

**Contributions of Gestalt Therapy to the Practice of Hypnosis\***

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## Contributions of Gestalt Therapy to the Practice of Hypnosis

Gestalt therapy is a relatively recent innovation among the various schools of psychotherapy and there are already many indications that it is destined to exert a powerful influence on the entire field of the so-called "talking cures." The founder of gestalt therapy is Dr. Frederick S. Perls whose diverse background included contact with Freud and extensive psychoanalytic training with Karen Horney and Wilhelm Reich. He also worked as assistant to Kurt Goldstein and it was this experience which led to the holistic and organismic philosophy which colors many of the principles and techniques of gestalt therapy.

My objective today, of course, is to discuss ways in which the techniques and insights of gestalt therapy can facilitate work with hypnosis. The subject cannot make much sense unless you have some knowledge and feeling of how the gestalt therapist functions. In the brief time allotted I can only do the sketchiest of jobs. The techniques of gestalt therapy are described more fully in a former paper. (Levitsky and Perls, 1960).

I am faced as you can easily understand with a double frustration. Firstly, to try briefly to convey some of the flavor of gestalt therapy. Secondly, to show some of the ways in which it can be integrated with work in hypnosis. It is very likely that the best I can accomplish is to interest you in the possibilities of some novel and interesting horizons.

II

I shall attempt to introduce you to gestalt therapy with some brief remarks under six headings.

1. The Principle of the "now": Being in the moment

The idea of the now, of the immediate moment, of the content and structure of present experience is one of the most basic and potent principles of gestalt therapy. In order to get this idea across to his workshop groups Dr. Perls tells them, "I work with a simple dogma, namely that nothing exists except the present." In order to promote "now" awareness, we encourage communications in the present tense. A favorite therapeutic question is, "What do you feel at this moment?" If the patient is compelled to talk about past events we direct him to "be there now" and describe and enact it as an on-going episode. Among its many advantages an obvious one is that all material acquires heightened emotional impact.

2. Is versus should and ought

The gestalt therapist tries vigorously to return the patient to his own experiencing through his senses, through eyes and ears rather than relying on conventional social pressures as to what he ought to experience. The patient is urged to accept and acknowledge every conceivable aspect of his present situation with a minimum of judgement. Acceptance and acknowledgment are sharply distinguished from discouraged resignation. Acceptance of whatever the moment has to offer is seen as the rock hard basis from which organic growth may proceed. Learning to distinguish between should and is is a tricky point for both the therapist and patient.

3. Communication and expression

Gestalt therapy gives close attention to the language of the body. We will often ask the patient to devise a verbal script which will make explicit the implicit message of a body gesture. For instance we may ask, "What is your hand doing now? Give it a voice; write a little script for it." As a consequence of this sort of focus gestalt therapists develop unusual observational skills for even subtle gestures of face and body.

In addition we try to promote the most direct kind of communication in order to confront elements which are all too easily avoided. "What are you avoiding now?" is a key therapeutic question. "To whom in your life would you say this?" is another key question.

4. The "how" of experience

The gestalt therapist stresses the how and what of experience in distinction to the more traditional psychoanalytic why. Getting more detail and depth as to how unpleasant emotions are experienced will commonly show the therapist where to take hold.

In directing the patient to the "how" of his experience he is often asked to heighten his awareness of seemingly trivial elements in his sensory field.

Training the patient to observe and report the seemingly trivial is of course an easy springboard to enable him to observe the definitely non-trivial. He may, for instance, express the fear that the group will despise him. Asked to look carefully at their faces, he usually discovers -- to his surprise and relief-- far more sympathetic expressions.

## 5. Games

Gestalt therapy employs a variety of so-called games. There is now a large number and more are constantly being invented. I mention here just a few relevant ones:

### a) I feed you a sentence game

Therapist proposes a sentence for patient to say. Then he sees what feelings follow.

### b) Games of dialogue

Just as a verbal script can be developed from a body gesture, just so can a dialogue be invented between two sides of the personality. For instance, the "nice guy" part of the patient might be asked to have a dialogue with the "spiteful" part.

### c) Exaggeration game

Patient is directed to exaggerate and/or repeat a particular gesture, sound or word. In this way underlying meanings may become dramatically apparent.

d) A game which I have found universally intriguing but with particular relevance for hypnosis is one which I call "The I-can't-do-anything-wrong game." The patient is asked to adopt this attitude although it is clearly pointed out that he can hardly be expected to really believe this.

## 6. Resistances

In dealing with resistances we look for ways of giving them overt expression rather than merely identifying, interpreting or explaining them away. We call this "Going with the resistance."

Suppose, for instance, that the patient has made a seemingly significant shake of the head. We urge him to make his refusal explicit. We tell him to say in a loud firm voice, "No, I won't do what you ask."

Another example of going with resistances is what Perls calls the rhythm of contact and withdrawal. According to this view, withdrawal is often a healthy, adaptive mechanism and there are many moments when the patient is instructed to close his eyes and go in fantasy to a better place where he avoids the present anxiety. Soon he is asked to return and he usually does so with renewed energy. The natural need for rest has done its work.

### III

#### Applications

##### 1. Being in the moment

As already stated, the thorough understanding of the concept of the here and now is one of the keystones of gestalt therapy. This notion seems simple on the surface, but extensive experience reveals over and over again that a true appreciation of this philosophy requires persistent effort. Gestalt therapists have been developing a great range of skills in teaching this attitude.

We need to show the patient repeatedly how quickly and easily he leaves the now. We help him distinguish between a perception and a fantasy, between a reality and an expectation, particularly a fearful expectation; between a true observation through his senses and a fanciful thought about. The considerable advantage of this procedure is that it helps so much with the problem of concentration.

All workers with hypnosis have been painfully aware of how easily subjects resist by being unable to concentrate on sensations and perceptions suggested by the hypnotherapist. The focusing and narrowing of the subject's attention is such a prime advantage in hypnosis especially during the induction procedure that this point requires no elaboration.

There is another even more intriguing benefit from teaching the patient to stay in the now. As he becomes more skillful at doing this, he is often exhilarated--even astonished at the richness and novelty of his appreciation of seemingly mundane elements which he formerly took for granted. At times it even partakes of the turned-on feeling associated with the current psychedelic drugs. I hardly need labor the point that this is a powerful motivator and rapport-getter between patient and therapist. In fact, without even stretching a point, this total or near-total immersion in immediate experience is itself already the beginning of a hypnotic experience which the therapist can broaden, direct and utilize for specific purposes.

We can go even further. When the patient, when any of us, has succeeded in thoroughly, whole-heartedly being in the now, in the now of the real world about him; when he is thoroughly open to the ever-changing richness and knowledge provided by his senses; when he is not confusing his inner patterns of fantasy with what is truly happening around him, then at that very moment he is alive, vital and spontaneous. At that moment he has left his neurosis behind and in the words of Perls, he has "Lost his mind and come to his senses." This is always an experience of such impact and so packed with gratification that it is rarely forgotten.

Inevitably, like the rest of us, he will not long remain in such close touch and will sink back to his inner world of ogres and torturers. But the memory will serve him well; he will know that these moments exist. That learning that true insight can not be taken from him. I have seen how with many of my patients it has provided a haven of hope when they have fallen on darker days.

B. The question of acceptance and self-acceptance

In a former paper on "Guilt, Self-Criticism and the Technique of Hypnosis" (Levitsky, 1962), I pointed out how the subject's attitudes of self-criticism and undue self-expectations provide a common resistance. As mentioned above a key focus in gestalt therapy is the theme of acceptance of processes and phenomena as they occur. We uncover the truly phenomenal and subtly pervasive ways in which we are all tyrannized by the "should."

Particularly in hypnosis patients will feel:

- "I should be less conscious"
- "I should be going deeper"
- "I shouldn't be able to talk"
- "I should have no voluntary control"

In repeatedly exposing to the patient the tyranny of the "should" the gestalt therapist is really preparing the patient for the most effective and co-operative orientation to hypnosis. For instance, if he can attend sensitively and acceptingly to his impulses of body, thought and feeling instead of denying or stifling them because they do not conform with some fantasized "should" or concept of what ought to be, then he is truly lending himself to the delicate give and take between patient and therapist which characterizes hypnosis at its best.



Here I might say parenthetically that as the patient and therapist approach this sort of true communication the whole question of hypnosis may well become secondary for as we have seen, it is the unhampered contact and communication between two individuals hypnotic or otherwise which is the most powerful curative agent.

There is still another point in this matter of acceptance which I want to mention here. The daily work of the hypnotherapist reveals over and over that some individuals respond with quite dramatic manifestations, some with more modest phenomena and a few others have few or negligible responses. For the gestalt therapist the very response of the patient to this pattern of successes, "failures" and resistances becomes as much grist for the mill as any other part of the procedure. Most especially, the reaction of disappointment at the absence of anticipated pyrotechnics can be used not only to help the patient get in touch with his unreal magical fantasies, but even more basically to encourage him to accept where he is and what he is at the moment. We have here a basic example not only of the existential roots of gestalt therapy, but of the vital existential component of any effective therapeutic approach.

C. Illustrative exchanges

I will give some brief examples of interactions between patient and therapist.

1. Patient: "I am afraid." Therapist now has a number of possibilities. He might reply: (a) "Can you accept that or do you think it is a sin to be afraid?"

Therapist might say (b) "How do you experience the fear?"

Patient: "I have tightness in my stomach."

Therapist: "Go into the tightness. Explore it, feel it."

Or therapist might say, (c) "Have a fantasy. What might happen?"

The patient's fantasy can then be followed and worked with. I cannot elaborate here.

2. Patient: "I can't concentrate, my mind wanders."

Therapist: "Fine, let it wander. Just tell me where it wanders." (Patient recounts the material).

Therapist: "Good. Where does it wander now? Now, can you take a deep breath, relax and let your mind wander some more."

Every experienced hypnotherapist will quickly see the multiplicity of levels of messages involved in this exchange. The patient has at one and the same time been told to do what he wants to do and been asked asked to do what the therapist wants him to do. A classic example of hypnotic technique at its best.

#### IV

#### Conclusion

Leaving aside for the moment questions of technique, if I am asked to sum up the spirit of gestalt therapy in a few words I would put it this way: We are trying to give the patient this basic message, "Do the best you can and take your chances."

"If you get what you want, fine: No problem, no sweat."

"Many times the best you can do is not good enough to get you what you want. Now you have a number of choices.

(a) You can cry in your beer or on everyone else's shoulder.

Bemoan your fate and curse God for the injustice he has shown you.

(b) You can deny that you were hurt or disappointed at all and pretend that it doesn't matter. This is the "twarn't nothin'" approach.

(c) Or you could take it like an adult person. Now, what is the gestalt concept of this? We would suggest, "Feel the loss, feel the hurt, acknowledge the disappointment." Acknowledging the sadness is totally different from considering oneself to be a failure.

A fancier way of saying this is that neurotic anxiety stems from the refusal to accept existential anxiety, i.e., the anxiety of existence.

Tillich summed it up neatly: "It takes courage to be."

When we have all learned the inner meanings of this pregnant phrase, "The courage to be," we will probably be far less interested in spending time listening to each other at conventions. We'll be having more fun loafing, playing, working and loving.

It would be a good idea for us all to hurry up and get on with it.

Levitsky, A. and Perls, Frederick S. The Rules and Games of Gestalt Therapy. In Gestalt Therapy Now, Edited by Fagan, J. and Shepherd, I. L., Palo Alto: Science and Behavior Books, 1970.

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