Gestalt Therapy

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DEFINITION

Gestalt Therapy is phenomenological and existential: it explores the changing phenomena of awareness as they unfold in the individual's perceived existence, here and now. The therapist’s job is to be a guide in this exploration, and this function can be divided into four broad areas: 1) feeding back the verbal and nonverbal experience and behavior of the patient — particularly those areas that the person is less aware, or unaware, of — to intensify and clarify the ongoing process, 2) suggesting experiential here-and-now experiments for the person to try out as a means to self-discovery, 3) expressing his own awareness of his responding to the patient (in this, the therapist is providing information about the person’s impact, as well as providing a model for the open communication of experiencing), and 4) acting as teacher by providing principles and strategies that are useful guides to deepening awareness. Thus, Gestalt is also experiential, behavioral, experimental, and educational.

Gestalt makes a crucial and fundamental distinction between perceptual reality and mental fantasy. My reality, the solid ground of my existence,
always results from perceptual contact with ongoing events: what I see, hear, smell, taste, or feel in the present moment. Fantasy is any mental representation of events that are not perceived in the moment: images, memories, assumptions, planning, thinking, guessing, imagining, hoping, fearing, etc. Much of my living is based on uncertain fantasy rather than perceptual reality. My ideas often blind me to my actual feelings, keep me from expressing myself as I would like to, or sometimes keep me behaving in ways that are self-destructive or not productive. Simply making clear what is reality and what is fantasy can point out how little of my living is based on fact and how much is conjecture, and it can lead to a softening and questioning of my rigid ideas and beliefs.

The word “gestalt” means (roughly) the configuration of the whole; all the different parts relate to each other in a functional structure/process. Every aspect of a person's functioning is part of his gestalt, and has meaning only in relation to the whole. Each and every thing or process that he becomes aware of exists as a distinct, differentiated, interesting figure against a more or less indistinct, undifferentiated, uninteresting background. As my interest shifts from this writing to the sounds in the room, for example, the writing process recedes into the background of my awareness. After a short rest, this writing again becomes foreground. If I simply pay attention to my awareness and follow it, I can discover what my authentic interests and concerns are. Often the roots of my troubles are in the relatively unaware background of
my living, and it is useful to reverse the figure-ground relationship. If my disappointment is in the foreground, the background is my unfulfilled expectations. With the expectations in the foreground, I can recognize that they are unreasonable and give them up if I want to avoid future disappointment.

Most of us are fragmented, with at least some perceptions, feelings, behavior, or thoughts that are puzzling, unrelated, troubling, because they are not integrated with the background, the rest of our functioning. The task of therapy is to discover the relatedness of these alienated aspects through awareness. A symptom is not just an annoyance to be eliminated, but an important message whose meaning can be explored and understood. Alienation, saying, “That’s not me” can be countered by identification, saying, “This is me.” The process of identification is an essential and ubiquitous tool in gestalt work. If I am ill and I identify with my illness, I find myself saying, “I’m going to give you a chance to be still and rest from doing ‘useful’ things.” With sufficient experiential understanding, healthful change will occur of itself, without planning or outside direction, through the natural tendency of the organism to create a more functional gestalt. Once I discover that my frequent illness expresses a need to rest, I can accept that need and learn to take time to rest before getting exhausted and sick.

The only barrier to awareness is my avoidance of unpleasantness and
difficulty. Often I would rather blame someone else for my unreasonable expectations; I may rather whine in the hope that someone else will rescue me than stand on my own feet and take responsibility for my successes and failures in a difficult world. I can become aware of this too, and at least take responsibility for not taking responsibility. Awareness, in and of itself, is curative, and every bit of awareness strengthens and promotes growth.

HISTORY

Gestalt Therapy took shape in the 1940s with the publication of Ego, Hunger and Aggression, as Frederick (Fritz) Perls broke away from his orthodox psychoanalytic training of the 1920s and 1930s. Other early influences were Perls’s work with gestalt psychologists, his experiences in theater and psychodrama, and the thinking of Wilheim Reich. Later Perls made considerable use of ideas from Zen Buddhism, Taoism, Existential Phenomenology, and general semantics. A second book, Gestalt Therapy, coauthored by Goodman and Hefferline, was published in 1951. Perls continued to develop and modify his work by invention, and by adapting techniques — such as the “empty chair” and group format — from other therapies until his death in early 1970. Gestalt Therapy gained widespread recognition only in the late 1960s, and it was during this time that Perls produced two more books, and a great number of films and audiotapes demonstrating his work.
TECHNIQUE

The fundamental technique is for the client to pay attention to the continuum of his awareness in the here and now, to see what he can discover about his ongoing experiencing. In principle, he doesn't need a therapist. However, in practice, a perceptive guide can be very useful in pointing out aspects of his experiencing that he's not aware of, and in suggesting procedures or experiments that can be short cuts to greater awareness.

The following is taken from a filmed session with Fritz Perls, “The Case of Marykay.” This fifteen-minute first session with a young woman, in which she asks to work on resentment toward her mother, shows most of the essentials of gestalt practice.

Rather than abstractly discuss her resentments, the session begins with Perls asking her to bring them into the here and now, by imagining her mother in the “empty chair” and expressing her resentments directly to her. She smiles while expressing resentment, an inconsistency Perls brings to her attention. She is asked to talk in the imperative and to make her demands explicit, instead of dependently whining. When she again retreats into whining a minute later, this is brought to her attention by mimicking.

The second purpose of the “empty chair” is to enable her to identify with an alienated part of herself — her “mother.” Actually this is her
memory/image/fantasy of her mother, since her actual mother is absent. The relationship between herself and “mother” is defined by both. By playing her “mother’s” alienated side, she can achieve more definition of the conflict and re-own the power that she has invested in the fantasy of her mother. When she again plays herself, she responds with much more expression and much less manipulation (wailing,), and this is pointed out. The following is a transcript of how the session continues:

1. MARYKAY: I feel — a — just a deadness inside. Sort of an “Ah, what’s the use?” And yet, behind that deadness there’s — there is resentment.

2. FRITZ: Now can you say the same paragraph to your mother?

3. MARYKAY: (Sighs) You make me feel dead. You make me feel like I’m just not even anything. And I know you don’t mean it. I know that it’s because you’re afraid, and I know that if — and I know you love me. And I know that you’re afraid. But why did I have to be the victim of your fear? Why did it have to turn out that I am the victim of your great needs?

4. FRITZ: Change seats again. You notice the fighting is beginning to change to a little bit of mutual understanding.

5. MARYKAY: (as mother) I never meant it to be that way. All — I never meant it to be that way at all. I guess I just couldn’t admit my own fears. I wanted — I am proud of you. I’m really proud of you, Marykay (her voice breaks).
6. FRITZ: Say this again.

7. MARYKAY: I’m really proud of you, you know. I show your picture (She is crying despite trying to hold back tears) to all the people at work. And I (as Marykay, to Fritz) I feel so sorry for her. (still crying, hands in front of face).

8. FRITZ: Can you imagine going to her and embracing her?

9. MARYKAY: (with great vehemence) No! No, I can’t! I can’t! I can’t imagine — I can’t imagine embracing — anybody — I couldn’t even — I couldn’t even embrace my Dad when I left (still crying). You just can’t — you just can’t show feelings ‘cause they’re not right.

10. FRITZ: (softly) You’re showing feelings now. (She is still sobbing.) Come there, Marykay. (He embraces her.)

11. MARYKAY: (breaking into fuller crying) Oh, please — Oh, please — Oh, I just love you ... (then she pulls away and holds her hands in front of her face).

12. FRITZ: Is it so bad?

13. MARYKAY: I have to stop. (Fritz takes her hands and holds them.) I have to stop because you always have to stop to take care of yourself. (She puts her head down, then straightens up and pulls her hands away again.) Yeah, you really do have to take care of yourself, (hands to face again, wiping away tears). Do you have a handkerchief?
14. FRITZ: You know, I miss something. I know the psychiatrist’s tools are skill and Kleenex. (laughing) I’m missing the Kleenex. (They both smile. Someone hands Fritz a Kleenex, which he gives to Marykay.)

There is a crucial turning point when she shows some understanding of her mother (3) and this is pointed out to her (4). (The numbers correspond to those at the left of the transcript.) When she plays her mother again (5) she changes from game playing to authentic expression of sorrow and appreciation. Marykay responds with deep feelings of sorrow for her mother that break through (5) (7) as she is playing her mother. When she is asked (8) to contact her mother more fully, she expresses an important assumption of hers, “You can’t show feelings,” (9) that keeps her isolated and that she previously blamed her mother for. Perls points out (10) that she is showing feelings in contrast to the injunction not to, and then embraces her. His embrace is both an authentic response to her and an offer for her to try embracing. She gives in fully to the embrace (11) and to more expression of feeling for a short time, and then pulls away. Fritz tries to get her to stay with the experience of embracing (12) (13), and when she pulls away again, he breaks off the session with a joke (14).

Of course there is still much to be done. She is still mostly uncomfortable with expression of feeling and closeness, and she probably has more work to do with her “mother.” She has discovered a lot in this fifteen
minutes; more often gestalt work takes somewhat longer.

The techniques of Gestalt Therapy in themselves often produce striking results, and have often been adopted into other therapeutic frameworks without full understanding. When this occurs, the techniques usually yield much less than they could, and sometimes the results are anti-therapeutic. For a much more comprehensive, yet short, description of Gestalt, see the excellent chapter by John Shaffer and David Galinsky.

APPLICATIONS

Gestalt Therapy is much more than a specific treatment or therapy. The gestalt philosophy underlying it claims to be a valid description of human functioning and problems that any person or group can use as a guide to fuller living and experiencing. Gestalt principles are as valid in everyday living as in the therapy situation, as valid with a gifted child as a disturbed one, as valid in the hospital as in the home. Besides the wide range of psychotherapeutic settings and populations, gestalt principles have also been applied to education, to the treatment of eyesight problems, and other physical illnesses.