

CHAPTER TEN

EXPERIMENTAL FREEDOM

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...our position is that *action serves as a particular moment of apprehending—that is, of experiencing—the person...*

For us action reveals the person,
and we look at the person through his action.

—Karol Wojtyla 1979

In gestalt therapy the term "experiment" means something different than we attribute to it in everyday scientific discourse. Most psychotherapies consist primarily of the therapist and client discussing the latter's problems, issues, and dilemmas. Growing out of Laura Perls' background in dance, Fritz Perls' background in theater, and his studies with Wilhelm Reich, Otto Rank, and Jacob Moreno, gestalt therapy added a powerful new dimension to the "conversational" varieties of psychotherapeutic work that preceded it.

An "experiment" may be suggested by a gestalt therapist to guide a client toward discovering what is important for her growth by participating in a direct experience. She is invited to *act or to do something* rather than simply to talk about it. In that process of enactment, the "story" about the problem becomes a present event. Out of that event, unexpected dimensions of realization and discovery often emerge. "When psychoanalysis was the dominant form of depth therapy," wrote Joseph Melnick and Sonia Nevis (2005, P. 108), "action received no attention. In fact, one's actions were deliberately excluded." Experiment, as used in gestalt therapy, does the opposite. It brings the client's words alive by drawing the client into the dimensions of action, emotion, sensation, imagination, and verbal expression.

What Functions Are Served by Experiment?

Gestalt therapy emphasizes *awareness* as one of its primary goals. Experimentation is often an effective way to achieve it—especially the awareness of *how* an individual distracts his attention from ongoing experience (Yontef 1993). Experimentation can be used also to expand a person's repertoire of behavior, to complete unfinished situations, to discover polarities, to stimulate an integration of conflicting forces in the personality, to dislodge and reintegrate introjects, and to strengthen a client's ability to feel and act stronger, be more self-supportive, and become more actively responsible (Zinker 1977). In addition, an experiment may be intended to help either the client or the therapist discover what the former is thinking or feeling, bring something the therapist sees or hears clearly to the client's attention, or go more deeply into a feeling where the client is "staying on the surface."

For example, rather than talking *about* an ambivalent feeling toward his mother, a client is asked to talk *to* his mother who is "sitting" in an empty chair that has been placed in front of him. Then the client might be asked to move into the other chair and pretend to be his mother. "Sit as your mother would sit. Assume her posture and use her gestures and tone of voice. Be 'her' as completely as you can." As the client "talks to" his mother, the emotional, physical, and cognitive dimensions of his ambivalent feeling become more visible to both the client and the therapist. Then as the client "becomes his mother" and replies, the therapist gains an immediate and gripping picture of the mother's way of being in the world and of relating to her son that might never emerge if the client only "talked about" his relationship with her.

Many clients complain of having trouble making decisions because they don't know their true feelings, needs, and processes. In attempts to help such clients solely through intellectual channels, what the client *actually does* may remain unchanged even when considerable insight is gained. On the other hand, programmatically oriented behavioral or cognitive behavioral methods often are limited in their

effectiveness due to insufficient exploration of the client's inner experience. By contrast, experimentation includes learning through exploration, experience, discovery, and action in a way that integrates intellectual, emotional, behavioral, and somatic components. This contributes to an organismic wholeness.

Experiments and Techniques as Gestalt Methodologies

Every approach to psychotherapy and counseling includes a body of methodologies, or therapeutic maneuvers. Experiment and technique are central Gestalt therapy procedures. Melnick & Nevis (2005, p. 108) clarify the difference between them: "A technique is a preformed experiment with specific learning goals. It is like an off-the-rack suit as opposed to a custom-made one designed to fit the individual." An experiment is such not by virtue of the specific procedure followed, or its specific content, but by virtue of its situational context and the purpose for which it is being done. Actually, most techniques in wide use today began at some point as experiments that were unique responses to unique situations. Erving Polster (1999) refers to them collectively as a "procedural inventory" from which a Gestalt therapist might select.

In some quarters Gestalt therapy has been criticized as "too technique-oriented." This was not the intention of its founders, either Laura or Fritz Perls.

Naranjo writes,

Perls . . . employed and generated techniques (just as he used pens to write. . .) but warned us about props—procedures employed with the belief that they will do something while we sit back

The therapeutic process consists in the transmission of an experience. Much has been written on psychotherapy as technique—that is, from the standpoints of the effects upon the client of the therapist's actions or interpretations. . . . What is left out, however, is . . . that . . . a certain depth of experience may perhaps be only brought about by the *presence* of another being partaking in that depth, and not by manipulations.

If practical gestalt therapy is a synthetic corpus of techniques, this is precisely because it is not technique oriented. A synthesis exists only to the extent that many parts can crystallize around a unifying center. (1993, pp. 5, 17)

Experiments tend to be most exciting, and often are most informative, when done spontaneously on the spur of the moment; when the therapist, counselor, or facilitator feels intuitively drawn to undertake a maneuver that she has never suggested or tried before.

Orientation Toward the Use of Experiment in Gestalt Therapy

In one orientation toward the use of experiment, much of the therapy session might appear to a naïve observer to be essentially a special kind of conversation between therapist and client, with the former occasionally pausing to make explicitly experiential interventions. Often these are intended to bring the client's nonverbal messages into his or her awareness, to explore a characteristic style of interpersonal relating, or to achieve some other specific objective.

In an alternative way of working, experientially-structured situations are an integral element of the working process. Fritz Perls' (1973) injunction to pay attention to the obvious meant that often the nonverbal behavior such as posture, gestures, movement, and tone of voice reveals more information than the verbal content of the client's words. His parallel injunction to stay in the dialogue once the initial therapeutic exploration had been accomplished, referred either to an externalized- dialogue between the client's conflicting internal voices or sides, or to a projective dialogue between the client and internalized others such as parents, spouse, lover, or co-worker.

In the remainder of this chapter it will be understood that the term "experiment" can be used in either or both of the two ways just described — as an adjunct to verbal dialogue between therapist and client or, as Zinker (1977) described so well, a basic modality of therapeutic work. Indeed, Peter Philippon minimizes the distinction between the two approaches, saying,

My contentions are that there is a particular sense in which Gestalt therapy is dialogic, that this kind of dialogue *includes* experiment, and that in that sense Fritz Perls was often highly dialogic. . . . An important aspect of the

Gestalt dialogic approach is that it is primarily non-verbal. Perls took from his analysis with Reich the latter's insight that what the client *does* is a far more reliable guide to the process of the client than what he says. (2001, pp. 147, 149)

As Philippson's comments imply, some therapists move fluidly back and forth among these modalities. A therapist whose primary orientation is experiential, for example, may work exclusively in a conversational mode with a client who is uncomfortable with an empty-chair enactment. A therapist who works primarily in a conversational or a group process mode may introduce movement work or an empty chair dialogue when it feels appropriate.

In phenomenological and field theoretical terminology an experiment is used to explore and gain insight into the structure of the field and of one's own awareness process, and to find out what is possible in the field (Yontef 1993). As a result of an experiment in which he expressed feelings of loneliness in the group, for example, a client might find out that it was *he himself* who interrupted his process in ways that blocked his contacts with others, and how, and what other alternatives are open to him. In so doing, he is an active learner who makes his own discoveries rather than being "analyzed" or "behaviorally modified" by speculations, interpretations or reinforcements by others. In another example, a client who is in treatment because of his depression and feels "numb" in the face of divorce is asked to say good-bye to his wife whom he imagines to be sitting in the empty chair before him. By participating in the "experiment" of *saying good bye* to his wife in an empty chair (behavioral component), he will be able to *experience* and contact his sad feelings (emotional component), and then *realize* how he blocked his sad feelings and made himself feel numb (cognitive component). As he does so, he discovers how he holds his breath (somatic component) to avoid the feelings that come up when he attempts to say good-bye to his wife. He now *realizes* and *experiences* with his whole body how he himself creates the numbness which is one element of his depression.

The Behavior of the Therapist

Often, the experiment supports and facilitates other aspects of the unified practice of gestalt therapy. It is in what the therapist does that such support for these other features of therapy is achieved.

Principles Governing Movement In and Out of Experiment

An experiment must come out of some kind of a dialogical context so that the client can also understand the rationale behind it. By the same token, an ending of an experiment must merge into the natural flow of a dialogue so that the client doesn't feel disconnected.

In most cases a therapist needs to know something about a client's phenomenology in terms of his problem, its dynamic structure, and the etiological process of the field before he suggests an experiment. Otherwise, harm or counterproductive confusion could result. For example, drawing attention to a bodily symptom or body posture without having developed a solid therapeutic alliance could induce a shame reaction together with rage in a narcissistically vulnerable client, resulting in a therapeutic rupture (Yontef 1993).

Preparing the ground for carrying out an experiment includes seeing to it that a sound rapport be developed between himself and his patient so that exploration into deeper regions is more likely to be successful. It's also usually a good idea to explain *what* an experiment is, *why* he wants the client to do it, and *how* to do it (Zinker 1973). The next step is often to get consent from the client to do an experiment together, in order to elicit the patient's active participation.

At that point such questions may arise as *what* kind of experiment to choose, in *which* manner to offer it, and *where* to stop it. As a trainee becomes a novice and then an expert gestalt therapist, this process of therapeutic movement becomes more and more intuitive, so that much of the time—but not always—the answers to these questions will seem obvious without the questions ever having to be "asked." Whether the therapist's own choices are more rational or more intuitive, they must evolve naturally out of the therapeutic context, starting with the patient's experience and behavior (Yontef 1993).

A problem can arise when a therapist suggests an experiment and the client complies without truly having accepted or “bought into” its potential utility. In that case, she may just “go through the motions” in a way that fails to lead to a deepening of awareness. Zinker (1977) addresses these concerns in his concept of *consensus*, which he defines as “the process of negotiating with the client in designing an experiment and the client’s willingness to participate in it.” He goes on to say,

[This is] a mini-contract with the client to execute a particular task; at every critical stage of the work, the therapist makes it clear to the client that he can either agree to try something new or agree not to do so....The manner in which consensus takes place is a matter of personal style. If I have a good relationship with the person I’m working with, I don’t feel the need for repetitive verbal requests for agreement. At times, such transactions can deflect from the fluidity of the process in the therapeutic encounter. ...Generally, consensus is something I assume, unless the client protests or in some other nonverbal way resists my suggestions. Then I try to invent experiments flowing out of the content of the resistance....The client should be forewarned from one experiment to the next that he has a choice to refuse and that he need only try out behaviors which feel congruent, safe, and comfortable for him (Zinker, 1977. P.131-132).

A client may begin an experiment and then repeatedly ask what to do next, explicitly or nonverbally. In that case the best response is usually an explicit, “I’m not going to tell you what to do.” Or the therapist may convey the same message nonverbally by studiously examining the rug or the ceiling in response to such requests.

A therapist must also be sensitive to the difficulty level of an experiment for a particular client offering an easy one at the beginning so that the client has a success experience and becomes familiar with the concept and process of experiments. The difficulty level of an experiment depends on the client’s vulnerability, his previous experience with experiments, and also of the strength of the therapist-client bond.

In some cases the therapist must explain the rationale and the procedure of the experiment in a friendly way and guide it step by step. In other cases, the reason for doing something is so obvious that no explanation is necessary.

In regard to *where* to stop a procedure and return to the original dialogue, usually it is desirable to flow with the natural rhythm of the process and to finish where it completes itself. In such cases usually one knows intuitively when it is finished. But there are also many situations where a therapist doesn’t need to work through an experiment to the end. If an experiment has helped a client discover something she hasn’t recognized before, then it has attained its goal and the therapist can let it go and return to the original dialogue. For example, in a group, a woman who is going around the room telling each person, “You could frighten me by... ” may have discovered something crucial by the time she gets halfway around, so that moving into working directly with that “something” may be more valuable than continuing around the room. Miriam Polster (1982) emphasized *staying with the momentum* of the work. Occasionally she pointed out that a trainee therapist who was obsessed with “completeness” lost touch with where the client’s energy was moving.

Facilitating Dialogue Using "Rules of the Road"

From the outset the therapist needs to be sensitive to how she can support each particular client’s process. In the beginning, for example, she might mention how awkward it may seem to speak of a past event in the present tense, as if it were happening now, or to talk to an empty chair.

A few simple ground rules are essential, such as “Do nothing that could result in physical injury either you-or any others in the group.” A second rule might be, “There is no way to ‘do it right’ or ‘do it wrong.’” In group situations it often happens that some group members feel anxious because they don’t “know” what to say or how to say it. They are concerned about not making an “error” and getting laughed at by others. It is helpful for them to hear that there is no “correct” way to behave.

There are also “language rules.” For example, Karen was complaining about her lack of communication with her sisters, represented by two empty chairs. “I can’t talk to you,” she said to her sister Evelyn. Then she turned to Annie: “And I can’t talk to you either.” Several weeks later she remarked, “When I was asked to rephrase ‘I can’t’ into ‘I won’t,’ I saw that I’m the only person stopping me from having the love and support from my family that I so desperately crave.”

In gestalt group process work, members are asked to speak only for themselves. When someone makes a comment like, "I think most people here feel..." it is inevitably useful for the facilitator to say, "Let's check that out. Let's go around the group and ask each person to say, in no more than a few sentences, what he or she is feeling right now." There is always a great diversity of reactions. This provides a dramatic demonstration of the value of speaking only for oneself rather than presuming to speak for others. Another ground rule includes "no gossiping," which can be accomplished by asking a group member to redirect comments *about* another person *to* that other person. Yet others are to ask, "Be as specific as possible in your comments rather than talking in generalities or abstractions," and asking the client to change a question into a statement, when the question is a statement in disguise.

Some rules, such as "No one speaks for anyone else," need to be adhered to religiously. Others may be brought to the client's attention or may be overlooked, depending on what's occurring in the work at that moment. For example, asking a person to say "I" instead of "you" or "one" is often appropriate and effective. If, however, the client is deeply immersed in a process of exploring an emotionally loaded theme or event, such a request can interrupt the flow of the work and transform a profound moment into a less valuable one.

Paraphrasing, Questioning, Suggesting, and Directing

Both Carl Rogers and gestalt practitioners use paraphrasing and repeating back what the client has said both to ensure that they heard correctly, allowing a chance for correction, and to articulate the deeper feelings and themes that appear to underlie the client's comments. A gestalt therapist is more likely to ask direct questions than a Rogerian, but both are phenomenological--that is, they try to comprehend what the client thinks and feels in the client's own terms, and both encourage a client's autonomy and self-direction.

A gestalt therapist who uses experiment may also assume a role analogous to that of a theatre or movie director. He or she suggests that the client act in certain ways and pay attention to certain aspects of her behavior. It is important to preface such suggestions by telling the client that she is always free to accept or refuse such a suggestion, and to do or say anything else that she wishes instead. The therapist may also explicitly offer choices: "At this point I see three main options: You might talk with your boyfriend, or with your father about his behavior when you were a child that is related to your present dilemma, or between the two sides of yourself that are in conflict about this. What is your preference?"

Being an Attentive Observer and Discovering the Obvious

"Pay attention to the obvious" is a central gestalt principle in regard to the conduct of therapy. It fits with the old saying that whenever there's a double message in which the person's words and actions contradict each other, believe the actions. Always notice a person's posture, gestures, tone of voice, cadence of speaking, and other features of paralinguage. Fritz Perls changed Freud's metaphor of the personality as an iceberg in which the visible tip above the water represented consciousness and the huge mass below the water represented the unconscious to the metaphor of a sphere floating in water with the top edge visible above the surface. A sphere *spins* in the water, so that as the bottom comes to the surface, what was hidden-- and may remain hidden to the client-- often becomes clear to an astute observer of the client's paralinguage.

Laurence J. Horowitz developed an exercise to teach gestalt therapy trainees to attend closely to such paralinguage (1984, p. 177). The trainees divide into groups of three or four. Two trainees carry on a conversation, while the other(s) observe. The observer(s) are instructed to try to ignore the content of the conversation as completely as they can. Rather, they pretend to be TV cameras, alternately "turning off the audio" and focusing only on what they can see in posture, gesture, and movement, and "turning off the video" by closing their eyes and listening to tone of voice, inflection, loudness, hesitation, etc.. A therapist is most likely to be effective when she both hears what's present in the verbal content of a client's statements, and also attends to the messages of the client's paralinguage.

One client remarked, "Becoming aware of the obvious has made it easier for me to listen to others. I'm getting better at hearing what they're not saying. My friends tell me that I'm becoming a better listener. I don't let my thoughts stray anymore. I stay focused on what they are doing as well as saying as we interact."

Watching others in the empty chair has contributed greatly to my heightened observation skills. I was able to see how their movement, voices, and facial expressions changed when they took on the part of another person or another part of themselves.”

In that sense, gestalt therapy is a “surface” approach. It is also a “depth” approach with roots in psychoanalysis and Jungian psychology in that it is based on exploration and discovery rather than on a “program for change.”

Being Present as a Dialogue Partner

A gestalt therapist can affect and also can be affected by the person of the patient as they work together. For example, one therapist revealed her feelings of fear and sadness as she played the mother when the patient in a daughter role said to her “I want to leave home.” The therapist suddenly became frightened and was sad to hear that, because she was having the same issue with her own daughter. However, discovering her own strength and willingness to let her daughter, seen in the person of the patient, go her way, she then felt surprised by the fact that she was able to support her daughter’s as well as the patient’s becoming independent. The patient also felt relieved seeing her mother, vividly represented by the therapist, be able to stay with the hard process of separation and letting go.

In this scenario, the therapist had nothing preconceived in advance. She was just being present and making herself fully available.

Principal Forms of Experiment in Gestalt Therapy

Classifications of procedures widely used in gestalt therapy have been presented by writers such as Polster & Polster (1973), Zinker (1977) and Naranjo (1993). Here we have tried to offer a useful contemporary synthesis. Limitations of space require our descriptions of some of these methods to be more brief than would be optimal. The methods described are not necessarily independent of each other, but in some cases overlap. **As we have said, experiments become techniques when they become fixed and stylized; in order to remain true experiments, they must arise out of the natural flow of process between therapist and client and form a creative expression which is unique to each situation with people. Often, then, what has been a technique can also become adapted in the moment by an experienced therapist, so as to attain the status of a true experiment.**

Staying With

Attentiveness and Description

“Distraction” is a pervasive defense mechanism. Painful or uncomfortable thoughts and feelings can be kept out of awareness by mentally jumping to another subject. Often this is implicit; sometimes it is explicit, as in the phrase, “Let’s move on.” In this situation, *doing no more* than keeping attention focused tightly on the present moment can be highly productive. For example, “Please notice what you’re experiencing right now and describe it,” or “Let whatever thoughts or feelings come into your mind just come right out.” Often this leads to completing an unfinished emotion that a client hasn’t had an opportunity to confront, such as fear of losing control. A woman, for example, who has been avoiding her feelings of sadness since her divorce two years previous changed the topic quickly whenever the topic of her ex-husband arose. The therapist guided her to stay with the topic and face the feelings she encountered. She burst into tears and wept heavily, mourning over her “lost love.”

A therapist can instruct a client who tends to interrupt or avoid certain feelings to stay with them and face them. This can be helpful in dealing with both unfinished past issues and present concerns. We change ourselves by accepting our existence as it is, not by suppressing, denying or escaping from our experience (Beisser, 1970).

Presentification

This involves bringing memories, anticipations, or outside situations into here-and-now experiences. This helps both client and therapist avoid getting stuck in the labyrinth of *aboutism*. That is, keeping an event “at a distance” while discussing it, thereby avoiding the process of discovery that can occur when an event feels present and immediate. The client is asked to speak about a past event or current dilemma as if it were happening right here, right now (Naranjo 1993). This makes the client’s thoughts, feelings, needs, sensations and actions more visible and accessible to both client and therapist.

Elaboration

Deepening

This goes a step farther than “attentiveness and description.” After, for example, asking the client to “stay with that feeling,” the therapist might ask her to “now go more deeply right into the center of it. Perhaps there are things going on in you related to it that you hadn’t noticed before. . . . (pause) . . . What do you find as you do this?” Carl Rogers was expert at this. He would intuit a deeper dimension in what the client said and articulate it, then wait for the client to confirm or correct what he thought was occurring. The presence of a therapist who is attentive, and that of group members who are warm and supportive, helps a client go deeper in her exploration.

Making Abstract Statements Concrete

When a client abides on an abstract level, such as a man who says his father was a “good person,” the therapist can ask him to explain concretely what he meant by that. He might reply “My father was a man who lived a life of sacrifice. He worked 70 hours a week for his company without taking a rest. And when he came home, he still did housecleaning, but he never took care of himself.”

Extending Minimal Statements

“Minimization” refers to language that makes concerns seem small when in fact they’re large. “I guess I feel just a little bit upset about...” might, upon exploration, turn into (shaking and tearful) “I’m so outraged that I could strangle him!” In *Every Person’s Life is Worth a Novel* Erving Polster (1987) describes how remarkable stories can be teased out of statements that appear at first glance to be innocuous.

Verbalizing Actions

One of the oldest and best known expressive methods is to ask a client who is making a physical gesture to translate it into words. For example, “Keep doing that with your head, please. Now give it a voice and let it speak. What does it say?” Examples are shaking the head left and right with a grimace in the forehead. The client might say then: “No, I won’t do that! I don’t like it.”

Accenting Verbal Patterns.

Asking a client to repeat one of her own statements again and again, either verbatim or with varied endings, can facilitate her ability to move through fears and express herself. Or the therapist can suggest a phrase that seems to fit the moment and add, “If that phrase doesn’t quite fit, change it in any way you wish.” Some phrases that are often useful in projective dialogues are,

“I resent it when you. . . .”

“I wish you would. . . .”

“I won’t”

“I love you. . . .”

“I want you to stop. . . .” And so on.

This is often both cathartic and empowering. In the process, quite often the client becomes aware of things that she hadn’t realized before. Using descriptive verbal patterns can also help a client contact his internal or external processes. For example, “. . . and I take responsibility for that,” asks a client who

disowns his own part in his behavior to become aware of what he is hiding from himself. Or, "...and I don't have any part in that," can be a paradoxical intervention that leads to the same end. Through either approach, he might become aware that he's been avoiding taking responsibility for his perception or action.

Somatic Attentiveness.

A client says, "Having my attention directed to my body and breathing has made me not only more attentive to my body language, but also better able to tune into my body. I more easily identify what hurts where in my body, when I feel tense, sad, lost, or anxious. I use my physical sensations as a guide to what's occurring with me emotionally. This is bringing to light many of my suppressed feelings."

If a client is retroreflecting his anger toward his wife who wants to separate from him, and feels depressed, the therapist might want to explore what his internal process *is* and what he is *doing* with his body at the same time.

Most basic of all is to attend to his breathing. Holding the breath tends to suppress full expression of emotion, which in turn, as Fritz Perls pointed out, often manifests as anxiety.

"What sensations do you feel in your body, right now?" is the basic question. That can lead to asking the client to let his compressed lips or gritted teeth or knotted stomach speak. Or it can lead to requesting that he exaggerate whatever tension or squeezing he reports, and then as he does so, make a sound or say a word or two that expresses what he feels.

Fritz Perls also pointed out that *what's missing* in a person's report of her body sensations can be very significant. Someone who reports no awareness of her legs may be deficient in self support. Someone who reports no sensation in his arms may have a hard time reaching out to contact others. It can be quite useful to ask a client to do a complete body scan, and take note of what awareness—or lack of it—she reports with each part of her body.

Exaggeration

"Techniques of Exaggeration," as Naranjo has labeled a body of gestalt methods, function as a "magnifying glass" that makes behavior that a client has avoided recognizing into something large enough to be clearly visible or audible. For example, if a therapist finds a hint of anger in a client's expression, he can ask him to exaggerate it. Or if a client speaks in a very low voice to suppress his sadness, the therapist can request that he speaks with even lower voice (Garzetta & Harman, 1990).

Repetition

Repetition is a widely used form of exaggeration. "I don't like to be seen by others as if I am always a good person," a client may say very quietly.

"Please say that again," the therapist may suggest—perhaps two or three times in a row. In repeating the statement again and again, often the client truly hears what she is saying and can realize what it means for her.

A 21 years old female college student, Yunhee, grew up in a family where it was taboo to express any feeling after her old brother was drowned by an accident when he was 7 years old. She was largely cut off from her emotions and had difficulty developing an intimate relationship with her boy friend, Hyunseok, because she never expressed her warm feelings toward him. One day in a group, she happened to talk about her father and described him as "always busy... and not close to me..." The therapist asked her to say that directly to her father who was "sitting" in an empty chair. She said to her father, "You are always busy and not close to me!" Then the therapist asked her to repeat the part of the sentence in which she said, "You are not close to me!" again and again, which led her to become aware of her strong wish to get close to him. Suddenly she contacted feelings of warmth and sadness simultaneously and burst into tears. Afterward she said, "For the first time I felt deep emotions and now I'm so relieved to see that I can express them without having to worry about what others might think. In the past I always was scared of my feelings, because I feared that people would criticize and despise me if I revealed them. Today, I realized that I don't need to be so afraid of them anymore. I think I can now also show my feelings to Hyunseok."

Increasing Emphasis

This is a form of exaggeration that can be used along with repetition, usually when a disempowered client needs help in finding his or her power of self-expression. The therapist may repeatedly suggest, "Say it again—louder," each time raising her own voice to help "disinhibit" the client's hesitation. After several such repetitions, a previously always-timid client may be shouting, thereby discovering the previously disowned power in her voice.

Exploration of Movement.

Dramatic enactment may occur entirely as a projective dialogue between oneself and "another," or between two sides of the self, in a conversational manner. Most of us, however, don't spend all our time sitting down and talking. We move. We walk. We express our feelings, attitudes, habits, and hang-ups in our movements. Often therapy can be enhanced by including this dimension of movement that plays such a large role in our daily lives.

Such an experiment may be as uncomplicated as demonstration of a word or gesture, or it may be a structured, and almost choreographed, complex sequence of events. We say "almost" choreographed, because the theory that underlies the use of experiment holds that there must always be room for spontaneous modification or transformation of what is occurring when appropriate. Such modification may be suggested by the facilitator or emerge spontaneously from the client.

Once a client is standing in an expressive posture, a sequence of follow-up suggestions might be, "Now please stay with that posture and begin to move with it. Walk in a circle in the center of the room in a manner that expresses that feeling." Once he's doing that, a next suggestion might be, "Now *exaggerate* the way you're walking." Then, "Now make a sound or speak just one or two words that express the way you feel." At that point, the simple gesture or statement with which the sequence began may well have become transformed into an intense experience filled with power and drama that leads to a breakthrough in awareness.

Enactment

Enactment helps a client increase awareness, complete "unfinished business," treat polarities of personality, liquidate ineffective old behavior patterns and develop new more effective behaviors (Smith 1990; Harman 1989). Erving and Miriam Polster described it as, "the dramatization within the therapy scene of some aspects of the client's existence." (1973, 239). Through engaging in an enactment, a client can explore thoughts, feelings, movements, behaviors, and patterns of relationship, and discover new horizons of his or her behavioral repertoire.

For example, a client who has unresolved anger toward her father, and who has difficulty expressing anger, can *talk to* him in an empty chair. Likewise, an "internal dialogue" between two parts of our personality that are often labeled *topdog* and *underdog* can illuminate how introjects cause us to feel inappropriately guilty for actions or events that are not our own doing. In a therapeutic context, by externalizing the internal conflict through enactment, a client is in a better position to deal with it (Clarkson 1989). Enactment can be used in combination with other experimental techniques such as dream work, fantasy, the empty chair, body therapy, art therapy etc.

Words into Movement and Action

A client who is describing a feeling or event in an intellectual manner while staying emotionally distant from it might be asked to make a gesture that expresses the statement, or sit or stand in a posture that expresses it, or even to walk around the room in a way that embodies it. Someone who is *saying*, "I feel helpless" might be asked to sit or stand in a posture that expresses her helpless feeling. Another client might end up lying on the floor in a fetal position. Yet another might move around the room like a gorilla with full energy.

Projective Dialogues

One of the more vexing problems of living occurs when a person is confused, with conflicting feelings, desires or fears emanating from differing internal “voices” or sides of the self. Sometimes one of these is an internal representation of another person, such as a partner or spouse or parent or boss. At other times these “voices” reflect different desires, motives, or aversions within the self. Projective dialogues help the client gain a clear picture of each of the conflicting parties or voices. In some cases, *doing no more than* gaining this clarity about what each “voice” wants, feels, and fears is all a client needs to do in order to move ahead with creative problem solving. In other cases this clarification is an early stage in therapeutic “working-through.”

Use of the “Empty Chair

An empty chair placed facing the client may help the client carry out a projective dialogue, whether with another person or between parts of himself. This technique is often used to complete an unfinished situation from the past, in which case the person not available in the present is imagined to be sitting in the empty chair. Sometimes it is better to address issues in this manner than in a real encounter with the other person, because feelings can be expressed and acted out more safely in this situation. Once the cathartic expression of sadness, anger, jealousy, or other emotional behavior has been fully expressed toward the “person in” the empty chair, the client may more easily find a way to open up communication with the other.

The classical example of an empty chair dialogue is between “topdog” (the introjected oppressive side of the personality who expresses what Karen Horney termed the “tyranny of shoulds,”) and “underdog,” (the apparently powerless and oppressed side of the self that operates by indirection and manipulation) (Naranjo, 1993).

As the dialogue goes on and underdog is encouraged to express his or her feelings to the topdog, often underdog becomes more powerful and topdog loses power so that the two sides can coexist in a more equal relationship. As the dialogue continues, often the two sides’ masks and obfuscations fall away so that the client is talking to the “other person” or the other side or herself with a directness and truthfulness that was absent at the start. At that point it is often useful for the therapist to suggest, “Now, as you continue the dialogue, please speak *just one line* from each side, and then switch to the other side.” This rapid alternation often lays bare the essence of the situation with remarkable clarity.

It is sometimes helpful for the therapist to repeat what the client has said on one side as a prompt, because the client then does not have to try to remember what she said on the other side, which makes it easier to respond.

The empty chair can also be used to explore and reclaim the part of a polarity that one unwittingly disowns. For example, a woman who projects her own moral judgment onto external authority and complains that her church or social circle is controlling her too much comes to realize after the projective dialogue that it is *she* who actually has rigid moral criteria and controls herself (Zinker 1973).

Empty chair work can be expanded by using extra chairs if a situation involves more than one other person.

In working with couples, Ann Teachworth (2004; 2006) has found that it is often productive to have each member of the couple carry out a dialogue *between his or her parents*, to discover what the relationship between the parents is like. This often shows how the partners’ behavior with each other resembles their own parents’ maladaptive patterns. This method can be useful in individual work as well. At an appropriate moment the client is asked to turn Mom and Dad’s chairs toward each other and enact an interaction between them. Often exceptionally valuable information emerges from this interaction. The therapist relies on her intuition for a sense of when this approach is likely to be useful.

Reversal

Here the client is asked to do the opposite of what he usually does, or has just been doing in the session. For example, a therapist may request a complying “good boy” to express anger, or he may direct a superman type to ask for help, or an arrogant intellectual to repeat “I don’t know.” This can be applied also to body postures such as opening up when in a closed posture, or breathing deeply as an alternative to

restraining the inhalation or exhalation of air (Naranjo 1993, p. 87). Reversal is often most effective when it follows exaggeration, such as when asking someone whose voice sounds tight and constricted to use her throat muscles to “strangle herself” still more, and after that, “reverse” into relaxing her throat and letting her voice flow out smoothly.

Clients often don’t recognize the meaning of their current behavior, because they don’t know why they act as they do. Indeed, in many cases they don’t realize that they act that way. In such a case it is useful first to create a context in which the client can become aware of his or her current behavior, and then contact the emotions (and perhaps thoughts and impulses as well) that are blocked by such behaviors. Mostly the blocked emotions exist as a “shadowed” polarity that stays out of touch and undeveloped.

The therapist can, through the use of reversal, help the client become aware of suppressed feelings or unconscious behaviors. This technique is especially helpful in making a person aware of and then lifting self-interruptive behaviors. For example, a therapist can instruct a client who is retroreflecting his anger toward his wife—that is, turning it back against himself—to exaggerate it more. Namely, he is asked to blame himself more strongly. The client will eventually be able to realize his own process and stop it. (Then, he might reverse it, and express his anger to his wife sitting in the empty chair.)

Someone who is always complaining may be asked to express gratitude for everything she complains about, to discover what truths, if any, she discovers in those expressions of gratitude.

Or a client whose manner seemed “robot-like” is asked to walk in a circle and “become a robot,” then to exaggerate the walk and repeat a word or phrase that fits his experience. Finally, when he is as rigid and “mechanical” as he can get, he is asked to “Now let go of being a robot and do the complete opposite, whatever that feels like to you.” Suddenly the erstwhile robot may burst into a remarkably graceful dance for three or four minutes and say “I’ve always wanted to move like that, but felt like it was frivolous and “unmanly.”

We can also help a client contact and develop an underdeveloped or underused potential with the technique of reversal. For example, if someone remains silent in a group, allegedly not to interrupt others, he could be asked to interrupt others on purpose to find out later the value of initiating a behavior (Polster & Polster 1973).

Making Contact with Others

In a group, someone who has trouble making good contact with others might speak indirectly, or make vague, general statements. Or use body language that indicates withdrawal from others or blocking them out (such as looking down at the floor with hands behind the back or crossed in front of the chest). In such a case the group leader might suggest that the person choose someone in the group and talk to him or her directly. For example, when a group member says he fears being laughed at if he were to reveal his story, the leader can ask him to choose someone in the group whom he thinks would most likely ridicule him and tell the story to that person. Sometimes it is helpful to let the person doing this move his or her chair close to the other group member and then talk with that person eye-to-eye. This can be powerful.

When someone thinks that “most people” hold a negative opinion of him or her, it can be useful to put “most people” in the empty chair and then speak as them. After working through that projective dialogue, the person can then move into direct communication with one or more group members.

The “Go Around” or “Making the Rounds.”

In this procedure, used in a group, the person who is working moves slowly around the circle, stops in front of each group member, and says or does something suggested by the facilitator—or whatever else he or she wishes to say or do with that group member.

Used early in a session, this method can provide insight into a person’s habitual thoughts and feelings in a social context. To accomplish that, an open ended response tends to be most useful, such as: "Please go over to each person and say, 'With you I'm afraid I might...!' (Instruction: "Let yourself say whatever spontaneously pops into your mind, even if it seems nonsensical.")

A go-around can also facilitate group interaction and warm up group atmosphere. It can be especially helpful for those who have difficulty in initiating a contact with others. Suhyun was shy and said nothing in the group. Upon inquiry, she disclosed, “I am afraid of making any mistake!” The group leader suggested that she “make a round” with the statement “I am afraid of making any mistake!” which she did. The group

members responded with warm smiles and reassured her that she may make mistakes anytime she wants. She felt accepted by the group members, relaxed and smiled broadly.

In the middle of a session, a go-around can be a vehicle for awareness and transformation. A woman who showed a strong tendency for confluence in the group was asked by the group leader to exaggerate her behavior by approaching each person in the group and saying the sentence: "I cannot live without you. I feel the same as you in whatever you say!" As she did so, she became aware of her own habitual behavior and then she shouted: "No, I don't like this! I am not totally the same as you!" At that point she had begun to contact the other side of that polarity, which was appreciation of her own uniqueness and her ability to be independent. She was asked to make this explicit as she spoke to each remaining group member by repeating the line, "I have my own thoughts and my own feelings, and can make my own choices." (She looked shaky as she began that task, and taller and stronger as she completed it.)

A go-around can also serve to test questionable attributions. Someone with low self esteem might speak to each person in turn, saying something like, "I imagine that you're bored with what I'm doing. Is that right?"

Late in a working session, making the rounds can emphasize a new way of relating, such as: "I don't have to be a victim with you."

Imagination and Fantasy.

Visualizations and Scenarios

A client who has avoided mourning his deceased mother can be asked to go to her deathbed in his imagination and talk to her.

A woman who is afraid of getting fired and has enormous anxiety about that possibility, even though she is quite capable, may be asked to imagine that she has just been let go. Her initial shock and sadness may lead to discovering greater inner strength and potential than she had previously given herself credit for.

Or a man who feels like his life is "flat" can be asked to mentally go to a place where he finds what's missing in his existence. Then he can explore how to bring the elements he discovers there into his daily life.

Metaphor

A metaphor can be helpful in a group work to summarize and crystallize a group dynamic as a theme, which may then be used for a group experiment. Metaphor has an important function of connecting things that are not usually connected and thus it can bind group members together to a common ground from which they operate creatively to give a new meaning to their experience (Clarkson 1989).

Metaphor can not only help to illuminate and grasp a group situation figuratively, but it can also serve as a basis of an experiment. The group leader or group members can suggest a metaphor that shows *where* and *how* the group *is* existentially in its journey. For example, as a response to the question of the group leader regarding what the group situation *looks like* now, a female group member might liken it to the family situation where every body raises their voices, because the father, the group leader, doesn't have any power in the family and gives no directions—to which most of the group members might agree.

Dreamwork

A dream can be used to explore and contact alienated parts of an individual's personality. All parts of a dream are considered as projections of the dreamer and can be reintegrated through dream work. For example, a client plays both the role of a persecuted man and, in turn, a monster who is running after him, and also a cliff that hinders him from escaping. The client can take control of his anxiety if he realizes through this experiment that the monster was *his* own projection and rediscovers his power as he plays the monster.

The client is asked to begin by telling the dream in the present tense as if it is happening here and now, and perhaps identify points where he feels strong emotional energy.

After telling the dream, there are two quite different ways to proceed. One is to move into working directly with the points of dominant emotional energy (such as the monster in the above example). The other is to identify each element of dream contents, beginning with apparently peripheral, background details of the dream, and then move to the foreground. Fascinating insights can emerge from details that might easily be overlooked. For example, Jacqueline had just described a dream that centered on an interaction with her daughter, but we began with the house, since houses usually reveal something about the dreamer:

Therapist: "Please imagine yourself as the house and describe yourself."

Jacqueline: "I'm new and expensive and everything looks perfect. Everyone will admire me and be impressed."

"How do you *feel* as the house?"

J: "Somewhat presumptuous. It's a strain keeping up such a good appearance."

T: "Be your daughter and talk to the house."

Daughter: "There's no furniture here. There's nowhere to sit. You don't offer people much."

T: "Repeat that."

D: "You don't offer people much. You're always too busy maintaining appearances."

J: (Jacqueline's voice trembles. Tears appear in her eyes.) "She seems to be talking to me."

"Then let her talk to you."

D: "You don't give me a chance to be me. I exist only for you, so everyone can see what a perfect daughter you have! Like this house!"

J: "How can you say that? I've done everything for you."

D: "Sure, as long as I'm exactly the way you want me to be."

With another person and a different dream, more exploration of dream details might occur before moving to the central issue.

A dream can also serve as material for a group drama, where each group member picks a dream part and plays it out interacting with each other (Zinker, 1977).

Suppressive Techniques

Suppression of counter-productive behavior patterns is as necessary as expression of blocked feelings or unmet needs in helping clients develop more effective self-regulation. Learning and practicing new adaptive behaviors must go hand in hand with unlearning of counter-productive behaviors. Suppressive techniques can help with this.

Suppression of "Aboutism."

A client's attempts to "figure out why" he is doing something are intellectualizations that often interfere with real experience that can bring about genuine change. In group feedback sessions after a member has worked, a "no aboutism" rule is useful: No analysis, no "telling the person what seems to be going on with him." Rather, group members are limited to sharing their own real experiences and feelings. "The simple rule of suppressing the voicing of opinions, ideas, opinions about other members' feelings, and so on, on the other hand, is by itself a guarantee that something meaningful will happen." says Naranjo (1993, p. 57).

Suppression of "Shouldism."

This refers to self-statements about how we "should" be, based on past experience, others' opinions, or programs we've created for ourselves that don't fit our present realities. All these are comparisons with something or someone else. All interfere with being fully in touch with, and appreciating what's valuable in, what *IS* at this moment. One strategy is to exaggerate these evaluative statements in order to become more aware of them. Another is to "bracket" them and set them aside for the moment in order to attend to something that's currently more pressing.

Suppression of Stale Patterns.

Every therapist has probably had the experience of realizing that something felt inauthentic and over-rehearsed about a client's statements. This is especially apparent in projective dialogues with a husband, wife, partner, or lover when the words that are spoken sound like an old recording that has been played over and over. That old recording needs to be turned off, or at least turned down low enough that the client can hear a different tune. First the therapist brings the client's attention to the stale pattern. Then the client is asked to stop doing that, and find a more authentic way to respond.

“Homework”

Giving homework provides a client with an opportunity to further explore and test out what he learned during the therapy hour in real life. This can broaden the therapeutic involvement beyond what the client may otherwise be able to afford (Polster & Polster 1973).

Examples of homework would be to request a client who holds back his emotions to relate his day's experience to his wife, or to instruct a client who is perfectionistic to write whatever comes to his mind about his dissertation a half hour a day, no matter how useless the material might turn out to be (ibid.).

Homework also embodies an element of self therapy. If therapy were to be effective, it should be done by the client himself at the end, and this can and must be done in the form of homework, regardless whether it is called as such or not. And it is likely to be more efficient if this is carried out under the framework of homework by a therapist.

Strategies for Specific Situations

While some techniques lend themselves to many situations and give birth to creative experiments more generally, others are evoked because of the specific dynamics in question.

When the Client is Not Clear About the Problem

Often clients come to therapy without knowing exactly what the problem is. One might, for instance, know *that* she has a problem, but she may not know *what* the problem is and *why* or *how* the problem *is*. In that case, it is the therapist's task to explore and bring day light into the problem so that both the therapist and the client can *see* the problem clearly.

Various techniques such as metaphor, fantasy, exaggeration, and projective dialogue etc. together with explorative dialogue and empathic understanding are helpful for this purpose.

Jinhee, a 22 year old female college student, came to therapy and said that she was very unhappy in her life but didn't know why. "Maybe," she thought, "because I am a 'bad' person," and she wept heavily.

Hearing this, the therapist had a vision of a step mother who reprimands her step daughter, and shared this. She was very surprised to hear that and said "How did you know that? My mother is like a step mother to me. She always finds fault with me no matter how good a job I have done."

The therapist said, "Have you ever considered moving out?"

Jinhee answered, "Yes! But I can't abandon my mother, because she has suffered so much in her life and she loves us. I don't know what to do."

The therapist replied, "So on one side, you want to run away from your mother, who is not kind to you. On the other side, you don't want to leave her, because you love her."

Jinhee cried, "Yes, I love her. I can't leave her alone!"

The therapist said, "Do you think still that you are a bad person?"

Jinhee admitted, "Maybe not."

When the Client Shows “Resistance” and ‘Blocking.’

There are two distinctly different strategies for such situations. Fritz Perls borrowed the first strategy from Wilhelm Reich’s key insight that *when a resistance appears, the resistance itself becomes the center of the work*. Rather than trying to “smash through it,” as some practitioners did in the early days of psychotherapy, the therapist helps the client become aware of the psychological maneuvers through which she is keeping items out of her awareness. This can lead to unexpected discoveries. Then the client becomes able to take down her defenses “one brick at a time,” as she feels ready to do so.

This can sometimes even be accomplished by deviating from the usual gestalt therapy rule of “No why questions.” For example, a therapist asked a woman who refused to talk to her dead father in an empty chair, “Why don’t you want to talk to him?” She replied, “Because I have so many guilty feelings for not having taken care of him enough while he was alive.” The therapist asked her to say *that* to her father, which she did, and then burst into tears, which led in turn to completing her unfinished business with him.

A technique adapted to gestalt therapy from the psychodramatic technique of doubling, called “*doubling for yourself*,” is useful in projective dialogues where one side (or both) are obviously feeling things that they can’t quite bring themselves to say. For instance, Elaine is speaking as her “topdog” mother and the conversation is very polite and superficial. “Mom,” the therapist might ask, “please get up and go around behind your chair.” Then when she has done so, “Behind the chair you can speak of all those inner thoughts and feelings that you don’t tell your daughter, even though you might like her to hear some of them.” “You might even use the line, ‘*Of course I would never really say this to you, but...*’”

Often a torrent of feeling pours out that was held back by the “force field” of resistance when mom was sitting in the chair. Then the daughter does the same thing as herself: “Please go around behind your chair to that place in yourself where you have easy access to all the things you never say. Then tell your mother what you’ve been holding back.”

This approach is especially useful when one person’s non-communication is based on trying to maintain a particular self-image with the other.

Sometimes a client, as an underdog, feels blocked and won’t say anything in response to the topdog who criticized her strongly in a two-chair dialogue. This is not because the underdog is resistant or agrees with the topdog, but rather because she feels overwhelmed and doesn’t know what to say. In such a situation, the therapist can help the underdog express what she feels or wants by supporting her. For example, the therapist could say: “I would be angry, if I heard that!” “He doesn’t seem to listen to you.” “Your body curled up. What do you feel as you hear that? What does your body say? Tell him!”

When the Client is Impaired in His or Her Contact Function

This occurs when, for example, a client doesn’t listen to what others say to him or doesn’t look at the therapist’s face while talking. In such a case, the therapist might offer an experiment to improve the client’s contact functions, but it could be too difficult for a client who has been avoiding a visual contact for a long time to, for example, make direct eye contact. One option in this case is to offer an easier exercise first, such as letting him tell what he sees in the room, then on the therapist’s face, then look at the therapist’s eyes. Another option is to ask the client to exaggerate the avoidant behavior, such as looking around at the walls while speaking, or talking in a voice too low to be heard.

A client who doesn’t listen to what others say might be asked to repeat or summarize what the other person has said. It may also be productive to ask the client why he doesn’t listen to others. He might answer “because I have more important thing to say” or “because I don’t want to be influenced by others.” In the first case, the therapist might imagine an arrogant person and let the client play that role to *explore* what it means for him. In the second case, the therapist might imagine an impervious wall and let the client *play* the wall.

When the Client Shows Ineffective Stereotyped Behavior.

Stereotyped behavior fits the past situations in which it was learned but does not flexibly adapt to present real situations. Indeed, this is one definition of neurosis: behaving in the present in ways that were appropriate to the past rather than acting in ways that fit the present situation.

In dealing with such behaviors, it is important that a client first becomes aware of his stereotypic behavior and then understands where it comes from. As a next step, he must understand that it served certain purposes in terms of adjustment in the past but not in the present. The therapist can then offer an experiment in which he can try on a more effective new behavior in a safe environment.

For example, a 35 years old business man is an overly careful person. He looks tense and scrutinizes the therapist's face while talking with him. His body posture resembles that of a child who is ready to run away at any moment. With this picture in mind, the therapist's question to the client, "What kind of fantasy do you have about me as you talk to me?" could be a good beginning of an experiment.

The client might then answer, "I don't know, but somehow I don't feel comfortable in front of you."

The therapist could then respond "Yeah! That's what I see in you. You look nervous and uncomfortable. In front of whom else would you feel similarly?"

The client might reply "My boss, and my father!"

The therapist might then share his fantasy of "a boy ready to run away" with the client. The client might then remember his childhood incident where he always had to be on the alert to escape from his father, who shouted at him unexpectedly because of small things. The therapist could at this point offer him a "fantasy dialogue game" where the client and therapist play together as son and father who have a very relaxed and friendly relationship. Both of them could come up with various creative ideas and have much fun in this fantasy game, which would transfer into the therapeutic relationship and also to the real life situations.

When the Client is Alienated from One or More Sides of Himself or Herself

It happens often that a client is alienated from and doesn't have an access to parts of his polarities, which causes him conflicts with himself or with others in his life. For example, a man who cannot accept his aggressive aspect projects it to others. Another man is disconnected from his tender and loving energy, which he fears contacting, and as a reaction to it behaves aggressively toward people whom he actually likes. The therapeutic task is to help the client contact and integrate those parts of their polarities that are alienated into the whole personality (Zinker 1977). The first step is usually to help the client contact and identify a disowned part of a polarity. Then, as a next step, a therapist can help the client contact and integrate it.

A central principle in doing this is related to Carl Jung's observation that creativity comes from developing our underdeveloped sides. A client who buries her anger beneath hysterical tears might find great value in using a foam bat or a pillow to "hit" a parent in the empty chair who punished her severely in order to gain access to the energy in her anger. She would be asked to stand solidly with feet shoulder-width apart, take a breath between each blow of the bat, and speak a phrase like, "I resent you for abusing me" each time she hits the chair. By contrast, a man who gets into fights or shouting matches needs to learn to stop himself from acting out his anger, and instead express it verbally in an appropriate way—or even discover the pain or injured feelings that lie beneath the anger and express those.

A quite different illustration of this principle is a young woman who thinks that men are not interested in her because her sisters were more beautiful than she when she was young. The therapist might suggest that she just imagine herself in fantasy as a sexy coquette. As a next step she might play the role out in physical movement. In a group she might do a go-around in which she interacts with the men in the group as her coquettish self. But if she refuses to identify with her attractive side, the therapist can offer a two chair dialogue between her attractive side and rejecting side, which may help her to contact and integrate her disowned aspect. In this experiment, the client encounters the repressed aspects of her polarity not only on the *intellectual* level, but also on the *affective* and *motor* levels, which means she must literally go through the motions of showing off her attractiveness both in fantasy and also through enactment.

When a Client is Confused

“Confused” usually refers to a state of internal conflict in which a person has conflicting impulses, feelings, ideas, or beliefs about some matter. A useful first step in dealing with confusion is to gain a clear sense of each of these conflicting impulses. Carrying out an internal dialogue (with or without an empty chair) in which the client identifies each conflicting voice and then holds a conversation between or among them is often an excellent way to do this. Doing no more than untangling these voices which reflect different inclinations or feelings can often bring a remarkable sense of relief. At that point the conflict is still there, but its elements are clearly identified. That clarity has already begun to dissolve the confusion--the client has moved to a state of recognizing the parameters of her internal conflict. Then, continuation of the dialogue between these conflicting voices may even lead to realizing how to resolve the conflict.

Conclusion

Within the “large tent” of gestalt therapy, there is not, nor should there be, a consensus about the degree to which a given practitioner ought to use methods such as those described here, or follow a purely dialogical-relational style, a gestalt group process style, or a style that draws more deeply on psychodramatic elements than those described here. That choice depends on what the practitioner feels most comfortable doing, and on his or her personal inclinations. With a given client in a given situation, it will also, of course, depend on the character of the contact formed with that client and on what feels most likely to be productive at any given moment. The point of this chapter is that the gestalt therapist has experimental freedom—freedom to experiment. The gestalt therapist is not tied to rigid, fixed techniques; he or she is actually encouraged to paint outside the lines.

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