various techniques. The most critical rules are (a) staying in the now; (b) I and thou, or the emphasis on aware and authentic communication; (c) using "I" not "it" language, or taking responsibility for all statements; and (d) asking no questions—because they are seen as asking something of the counselor and therefore as aspects of the client's passivity or laziness. The client is urged to turn questions into statements. Clients in therapy groups are expected to follow the "no gossip" rule: one must speak directly to any person present, not about them.

An aspect of GT that sets it apart from other approaches is its emphasis on physical or body sensation and functioning as a critical aspect of human existence. Unfinished business is often seen in the body of the client. Thus, Parlett and Hemming (1996b) suggested

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Gestalt therapists refer to the "paradoxical theory of change" (Yontef & Fuhr, 2005, p. 82). By this term, they mean that the more you try to change, the more you stay the same. Change is, instead, accomplished by becoming aware of and accepting who you are. The Gestalt therapist needs to be aware of this dictate so that he will not align with aspects of the client that pressure the client for change. Perls and colleagues (1951) recommended that the GT counselor adopt a stance of *creative indifference* toward his work. This somewhat confusing term does not mean that the counselor is truly indifferent to the client, only that he is not intensely invested in some particular outcome or process in therapy (Mackewn, 1997).

Contemporary Gestalt therapists are prone to referencing the "field," a somewhat vague construct that includes everything that is around and goes on between the client and counselor (Parlett, 2005). The notion of field suggests that the therapist is an integral part of the therapy, not a detached observer. Further, according to Parlett, the field has inherent structure, which should be examined in therapy. These ideas connect to the relational emphasis in current-GT theory—the therapist and client both have input into the here-and-now situation and to this they must attend (Parlett, 2005). Another important implication of the field perspective is that, similar to family systems theorists, GT therapists are aware that any change in the field will affect the rest of it (Yontef, 2005).

Client resistance is not to be fought, eliminated, or overcome in GT counseling. Instead, resistances are identified as the energy of the organism placed in service of protecting the person from an experience that might be harmful (Yontef & Jacobs, 2000). Typically, these behaviors stem from adaptive responses to past experience, as described earlier (i.e., neurotic adaptation). Instead of overcoming it, the GT counselor wants the client to experience the resistance, encourage it, bring it to the center of awareness. In this way, resistances, which are ways of avoiding meaningful contact, can be used to resolve unfinished business (Enright, 1970).

Although Gestalt therapists will acknowledge transference and countertransference, they see these phenomena differently from the way traditional psychoanalysts would see them (Mackewn, 1997). Transference is not seen as purely the client's distorted way of perceiving the world, although it is seen as a clue to how the client habitually structures experience. Gestalt therapists acknowledge that we do bring the past into current situations, particularly when we carry around unfinished business. However, GT theory distinguishes itself by instructing that the therapist's input to the interaction is considered, too, and the GT counselor needs to be ready to examine his contributions to the situation. The therapist must be open to being changed in the therapeutic encounter, and ready to admit to being wrong (Yontef & Jacobs, 2005).

Two kinds of countertransference are identified in GT theory (Mackewn, 1997). *Proactive* countertransference is when the counselor's unfinished business is activated while in relationship with the client. The GT counselor must be alert to this event and be able to set these responses aside (termed "bracketing") to be dealt with in supervision or personal therapy (Mackewn, 1997, p. 95). *Reactive* countertransference is when the GT counselor responds to the client's transference behavior. These responses are taken as data for the analysis of the interaction of client and counselor in the here and now.

Contemporary GT theorists have begun to discuss the role of shame in the therapeutic relationship and its outcomes (Yontef, 2005). According to Yontef and Fuhr, the client comes to therapy primed for shame because she feels bad about herself and needing to ask for help makes the situation worse. The counselor must be alert to anything in the field that will exacerbate shame, and most importantly, take responsibility for anything he does that contributes to it (Yontef, 2005).

Enrico focuses on the three elements of GT counseling with Jessica. It is relatively easy to establish a relationship with her, but Enrico is sensitive, at first, to the relatively superficial level of their contact. As time goes on, the relationship becomes more authentic.

Awareness is always central for Enrico. He endeavors to be aware of his own experience in relation to Jessica, and everything he does in counseling is directed toward helping Jessica become aware of her experience. For example, when she is talking about her mother, Enrico notices that she assumes a rather flat tone of voice. Enrico asks Jessica if she is aware of how her voice has changed.

Enrico is sure that he will devise some experiments for Jessica to try out in session, assuming that she agrees to them. He is not adamant about reciting the rules of therapy with Jessica, although he does encourage her to use "I" language. He also attends to her physical presence, noting that when she talks about her fight with Randy, she seems to shrink into her chair and crosses her arms across her chest. He asks her if she is aware of these sensations.

Enrico sees Jessica resist contact around her feelings for her mother and father. When he asks questions, attempting to get Jessica to experience these in the session, he notes that she becomes more closed physically and less responsive verbally. Attempting to explore the resistance, Enrico asks Jessica to become aware of how she is feeling, physically and emotionally. If she still shows a need to protect herself, Enrico accepts this as a sign of Jessica's strength and helps her verbalize this to him.

Enrico notes no proactive countertransference, although he is aware that this could happen. He has recently returned to Gestalt Therapy to explore some of his own interruptions. He will be vigilant in looking for signs that his own issues are intruding on his interactions with Jessica.

Noting that he experiences Jessica as wanting him to direct and support her, Enrico decides that this is reactive transference. He finds ways to share this awareness with Jessica.

THERAPEUTIC TECHNIQUES

GT has often been perceived as synonymous with its techniques, particularly dialogue techniques or the "empty chair" (discussed later). Current Gestalt theorists and therapists reject this perspective, saying, "Techniques are only a part of the therapy; Gestalt Therapy theory would also encompass the dialog between therapist and patient" (E. Polster, cited in Hycner, 1987, p. 31). In reality, GT counselors are technically eclectic; any technique that fosters awareness is considered acceptable (Enright, 1970). Melnick and Nevis (2005) comment that "Our goal is to support uncertainty. We create the conditions for growth to occur without having any commitment to a specific outcome" (p. 107). For this reason, GT techniques can be broadly construed as *experiments* that happen to take many forms.

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As I noted earlier, toward the end of his career, Perls began to work increasingly with groups and thought that individual therapy was becoming obsolete (Perls, 1970a). During the late 1960s, Perls did most of his work in large training workshops for professionals, in which he would invite members of the audience to participate as his clients. Essentially, he was really doing one-session individual counseling with the client in front of an audience. The client would assume the "hot seat," and Perls would create various exercises in awareness. Other Gestalt therapists used a more traditional group therapy format (Leiberman, Yalom, & Miles, 1973), but integrated GT techniques and games into these groups. What follows are descriptions of some of the techniques used in both individual and group counseling; many are applicable to couples and family therapy, too.

THERAPIST SELF-DISCLOSURE

Often, the Gestalt therapist, attending closely to his experience, will disclose his awareness to the client (Yontef & Jacobs, 2000). "Sometimes the therapist is bored, confused, amused, angered, amazed, sexually aroused, frightened, cornered, interrupted, overwhelmed and on and on. All of these reactions say something about both the patient and the therapist and they comprise much of the vital data of the therapy experience" (Polster & Polster, 1973, p. 18). The GT counselor authentically discloses an experience, and then the client and counselor discuss it in the immediacy of the relationship.

Enrico decides to disclose his alternating images of Jessica as a child and police officer to her. She bursts into tears, saying that she feels like the child in the moment. Enrico replies that he feels like taking care of her.

DIALOGUES

In the interest of increasing awareness and finishing unfinished business, GT counselors often ask the client to create a conversation, or dialogue, in the counseling session. These dialogues can be (a) among parts of the self, (b) with the therapist, and (c) with some other individual in the client's life, past or present (Hycner, 1987). Dialogues are also created between the "splits" or polarities in the client's personality (Levitsky & Perls, 1970).

Historically, one well-known dialogue is top dog and underdog (Levitsky & Perls, 1970). In this experiment, the client plays two parts of herself, the critical, demanding top dog and the whiny, excuse-using underdog. These are the end points of a critical polarity inherent to humans, and according to Perls, we use the conflict between the top dog and underdog as a way of torturing ourselves (Perls, 1969a). In top-dog-underdog dialogue, the client alternates between playing the two poles. She bosses like the top dog and whines like the underdog. The goal of the dialogue is to have these two aspects of the self listen to each other. Ultimately, full expression of these aspects of the self will result in their integration (Miller, 1989). That is, the two aspects will no longer be "split off" from each other, but integrated as parts of the personality. Most modern GT therapists would likely reject this version of dialog as outdated. They favor splitting off the harsh, judgmental, inner critic into one chair, and the person experiencing the self into the other (Kellogg, 2004). If the critic is the introjection of someone from the past (such as a parent), this can be noted

and emphasized with the client—what she's dealing with is *her* version of the parent, not actually the "real" one.

A contemporary perspective on dialogue is presented by Elliot, Watson, Goldman, and Greenberg (2004). Dialogue is an important feature of their hybrid approach, Process Experiential Therapy (see Box 7.3 for a brief description), which combines aspects of Person-Centered and Gestalt Therapy. They differentiate between two-chair and empty chair dialogue. Two-chair dialogues are aimed at healing split aspects of the self, whereas empty chair dialogues are interventions for unfinished business. Anything or anyone can be put in the empty chair, and the client talks to the entity. Often, the client is asked to play the part of the person or projection in the chair and switches seats as she does this enactment. Sometimes the GT counselor plays the entity in the empty chair. This approach has many uses from the GT perspective, including creating a situation in which unfinished business can be completed with significant others, helping the client to resolve internal conflicts, or allowing the client to experiment with behavior that is very threatening and scary (Crocker, 1999).

Enrico asks Jessica if she'd like to talk to her mother, guessing that Jessica has unfinished business with Mom about love and belonging. Hesitant at first, Jessica agrees to try the experiment.

Enrico: *Tell your mom what you're experiencing right now.*

Jessica: *I wish I could get close to you.*

E: *What are your feelings?*

J: *I am sad. I'm angry. I want to hurt you.*

E: *Say that again.*

J: *I'm ANGRY!!*

PLAYING THE PROJECTION

To increase the experience of disowned parts of the self, the GT counselor might ask the client to play the role of the projection (Sapp, 1997). For instance, if the client sees someone as angry and hateful toward her, the therapist might ask her to act out an angry and hateful person. The therapist could then ask the client if she could find these qualities in herself (Levitsky & Perls, 1970).

Because Jessica does not seem to be projecting, Enrico decides that playing the projection is not a technique he will use.

EXAGGERATION

If the client appears to be unaware of some (typically nonverbal) aspect of her experience, the GT counselor guides her through the process of exaggerating the movement (Levitsky & Perls, 1970). Often, the original expression of the client is incomplete or stunted; the therapist helps her make the movement more authentic. The client might be wiggling her leg. The astute GT counselor asks her to exaggerate the wiggle, attempting to get the client to increase her awareness of this expression and create meaning. This technique can also be

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used with client statements—the counselor hears the client glossing over something she says and asks her to repeat it, perhaps more forcefully.

When Jessica talks about her mother, Enrico notices that she hunches up her shoulders. He asks Jessica if she notices this. Jessica says "not really," so Enrico asks her to exaggerate the tension and describe what it is like. Jessica reports that she is protecting herself from psychological blows from her mother.

REVERSALS

Recognizing that observable behavior is sometimes the opposite of underlying impulses (i.e., the opposite end of a polarity), the GT counselor directs the client to act the reverse (Levitsky & Perls, 1970). For instance, a shy client could be asked to play the extrovert.

Enrico has observed (from watching her dialogue with him in the empty chair) that Jessica is passive in her relationship with Randy, always trying to please him. He asks Jessica to put Randy back in the chair and play the bossy, bitchy, overbearing woman.

DREAM WORK

Perls called the dream the "royal road to integration" (Perls, 1970b); in fact, dreams are the most spontaneous form of human expression (Perls, 1970b). Despite the allusion to Freud's position on dreams ("the royal road to the unconscious"), the way dreams are handled in GT is very different from the way they are handled in traditional psychoanalysis.

In GT dream work, the client takes on the role of the parts of the dream, giving each its own speech and experiences. Perls insisted that the client "play" all of the objects and persons in the dream, giving them voice and action, because this represents experiencing aspects of the self symbolized in the dream elements (Perls, 1970b). Most likely, these aspects are ones that the client has disowned or represent important people in the client's life (Staemmler, 2004). Kellog (2004) notes that the aspects of the dream may represent important polarities for the individual; dreamwork is another way to help the client integrate these.

Jessica dreams that she is a gardener. She has her hoe and her spade and gardening gloves. She gleefully plants flowers and vegetables and watches them grow.

Enrico asks Jessica to play the parts in the dream. First she is the hoe, turning up the soil. Then she is the spade, moving things around, carrying soil to where it belongs. The gloves protect. Flowers and plants struggle against soil and emerge into sunlight.

WORKING WITH POLARITIES

GT counselors are aware of what is present in the client's presentation, but are often more interested in what is missing (Parlett & Hemming, 1996b). Likely, the client has repressed or "disowned" one aspect of the self, which tends to be one end point of a polarity. Examples of polarities identified in GT theory are messy–tidy, strong–weak, love–hate, dependent–responsible. The Gestalt therapist brings the polarities to the client's attention, often using

less toxic language for them (Parlett & Hemming, 1996b). Clients can also ask to play the polarity similar to the way in which playing the projection is used. That is, the client is asked to take the role of each of the ends of the polarity identified as critical for her.

One of Jessica's key polarities appears to be strong-weak. She is a tough, strong police officer, yet a weak, dependent person in her relationship. Enrico decides to have Jessica play both of these polarities to help her increase her awareness of this split.

AWARENESS TRAINING OR BODYWORK

In one sense, all GT counseling is awareness training. In a more specific sense, GT counselors work with their clients to become more aware of their physical sensations, because these are often clues to aspects of experiences blocked out of awareness. The client might be asked to attend closely to any body sensation that the counselor thinks important—breathing, tone of voice, physical gesture, and so on.

Enrico notices that Jessica clenches her fist when she talks about Randy. He asks that she attend to this motion and experience what the tensing is like. He might even ask her to "play" her fist.

MAKING THE ROUNDS

If a group therapist notices that a client seems to be focused on a particular theme, she might ask the client to "make the rounds" of the group by saying a sentence to each group member that expresses the theme (Daniels, 2003; Levitsky & Perls, 1970). The client is to add something specific about each person as well. For example, if the client says that the group scares him, the GT counselor would ask him to say to each of the other group members "you scare me" and then add an extra phrase pertinent to that individual. Nonverbal expression could be used in this way, too; for example, a client might touch each member of the group as a way of making contact.

If Jessica was working in group, she might be asked to make the rounds saying "I am afraid that you will reject me because . . ." and then finish the sentence to fit each of the members.

TAKING RESPONSIBILITY

The client is asked to follow her statements with this phrase: "I take responsibility for it" (Levitsky & Perls, 1970). For example, if Bob is in a quandary about his life circumstances, he would be asked to follow his remark "I don't know what to do" with "and I take responsibility for it."

Jessica could be asked to use the phrase "I take responsibility" in her interactions with Enrico. He thinks he might remind her to use it every time she uses "it" language. So when she says it is hard to express her feelings to Randy, Enrico will ask her to say, "I find it difficult to express how I feel, and I take responsibility for it."

EVALUATION OF THE THEORY

Responses to GT are numerous and rarely moderate! Crocker (1999) commented that GT had a reputation as "an intrinsically rude and confrontational method, lacking in both gentleness and a respect for clients, and practiced by people with questionable moral standards" (p. 7). GT has also been characterized as "wild, uncontrolled, undisciplined—in a word, dangerous" (Smith, 1991, p. 62). These criticisms seem to stem from two sources. First, the approach is highly identified with Perls and his confrontive, abrasive approach. GT in the classic form overemphasized the individualistic. Moreover, Perls acted unethically and was sometimes abusive (Clarkson & Mackewn, 1993). However, a second issue was that after being captivated by Perls' charismatic style, many insufficiently trained people put on their Gestalt therapist hats and created havoc (Parlatt & Hemming, 1996a).

A second reason that GT is thought to be wild and dangerous seems to be connected to its adoption of the rebellious, antiauthoritarian stance of the mid- to late 1960s. Numerous people who had little background in psychology or the formal education typically associated with the profession of psychotherapy were "trained" as Gestalt therapists (Sapp, 1997).

This reaction also seems to be the result of GT's emphasis on raw experiencing and lack of structure. Modern Gestalt therapists are careful to explain that "the experiment is not simply a facile technique to be applied indiscriminately" and to caution counselors to provide support in conjunction with challenge (Polster & Polster, 1990, p. 104).

The lack of supporting theory is also seen as a failing of GT; the approach is seen as little more than a collection of gimmicky techniques, the most notorious of which is the empty- or two-chair dialogue (Miller, 1989; Wagner-Moore, 2004). Miriam Polster (cited in Hycner, 1987) argued that the excessive reliance on technique is seen only among inexperienced or narrow-minded GT counselors.

QUALITIES OF THE THEORY

Precision and Testability. Gestalt theory (the perception theory) was based on well-constructed laboratory research. The constructs of GT theory diverge from classic Gestalt theory, and some are very difficult to operationalize. They are difficult to define (e.g., contact) and observe, partly because they are so broad (e.g., awareness). At the same time, some success has been found by Greenberg and associates in operationalizing particular GT techniques such as chair dialogues (Elliot et al., 2004; Greenberg, Rice, Rennie, & Toukmanian, 1991; see Box 7.3 and the discussion of research in the following sections).

Empirical Validity. Although fewer studies on the outcome of GT counseling have been conducted compared to other theoretical approaches, support for the effectiveness of the therapy is evident (Strumpf, 2004). Less support exists for the theoretical structure on which GT counseling rests, possibly because it is so difficult to operationalize. Again, the exception to this generalization is the research of Greenberg and associates on Process Experiential Therapy (Elliot et al., 2004).

RESEARCH SUPPORT

Outcome Research. Outcome research on GT exists, but not to the extent that it does for other theoretical approaches (e.g., cognitive or behavior therapy). In their early, classic study of encounter groups, Leiberman, Yalom, and Miles (1973) examined the outcomes of group leaders. Two GT leaders were included in this study. These two leaders produced very different outcomes, although they were characterized similarly as active, energizing leaders. One leader produced the highest number of casualties (participants who were negatively affected by the group experience) among all of the leaders, whereas the second GT leader had no casualties. The second leader tended to produce mild to moderate change among members. Yontef (1995) maintained that the first leader did not follow the principles of GT; he was "abrasive, insensitive, and charismatic rather than dialogic and experimental" (p. 290).

Elliott (2001) conducted a meta-analysis addressing humanistic therapy, which included seven studies of GT as well as investigations of client-centered, process experiential, and emotionally focused therapy. He located 86 studies and found an overall effect size (average change) of 1.06, suggesting that the average client in humanistic therapy improved from the 50th to the 85th percentile on outcome, compared to pretreatment measures. This study also demonstrated no significant differences in effectiveness between humanistic and nonhumanistic approaches and that humanistic psychotherapy was superior to no-treatment conditions. The seven GT studies produced an effect size similar to that found for the entire group of humanistic therapies. An earlier meta-analysis of 38 studies conducted by Bretz, Heekeren, and Schmitz (1994) found similar results.

Strumpf and Goldman (2001) reviewed huge amounts of research on GT, including studies conducted in Europe, and document impressive support for the approach. For example, they described an Austrian study that included 431 outpatients, citing improvement rates of over 70 percent (Schigl, 1998, cited in Strumpf and Goldman). This was an effectiveness study modeled on the Consumer Reports study (Seligman, 1995, see Chapter 1), so did not involve all the trappings of a randomly controlled clinical trial.

Individual studies of GT outcome are of varied sophistication and quality. Johnson and Smith (1997) studied snake-phobic university students, randomly assigning them to Gestalt empty-chair dialogue (ECD), systematic desensitization, or no treatment. On objective measures of phobia, both the ECD and systematic desensitization groups improved in comparison to the control participants. O'Leary, Sheedy, O'Sullivan, and Thoresen conducted a randomized study comparing GT group therapy and a no-treatment (assessment only) control group with older adults. Comparing these rather small groups (21 in the control group and 22 in the two GT treatment groups), they found that at the end of the treatment, those in the GT groups reported expressing more anger and having less control over it. At first glance, this might look like a scary finding, but then recall that one indicator of health in a GT model is to experience and express emotions freely. Thus, O'Leary et al. interpreted this finding as an indication that the clients in the therapy group were possibly living more in the present because the treatment had allowed them the opportunity to deal with unfinished business.

An interesting study tested the effects of Gestalt group therapy with hospitalized schizophrenics in Israel (Serok & Zemet, 1983). Matched pairs (on age, sex, and education) of

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patients were randomly assigned to 10 sessions of GT group treatment or a no-treatment control group. Using two indexes of reality testing derived from the Rorschach inkblot test, Serok and Zemet found that clients in Gestalt group therapy showed improved reality testing compared to those who received no treatment. Some researchers would question the psychometric validity of the Rorschach (an ambiguous set of stimuli for which scoring is difficult). Because the Rorschach was the only measure of reality testing used, Serok and Zemet's results could be called into question.

Elliot, Greenberg, and colleagues (Elliot et al., 2004; Greenberg et al., 1991; Paivio & Greenberg, 1995) have established a respected research program that investigates Process-Experiential Therapy (PET), also known as Emotion-Focused Therapy. Although not directly intended to test GT outcomes and theory, these investigations are still relevant to our understanding of GT. In a recent summary, they summarize their program of research that looks at both process and outcomes in PET (Elliot et al., 2004). They describe a number of outcome studies, three of which were true randomized clinical trials, using either wait list, no treatment, or comparison group controls (e.g., Greenberg, Goldman, & Angus, 2001; Greenberg & Watson, 1998; Watson et al., 2003). For example, Watson et al. compared PET to cognitive-behavioral treatment for depression and found both treatments to result in reduced levels of depression and increases in the use of adaptive coping styles. In other studies reviewed by Elliot et al. (2004), the results were similar, demonstrating significant empirical support for this variant of GT theory. However, to their credit, Elliot et al. (2004) do point out that this research is conducted almost entirely by advocates of PET, warning that allegiance effects could play a part in the process (see Chapter 1).

Theory-Testing Research. Some of the PET research directly assesses the effects of chair dialog (ECD) on client outcome, and other studies combine elements of theory-relevant testing and outcome assessment, so it does not fit neatly into my research categories. I present it here because it does seem to be some of the only research that bears directly on the theory of GT. Greenberg and his colleagues have conducted quite a bit of research on this approach, finding supportive results, so I will only sample a few studies in the following section. Interested readers can consult Elliot et al. (2004) for further detail.

Greenberg and Dompierre (1981) compared the effects of one session of ECD and one session of empathic reflection on 16 psychotherapy clients. Each client received both interventions. Results indicated that ECD produced deeper levels of emotional experiencing and more client-perceived changes in awareness, progress, and conflict resolution than did the empathic reflection. Although supportive of GT theory, the measurements used in this early study were somewhat primitive.

Looking at the process of conflict resolution more closely, Greenberg and Foerster (1996) examined the performances of 22 clients who were rated as successful or unsuccessful in resolving unfinished business using ECD. In a detailed study of these ECDs, Greenberg and Foerster found that successful resolution was more likely to be accompanied by intense emotional expression, need expression, and positive expressions about the "other" in the dialogue (whether it was self or someone else). These findings would seem to support the GT assumption that increased experiencing or awareness is necessary for the resolution of dysfunction (unfinished business).

Paivio and Greenberg (1995) studied the effects of treatment containing ECD compared to a group educational experience that introduced information about unfinished business. Seventeen clients (recruited via newspaper advertisements) completed each intervention. Pretests and posttests on symptom variables as well as measures of unfinished business were administered to both groups, and the ECD group was followed up at 4 months and 1 year. Significant differences were found between the groups on a number of the symptom measures; most significantly, the ECD group reported more resolution of unfinished business than did the group experience group. This finding supports the utility of ECD interventions and is indirectly supportive of GT theory.

However, we must keep two other considerations in mind when reviewing these results. First, the individual counseling sessions used ECD in only 53% of the sessions. Thus, it is difficult to directly link the use of this strategy to symptom change. A related concern is that the ECD group and the educational group differed in the number of sessions and, of course, the level of individual attention and support received. Thus, differences between the groups could be attributable to the very different kinds of treatment received rather than any specific effects of ECD.

Field and Horowitz (1998) studied the use of ECD in resolving grief following the loss of a spouse. Participants completed a dialogue, and then self-rated the amount of unresolved grief they had felt during the dialogue. The degree of resolution was related to symptoms 6 months and 14 months after the study. That is, participants who indicated less resolution showed higher levels of depression, avoidance of the grief, and intrusive memories than those who had more fully resolved their grief.

Tyson and Range (1987) found that ECD had no specific effects on mild depression. They compared a no-treatment control group to three other treatment groups. Two treatment groups engaged in dialogues; the difference between the two was that in one group, the dialogues were personally relevant, and in the other, they were enactments of Shakespeare's plays. In a third treatment group, affective expression was encouraged but no dialogues took place. Analyses of pre-, post-, and follow-up measures of depression indicated that all of the groups, including the control, improved over time. Tyson and Range concluded that their study demonstrated that mild depression dissipated over time whether it was treated or not. However, several other explanations of the findings can be offered, including the brevity of the treatments (weekly for 4 weeks) and the small number of participants in each of the experimental conditions (about 10 in each), which can lead to low statistical power to detect differences. Also, it is possible that ECD is more effective when conflict is present than for mild depression.

Other research bearing on GT has attempted to explore boundary or contact disturbances. For example, Mills (1997) attempted to develop a self-report scale to measure projection, introjection, retroflection, confluence, and deflection. Unfortunately, these efforts have not been very successful (Caffaro, 1991; Mills, 1997). A question that can be raised in this area is whether individuals can rate their own contact disturbance styles, as is assumed by these kinds of investigations. Still other investigators have attempted to create a method for rating the quality of contact in an interpersonal relationship, but the reliability and range of the ratings seriously hampered the usefulness of this attempt (Leonsky, Kaplan, & Kaplan, 1986).

ISSUES OF INDIVIDUAL AND CULTURAL DIVERSITY

Many critics have pointed to the individualistic bias of GT. Saner (1989) opined that "most American Gestalt Therapy theorists and practitioners are unaware of being influenced by culture values or fixed gestalten best described as individualism or individualistic neurosis. My claim is that the contemporary form of Gestalt Therapy made-in-U.S.A. is not universally valid and needs theoretical and methodological revisions in order to be truly cross-culturally valid and meaningful" (p. 59). Similarly, Wagner-Moore (2004) noted this bias, attributing it to the personality of Perls emerging in his theory.

Mackewn (1997) maintained that because GT counselors strive to understand the person in the environment and explore the client's awareness, the approach is well suited to working with clients from all walks of life. "Gestalt's insistence upon the fact that the individual cannot be understood in isolation but only as a part of their historical and social context means that in theory at least we have the capacity to take into account and attend to cultural difference, historical background and social perspectives" (Mackewn, 1997, pp. 50-51). However, Kareem and Littlewood (1992) differed in their review of the applicability of GT counseling; they pointed out the inherent biases introduced by the origins of the theory in Jewish Western culture. They recommended that the counselor address cultural issues with the client if they seem relevant to the progress of therapy.

The emphasis in GT on verbal, emotional, and behavioral expressiveness is counter to the values of many cultural groups (Sue & Sue, 2003). Traditional Hispanic/Latino and Asian individuals may see the control of emotions and behavior as signs of wisdom. Also, GT's emphasis on self-disclosure may be in opposition to these groups' values. At the same time, GT's disavowal of insight may be consistent for individuals who want action, such as individuals from lower socioeconomic status. The relative lack of focus on content and the ambiguous structure of GT, on the other hand, may be disconcerting to clients of diverse cultural backgrounds, such as Hispanic/Latino clients (Sue & Sue, 2003).

GT writers have paid attention to the issues of individuals who are gay, lesbian, or bisexual (GLB). Curtis (1994) and Singer (1994) presented chapters on GT with gay and lesbian couples. Singer provided a good description of issues specific to gay couples, while also acknowledging that GT counseling with a gay couple is not that different from GT counseling with a straight couple. Curtis discussed critical issues for lesbians, such as the strong heterosexist bias in most cultures, and applied GT constructs to issues likely to emerge with lesbian clients in counseling, such as shame.

Enns (1987) presented a feminist perspective on GT. She maintained that GT is in many ways consistent with a feminist orientation because it emphasizes awareness and personal power. In this system, women can be encouraged to become aware of parts of themselves that are culturally discouraged (e.g., intense feelings of anger). GT can also support women as they go against existing norms in defining themselves separately from others. At the same time, the emphasis on responsibility and individuality found in GT can be problematic. Enns pointed out that "the singular focus of Gestalt Therapy replaces the old 'shoulds' with a new and potentially dangerous 'should': 'I must be fully autonomous, self-reliant and self-determining'" (p. 94). This kind of approach neglects the role of environmental factors at best, and at worst, characterizes the examination of these factors as intellectualizing or making excuses (p. 94).

Enns (1987) also highlighted GT's neglect of the fundamental interrelatedness of humans. Autonomy in the GT model looks very much like a male value, counter to the female valuing of relationships that is discussed by many feminist writers. At the same time, women traditionally equate their self-worth with gaining and maintaining the love and approval of others. GT's support for growth and personal responsibility may help female clients find their worth in themselves rather than in others' perceptions of them.

Fernbacher (2005) argues that the emphasis on awareness in GT is facilitative in working with clients from diverse backgrounds provided that the therapist is aware of his own process. She also points to the field theory construct of GT as promoting the understanding of the client and counselor as indivisible from their contexts (e.g., culture, society, political systems). However, Fernbacher also cautions that the heavy reliance on nonverbal observation and intervention in GT calls for attention to differences across individuals to understand the meaning and impact of these expressions.

THE CASE STUDY

Jessica presents with troubled feelings about her relationship, for which she blames herself. This internalization fits well with a GT approach because it suggests that she is denying her personal dissatisfaction with the encounter. She has lost contact with her aggression and anger, as well as her need for love. Jessica's history also seems to be amenable to a GT viewpoint, especially her unfulfilling relationships with her parents.

Potential problems with a GT approach to Jessica would seem to involve her feelings of responsibility for the relationship with Randy. Women are taught by Western culture to take care of relationships, and so insisting that she violate these cultural rules could create difficulty for her. That Jessica is African American could also be a factor in employing a GT framework because the emphasis on individualism may be counter to the more collectivistic approach of African American culture.

Summary

GT counseling is an existential/humanistic approach to human functioning. Individuals are seen as functioning holistically and striving to meet needs such as physical and emotional support. Needs are met through contact with the environment in an unending cycle of need emergence, activity by the individual aimed at satisfying the need, need satisfaction, and disappearance of the need. Contact with the environment is sometimes scary or painful so we sometimes avoid contact by introjecting, projecting, deflecting, retroreflecting, or moving into confluence. When we avoid contact and needs go unmet, we create unfinished business, holes in the personality, and psychic splits. Our awareness of the environment (which includes the self) is disrupted and contributes to further dysfunction.

GT counseling is conceptualized as an encounter between two individuals. No formal assessment or diagnosis is used. The counselor is to be authentic in the relationship and will self-disclose if it seems helpful. The goal of GT is to support the client so that she can freely experience herself and her environment. Numerous techniques are employed, and most GT counseling involves some form of experiment in awareness.

GT has been faulted for its extreme emphasis on individual responsibility. This orientation may lead to problems in using this approach with individuals who are from cultures that are more relationship or group oriented. Outcome research supports GT as a viable approach to psychotherapy, and some research supports the link between increased experiencing and client progress.

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