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CHAPTER TWELVE

DIMENSIONS OF DIALOGUES:
THEIR FORMS AND USES

VICTOR DANIELS

Abstract

This presentation describes a spectrum of dialogic forms that can occur in Gestalt Therapy. Recently the “dialogical-relational” Gestalt approach has received great attention. By contrast, when Fritz Perls told trainees to “stay in the dialogue,” he meant a dialogue between conflicting parts of the self, or a dialogue with an Other who was imagined to be present, referred to here as a “projective dialogue.” Since then, practitioners have developed additional dialogic forms. This chapter presents a typology of dialogues that brings some descriptive order to these forms of verbal and nonverbal dialogue, and offers examples of those that are less well known. It highlights the power, utility, and in some cases limitations of some of the forms of dialogue described.

The Many Meanings of Dialogue

“Stay in the dialogue,” Fritz Perls used to say again and again in his groups. By that he meant something quite different than contemporary Gestalt therapists mean by a “dialogical relational” approach (Yontef, 1993; Yontef & Bar-Yoseph, 2003). The latter refers to the conversation between therapist and client as one existing person to another (in contrast to the old psychoanalytic model of a conversation between the therapist as a powerful authority figure and a more-or-less helpless and hapless patient). Such talk sometimes follows a pattern that Erving Polster has termed “loose sequentiality” Gestalt (1987, 1999) in which there is room to talk about matters not obviously directly relevant to the therapy. By contrast, Fritz Perls’ “tight sequentiality” approach often utilized a projective dialogue in which the client “spoke to” and also enacted the role of another person who was not present, such as a parent or spouse, sometimes using an empty chair. Or it meant a projective dialogue between two different parts of the client’s self that had conflicting desires and inclinations. In this approach, which is one variety of what Polster calls “tight sequentiality” or a “tight therapeutic sequence” there is a sharp focus on the issue at hand.

Here we see the same word “dialogue” used with two different meanings. Which is most most appropriate in a given instance depends on several factors. These two approaches are actually part of a spectrum of diverse forms of dialogue. Goals with these various forms include increased awareness of the client’s own internal thoughts, emotions, and sensations; greater awareness of external behavior; and where appropriate, changes in both verbal and nonverbal expression that enable the client to become more effective in satisfying his or her needs and desires. Recognizing these possibilities can help connect Gestalt therapy’s past with its future.

Choosing Which Kind Of Dialogue To Use, And When

One central factor in selecting the dialogic form to be used is the therapist’s preferred way of working. Some therapists are folksy while others prefer a more “professional” demeanor. Therapist Jenny might prefer teasing out a client’s inner world through conversation and attending to the nuances of the client’s language. By contrast, therapist Lorraine might be especially attentive to people’s breathing, muscle tension and voice tones. She might ask the client to exaggerate those, report what feelings emerge, “give them a voice,” and then let mind and body dialogue with each other. In most cases Jenny will be better off working in her own style and Lorraine in her own style. Lorraine was my trainee a few years back and with her uncanny sensitivity to the somatic side of a client’s experience, of course it made sense for her to lead with the abilities that came naturally to her.

Equally important is choosing a dialogic form that suits the client’s problem or issue, and with which the client is comfortable. One client has a hard time “talking to” another person who is not present. In her case, a dialogical style that resembles an ordinary conversation is likely to be most productive. But with another client, who easily distracts himself from his issue by conversational meandering, a tightly focused projective dialogue may be most useful

A third consideration is the situation. Are you one-to-one in an office, or working in a group, or in couples counseling, or family therapy? All these can influence the most appropriate dialogic form or forms.

While most of us think of dialogue as speech, it can also be entirely nonverbal. One such dialogue was part of my own first therapy session in 1970 as a client of Robert K. Hall, one of the great old Gestalt masters. He asked me to act out my dream of two prizefighters moving rather listlessly in the ring. As one fighter, I did not defend myself well. Nor was my opponent very energetic, although he won the fight. As the dream continued, I watched the next match in which a small, intense fighter fought like a whirlwind, punching rapidly and vigorously. When I played his role, suddenly I was fighting just as furiously. Not a word was spoken during either fight, but in that nonverbal “dialogue” involving the *actions* of the prizefighters I saw how I held back, succumbed to others’ demands, and failed to take care of myself. Before long I began standing my ground in everyday life, and a series of nightmares in which I was the victim vanished.

Now we move on to examine the diverse forms of dialogue that can occur.

A Typology Of Dialogic Forms

Few events in the psyche fall into neatly defined categories. There is almost always some overlap. Like most conceptual categories, to some extent those below are an arbitrary framework that I have imposed on the realities they represent, so of course some personal events will spread over two or even more than two categories. Some of these will probably be unfamiliar to you, while others will be old friends.

External dialogues with another person who is present

Client-therapist dialogues in which the therapist remains in an explicit professional role.

Classical psychoanalysis is an obvious example. Hypnotherapy is another.

Client-therapist dialogues that become existential encounters as the therapist includes his or her thoughts and feelings.

The dialogical-relational approach in Gestalt therapy fits here. Much has been written about this approach in recent years, and I have nothing insightful to add. Outside Gestalt therapy, Carl Rogers and his Person-Centered Therapy are another example. For the most part Rogers remained in his professional role, but from time to time he would offer a comment, often in the form of just one or two sentences, that expressed his feelings toward the client at that moment.

Couples counseling with both partners present; and family system therapy, ideally with all members present.

In couples counseling three dialogues occur: the dialogue between the partners, and the one between each partner and the therapist. (One particular approach to couples

counseling also incorporates projective dialogues with others who are not present. (See *“Projective dialogues with the client as “spectator” below.*)

In family therapy there is the dialogue between each pair of family members, the dialogue of each person with the entire family group taken together (if that occurs), and the dialogue of each family member with the therapist. If two family members do not speak to each other, their non-speaking is a kind of dialogue, and its contents can sometimes be teased out by having them each give a voice to their body language and what they imagine lies behind the other's body language. When certain family members do not talk to specified others, bringing out an awareness of the structure of the communication pattern (such as Mom serving as “communication central” with almost all messages transmitted through her) is usually useful, as is working to develop direct communication between family members whose dialogues have consisted of verbal avoidance coupled with messages coded in paralanguage.

Dialogues With Other Group Members

Structured dialogues with other group members, when the working session occurs in a group context.

At an appropriate point, the therapist might suggest that the client speak to others in the room, perhaps suggesting a line such as, ‘With you I would like to . . . ‘ and then finishing it as the client wishes. This moves the client from his or her internal world into a dialogic encounter with others, especially if the therapist indicates that the others are free to respond as they wish. The client may be asked to make these remarks from where he or she is sitting, or may be asked to stand up and walk around to each member of the group, standing in front of each person before speaking. The other group members respond as they see fit. When such a procedure is suggested, to facilitate autonomy and reduce the tendency to look to outside authority for instructions, it should be made clear that the client is free to accept or refuse the suggestion to engage in such dialogues.

Similarly, if the client has been enacting a feeling or inclination nonverbally, in a group setting it may be appropriate at some point to suggest taking that nonverbal expression into an encounter with another group member or members. That might become a deep interpersonal dialogue with one person, or it might remain at a shallower level so that the client does a “go-around,” repeating the enactment with other group members. In most cases, whether the encounter is completely nonverbal or whether speaking occurs is up to the client.

In one session, a woman was groveling on the floor at another group member's feet as she enacted her customary self-described powerless “mousy” role. When she had a clear sense of her “mousiness” (which she had not seen prior to the session), at my suggestion she switched to play-acting the role of the fiercest animal she could think of, which for her was a big bear. She went around to each group member, drew herself up to feel huge, and growled and clawed at them. By the end of the session she was transformed. “I never knew I had such power!” she said. “I'm amazed.” By the time two months had passed she was transformed. Her “mousy” persona had disappeared and she looked strong and competent, carried herself differently and even the patterns of lines in her face had changed.

Unstructured dialogues with other group members, when the working session occurs in a group context.

Each group member is free to say whatever he or she wishes to any other group member at any time. There may be some minimal structure, such as a rule that “each person speaks only for himself or herself, and does not suggest what others in the group think or feel,” or such as Bud Feder’s rule in certain groups that all interaction must concern other group members in the here-and-now rather than being about outside events in members’ lives.

Projective Dialogues With A Real Person Who Is Not Actually Present

Projective dialogue with another person about a current concern.

Often a client has an issue with someone in his or her life who is not present in the office or the group. A parent or parents, a spouse, a sibling, a co-worker, a boss, a friend—whoever it may be. There are several benefits to enacting a dialogue with “the other person” instead of, or in addition to, just talking about it. One is that the therapist sees, hears, and feels a sample of interaction and of the personality and behavior of the other person who is being portrayed. To heighten the realism of the portrayal, Fritz used to draw on his acting background and say, “Ham it up!” I prefer to offer precise instructions, such as: “Sit as your mother would sit, stand as she would stand—her gestures, posture, where she looks, everything. Speak as she would speak—her tone of voice, loudness, and inflections. Become her as totally as you can, so that we have the most accurate possible sense of her.” This often provides a powerfully enhanced sense of the other person and the dynamics of the interaction. (The client might prefer to use an empty chair to represent the Other or might simply close his or her eyes to see the Other and then imagine himself or herself to be that person without getting up and changing chairs.)

Of course there are various specific methods and techniques that can be used with this dialogic form described in the paragraph above. Jungkyu Kim and I have described and catalogued many of these in Philip Brownell’s *Handbook for theory, research and practice in Gestalt therapy* (2009). For example, in the latter stages of the interaction, if the client and the other who is being enacted have expounded their narratives and are verbally dancing around each other, it may be useful to suggest, “Now as you continue the dialogue back and forth, please limit yourself to *just one line* each time either of you speaks, and then change places.” This tends to bring great sharpness and focus to the dialogue—and often resolution.

Projective dialogue with an impersonal actor in the client’s life-space.

This might be, for example, a dialogue with the organization for which a person works, and with whom he or she has an issue.

Projective dialogue with someone in the past.

Many current difficulties result from repeating in present life patterns that were learned long ago but that do not fit the present. Going deeply into such a past situation and working it through often allows a client to let go of it.

I like to begin such a dialogue by suggesting that the person close his or her eyes and describe the setting of the past interaction. For example:

“I’m talking to my father.”

“Where are you?”

“In my house where I grew up.”

“In which room?”

“The kitchen.”

“What color are the walls?”

“Pale yellow with the paint flaking off.”

“Please describe any furniture.”

“There’s a table with chrome legs and a bright yellow formica top, and chairs to match.”

“Is anyone else there, or elsewhere in the house?”

“I think Mom and my sister are in the house but I don’t know where.”

This visual description takes the client mentally and emotionally back into that kitchen with his father, making that past event into his functional here-and-now. In the background of his consciousness there is also a dialogue with me, defined by my sensitivity to his client’s responses, but the central dialogue is between him and his father.

Whatever the setting, describing it in detail helps bring that past dialogue into the present so that exploration that leads to deepened awareness occurs more easily. In some cases it leads logically to:

Transforming the Dialogue in a Past Event

Imagine that the client began the session by describing feeling intimidated and inarticulate in the face of criticism from others. A brief exploration of that dynamic led to remembering that he often feels (or felt, if Dad is no longer living) that way with his father, or as he spoke, suddenly he was using a small child’s tone of voice, and we followed the trail of his memories to the kitchen described above. Then the event unfolded into severe criticism and a beating by his father. So he gained an awareness of where his problem originated. With some clients, that alone would be enough to “lift the spell,” and they would no longer feel inhibited in responding to insults or abusive behavior. With other clients, the awareness is enlightening, but brings no great change in behavior. They’re still stuck. Then what?

In that case, the little boy in the kitchen may need some help. After father has finished beating and berating him, a next step might be, (to the client), “Tell your father how you feel about him beating you and insulting you.”

“I . . . I can’t. He’d hit me again.”

“I won’t let him. And remember, he’s not really here—you’re talking to your memory of him, so he can’t do anything to you.” (Here we decrease the reality of the situation enough to reduce the client’s fear.)

“I don’t . . . know what to say.”

“Try the line, ‘It’s not fair. You’re so big and I’m so small.’”

Client (very quietly): “You’re so big—you’re giant—and I’m *tiny*. It’s no fair.”

“Now louder” (modeling by raising my own voice) “It’s no fair. You’re huge.!”

Little Davie (somewhat louder): “It’s no fair. You’re huge. You can just *tell* me. You don’t have to hit me!”

I continue to coach and model, and Davie follows and expands, growing stronger and louder as he does. When he has gone as far with that as looks likely, we return to the present and he talks to his father (whether in the chair or not) man-to-man in the present. “Dad, your beatings and put-downs when I was a little kid have cause me big trouble ever since.”

Dad: “Dave, I’m so sorry. I didn’t intend that. I drank too much. I did some pretty stupid things sometimes. . . .” Or Dad’s response may be impervious and defensive --or whatever. And then we may move into an interpersonal dialogue with other group members. I might suggest, “Now for practice, would you like to go around and tell each other person here, ‘I don’t want to hear any putdowns or snide remarks from you?’” David nods, does so, and that ends the session.

A Gestalt purist might say, “You’re going beyond the awareness out of which a client changes spontaneously into a kind of behavior rehearsal.” True. Or you could call it spontaneous expression of the client’s true feelings, especially when he moves beyond my coached suggestions into his own statements. The client’s present behavior is ineffective. He wants to change it. I am not inclined to treat the paradoxical theory of change as a religious doctrine that must govern every moment with every client. For me the larger Gestalt is to proceed in a way that both logically and intuitively seems most likely to meet the client’s needs.

Projective Dialogues With Multiple Others

Conflicts when more than one person is involved.

This is especially useful with entire families—even extended families. Multiple empty chairs can represent not just the other family members, but also their orientations and attitudes. The client arranges several empty chairs in relation to her own chair—facing her, or away from her, or at an angle to her, in front of her, or beside her, or off to the side some distance away. Or even across the room facing the wall or facing out the door. Chairs that represent other family members who are close to each other will be positioned next to each other, while those who are distant from each other will have their chairs positioned far from each other, perhaps facing in opposite directions. Then the client looks to see if the arrangement accurately reflects the gestalt of all family members’ relationships with her, and her own relationships with them, and theirs with one another, and makes any needed adjustments.

At that point she sits in her own chair and makes her statement to whomever she wishes. She then moves to the chair representing that person and replies. With as little or as much dialogue with me as necessary (Such as, “I wonder how your brother would feel about this if he knew”), the client moves on her own among the chairs, taking the position of whomever she wishes whenever she wishes. My job is to maintain focus and use interventions that heighten awareness and clarify—perhaps such comments as “Say that again—make sure she hears.”

A fascinating aspect of these whole-family enactments is that sometimes the person the client thought was the important Other in the situation turns out to be only one of two or more important others; or that someone not initially identified as the central actor is actually the most important. For example, one young woman began with a resentful statement toward her mother. She discovered that both her parents were so entrenched in their positions that they were unlikely to hear her or to move, but then began talking about the situation with her sister with whom she had seldom spoken in recent years. The next week she said she had visited her sister and they had cried and laughed and reopened their connections and she realized that, of all her family members, that sister was the one with whom there was the greatest potential for a deeply loving and supportive relationship in weeks and years to come.

When such a whole-family enactment takes place in a group context, it is occasionally useful to move into a psychodramatic structure, at least for a time. I have found, for instance, that highly revealing events can occur when all the family members are psychodramatically seated around a table (real or imagined) for a holiday dinner.

Whether in the multiple-empty-chairs family enactment or the psychodramatic family enactment, we have a situation of multiple complex and interconnected dialogues. And if I make relational comments about my responses to what is occurring, which I may or may not, that adds yet another dimension.

Projective dialogues among others with the client as "spectator"

In her couples therapy, Ann Teachworth (2004) has developed the method of meeting separately with each member of a couple that is having trouble (after an initial joint meeting), and having the person enact the dialogue that occurs between his or her parents. Not the person's own dialogue with a parent, but the dialogue between the parents themselves –who are, after all, the person's primary role models for relating to others. Once each member of the couple has worked through their parents' interaction to a satisfactory degree, Ann brings the partners back together and often they proceed to interact in a more respectful and considerate manner with each other. I have adapted this method to individual work (most often in a group setting). Often it immediately tells volumes about both the parents and the client. For example, a man who reported problems with assertiveness acted out his own dialogue with his father, and then with his mother, and I just couldn't quite get a handle on how it was connected to his issue. Then, borrowing Teachworth's method, I placed two chairs facing each other in front of him and asked him to act out the relationship between his parents. *Instantly* it was apparent that Mom was dominant, and that Dad was thoroughly intimidated and did not contradict her in anything. That insight alone, which somehow had been invisible in the client's interactions with each of them separately, was the key to transforming his own relationships.

Pure internal Dialogues

Self-evident internal dialogues. (Projective dialogues between different parts of the self that are in conflict.)

Often these are decision conflicts. For example, Mark is in conflict between going directly to graduate school after his B.A. or taking a year off to work. Natalie is in conflict between staying with her husband or leaving him. In such instances the client can put the side of the self that wants one thing in the empty chair, the side that wants the other thing in the chair where he or she is sitting, and initiate a conversation. Often this works best when the therapist is minimally intrusive, doing little more than acting as a traffic controller for the conversation, such as “Change—become the side that wants to go right to grad school” and keeping the client’s attention focused on the essence of the dialogue without drifting into side issues. Clients tend to carry on these dialogues energetically, often with little guidance. In such an interaction, when I sense that something important is not being said, I may guide the client toward articulating it, whether verbally or nonverbally. In such work there are two dialogues proceeding simultaneously. One is between the clients conflicting internal voices, externalized in the working session. The other is the dialogue with me, which I tend to keep as low-key as feasible.

Non-evident (disguised) internal dialogues

Here the client is troubled by some thought, feeling, or situation but there is no clearly evident internal dialogue. However, either I see such a dialogue in a divergence between the client’s verbal and nonverbal behavior, or I intuit a conflict between two internal “voices” and follow the lead of my intuition. In the former case, a classical example is a client declaring his undying and devoted love for his mother or his wife while drumming his fingertips on the chair or smacking one fist into another. At that he is asked to give the hand a voice and move into a dialogue between it and the declaration of undying love. In the latter case, a client may look sad, so I suggest going more deeply into the sadness. Then I might ask where in the body the sadness is centered, and establish a verbal or nonverbal dialogue between that place in the body and the mental process that says, “You shouldn’t feel that way.” Another classical example from Fritz is a dialogue between a desire to scream or cry and a constriction of the throat that is holding back the vocalization. This dialogue might be largely nonverbal, with prompts such as “tighten your throat as much as you can and try to scream through the tightening.”

Dream Dialogues

The idea that every element of a dream represents part of yourself, and you can discover something by identifying with each dream element in turn was one of Fritz’ central dreamwork principles. I think he overstated the case: Some dream elements are rather clearly just traces and repetitions of events that occurred in the day preceding the dream. Nonetheless, the general principle is useful. Amazing insights can emerge from identification with apparently innocuous dream elements.

A dream may be a vehicle for accessing deep traumas. Evelyn dreamed of being in a dark cellar and being taken into a room in it with an unknown male figure. As the work unfolded, the male figure turned into her uncle and the event in the cellar turned into a rape when she was twelve years old that she had completely repressed until that working session.

In approaching a dream, Fritz would begin with a monologue and have the person, with closed eyes, and tell the dream from start to finish in the first person as if it were happening right now. I add the element of asking the person to state whatever emotion he or she is aware of at any point while telling the dream. Then, intuitively, I either suggest that the client go into the most obviously emotionally involving part of the dream and engage in a dialogue with the other person(s) in that scene. Then we follow that working-through to its resolution. Alternatively, following Fritz' principle that each dream element represents something in the self, I ask the client to begin by identifying with each of the dream elements that seem unrelated to the major action. For example, in one dream about a hotel and gas station on a country road in the hills, the major action was a shootout in the gas station, but identifying with the hotel was also productive, and at the end of the session identifying with the nearby wooded hills took the client into feeling a renewed and nurtured. Houses and buildings almost always hold some message about a client's experience of himself or herself, as do pieces of furniture, and behind a house's closed doors, unsuspected stories may lurk. Unless the dream calls strongly to go right to the center of the action, I like to start with the details, because they can reveal surprising insights about the client. Finally, Perls suggested having the client identify with the entire dream and sum it up in a one-line existential message to the client, such as "My life is a chaotic carnival of whirling rides and characters." Even one such line of dialogue can be a useful message.

In all these approaches the major dialogues are between aspects of the client's self. The dialogue with the therapist is primarily facilitative.

The awareness continuum and other mindfulness-oriented meditative forms

Mindfulness meditation from the Buddhist tradition (which is also part of the Raja and Tantric Yoga traditions), has recently found its way into psychology. Recently for example "mindful cognitive behavioral psychology" has become popular. Mindfulness has been part of Gestalt therapy from its inception. The "awareness continuum" described in Perls, Hefferline, and Goodman in 1951 is a form of mindfulness meditation by a different name, and Fritz spent several months in a Zen monastery in Japan.

Since I have practiced meditation for more than thirty-five years and have co-authored a book on the subject (2009), I have had ample opportunity to compare it with Gestalt Therapy. My experience is this: Sometimes long-forgotten memories, or unexpected realizations about what I am doing in some area of my life, "bubble up from the unconscious" during meditation. Thus the meditation includes an internal dialogue between the conscious and unconscious dimensions of myself.

In a Gestalt session, if a client can't think of anything to work on, I suggest beginning with an awareness continuum, and inevitably within a few minutes it turns into something meaningful. And sometimes in the midst of a working session I find a meditative element very useful. For example, Beth was angry with a man who had done her wrong, but did not know how to access and feel her anger or use it protectively. When I asked her to hit "him" in the empty chair with the foam bat and say, "I resent you for. . ." she made wimpy little taps and then collapsed into hysterical tears. The foam bat approach was obviously useless, but it had served the diagnostic function of showing that getting a handle on her hysterical crying, which made her weak and impotent, was essential. So I led her into a centered, strong, peaceful meditative state. She told me when

she was completely there. Then I led her out of it and back into her hysterical semi-crying verbalizations. At that point I told her to take herself back into, and out of to the mindful, meditative state herself, and then into and out of the hysterical semi-crying state on her own. I coached her only at moments when she needed it. Finally I told her to do it all on her own. And she did.

In short, meditation is another way of entering into dialogue, in various ways, with one's inner and outer selves. .

“Just noticing” while mentally replaying past events

A method that was suggested as a meditation by George Gurdjieff's student A.R. Orage (1930), by L. Ron Hubbard as part of the Scientology “auditing” procedure, and by a pair of presenters (whose names now escape me) at a humanistic psychology conference long ago involves bringing a past situation to the surface of consciousness and, with eyes closed, doing no more than “replaying” it like a movie from beginning to end. Orage used the method at the end of each day, replaying the day's events, to discover and work through emotional residue such as feelings of embarrassment or anxiety. Hubbard and the humanistic psychologists focused on replaying a traumatic situation from start to finish again and again until the emotional charge dissipates.

Other Dialogic Forms

Sylvia Fleming Crocker (2006) and one of my own mentors, Laurence J. Horowitz, independently developed a method that includes both Gestalt and psychodramatic elements. The client describes a dream in the customary here-and-now Gestalt manner and then chooses group members to take the roles of the various others in the dream. But instead of the others fully acting out their roles, the client reverses roles with each one of them in turn in order to explore what that dream character or element embodies.

Psychodrama/Dramatherapy

One function of a full dramatic enactment is to heighten the client's sense of presence in a situation. For example, a man working with a history of schoolyard bullies took turns and playing their parts and his own, but did not quite allow the old feelings from those situations into his consciousness. I asked him to choose three men from the group to stand in for the bullies. When they began to shove and insult him, it was enough to send him into contact with his inhibited rage and he finally broke out of his shell of impotence and confronted them.

Another function is to allow the emergence of interactive dynamics when several participants are involved. A woman with three daughters found that the family dynamics among the daughters came out in a psychodramatic enactment in a way that they did not in a Gestalt enactment--which allowed her to then proceed to work on her issues with them in a Gestalt mode.

Sarah Fallon (2008) offers wonderful description of incorporating theatrical dialogues into a Gestalt working process in her article, "A Stage of Being: gestalt therapy in a Stanislavskian spotlight."

Dialogues With Materials

Violet Oaklander (1988) and Ruth Lampert (2003) have described how to use drawings, clay, writing and storytelling, and other media as the basis for dialogues. While their work is primarily with children, I have tried their suggestions and use such dialogued effectively and successfully with adults. The client can speak to the drawing or clay figure, or imaginatively become one person or object in a drawing speaking to another, and then become the other and reply. The same principle can be used with the sand tray figures that are widely used by Jungian psychologists.

Communication through music

Jon Blend (2009) has recently developed a wonderful way of working nonverbally that is centered on music. He has found that using musical sequences, he can communicate with children who start off just not wanting to talk to him at all. This sometimes opens up channels that words never would.

Full-body movement and expression as part of the working process

Robert K. Hall often wanted to see how someone's thoughts, feelings, attitudes, and inclinations were expressed in movement. Not just posture and gestures, but full-body expressions. So when someone said, "I feel drained and dead," Robert would say, "Please stand up. Now begin to walk around the room in a circle, and as you do, move in a way that reflects your drained, deadened feeling."

There, immediately and nonverbally, we have a dialogue between the person's intellect and emotions on one hand and his or her sensory/somatic/action pattern on the other. (You might prefer to call it something else. I call it a form of dialogue.) Then Robert (or I) might say, "Carefully notice exactly what your body is doing and exaggerate it. Do it more." The drained and deadened client's feet thump slowly and heavily on the floor. He has a hard time raising each leg. His arms hang down as if carrying weights. He appears ready to collapse at any moment. (You might prefer to call this exaggeration a technique or experiment. For present purposes I call it a deepening of the dialogue.) Then we add a verbal component: "Now find a word or phrase that fits the way you feel and say it again and again as you continue to walk." The client is likely to have an "aha!" experience: "Hey, I just realized that this is how I felt in Third and Fourth Grade when I lived with my Uncle. He wouldn't let me do anything."

Then we might move into a verbal projective dialogue with the overbearing uncle. Or I might ask the client to move in a way that is the exact opposite of what he has been doing (a dialogue between different sides of himself, expressed somatically.) In response, he might start jumping like an athlete, or dancing, as he discovers and nonverbally communicates with a side of himself he hadn't realized existed. Contemporary practitioners Ruella Frank (2001), Catherine Gray, and James Kepner (2001) emphasize nonverbal work in their approaches.

Dialogue With Anything Else That Your Intuition Or Attentive Presence Tells You May Be Important

A young man with a tattoo of a hand grenade came in. A dialogue with the grenade led to an exploration of bottled up explosive anger that caused trouble in his relationships, and that he needed to find effective, nonviolent ways to communicate held in feelings. Such a projective dialogue can take place with anything that catches your attention.

Conclusion

This first attempt at a typology of forms of dialogue is meant to open a broadened awareness of possibilities. Doubtless numerous practitioners have used approaches not described here and will develop others. Please feel free to improve on what I've done here.

REFERENCES

- Blend, Jon (2009) "I got rhythm: Music-making with children and adolescents." *International Gestalt Journal*, Vol. 32, No. 2, 165-181.
- Brownell, Phillip (2008). *Handbook for theory, research and practice in Gestalt therapy*. Newcastle, U.K.: Cambridge Scholars, 198-228.
- Daniels, Victor & Kooch (2009). *Matrix meditations: a 16-week program for developing the mind-heart connection*. Rochester, VT: Destiny Books/Inner Traditions.
- Fallon, Sarah. (2008) "A stage of being: Gestalt therapy in a Stanislavskian spotlight." *British Gestalt Journal*, Vol. 17, No. 1.
- Fleming Crocker, Sylvia. (2006) "A dramatic approach to Gestalt dreamwork." Presentation at Association for the Advancement of Gestalt Therapy Conference, Vancouver, Canada.
- Frank, R. (2001) *Body of awareness: a somatic and developmental approach to psychotherapy*. Cambridge, Mass: GestaltPress.
- Kepner, J.I. (2001) *Body process: a Gestalt approach to working with the body in psychotherapy*. Cambridge, MA: GestaltPress.
- Lampert, Ruth. (2003) *A child's eye view: Gestalt therapy with children, adolescents, and their families*. Highland, N.Y.: Gestalt Journal Press.
- Oaklander, Violet. (1988) *Windows to our children: A Gestalt therapy approach to children and adolescents*. Highland, N.Y.: Center for Gestalt Development (Gestalt Journal Press).
- Orage, A.R. (1930) *Psychological Exercises and Essays*. London: Janus.
- Perls, F., Hefferline, R. & Goodman, P. (1951) *Gestalt Therapy: Excitement and growth in the human personality*. New York: Dell.
- Polster, E. (1987) *Every person's life is worth a novel*. New York: Norton.
- Polster, E. (1999) "Tight therapeutic sequences." In Polster, E. & M. *From the radical center: the heart of Gestalt therapy: Selected writings of Erving and Miriam Polster*. Cambridge, Mass: GIC Press (GestaltPress).
- Teachworth, A. (2004) "Stopping the cycle of abuse in couples and families: Finding and healing the hidden transgenerational introjected patterns." Presentation at Association for the Advancement of Gestalt Therapy Conference, St. Petersburg Beach, Florida.
- Yontef, G.M. (1993). *Awareness dialogue & Process: Essays on Gestalt therapy*. Highland, N.Y.: Gestalt Journal Press. 199-234.
- Yontef, G. & Bar-Yoseph, T.L. (2008) "Dialogical Relationship." In Brownell, op. cit., 184-197.
- Kim, J. & Daniels, V. "Experimental Freedom." (2008) In Brownell, P. *Handbook for theory, research and practice in Gestalt therapy*. Newcastle, U.K.: Cambridge Scholars, 198-228.