



GESTALT THERAPY

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LAWS OF GESTALT



GESTALT THERAPY


- **Gestalt therapy** was founded by Fritz Perls, and it emphasizes a holistic approach to enhancing the client's experience. This experience includes both mental and physical perceptions, and Gestalt therapists attend to both these aspects of client communication. In practice, Gestalt therapists encourage clients to reach their full potential, often through the use of role-play techniques. They deemphasize clients' past experiences and instead focus almost exclusively on the present moment (labelled as "the now"). Integration and awareness of all parts of the self is viewed as a sign of personal growth, and as such, it is thought to correlate with psychological well-being.

- Establishing its position in the Human Potential Movement, Gestalt therapy, gets its inspiration from Gestalt psychology, existentialism, psychodrama, and psychoanalysis
- (Particularly character analysis). It stresses the immediacy of experience in the here and now and non-verbal expressiveness. It describes itself as a philosophy of living in the present rather than the past or future, of experiencing rather than imagining, of expressing rather than explaining or justifying, or avoiding the “shoulds” or “oughts,” of taking full responsibility for one’s actions, feelings, and thoughts, and of surrendering to “being as one is”. By observing the patient’s positive gestures and bodily movements, Gestalt therapists attempt to discern aspects that reflect unconscious feelings. The therapist points out these tendencies and asks the patient to exaggerate them, to express any feelings associated with them. The object is to expand the patient’s awareness of the self, bodily sensations, and the world around one. Gestalt techniques are sometimes employed to catalyze other therapies.


- The patient may be asked to repeat or exaggerate unusual movements and amplify or adopt opposing modes of verbalization.. A patient may be requested to hold conversations with various parts of the body that feel tense or painful, or with people and objects in dreams. One may project these parts, people, or objects onto an empty chair and engage in a dialogue with these. The patient may be asked to observe things about the therapist's waiting room and to comment on them, particularly to speculate on the kind of a person the therapist is believed to be from this data. If the patient becomes aware of certain bodily sensations like heart beating, deep breathing, neck stiffening, etc.; he or she may be asked to talk to the heart, lungs, neck, etc. The projective elements of anything that one says are inquired into by asking the patient to relate comments about others to oneself. The patient is encouraged to do, and even to exaggerate doing things that he or she avoids or is ashamed of, at first in fantasy and then slowly in reality. All aspects of the patient's dreams are considered part of the self, and the patient is asked to play these parts, dramatizing them while verbalizing feelings freely. Many of the Gestalt techniques lend themselves to groups as well as individual therapy.


In *Gestalt therapy*, the emphasis is on present experience and on the immediate awareness of emotion and action.


- **Nonverbal Behaviour-** To probe the patient's defences and expose the games being played, the therapist often pays close attention to nonverbal behaviour. The patient may say one thing but suggest the opposite through various cues. By paying attention to nonverbal cues, the therapist was able to cut right through to a significant experience. The therapist then used the posture cue to get to feelings that existed now and helped the patient get in touch with them.


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- **Dreams-** The psychoanalyst asks the patient to associate to various elements of dreams. The Gestalt therapist, in contrast, attempts to get the patient to relive the dream now, in the therapy room. This even means acting out the dream. According to the Gestalt therapist, interpretation leads only to an intellectualized insight. In Gestalt therapy, the patient discovers the inner self by confronting the dream experience directly. The dream conveys messages or even epitomizes the conflicting sides of the self. A dream is a kind of condensed reflection of the individual's own existence and the ways used to avoid facing oneself. By playing the part of various persons or objects in the dream, the individual can learn to recognize and identify the alienated parts of the self and then integrate them.

- **The Defences** In Gestalt therapy, the aim is to expose the games clients play and the defences behind which they hide. Perl's explains neurotic behaviour in terms of layers. In the first layer, the general is not an authentic person. Gestalt therapy forces one to experience and become aware of these shams. But this awareness is threatening because it leads to an experience of the very fears that the shams helped evade. Genuine behaviour is threatening because such behaviour could lead to terrible consequences (or so the client hypothesizes). Indeed, as environmental supports are also exposed, the client really becomes terrified, feeling that the inner capacity for growth is not equal to the relinquishing of neurotic defences in favour of honest, independent behaviour. Finally, however, the client becomes aware of the hollowness that the anxieties, phobias, or doubts are producing. Such awareness propels the person into an experience of aliveness, wholeness, and authenticity.

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- **Responsibility-** Of great importance in Gestalt therapy is getting clients to accept responsibility for their own actions and feelings. These belong to the client, and the client cannot deny them, escape them, or blame them on something or someone else. In summary, if one had to extract from Gestalt therapy expositions the four most descriptive words, they might be ***awareness, experience, now, and responsibility.***

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- **The Rules.** The “rules” of Gestalt therapy (Levitsky&Perls, 1970) include the following:
 - 1. Communication is in the present tense (looking backward or forward is discouraged).
 - 2. Communication is between equals (one talks with, not at).
 - 3. One uses “I” language rather than “it” language (to encourage the acceptance of responsibility).
 - 4. The client continually focuses on immediate experience (e.g., the therapist will ask, “How does it feel to describe the hostility?” “Tell me what you are feeling at this moment”).
 - 5. There is no gossip (talking about someone else).
 - 6. Questions are discouraged (because questions are often quiet ways of stating opinions rather than seeking information).

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- **Gestalt Games.** Clients are taught to add the phrase “and I take responsibility for that” when describing something about themselves. Thus, “I am not a very happy person ... and I take responsibility for that.” Another game involves getting the client to repeat again and again (and louder and louder) some phrase or remark that the therapist deems important. Often, various aspects of role-playing are employed.

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- **Moral Precepts.** The “moral precepts” (or rules for patients to live by) of Gestalt therapy are described by Naranjo (1970):
 - 1. Live now. (Be concerned not with the past or the future but with the present.)
 - 2. Live here. (Be concerned with what is present, not with what is absent.)
 - 3. Stop imagining. (Experience only the real.)
 - 4. Stop unnecessary thinking. (Be oriented toward hearing, seeing, smelling, tasting, and touching.)
 - 5. Express directly. (Do not explain, judge, or manipulate.)
 - 6. Be aware of both the pleasant and the unpleasant.
 - 7. Reject all “shoulds” and “oughts” that are not your own.
 - 8. Take complete responsibility for your actions, thoughts, and feelings.
 - 9. Surrender to being what you really are.

Thus the techniques used for the most usual situations encountered in therapy are

- 1. *Dealing with conflict*: When elements of a conflict are perceived (e.g., dominant desires versus passive impulses; masculine versus feminine, etc.), the patient is asked to play both roles in turn, utilizing the empty chair in which an imagined significant person is seated or the counterpart aspect of the self is seated.
- 2. *Unresolved feelings*: When detected, the therapist may insist that these be expressed.
- 3. *Difficulties in self-expression*: A game is often played wherein the patient makes a statement and ends it by saying, "And I take responsibility for it."
- 4. *Fear of offending others*: In a group the patient goes around expressing attitudes and feelings frankly to each member.
- 5. *Testing projections*: A patient who believes another individual has a problem or characteristic is asked to play a role as if the problem or characteristic is one's own.
- 6. *Challenging reaction formations* (e.g., excessive prudishness): Here the therapist may ask the patient to play the opposite role deliberately (e.g., verbalizing sexual freedom).

- 7. *Managing anxiety*: The therapist says, “Why not let it build as far as it likes. Don’t try to stop it. Emphasize your shaking. Try to bring it on.”
- 8. *Tendencies to detachment and withdrawal*: The patient is asked to focus on the situations or inner feelings that cause withdrawal.
- 9. *Exploring the meaning of gestures or unusual verbal statements*: When these are noticeable, the patient is asked to exaggerate them and detail associations.
- 10. *Difficulties in making assertive statements*: The patient is encouraged to say before each
- statement, “Of course” and “It is certain that.”
- 11. *Use of dreams*: Each aspect of the dream is believed to represent a part of the individual. The patient is asked to identify with each aspect of the dream and act out a role talking to various aspects of oneself.
- 12. *Dealing with distorted values*: The therapist often tries to act as a model by verbalizing and sharing with the patient his or her personal values and feelings.