

This handout is based on information in Finlay, L. (2015). *Relational Integrative Psychotherapy: Process and Theory in Practice*, Chichester, Sussex: Wiley.

Chapter 13 Gestalt theory and therapy

Gestalt translates loosely from the German as 'organised wholeness'. Gestalt therapy takes an embodied, experiential, here-and-now focus and can be regarded as '*psychotherapy of awareness or contact*'. The aim of gestalt therapy is to enable awareness and contact (with self and others/environment) such that dispersed, disowned parts of self are integrated as far as possible into a whole.

Theoretical foundations applied to therapy

It embraces a diverse field as it arises out of an integration of many different philosophies, theories and approaches (see figure 1).

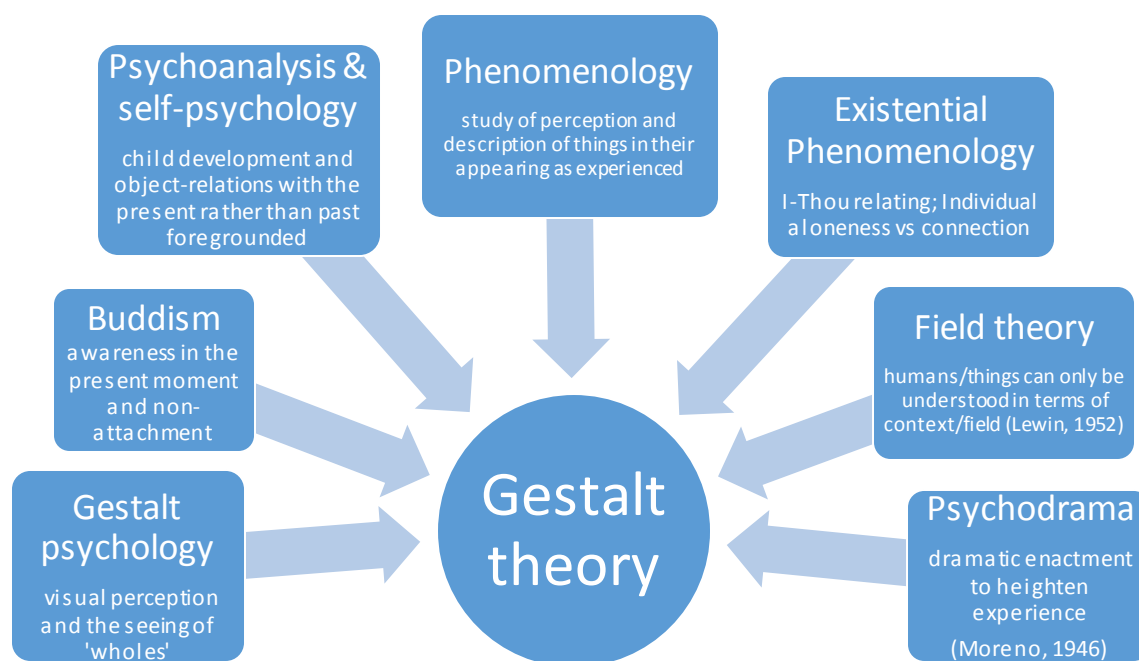


Figure 1 The field of gestalt theory

Gestalt theory offers a 'way of being', a philosophy for living life, as well as a the ory and therapy approach. It is characterised by five main ideas, namely the importance of:

- 1) **here-and-now** conscious experience
- 2) the existential **embodied dialogical** encounter co-created between therapist and client
- 3) a **holistic** approach (embodied, cognitive-affective, interpersonal, social and spiritual dimensions)

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- 4) a contextual perspective where the person is seen as being intertwined with their **'field'** - This field is the web of interconnections between self and others, individual and communal, organism and environment.
- 5) the view that change and growth take place in the **contact** between organism and environment (Clarkson, 1989)

The Gestalt Cycle

The gestalt cycle of experience (or contact) is a simplified model of self-environment interaction. Life itself is a cycle, and within it there are innumerable cycles in which we engage throughout each day. Gestaltists believe we are programmed to achieve an equilibrium, a sense of internal balance, as we interact with our world. Sometimes life flows smoothly, while at others we get stuck and are not able to complete goals we are striving for.

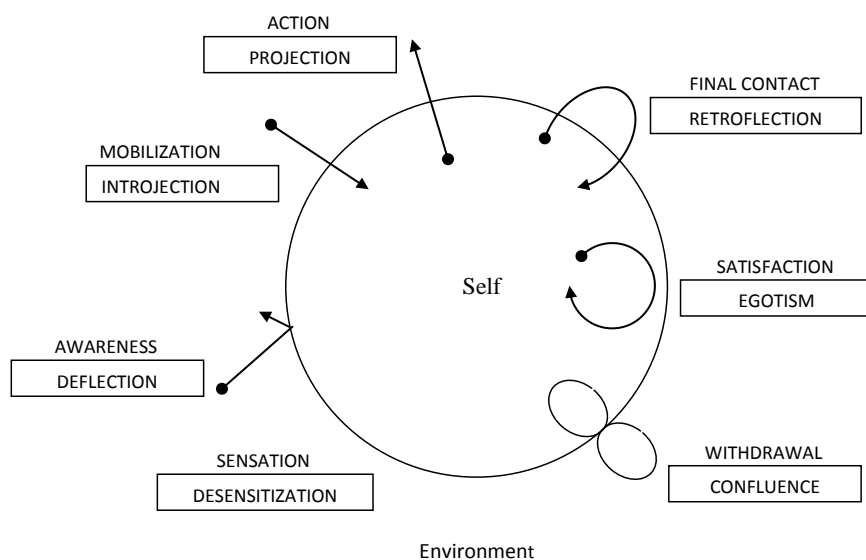


Figure 2 The Cycle of Gestalt formation and destruction with diagrammatic examples of typical boundary disturbances at each stage (reproduced from Clarkson, 1989, p.50)

The model offers a way of thinking about the sequences and processes individuals (or groups/organisations) may go through as we develop and engage the environment. A simple example showing the completion of a gestalt is the experience of being hungry:

Sensation: our stomach growls; we have a physical sensation of hunger

Awareness: we recognise we are hungry

Mobilization: we think about what food to eat and go searching

Action: we choose and prepare the food we want

Final contact: we eat

Satisfaction: we have enjoyed the meal and feel replete

Withdrawal: we are – for now - satiated, neither hungry nor uncomfortably full

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The cycle also helps to explain such concepts as '**interruptions to contact**'. These are coping/survival strategies or *creative adjustments*. They occur when the boundary between self and other becomes unclear or blocked, resulting in disturbance of both contact and awareness and/or getting 'stuck'.

Therapeutic interventions

In practice, there exist variations of 'traditional' and 'relational' versions of gestalt therapy. The provocative/confrontational style of Fritz Perls and his followers is characteristic of the **traditional** variant, where heavy use is made of the therapist's charismatic presence and lively experiments and enactments. More recent variants, however, emphasise a **dialogical** approach where work is seen to occur at the healing contact boundary *between* therapist and client.

- **Experiments and enactments** include such techniques as cathartically beating a cushion in anger work or engaging rituals like creating a memorial service. The aim is to shift energies and symbolically complete unfinished business.
- The **dialogical dimension**: As Hycner notes, "all contact and awareness needs to be understood within this dialogic context" (Hycner & Jacobs, 1995, p.5).

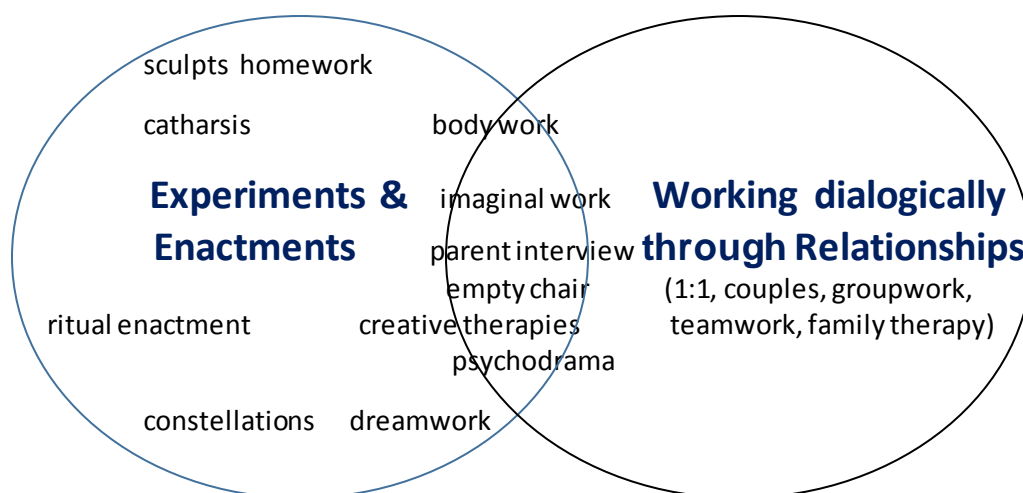


Figure 3 Gestalt approaches to 'Doing' Experiments *and* Relational 'Being-with'

More than being based on techniques, there is a willingness to be human and let go into the relational process and there is a loud "permission to be creative" (Zinker, 1978, p.18), to experiment in spontaneous, lively, **creative** ways (Yontef, 1993). Also gestalt therapists encourage the use of **phenomenological** description and tracking awareness through dialogue. "What is happening for you now? Stay with that feeling and see what emerges"; "Can you put some words to that sensation?" Such questions invite clients to tune into what is just beyond our everyday consciousness.

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Perhaps the key relational dimension involved is for the therapist to be **Present**; to be *present as a person*. When a therapist is present, they allow their whole being to be felt and are available for contact in an authentic way (i.e. at embodied, cognitive, emotional, social and spiritual levels). The therapist is real (for example, by giving honest, accurate feedback) and open (by self-disclosing sensitively while being prepared to be touched and moved by the client). The therapist doesn't want to control and doesn't need something from the client. Presence is not about 'doing to' or being there to 'soothe' the client. Rather it involves being-with the client in engaged, receptive, transparent ways, with humility and a preparedness to face the other without a façade. The hope is that the client will experience this presence as the therapist offering an affirmative, holding, safe way allowing more contactful engagement.

Reflections

Speaking personally, I enjoy gestalt work (perhaps not surprisingly, given my phenomenological background and original occupational therapy training where gestalt ideas are in common currency). I like its immediacy, its focus on the body and the lively potency of its interventions; where clients are invited to dwell with wherever the client is experiencing now. I revel in the 'realness' of interactions and the creativity employed to both celebrate and move clients out of habitual stuck places. I value the way coping/defensive strategies (such as 'cutting off') are appreciated as creative adjustments and are celebrated rather than pathologised. I also quite enjoy being entertained, and occasionally shocked, by the robust challenges issued when I observe experienced practitioners work!

I particularly appreciate the subtle, contact-full, dialogical-relational nature of gestalt work. More than helping an individual become more aware or complete unfinished business, it's about finding a way to help them engage a genuine deeper relationship with their world. As a relational therapist, I agree with Hycner & Jacobs (1995, p.18) who suggest a key question for a therapist to ask is: "*How can I begin to make contact with this person?*"