

gestalt therapy

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the rules  
and  
games of

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## THE RULES AND GAMES OF GESTALT THERAPY

The techniques of Gestalt therapy revolve largely around two sets of guide lines which we will call rules and games. The rules are few in number and are usually introduced and described formally at the outset. The games, on the other hand, are many in number and no definitive list is possible since an ingenious therapist may well be able to devise new ones from time to time.

If we are to do justice at all to the spirit and essence of Gestalt therapy, we must recognize clearly the distinction between rules and commandments. The philosophy of the rules is to provide us with effective means of unifying thought with feeling. They are designed to help us dig out resistances, promote heightened awareness, facilitate the maturation process. It is definitely *not* intended to face the patient with a dogmatic list of *do's* and *don'ts*. Rather the rules are offered in the spirit of experiments which the patient may perform. They will often provide considerable shock value, pointing up to the patient the many and subtle ways in which he prevents himself from fully experiencing himself and his environment.

When the intention of the rules is truly appreciated, they will be understood in their inner meaning and not in their literal sense. The "good boy," for instance, totally incapable of understanding the liberating intent of the rules, will frequently follow them exactly—but to absurdity, thus endowing them with his own bloodlessness rather than with the vitality they seek to promote.

True to its heritage in Gestalt psychology, the essence of Gestalt therapy is in the perspective with which it views human life processes. Seen in this light, any particular set of techniques such as our presently used rules and games will be regarded merely as convenient means-whereby, useful tools for our purposes but having no sacrosanct qualities.

## THE RULES

### 1. THE PRINCIPLE OF THE "NOW"

The idea of the now, of the immediate moment, of the content and structure of present experience, is one of the most potent, most pregnant, and most elusive principles of Gestalt therapy. Speaking from my own experience (A.L.) I must say that I have been at various times intrigued, angered, baffled and exhilarated by the implications of the seemingly simple idea "being in the now." And what a fascinating experience it is to help others become aware of the manifold ways in which they prevent themselves from having true immediate awareness.

In order to promote "now" awareness we encourage communications in the present tense. What do you feel at this moment? The phrase "what is your now?" is an effective one from therapist to patient.

It would not be accurate to say that there is no interest in historical material and in the past. This material is dealt with actively when it is felt to be germane to important themes of the present personality structure. However, one finds that the most effective means of integrating past material into the personality is to bring it—as fully as possible—into the present. In this way we avoid the bland, intellectualized "about-isms" and strive vigorously to give all material the impact of immediacy. When the patient refers to events of yesterday, last week or last year, we quickly direct him to "be there" in fantasy and to enact the drama in present terms.

We are active in pointing out to the patient how easily he leaves "the now." His need to bring into the dialogue absent individuals, the nostalgic urge to reminisce, the tendency to get preoccupied with fears and fantasies of the future—these are identified for him. For most of us, the exercise of remaining in present awareness is a taxing discipline which can be maintained only for short periods. It is a discipline to which we are not accustomed and which we are inclined to resist.

### 2. I AND THOU

With this principle we strive to drive home as concretely as possible the notion that true communication involves both sender and receiver. The patient often behaves as if his words are aimed at the blank wall or at thin air. When he is asked, "To whom are you saying this?" he is made to face his reluctance to send his message directly and unequivocally to the receiver, to the *other*.

Thus the patient is often directed to invoke the other's name—if necessary at the beginning of each sentence. He is asked to be aware of the distinction

between "talking to" and "talking at" the listener. He is led to discover whether his voice and words are truly reaching the other. Is he really touching the other with his words; *how far* is he willing to touch the other with his words? Can he begin to see that this phobic avoidance of relating to others, of making genuine *contact* with others, is also manifested in his voice mechanisms and his verbal behavior? If he has slight or insufficient contact, he can begin to realize his serious doubts as to whether others actually exist for him in this world; as to whether he is truly *with* people or feeling alone and abandoned.

### 3. "IT" LANGUAGE AND "I" LANGUAGE

This rule deals with the semantics of responsibility and involvement. It is common for us to refer to our bodies and to our acts and behaviors in distanced, third person, "it" language.

*What do you feel in your eye?*

*It is blinking.*

*What is your hand doing?*

*It is trembling.*

*What do you experience in your throat?*

*It is choked.*

*What do you hear in your voice?*

*It is sobbing.*

Through the simple—and seemingly mechanical—expedient of changing "it" language into "I" language we learn to identify more closely with the particular behavior in question and to assume responsibility for it.

Instead of "It is trembling," "I am trembling." Rather than "It is choked," "I am choked." Going one step further, rather than "I am choked," "I am choking myself."

If we consider the distinction between "I feel choked" and "I am choking myself," we immediately see the different degree of responsibility and involvement that is experienced.

Changing "it" to "I" is an example in microcosm of many of the Gestalt game-techniques. As the patient participates in this particular game he is far more likely to see himself as an active agent who does things rather than a passive creature to whom things somehow happen.

A number of other semantic games are available.

a. Patient: *I can't do that.*

Therapist: *Can you say, I won't do that?*

As the patient accepts and uses the therapist's formulation, this commonly follows with ". . . and what do you experience now?"

b. Therapist: *What do you hear in your voice?*

Patient: *My voice sounds like it is crying.*

Therapist: *Can you take responsibility for that by saying "I am crying"?*

Other gambits in the semantics of responsibility are:

- a. Having the patient substitute verbs for nouns.
- b. Encouraging frequent use of the imperative mode of speech as the most direct means of communication.

#### 4. USE OF THE "AWARENESS CONTINUUM": THE "HOW" OF EXPERIENCE

The use of the so-called "awareness continuum" is absolutely basic to Gestalt therapy. With it we often achieve effects both striking and startling. The frequent return to and reliance on the "awareness continuum" is one of the major innovations in technique contributed by Gestalt therapy.

The method is simple:

Therapist: *What are you aware of now?*

Patient: *Now I am aware of talking to you. I see the others in the room.*

*I'm aware of John squirming. I can feel the tension in my shoulders.*

*I'm aware that I get anxious as I say this.*

Therapist: *How do you experience the anxiety?*

Patient: *I hear my voice quiver. My mouth feels dry. I talk in a very halting way.*

Therapist: *Are you aware of what your eyes are doing?*

Patient: *Well, now I realize that my eyes keep looking away.*

Therapist: *Can you take responsibility for that?*

Patient: *. . . that I keep looking away from you.*

Therapist: *Can you be your eyes now? Write the dialogue for them.*

Patient: *I am Mary's eyes. I find it hard to gaze steadily. I keep jumping and darting about . . . etc. etc.*

The awareness continuum has inexhaustible applications. Primarily, however, it is an effective way of guiding the individual *to* the firm bed-rock of his experiences and *away from* the endless, thin verbalizations, explanations, speculations, interpretations. Awareness of body feelings, of sensations and perceptions, constitutes our most certain—perhaps our only certain—knowledge. Relying on information provided in awareness is the best method of implementing Perls' dictum to "lose your mind and come to your senses."

The use of the awareness continuum is the Gestalt therapist's best means of leading the patient away from the emphasis on the *why* of behavior (psychoanalytic interpretation) and towards the *what* and the *how* of behavior (experiential psychotherapy).

Patient: *I feel afraid.*

Therapist: *How do you experience the fear?*

Patient: *I can't see you clearly. My hands are perspiring, etc.*

As we help the patient rely on his senses ("return to his senses") we also help him distinguish between the reality *out there* and the frightening goblins he manufactures in his own fantasies.

Patient: *I'm sure people will despise me for what I just said.*

Therapist: *Go around the room and look at us carefully. Tell me what you see, what your eyes—not your imaginings—tell you.*

Patient: (after some moments of exploration and discovery) *Well, actually people don't look so rejecting. Some of you even look warm and friendly!*

Therapist: *What do you experience now?*

Patient: *I'm more relaxed now.*

#### 5. NO GOSSIPING

As is the case with many Gestalt techniques, the no gossiping rule is designed to promote feelings and to prevent *avoidance* of feelings. Gossiping is defined as talking about an individual when he is actually present and could just as well be addressed directly.

Let us say the therapist is dealing with Bill and Ann:

Bill: (to therapist) . . . *the trouble with Ann is she's always picking on me.*

Therapist: *You're gossiping; say this to Ann.*

Bill: (turning to Ann) *You're always picking on me.*

We often gossip about people when we have not been able to handle directly the feelings they have aroused in us. The no gossiping rule is another in the long list of Gestalt techniques which facilitate direct confrontation of feelings.

#### 6. ON ASKING QUESTIONS

Gestalt therapy gives a good deal of attention to the patient's need to ask questions. The questioner is obviously saying, "Give me, tell me . . ." A careful listening will often reveal that the questioner does not really seek information, or that the question is not really necessary, or that it represents laziness and passivity on the part of the patient. The therapist may then say, "Change that question into a statement." The frequency with which the patient can actually do this validates the action of the therapist.

Genuine questions are to be distinguished from hypocritical questions. The latter are intended to manipulate or cajole the other into seeing or doing things our way. On the other hand, questions in the form of "How are you doing?" "Are you aware that . . .?" provide genuine support.

## THE GAMES

Following is a brief description of a number of techniques or "games" used in Gestalt therapy. They are proposed by the therapist when the moment—in terms either of the individual's or the group's needs—seems appropriate.

Some of the games, such as the "I have a secret" game or the "I take responsibility" game, are very useful as group warm-ups at the beginning of a group session.

It is of course no accident that one of the major techniques of Gestalt therapy is couched in game form. This is evidently a basic metacommunication on the part of Perls, highlighting one of the many facets of his philosophy of personality functioning. The game language (itself a game) can be seen as a commentary on the nature of all or most of social behavior. The message is *not* to stop playing games, since every form of social organization can be seen as one or another game form. Rather the message is to be aware of the games we play and to be free to substitute satisfying for non-satisfying games. Applying this view to any two-person relationship, e.g., love, marriage, friendship, we would not be inclined to seek out a partner who "does not play games" but rather one whose games fit comfortably with our own.

### 1. GAMES OF DIALOGUE

In trying to effect integrated functioning, the Gestalt therapist seeks out whatever divisions or splits are manifested in the personality. Naturally, whatever "split" is found is a function of the therapist's frame of reference and his observational powers. One of the main divisions postulated is that between so-called top-dog and bottom-dog. Top-dog is roughly the equivalent of the psychoanalytic superego. Top-dog moralizes, specializes in "shoulds" and is generally bossy and condemning. Bottom-dog tends to be passively resistant, makes excuses and finds reasons to delay.

When this division is encountered, the patient is asked to have an actual dialogue between these two components of himself. The same technique or game of dialogue can of course be pursued for any significant split within the personality, e.g., aggressive versus passive, "nice guy" versus scoundrel, masculine versus feminine, etc.

At times the dialogue game can even be applied with various body parts such as right hand versus left, or upper body versus lower.

Naturally, the dialogue can also be developed between the patient and some significant person. The patient simply addresses the person as if he were there, imagines the response, replies to the response, etc.



## 2. MAKING THE ROUNDS

The therapist may feel that a particular theme or feeling expressed by the patient should be faced vis-a-vis every other person in the group. The patient may have said, "I can't stand anyone in this room."

Therapist: "OK, make the rounds. Say that to each one of us and add some other remark pertaining to your feelings about each person."

The "rounds" game is of course infinitely flexible and need not be confined to verbal interaction. It may involve touching, caressing, observing, frightening, etc.

## 3. UNFINISHED BUSINESS

Unfinished business is the Gestalt therapy analogue of the perceptual or cognitive incomplete task of Gestalt psychology. Wherever unfinished business (unresolved feelings) is identified the patient is asked to complete it. Obviously all of us have endless lists of unfinished business in the realm of interpersonal relations—with parents, siblings, friends. It is Perls' contention that resentments are the most common and important kinds of unfinished business.

## 4. THE "I TAKE RESPONSIBILITY" GAME

In this game we build on some of the elements of the awareness continuum but we consider all perceptions to be acts. In connection with each statement we use the phrase "... and I take responsibility for it."

Thus: I am aware that I move my leg ... and I take responsibility for it. My voice is very quiet ... and I take responsibility for it. Now I don't know what to say ... and I take responsibility for not knowing.

What seems at first blush a mechanical, even foolish procedure, is soon seen as one heavily laden with meaning.

## 5. THE "I HAVE A SECRET" GAME

This game permits exploration of feelings of guilt and shame. Each person thinks of a well-guarded personal secret. He is instructed *not* to share the secret itself but imagine (project) how he feels others would react to it.

A further step can then be for each person to boast about what a terrible secret he nurses. The unconscious attachment to the secret as a precious achievement now begins to come to light.

## 6. PLAYING THE PROJECTION

Many seeming perceptions are projections. The patient says, "I can't trust

you." He is asked to play the role of an untrustworthy person in order to discover his own inner conflict in this area. The patient may complain to the therapist: "You're not really interested in me. You just do this for a living." He is told to enact this very attitude after which he might be asked whether this is possibly a trait which he himself possesses.

#### 7. THE GAME OF REVERSALS

One way in which the Gestalt therapist approaches certain symptoms or difficulties is to help the patient realize that the overt behavior will commonly represent the reversal of underlying or latent impulses. We therefore use the reversal technique.

a. The patient claims to suffer from inhibition or excessive timidity. He is asked to play the part of being an exhibitionist. In taking this plunge into an area fraught with anxiety he makes contact with a part of himself that has long been submerged.

b. The patient wishes to work on his problem of extreme touchiness to criticism. He is asked to play the role of listening very carefully to everything that is said to him—especially criticism—without the need to defend or counterattack.

#### 8. THE RHYTHM OF CONTACT AND WITHDRAWAL

Following its interest in the totality of life processes, in the phenomena of figure and ground, Gestalt therapy emphasizes the polar nature of vital functioning. The capacity for love is impaired by the inability to sustain anger. Rest is needed to restore energy. A hand is neither open nor closed but capable of both functions.

The natural inclination towards withdrawal from contact which the patient will experience from time to time is not dealt with as a resistance to be overcome but as a rhythmic response to be respected. Consequently when the patient wishes to withdraw, he is asked to close his eyes and withdraw in fantasy to any place or situation in which he feels secure. He describes the scene and his feelings there. Soon he is asked to open his eyes and "come back to the group." The on-going work is then resumed, usually with new material provided by the patient, who has now had some of his energies restored by his withdrawal.

Similarly the Gestalt approach suggests that we accept withdrawal needs in any situation where attention or interest has lagged but that we remain aware of where our attention goes.

#### 9. THE REHEARSAL GAME

According to Perls, a great deal of our thinking consists of internal rehearsal and preparation for playing our accustomed social roles. The experience of stage fright simply represents our fear that we will not conduct our roles well. The group therefore plays the game of sharing rehearsals with each other, thus becoming more aware of the preparatory means we employ for bolstering our social role images.

#### 10. THE EXAGGERATION GAME

This game is closely allied to the principle of the awareness continuum and provides us with another means of understanding body language. There are many times when the patient's unwitting movement or gesture appears to be a significant communication. The gestures, however, may be abortive, undeveloped, or incomplete—perhaps a wave of the arm or a tap of the leg. The patient is asked to exaggerate the movement repeatedly, at which time the inner meaning will frequently be more apparent.

Often the patient is asked to develop the movement into a dance to get more of the self into integrative expression.

A similar technique is used for purely verbal behavior and can well be called the "repetition game." A patient has made a statement of importance but has perhaps glossed over it or in some way indicated that he has not fully absorbed its impact. He is asked to say it again—if necessary a great number of times—and, where necessary, louder and louder. Soon he is really hearing himself and not just forming words.

#### 11. THE "MAY I FEED YOU A SENTENCE" GAME

In listening to or observing the patient the therapist may conclude that a particular attitude or message is implied. The therapist says: "May I feed you a sentence. Say it and try it on for size. Say it to several people here." He then proposes his sentence and the patient tests out his reaction to the sentence. Typically, the therapist does not simply interpret for or to the patient. Although there is obviously a strong interpretive element here, the patient must make the experience his own through active participation. If the proposed sentence is truly a key sentence, spontaneous development of the idea is supplied by the patient.

#### 12. MARRIAGE-COUNSELING GAMES

A great number of marriage-counseling games are possible, of which just a few will be mentioned:

The partners face each other and take turns saying sentences beginning with "I resent you for . . ."

The resentment theme can then be followed by the appreciation theme, "What I appreciate in you is . . ."

Then the spite theme: "I spite you by . . ."

The compliance theme: "I am compliant by . . ."

Lastly we can move to the discovery theme. The partners alternate saying sentences beginning with "I see . . ." The process of discovery, many times involving seeing each other for the first time, is thus embarked upon. Since, as Perls points out, the most difficult problem in marriage is that of being in love with a concept rather than the individual, we must learn to distinguish between our fantasied image and the flesh and blood person.

Finally, we should mention a particular approach which does not fall under the heading of *either* rules or games. However, it is an important gambit in Gestalt therapy and symbolizes very nicely much of the underlying philosophy of Perls.

We might call it the principle of "Can you stay with this feeling?" This technique is invoked at key moments when the patient refers to a feeling or mood or state of mind which is unpleasant and which he has a great urge to dispel. Let us say he has arrived at a point where he feels empty or confused or frustrated or discouraged. The therapist says, "Can you stay with this feeling?"

This is almost always a dramatic moment and a frustrating one for the patient. He has referred to his experience with some sourness and an obviously impatient desire to get done with it, to leave this feeling well behind him. The therapist becomes almost cold-blooded and asks him to deliberately remain with whatever psychic pain he has at that moment.

Falling back now on the awareness continuum, the patient is asked to elaborate on the "what" and "how" of his experience. What are your sensations, perceptions, fantasies, expectancies? It is at these moments that it is most appropriate and necessary to help the patient distinguish between that which he *imagines* and that which he *perceives*.

The "stay with it" technique illustrates, par excellence Perls' emphasis on the role of phobic avoidance in all of neurotic behavior. In his view, the neurotic has habitually avoided vigorous contact with a variety of unpleasant and dysphoric experiences. As a result, avoidance has become ingrained, a phobic type of anxiety has been routinized and major dimensions of experience have never been adequately mastered.

It is interesting, in this connection, to be reminded of the title of Perls' first book, *Ego, Hunger and Aggression*. The basic message of the title

evidently is that we must adopt towards psychological and emotional experiences the same active, coping attitudes that we employ in healthy eating. In healthy eating we bite the food; then we effectively chew, grind and liquefy the food. Now it can be swallowed, digested, metabolized, assimilated. In this way we have truly made the food a part of ourselves.

The Gestalt therapist, most especially with the "stay with it" technique, encourages the patient to undertake a similar "chewing up" and painstaking assimilation of emotional experiences which have hitherto been unpleasant to the taste, difficult to swallow and impossible to digest. In this way the patient moves towards improved self-confidence and a greater capacity for autonomy.

# Gestalt Therapy Now

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