

Chapter 8

Gestalt Therapy

Complete

PRECHAPTER SELF-INVENTORY

Directions: Refer to page 43 for general directions. Use the following code:

- 5 = I *strongly agree* with this statement.
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- _____ 1. Growth occurs out of genuine contact between therapist and client more than from the therapist's interpretations or methods.
- _____ 2. Therapy aims at awareness, contact with the environment, and integration.
- _____ 3. The here-and-now focus of therapy is more important than a focus on the past or on the future.
- _____ 4. It is more fruitful for the therapist to ask "what" and "how" questions than to ask "why" questions.
- _____ 5. Rather than merely talking about feelings and experiences in therapy, it is more productive for clients to relive and reexperience those feelings as though they were happening now.
- _____ 6. One's past is important to the degree that it is related to significant themes in one's present functioning.
- _____ 7. A major therapeutic function is to devise experiments designed to increase clients' self-awareness of *what* they are doing and *how* they are doing it.
- _____ 8. A primary aim of therapy is to expand a person's capacity for self-awareness, which is seen as curative in itself.
- _____ 9. Awareness includes insight, self-acceptance, knowledge of the environment, responsibility for choices, and the ability to make contact with others.
- _____ 10. Unfinished business from the past usually manifests itself in present problems in functioning effectively.
- _____ 11. Change best occurs when we become aware of *who we are* as opposed to trying to become *who we are not*.
- _____ 12. Focusing on the past can be a way to avoid coming to terms with the present.
- _____ 13. Effective contact means interacting with nature and with other people without losing one's sense of individuality.
- _____ 14. Therapy best focuses on the client's feelings, present awareness, body messages, and blocks to awareness.

- _____ 15. The therapist's main function is to assist the client in gaining awareness of the "what" and "how" of experiencing in the here and now.
- _____ 16. The therapist should avoid diagnosing, interpreting, and explaining at length the client's behavior.
- _____ 17. In therapy it is extremely important to pay attention to the client's body language and other nonverbal cues.
- _____ 18. As therapy progresses, the client can be expected to assume increasing responsibility for his or her own thoughts, feelings, and behavior.
- _____ 19. It is important that therapists actively share their own present perceptions and experiences as they encounter clients in the here and now.
- _____ 20. The most effective experiments grow out of genuine interaction between client and therapist and generally help clients gain increased awareness of fragmented and disowned aspects of themselves.

OVERVIEW OF GESTALT THERAPY

Key Figures and Major Focus

Frederick ("Fritz") Perls and Laura Perls. Other key figures: the late Miriam Polster and Erving Polster. The approach is an experiential therapy that stresses here-and-now awareness and integration of the fragmented parts of the personality. It focuses on the "what" and "how" of behavior and on the role of unfinished business from the past in preventing effective functioning in the present.

Philosophy and Basic Assumptions

Gestalt therapy is an existential-phenomenological approach based on the premise that individuals must be understood in the context of their ongoing relationship with the environment. The approach is designed to help people experience the present moment more fully and gain awareness of what they are doing. The approach is *experiential* in that clients come to grips with what they are thinking, feeling, and doing as they interact with the therapist. Clients are assumed to have the capacity to do their own seeing, feeling, sensing, and interpreting. Growth occurs through the I/Thou relationship rather than through the therapist's techniques or interpretations. This therapeutic relationship is the context for designing experiments that grow out of the moment-to-moment experience.

Key Concepts

Key concepts are the here and now, direct (as opposed to talked-about) experiencing, awareness, and bringing unfinished business from the past into the present. Other concepts include energy and blocks to energy, contact and resistances to contact, attention to the body, and nonverbal cues. Five major channels of resistance are challenged in Gestalt therapy: introjection, projection, retrojection, confluence, and deflection. Some basic principles of Gestalt therapy are holism, field theory, the figure-formation process, and organismic self-regulation.

Therapeutic Goals

The goal is attaining awareness and expanding choices. Awareness, choice, and responsibility are cornerstones of practice. The initial goal is for clients to expand their *awareness* of what they are experiencing in the present moment. Awareness includes knowing the environment and knowing oneself, accepting oneself, and being able to make contact.

ISSUES AND QUESTIONS FOR PERSONAL APPLICATION

take notes for use in Forum #5

1. When a person talks about a problem in the past, he or she is asked to reenact the drama as though it were occurring *now* by "being there" in fantasy and reliving the experience psychologically. Following are two brief examples, one of a client talking about a problem with his father, and the other of the client talking directly (in fantasy) to his father.

Example 1: When I was a kid, my father was never around. I wanted him to give me some approval and recognize that I existed. Instead, he was always doing other things. I know I was scared of him and hated him a bit for not being more of a father, but I just kept on feeling rejected by him. I guess that's why I have such a hell of a time showing affection to my own kids—I never really got any love from him. Do you suppose that's why I can't get *really* close to my own kids now?

Assume that you are a Gestalt therapist. Instead of answering the client's last question, you ask him to *talk directly* to his father—that is, to be 16 years old again and to say in fantasy what he was not able to say then to his father. Ask him to relive his feelings of rejection as though they were happening now and to tell his father what he is experiencing.

Example 2: You know, Dad, I hurt so much because all I really want is for you just to say that I mean something to you. I keep trying to please you, and no matter how hard I try, you never notice me. Damn it, I don't think there's anything I could ever do to make you care for me. I get so scared of you, because I'm afraid you'll beat me up if I let you know what I'm feeling. If I only knew what it would take to please you!

Do you see any qualitative difference between the two examples? Do you think the latter could lead the client to experience his feelings of rejection more fully than by merely talking about the rejection in an intellectual way? Now select a problem or concern that *you* have, and do two things: (1) deliberately talk about your problem, and (2) attempt, through fantasy, to put the problem into the here and now. What differences do you notice between the two approaches?

2. Unfinished business generally involves unexpressed feelings such as resentment, rage, hatred, pain, anxiety, grief, guilt, rejection, and so on. Because those feelings are not expressed, they are carried into the present in ways that interfere with effective contact with oneself and with others. Identify some aspect of unfinished business in your life now. How do you think it might affect you in your work as a counselor? Do you see any potential conflicts in working with your clients' unfinished business if you have the same problem?
3. According to Perls, it is imperative to express resentments, because unexpressed resentment is converted into guilt. Try this experiment: Make a spontaneous list of all your conscious guilt feelings. Then, change the word *guilt* to *resentment* and see if it is appropriate. For example, you might say, "I feel *guilty* because I don't make enough money to support my wife and kids in elegant style." Now, change the word *guilty* to *resentful*. Do this for every item on your list of things that you feel guilty about.

Behavior Therapy

← Complete

PRECHAPTER SELF-INVENTORY

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- _____ 1. Research methods are used to evaluate the effectiveness of both the assessment and treatment process.
- _____ 2. People are not determined by environmental circumstances; they have the capacity for choosing how they will respond to external events.
- _____ 3. In therapy the client controls *what* behavior is to be changed, and the therapist controls *how* behavior is changed.
- _____ 4. A client's problems are influenced primarily by present conditions.
- _____ 5. Understanding the origins of personal problems, or insight into underlying dynamics, is not essential for producing behavior change.
- _____ 6. Clients tend to benefit the most when they have a variety of ways to cope with anxiety-arousing situations that they can continue to use once therapy has ended.
- _____ 7. Past history should be the focus of therapy only to the degree to which such factors are actively and directly contributing to a client's current difficulties.
- _____ 8. Therapy best focuses primarily on overt and specific behavior rather than on a client's feelings about a situation.
- _____ 9. Any program of behavioral change should begin with a comprehensive assessment of the individual.
- _____ 10. A good working relationship between the client and the therapist is a necessary but not sufficient condition for behavior change to occur.
- _____ 11. Clients are both the producer and the product of their environment.
- _____ 12. The client and therapist collaboratively specify treatment goals in concrete, measurable, and objective terms.
- _____ 13. Some proper roles of the therapist include serving as teacher, consultant, facilitator, coach, model, director, and problem solver.

- _____ 14. The skilled behavior therapist conceptualizes problems behaviorally and makes use of the client-therapist relationship in facilitating change.
- _____ 15. It is important that clients be actively involved in the assessment, selecting of goals, planning, treatment, and evaluation of a therapy program.
- _____ 16. Specific techniques of therapy or a behavior management program must be tailored to the requirements and needs of each individual client.
- _____ 17. Therapeutic procedures and techniques should be aimed at behavior change.
- _____ 18. Evidence-based treatments are an important means of accountability in behavior therapy.
- _____ 19. Because real-life problems must be solved with new behaviors outside therapy, the process is not complete unless actions follow verbalizations.
- _____ 20. It is essential that the outcomes of therapy be evaluated to assess the degree of success or failure of treatment.

OVERVIEW OF BEHAVIOR THERAPY

Key Figures and Major Focus

Key figures: B. F. Skinner, Joseph Wolpe, Arnold Lazarus, and Albert Bandura. Historically, the behavioral trend developed in the 1950s and early 1960s as a radical departure from the psychoanalytic perspective. Four major phases in the development of behavior therapy are (1) classical conditioning, (2) operant conditioning, (3) social-cognitive theory, and (4) cognitive behavior therapy. The newest development is the "third wave" of behavior therapy, which includes dialectical behavior therapy (DBT), mindfulness-based stress reduction (MBSR), mindfulness-based cognitive therapy (MBCT), and acceptance and commitment therapy (ACT). These newer approaches have expanded the cognitive behavioral tradition. All four of these approaches use mindfulness strategies that have been subjected to empirical scrutiny, which is a hallmark of the behavioral tradition. Marsha Linehan developed dialectical behavior therapy (DBT), which is a comprehensive cognitive behavioral treatment for people with borderline personality disorders. DBT has been demonstrated to be effective in reducing suicidal behaviors, psychiatric hospitalization, and in treating substance abuse, anger, interpersonal difficulties, and other dysfunctional behaviors. Linehan has translated aspects of both Zen and contemplative practices into behaviorally specific instructions for mindfulness practice that can be taught to therapy clients.

Mindfulness practices, such as those that are part of MBCT, focus on moment-to-moment experiencing and assisting clients to develop an attitude of open awareness and acceptance of what is. Self-compassion—being understanding toward ourselves when we suffer or fail—is a key concept of MBCT. When we acknowledge our shortcomings without critical judgment, we can then do what is necessary to treat ourselves with kindness. Research has shown that self-compassion is positively associated with emotional well-being and decreased levels of anxiety and depression.

Philosophy and Basic Assumptions

Behavior is the product of learning. We are both the product and the producer of our environment. No set of unifying assumptions about behavior can incorporate all the existing procedures in the behavioral field. Due to the diversity of views and strategies, it is more accurate to think of *behavioral therapies* rather than a unified approach. Contemporary behavior therapies encompass a variety of conceptualizations, research methods, and treatment procedures to explain and change behavior. These central characteristics unite the field of behavior therapy: a focus on observable behavior, current determinants of behavior, learning experiences to promote change, and rigorous assessment and evaluation.

Designing a Self-Management Program

As you know from reading the textbook, self-management strategies are increasing in popularity. These strategies include teaching clients how to select realistic goals, how to translate these goals into target behaviors, how to create an action plan for change, and ways to self-monitor and evaluate their actions. Select some behavior you might like to change (stopping excessive eating, drinking, or smoking; teaching yourself relaxation skills in the face of tense situations you must encounter; developing a regular program of physical exercising or meditating; and so forth). Show how you would specifically design, implement, and evaluate your self-change program. Ideally, you will consider actually trying out such a program for some behavior changes you want to make in your everyday life.

- What specific behavior(s) do you want to change?
- What specific actions will help you reach this goal?
- What self-monitoring devices can you use to keep a record of your progress?
- What reinforcements (self-rewards) can you use as a way of carrying out your plans?
- How well is your plan for change working? What revisions are necessary for your plan to work more effectively?

Translating Broad Goals Into Specific Goals

Directions: An area of major concern in behavior therapy is the formulation of *concrete* and *specific* goals for counseling. Clients often approach the first counseling session with vague, generalized, abstract goals. A task for the therapist is to help the client formulate clear, concrete goals. The following exercises are designed to give you practice in that task. For each general statement in items 4-7 write a concrete goal, as illustrated in the three examples:

1. Broad goal: I would like to be happier. I suppose I want to become self-actualized.
Specific goal: I want to learn to know what I want and to have the courage to get it. I want to feel that I am doing what I really want to be doing.
2. Broad goal: I'd like to work on improving my relationship with people.
Specific goal: I want to be able to ask those I'm close to for what I want and need. So often I keep my desires unknown, and thus I feel cheated with those people.
3. Broad goal: I suppose I need to work on my communication with my wife.
Specific goal: I need to learn how to tell my wife what I'm thinking and feeling and not bury all this and expect her to guess if I'm pleased or not.
4. Broad goal: I want to know why I play all these stupid games with myself in my head.
Specific goal: _____
5. Broad goal: I need to get in touch with my values and my philosophy of life.
Specific goal: _____
6. Broad goal: It's awfully hard for me to be an autonomous and assertive individual.
Specific goal: _____
7. Broad goal: I have all sorts of fears and worries, and just about everything gets me uptight.
Specific goal: _____

Complete
↳

Learning How to Be Concrete

One way to help clients become more specific in clarifying broad goals is to do it for yourself. Make a list of specific behaviors you would like to change in your own life. For example, your list might look like this:

1. I want to say no when I really mean no, instead of saying yes and feeling resentful.
2. I would like to spend less time studying and more time playing tennis and skiing.
3. I want to respond to my kids without shouting.
4. I want to lessen my fears about taking examinations.

List concrete goals in terms of specific *behavioral changes* you want for yourself:

1. _____
2. _____

Complete
↳

2-3 goals