

behavior has particular value. In order to provide alternatives to that behavior which seems to be inconsistent with the conscious goals of the individual, specific and concrete units of behavior receive focused attention in the feedback session. Videotape feedback can strengthen and heighten some of the most important phases of an encounter group.

# Gestalt Therapy

*Abraham Levitsky and James S. Simkin*



Although Gestalt therapy is a relatively recent innovation (Perls, Hefferline, and Goodman, 1951), it is already a highly elaborated system, as evidenced by the long array of concepts on which it makes its characteristic statements (Simkin, 1971). However, a strong unifying thread ties together the various rules, games, and techniques. The importance of this framework is symbolized in the name which has been chosen for this approach.

In 1966 Simkin tape-recorded a biographical interview with Fritz Perls, during which Perls dealt with his search for a label for the therapeutic approach he was developing. Out of several possibilities, he fixed on the name Gestalt therapy. He had been profoundly influenced by the German school of gestalt psychology with its emphasis on total functioning, on problems of structure, configuration, wholeness, the interrelationship between parts, and, above all, on the phenomenon of moment to moment shifts in the definition of foreground and background.

The gestaltist's concern with the question of completeness—the nature of complete functioning and completed ex-

perience—suggests an underlying question which the therapist asks both himself and the patient: “What is the nature of complete living?” The answer, of course, may be recognized as open-ended and eternally expanding and emerging.

This underlying concern with totality of functioning—the gestalt of one’s life, the gestalt of one’s being at this moment—constitutes the ground from which stem all other detailed considerations of method and technique in this therapeutic approach. Techniques are seen as merely techniques, and a broad range of stylistic differences are therefore represented within this school of therapists. As Levitsky and Perls point out (1970, p. 140), “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.”

We now turn to some of the formal aspects of group formation. Typically, the small group in Gestalt therapy practice consists of a therapist and from five to eight patients and is conducted on a regular (usually weekly), ongoing basis. Most groups of this size meet for approximately an hour and a half, but the length may range from one to three hours. Some groups have co-leaders and vary in size from eight to as many as fourteen people. Usually, the larger the group, the longer the time period spent in group.

Many therapists follow Perls’ lead in the use of the “hot seat” technique and will explain this to the group at the outset. According to this method, an individual expresses to the therapist his interest in dealing with a particular problem. The focus is then on the extended interaction between patient and group leader (I and Thou). The patient sits in a chair directly facing the leader during this exchange.

Inevitably it sometimes happens that no one comes forward to “work.” Depending on how he views the dynamics of this situation, the therapist may elect to wait it out or to try any one of a number of techniques or games which serve as warm-up (Levitsky and Perls, 1970). Among these is the basic method of “making rounds.” Here each person is asked, either

in turn or randomly, where he is at this moment. The question “What are you in touch with?” in the Gestalt framework is laden with practical and theoretical implications. There is a world of difference between “What are you in touch with?” and the more usual “How are you?” or “What are you feeling?” In the “What are you in touch with” formulation we imply the individual’s active choice of a particular mood, feeling, body sensation, or image to be in the foreground of his attention at a given moment. This way of asking also seems to allow far wider latitude of response than does the more conventional opening gambit.

Making rounds may lead to one person’s discovering that he wishes to work through some unfinished material, in which case rounds are suspended and the focus is switched to the individual and therapist working together. As they work, occasions arise in which the patient is asked to carry out some particular exercise, such as “Could you repeat what you just said, but this time with your legs uncrossed?” or “Could you look directly at me as you say this?” The attitude with which these exercises are carried out is an important element. The patient is gradually educated and encouraged to undertake them in the spirit of experiment. One cannot really know the outcome beforehand even though a specific hunch is being tested. The spirit of experiment is taken seriously and the question raised, “What did you discover?” Discovery is the most potent form of learning. It is far more one’s own possession than is any information fed in from the outside. The open and flowing personality expresses a natural and spontaneous curiosity. When we are skillful enough to elicit this drive in unhampered fashion the patient will make discoveries that reflect his unique interests, his unique needs, his stylistic trademark. At that moment he stands on his own two feet; at that moment he is self-actualizing and is doing quite nicely without the benevolent wisdom of therapist-guru.

To some observers, the practice of Gestalt therapy in a small group appears to be essentially individual therapy which takes place in the presence of a group. To a large extent this is

true, and Perls (1967, p. 309) outlined the value of this approach as follows:

*To the whole group it is obvious that the person in distress does not see the obvious, does not see the way out of the impasse, does not see (for instance) that his whole misery is a purely imagined one. In the face of this collective conviction he cannot use his usual phobic way of disowning the therapist when he cannot manipulate him. . . .*

*Behind the impasse . . . is the catastrophic expectation. . . . In the safe emergency of the therapeutic situation, he [the patient] discovers that the world does not fall to pieces if he gets angry, sexy, joyous, or mournful. The group supports his self-esteem; the appreciation of his achievements toward authenticity and greater liveliness also is not to be underestimated.*

*Gestalt therapists also use the group for doing collective experiments—such as talking jibberish together or doing withdrawal experiments in learning to understand the importance of the atmosphere. . . . The observation by the group members of the manipulative games of playing helpless, stupid, wailing, seductive or other roles, by which the neurotic helps himself in the infantile state of controlling, facilitates their own recognition.*

By its very nature Gestalt therapy places considerable stress on extensive and intensive interaction between the therapist and whomever is working at a given moment. A number of therapists specifically ask other participants not to join in during the thirty- or forty-five minute period of working with one individual.

The reason for this restriction is germane to the Gestalt approach: The therapist wishes to participate in and enhance the flow of feeling from the patient in the here and now. He aims to seek out and liberate those feelings which at the moment are in the foreground of the patient's awareness. The methods he uses are both intriguing and unique and have unusual efficacy. The best illustrations are in the transcripts of

taped interviews between Perls and members of his workshops (Perls, 1969b), as well as in the Simkin training film.

Having a background of both gestalt psychology and Reichian psychiatry, the Gestalt therapist assumes that the individual is a totally communicating unit. As is now widely accepted, important and unwitting messages are constantly being sent through body language. Much of the skill of the Gestalt therapist lies in his facility in reading body language. A characteristic move of the shoulder, a clearing of the throat, an irregularity in breathing—these may profitably become the focus of concern in the therapeutic session.

There is another way of saying this: One of the basic modes of Gestalt therapy is to look for significant microscopic bits of behavior. Enright (1970, p. 269) offers a beautiful example:

*Many times, the movements or tensions that substitute for, and therefore block, awareness are far more inaccessible, often being "miniaturized" into tiny movements that are almost invisible and yet sum up and sustain a whole point of view and set of expectations about life. For example, one medical student in a group punctuated almost every remark (made in a very intense voice) with a flick of his head to the right. I had another student stand behind him and hold his head fairly tightly. After a minute or two, the head movement disappeared and the man began to flick his right wrist slightly at the end of each comment. Another student held his wrist. Soon a fairly noticeable shrug of the right shoulder appeared to replace that. At this point, I had him then exaggerate the shrug extensively, turning it into an entire body movement; within a minute or two, he was able to put this gesture into the words "Who cares?" This was the miniaturized organismic counterpoint to his overtly expressed close interest in what I was saying.*

Although the practice of focusing on small movement is common this particular emphasis has not yet been clearly articulated. Apparently all Gestalt therapists have absorbed this theoretical and practical point so heartily that they have not bothered to describe it. The rationale is that these microscopic

units of behavior often convey attitudes and bind emotions. Attending to these elements of gesture and style can be particularly dramatic when the patient has little or no awareness of their existence. It is commonplace that even after this feedback is given to the patient he needs to make special efforts to gain this awareness himself. What is obvious to the observer may be thoroughly hidden from the self.

Another aspect of the therapist's activity deals with the role of sensation both in communication and in combating intellectualization. A major criticism leveled by Gestalt therapy against psychoanalysis and other traditional therapies is that they resulted too often in dry and unproductive verbal insights. They had meager success in uniting thought with feeling. In frequently invoking one of his favorite dicta—"Lose your mind and come to your senses"—Perls was focusing on just this danger. This dictum applies, naturally, to therapist as well as patient, and much of the training in Gestalt therapy is a highly refined sort of sensory awareness training in which the therapist learns to sharpen his eyes and ears and to be aware of his own body sensations as clues to his total emotional reaction to the patient (Enright, 1970).

Many therapists have acquired the freedom to tell the group about a particular body sensation or image which they are experiencing. At the moment of sharing this private experience, the therapist may have no inkling of its significance and be quite in the dark about where this disclosure will take the current interaction between patient and therapist.

The freedom to use these intuitive processes on the part of the therapist is developed only through painstaking practice. It must be evident also that the therapist accepts his job as a high-risk undertaking. By this acceptance, he makes a powerful statement to the group on the role of risk in authentic living.

Unfortunately the exhaustive concern with seeming minutia of gesture and feeling easily lends itself to misinterpretation by those who have only a cursory appreciation of Gestalt methods. We often hear the accusation that the Gestalt therapist is controlling or authoritarian. Gestalt techniques do indeed require an almost fiercely active and leader-centered

approach. But this approach is to be sharply distinguished from authoritarian control. Within the session the Gestalt therapist is quite active in making suggestions for exercises and experiments. These are designed to heighten and broaden the patient's capacity for experiencing himself and others. The suggestion-giving is obviously quite different from telling the patient how to conduct his life. If anything, many therapists in the Gestalt movement feel that autonomy has perhaps been emphasized too much at the cost of underplaying human interdependency. Here there is much room for debate.

As already suggested, the methods and techniques of Gestalt therapy flow from a number of general principles. Gestalt therapy is a broad and very ambitious approach not only to the problems of psychotherapy but to the problem of existence. Inasmuch as Gestalt therapy contains a philosophy of growth, of healthy human functioning, it is essentially a philosophy of being.

As such, Gestalt therapy stands firmly among the existential therapies. As Laura Perls has pointed out with great clarity (1970, p. 128), "I am deeply convinced that the basic problem not only of therapy but of life is how to make life livable for a being whose dominant characteristic is his awareness of himself as a unique individual on the one hand and of his mortality on the other." The phenomenon of self-awareness and the recognition of one's finiteness lead to the experience of existential anxiety, an unavoidable part of existence. The Gestalt therapist, therefore, is not concerned with curing the patient of anxiety. The aim is rather to help him accept anxiety as part of the very nature of things. Our emphasis on such matters as risk, confrontation, the importance of chewing over and assimilating emotional experiences (Perls, 1969a)—all these reflect the strong existential component in Gestalt therapy.

If we were to choose one key idea to stand as a symbol for the Gestalt approach, it might well be the concept of authenticity, the quest for authenticity. The concepts of existential anxiety and authenticity are more closely allied than may be apparent. In seeking authenticity we must break many bonds and face many challenges. It is the courageous and repeated

struggling with these bonds—of society, family, one's own nature—that confers authenticity. Authenticity is a state of individuation, of truly being one's self. It is the most impressive human accomplishment. It is the state of grace.

The methods of a truly existential therapy are more readily delineated if we keep clearly before us the idea of authenticity. Let us rely momentarily on the metaphor of the therapist as teacher. Obviously he is not teaching a specialized skill such as mathematics or dancing. What, then, is he teaching? He is teaching living; he deals in the art of truly being.

If we regard therapy and the therapist in the pitiless light of authenticity, it becomes apparent that the therapist cannot teach what he does not know. If he tries to cover up the thinness of his understanding through facile reliance on skills, techniques, and gimmicks, then he is simply imparting to his patients that particular neurosis or bit of phoniness: The patient is subtly learning to pretend a knowledge that he does not have.

A therapist with some experience really knows within himself that he is communicating to his patient his (the therapist's) own fears as well as his courage, his defensiveness as well as his openness, his confusion as well as his clarity. The therapist's awareness, acceptance, and sharing of these truths can be a highly persuasive demonstration of his own authenticity. Obviously such a position is not acquired overnight. It is to be learned and relearned ever more deeply not only throughout one's career but throughout one's entire life.

There is good reason to believe that Perls was quite right in his feeling that the innovations of the Gestalt method are decisive contributions to psychotherapy. This thought gave him much personal satisfaction, a satisfaction which seems warranted by present developments in the practice of psychotherapy.

An exciting feature of Gestalt work, unique to this school, offers a special sort of fascination to therapist and patient. We refer to the dramatic and utterly unpredictable unfolding and development of the patient's interior space which occurs in the therapist-patient interaction. Elements of artistry and surprise occur with such regularity that surprise is no longer surprising.

What is especially intriguing is that the patient need not start with a question or problem or conflict or program. He need only be there. The simple question "What do you experience now?" accompanied by the reliance on present-moment awarenesses is enough—in the hands of a skillful Gestalt therapist—to start the unfolding of a fascinating exploration.

At the same time, these self-appreciative remarks need not blind us to the limitations of Gestalt method in groups. The main limitation stems from the very feature of leader-centeredness which we discussed. The emphasis on extensive interaction between therapist and patient is particularly stressed by Simkin, who makes clear to the group that his individual work with group members takes precedence over all other group activity.

This type of structure has important consequences for the kind of group experience which then develops. Group initiative is considerably underplayed. The complex group dynamics which develop through efforts at decision making—for example, about admitting new members, planning vacations, arranging meeting times, about ambiguities with regard to fee payments—do not get prominent attention in Gestalt-oriented groups. In addition, the patterns of interrelationship among individuals, with their frequent parallels in family structure, are also usually underplayed.

It would be an exaggeration, however, to say that the group plays no role. In fact, we believe there are several advantages to individual work within the group setting. Frequently, while one person is working in the hot seat, some or most of the others present are on a similar trip and doing important work for themselves subvocally. The work being focused on will frequently trigger recall of unfinished business in other group members who are thus motivated to work through freshly stirred conflicts. The group can be very supportive and permit some people to get into material they may have been unwilling to deal with in an individual therapy session. Finally, group reaction to an individual's work as well as to that of the therapist can be an excellent criterion of the authenticity discussed earlier.

A number of workers in the field are combining Gestalt

methods with other therapeutic approaches, both individual and group. Thus, workshops are being offered with such titles as Gestalt and Encounter, Gestalt and Hypnosis, Gestalt and Massage. More specifically, some therapists are seeking to develop techniques which deliberately maximize the creative participation of group members and thus achieve integration of Gestalt techniques with the rich potential of group dynamic processes.

# Psychodrama and Role Training

*Lewis Yablonsky*



Role playing has been used for more than twenty-five years to explore the skills and emotional background individuals bring to particular life situations. In a proper role-playing session, the group can provide a sounding board for evaluating the individual's abilities and thus give the subject of a session the benefit of its viewpoint. Group members can also observe themselves through the subject's acting out.

This analysis examines role playing in the context of the overall use of psychodrama. Basically, psychodrama encompasses simple role-playing, as well as a variety of action therapy techniques. Psychodrama was originated in 1911 in Vienna by J. L. Moreno, who found that allowing children to act out their problems spontaneously produced therapeutic results. Since that time, largely due to Moreno's efforts, psychodrama has developed as an action theory and a method for understanding and resolving interpersonal problems in many settings, in-