Gestalt therapy is an integrated version of phenomenology and behaviorism.* Our orientation is similar to phenomenology because we respect the individual's internal experience: the therapeutic work is rooted in the client's own perspective. At the same time, we modify concrete behavior in a graded and carefully timed manner. A unique quality of gestalt therapy is its emphasis on modifying a person's behavior in the therapy situation itself. This systematic modification of behavior, when it grows out of the experience of the client, is called an experiment.

The experiment is the cornerstone of experiential learning; it transforms talking about into doing, stale reminiscing and theorizing into being fully here with all of one's imagination, energy and excitement. For example, by acting out an old, unfinished situation, one is able to comprehend it in its richest context and to complete that experience using the resources of one's present wisdom and understanding of life.

Experiments can involve every sphere of human functioning, however, most experiments have one quality in common: they ask the patient to express something behaviorally, rather than to cognize an experience internally. There are some experiments which do include the active involvement of cognitive processes such as visualization, fantasy, and guided dreams, and may not rely on the use of skeletal muscles. At least that is how it looks on the surface. However, as I carefully watch a client imagine a scene in his life, I often note changes in breathing, posture, muscle tonus and facial expression. The absence of gross body movement does not imply lack of body involvement; every experiment has a strong behavioral component in it.

The nature of the experiment depends on the individual's problems, what the person experiences in the here and now, as well as on the repertoire of life experiences which both client and therapist bring into the session. Experiments may include verbalization at a level which is usually new and novel for the client. I may ask the person to focus his fantasy on his childhood, make up a 'memory' of it, and share it verbally. An experiment may include moving parts of the body or concentrating on aspects of one's physical functioning, such as breathing or muscle tension. I may ask a client to talk to imaginary forces within himself, to address people in his life, to sing or dance, to jump or change one's voice, to pound pillows, to assume attitudes of gruffness, hardness, softness, anger, sweetness, sentimentality.

The experiment asks the person to actively explore himself. The client becomes the chief manager of his learning experience. He helps set up the way in which a problem is approached and acts upon his judgment in carrying out his plan. He progresses with the encouragement, prodding and imaginative suggestions of the therapist, who acts as the consultant and director to the creation of a scenario for which the client provides the content and feeling. Everything comes to life in the here and now of the therapy hour. The process transforms dreams, fantasies, memories, reminiscences and hopes into lively, ongoing, dynamic happenings between therapist and client.


At a certain point in this self-generated event, the client experiences an Aha! He says, "Now I understand how I am", or "Yes, that's how I feel", or "Now I know what I need to do; how I need to act to get what I want in this situation." He is his own teacher. His own "Aha" cannot be superseded by another person's experience, suggestions or interpretations. His discovery stands solidly on its own feet. The consultation room becomes a lively laboratory, a microcosm in which the person explores himself at a realistic level possible for him without fear of rejection or criticism.

The creative experiment, if it works well, helps the person leap forward into new expression, or at least it pushes the person into the boundaries, the edges where his growth needs to take place. The long-range purposes of the experiment are to increase the person's range of awareness and self-understanding, to expand his freedom to act effectively within his environment, and to broaden his repertoire of behaviors in a variety of life situations. More specifically, the goals of creative experimentation within the therapeutic setting are:

To expand the person's repertoire of behavior.

To create conditions under which the person can see his life as his own creation, by taking ownership of the therapy process.

To stimulate experiential learning through the development of new concepts from behavioral creations.

To complete unfinished situations and to overcome blockages in the awareness → contact cycle. (See chapter on Goals of Gestalt).

To integrate cortical understandings with experiential discoveries.

To stimulate the integration of conflictual forces in the personality.

To discover polarizations which are not in awareness.

To dislodge and reintegrate introjects and to generally place "misplaced" feelings, ideas and actions where they belong in the personality.

To stimulate circumstances under which the person can feel and act stronger, more competent, more self-supported, more explorative and actively responsible for himself.

The following are two experiments I have used in my therapy work:

**Around The World**

A man who is otherwise alert and interesting with me complains that he is dull and boring to others. In what I call the "around the world" experiment, I ask Mort to "lean into" being dull and boring with me, to become that part of himself as fully as he can. I begin by accepting Mort's experience as valid: the theme of dullness is real for him. I then move with him into his boredom and dullness, giving him permission to explore the qualities he fears. My feeling
is that if he can relate fully to his actual dullness, Mort will eventually come around to the opposite polarity, his brightness: hence, going around the world.

Mort starts talking slowly and heavily, sharing some information about molecular research in his laboratory. I encourage him to become as dull as he can be and, at first, the content of his sharing is rather flat and ordinary. But the more he tries to exaggerate his dullness, the more colorful his language becomes.

As he talks, I ask him to attend to his energy and its location, and to focus on talking out of this place of energy. The energy, Mort says, "is stuck in my middle." He complains of discomfort in his chest. As he attends to his shortness of breath, his voice gains strength and rhythm and his breathing becomes somewhat fuller.

Later, Mort spontaneously moves out of his chair and paces as he continues explaining problems in his research. I let the time pass and don't push. The man captivates me with his increased involvement. I ask him, "What is happening with your feelings now?"

MORT: I don't feel dull right now. I am really into this thing with you.

JOSEPH: Did you feel that way in the start? (Getting him to express the awareness of contrast).

MORT: No, I felt like I was dragging and kind of heavy in my chest. Now the heaviness is leaving me.

JOSEPH: How did you experience a change as you talked? (Asking him to think about changes in his body which he associates with involvement).

MORT: I am not exactly sure, Joseph, but I feel like I let myself breathe more and then I felt warmth in my chest and belly. After that I felt more flow in my speech also...I am still feeling my flow.

JOSEPH: So, how do you make yourself dull to others, Mort? Have you any thoughts about that? (Pushing for clarity of awareness about ways he creates his own dullness).

MORT: I don't give myself a chance to get excited. I sit there expecting to be dull and I clamp down on my breath. I deaden all of me, God damn it! You know, when I got up and started pacing, that's when I really felt alive. Damn it, Joe, I think I can solve that problem in the lab, too.

JOSEPH: Before you get to that, Mort, tell me first what you can do the next time you fear becoming dull with others. (Making him focus on one problem at a time. Making sure he knows exactly what he learned and how he can use this learning in the future).

MORT: Well, first I just have to give myself a chance to develop my ideas, to give myself a little time. I always rush. You really let me take my time. Also, I should pay attention to my breathing and where I am feeling the energy inside me. I can't be exciting right off the bat. It seems like I have to start out slow and build up to where I am more flowing in my language and movement.
JOSEPH: Yes, that makes a lot of sense to me, too. Perhaps you can experiment with this process during the week: whenever you start feeling dull, take your time and get into your breathing, your excitement, and stay with it without giving up prematurely. Okay, see you next Tuesday. (Confirming the validity of his learnings. Giving 'positive reinforcement.' Also, asking him to do some homework, i.e., to continue using the changed behavior in the outside world).

This little experiment was significant for Mort. Most important, he took ownership of the learning experience. In teaching me about his experience, he became his own teacher. His whole being was involved and he was able to achieve some sense of completion. For me, this process is more dynamic and effective than a client's response, often defensive, to my interpretations about his behavior. The learning "sticks to the ribs" because the person makes his own experiential discoveries.

The Tailor-Made Empty Chair

There are certain recurring themes in our lives, themes related to conflicting voices within us or to our clashes with environmental pressures. The empty chair experiment gives the person an opportunity to take ownership of opposing forces within himself and to integrate them creatively. The empty chair allows the person to come into dialogue with a polarity within himself. In another form, the empty chair becomes a person from one's past whom one has unfinished business with. For example, Dorothy complains of feeling guilty. When questioned, she speaks of the "things my mother taught me." I ask Dorothy to imagine that her mother is sitting in the empty chair. I ask her to share her guilt feelings with her mother, thereby helping her to contact her mother's opinions, attitudes and beliefs which she had swallowed whole. In the process, Dorothy begins freeing the energy which was bound up with her internalized mother.

Too often we feel "manipulated", "forced", "pushed", "intimidated." We project, give away, relinquish our own power to the environment. In this case the empty chair becomes the power with which the person talks and, later, takes back for himself. Thus the empty chair is used frequently because it is an effective device for reclaiming what one has unwittingly disowned and for learning to nourish oneself with something which originally seemed difficult, painful, repugnant.

When Dorothy comes in complaining of anger with her church, or her parents, or her husband, the empty chair experiment may help her take ownership of her own rigid morality (attributed to "the church"), or her reluctance to leave home (attributed to her parents), or her anger and insensitivity (projected to her husband). Without denying the validity of Dorothy's world view, the empty chair experiment can also allow her to separate her own rigidity from that of the church, her own reluctance to leave home from the unspoken signals coming from her parents, her own insensitivity from the anger and insensitivity of her husband.

If Dorothy has little awareness of how the church has influenced her values, a dialogue with the church in the empty chair is designed to bring this institutional influence to her attention. Telling stories about the church without a sense of purpose hardly gets anywhere, dissipates energy and rarely creates behavioral change.
The experiment helps Dorothy switch from telling about her church experience to engaging herself directly with its image; from talking to me, where there is an unspoken promise of forthcoming advice or explanation, to directing that energy to the source of her experienced dismay and anxiety. This arrangement frees me from being fixed by her gaze and gives me the freedom to observe her work, formulate its meaning, plan future strategy and give her the feedback she needs to crystallize her own insights.

She is addressing herself to "the church" in the chair, a world reality which she brings into the room. But there is another level of work in the same experiment, perhaps a bit deeper: at a certain point of development she sees her inner acceptance of some doctrinal values and rejection of others. At this point the experiment takes another turn:

JOSEPH: Dorothy, do you ever think of the church as a part of your inner life?

DOROTHY: What do you mean?

JOSEPH: Well, is there a part inside of you which criticizes you relentlessly?

DOROTHY: Yes, especially when I tell myself that sex is bad, that I shouldn't enjoy myself.

JOSEPH: Suppose we give that part of you a name, like Miss Dorothy Church, and let you talk to it ---. perhaps something new would happen.

DOROTHY: Let's see if I get this straight... in this chair I am Dorothy Jones who wants to enjoy herself, and in the other chair I am Dorothy Church who makes me feel guilty all the time.

JOSEPH: Yes, that's right. And when you work, I want you to consciously address her by her name each time you shift chairs. (The patient's use of her own name helps her emphasize ownership of attitudes attributed to the church).

DOROTHY: Dorothy Church, I hate you, you make me sick.

JOSEPH: You make yourself sick (pause); try speaking for Ms. Church. (Here I accent the matter of responsibility: she, not the church, is responsible).

DOROTHY: (Shifting chairs) I am going to make you feel sick. (Turning to Joseph) You know, I often feel nauseous. (Looking back at the empty chair) I am going to make you sick every time you get interested in a man.

JOSEPH: Please shift chairs. (The physical movement from one place to another reinforces differentiation --- and later integration --- of polarized aspects of Dorothy's character).

DOROTHY: Dorothy Church, I am angry with you.

JOSEPH: Dorothy, are you angry with yourself? (Once again I help her look at herself --- to help her locate internal feelings rather than projecting blame).
SHE ADDRESSES HERSELF TO THE CHURCH IN THE EMPTY CHAIR, A PART OF HER WORLD REALITY WHICH SHE BRINGS INTO THE ROOM.
Dorothy Church, I hate you, you make me sick.

I am going to make you sick every time you get interested in a man.
She looks as if she didn't hear me. I assume she is not ready to process her work yet. She continues working, using the different names. Slowly she begins to recognize that besides having to deal with the church out there, she is fighting with a woman within herself: Ms. Church is sadistically critical, a guilt maker. She rarely approves of Dorothy's behavior. Part of this character is the internalized mother church as she experienced it through the eyes of a young child, ready to eat whatever is fed to her.

At this point I consider working on the expression of her anger more directly. I choose not to pursue this avenue because I feel at this point in her work a fuller expression of feeling would be too frightening to her. She looks like she is handling all she can. My judgment is that she is working at a capacity level for herself. We continue working. Here is another stage of the encounter:

JOSEPH: You say part of it is the mother church. Is there another part?

DOROTHY: The way I am talking in this chair reminds me also of how mother used to talk to me.

We spend more time talking of her internalized mother and letting Dorothy express some anger with both church and mother. Slowly it dawns on her that the focus of her work must be on the internalization of values rather than of projecting blame. Somewhere along the way she may realize that she must learn to integrate her relentless critic with her need to live her life fully and freely, that she can't extricate the critic and bury it, but must tame it to become more responsive to her legitimate needs, the needs of a mature woman.

The level and emphasis of the same experiment changes as she works first on her relationship with the church qua church and then on her dialogue with Ms. Church, the parts of the church she introjected as a child. Still later, Dorothy works on her mother as an introjected critic. Finally, she works on integrating her self criticism with her expressive self, her need for guiding values with her active partaking of life.

At this stage of work, Dorothy can appreciate the actual doctrinal problems of the church without torturing herself. She can begin to look at her mother as an old lady, who comes from a little town in Ireland, who needs love, another human being living out her life and struggling with her own problems. She feels softer inside herself and begins to experience an inner comfort with herself.

The Evolution of an Experiment

An experiment takes place in a field of psychological energy between two or more people. We call one person a therapist or counselor and another a patient or client. These names do not account for the complex transactions by which two people create a drama within a particular space and time sequence, a drama which often changes their lives. As in the case of observing lovers, one cannot always tell who gave and who received; one cannot generalize that this person created and the other followed instructions. The making of the experiment is a complex dance, a cooperative journey. The therapist is often the guide and he frequently points out important sights. He gets his hands dirty in exploring the road. The client is hardly a passive follower. He is often aware which directions in the road will move him closer to his own self actualization. To make things more complex, the
DOROTHY WORKS ON HER MOTHER AS AN INTROJECTED CRITIC
And later, she works on integrating her self criticism with her expressive self, her need to live out her legitimate adult needs.
"client" may be a whole group of people, or the therapist and the client may be the same person, as in the case of the author working on himself in a time of crisis.

The process by which an experiment is developed is complex and difficult to describe. As with any other creation, it is tempting to say "it just happened", or "the work evolved that way", or "watch what I am doing and find out for yourself." At the same time I know that the development of my work does have a lawful sequence, a sense of order. Although the sequence, order, content and form change over time, I want to present a general cognitive map which the reader can identify.

The experiment generally evolves in the following sequence:

Consensus between counselor and client.

Preparatory groundwork.

Grading of the work in terms of experienced difficulty for the client.

The influence of the client's awareness on the therapist (and vice versa).

Location and nature of client's energy.

What the client and therapist choose to focus on and how a theme is developed.

Further preparatory self-supportive measures (both for client and therapist).

Choice of a particular experiment.

Grading of the experiment relative to levels of psychological depth.

Insight and completion: checking out what was consciously learned.

As I think about these developmental levels of the experiment, I realize that some of the sequences may be arbitrary. For example, preparatory groundwork may actually precede consensus, or work around location of energy may evolve immediately in the natural course of events between people. We may look at these variables as cells which float in and out of the organic process as the experiment evolves over time.

Consensus

The process of negotiating with the patient in designing an experiment and the patient's willingness to participate in it is called consensus. The patient needs to know that I am there for him or her, that he or she is not alone.

Generally, consensus is something I assume, unless the patient protests or in some other non-verbal way resists my suggestions. Then I try to invent experiments flowing out of the content of resistance. For some of my colleagues consensus is the cornerstone of their work. They need clear agreement, a mini-contract, with
the patient to execute a particular task; at every critical stage of the work the therapist makes it clear to the patient that he can either agree to try something new or agree not to do so. For me, the manner in which consensus takes place is a matter of personal style. If I have a good relationship with the person I'm working with, I don't feel the need for repetitive verbal requests for agreement. At times, such transactions can deflect from the fluidity of the process in the therapeutic encounter. I prepare my client to say what he needs to and express what he experiences from moment to moment. There are exceptions, of course, and people leave the office feeling as if they've been had by me, and then they need to tell me their resentments at the next session. Such exceptions are dealt with in like manner to other unfinished situations between us and provide grist for the therapeutic mill.

Clear agreement from the client is particularly important when one works with a group in a strange city for a weekend or some other short period. In this case, one doesn't know the other person very well, not having had an ongoing relationship with him. Therefore, it is essential that little is taken for granted in this new relationship. The client should be forewarned from one experiment to the next that he has a choice to refuse and that he need only try out behaviors which feel congruent, safe and comfortable for him. Consensus also applies to the group as a whole, its expectations, and its community standards.

Groundwork

Before something can grow on your earth, you must understand the earth's configuration, be willing to clear it of its rocks and to till it well. And so it is with the creation of experiment in the therapy session.

First and foremost, one must be willing to explore the other person's perspective. Out of what sort of background is the other person communicating? Is it a background of his childhood? Is it a background filled with complaints? Is it a background related to current relationships with other people? Is it a background of being judgmental, or hysterically scattered, or frozen by obsessive perfectionism?

Taking in the other person's experience requires the development of rapport in the beginning of each and every session: a warming-up process of re-establishing contact again and again. In the beginning of the session it is important not to interrupt the person, but to allow him to develop the feelings and ideas which spontaneously come to him, in order to fully understand what is in his mind. The client will often allow himself to be interrupted and even diverted to an area of interest for the therapist, and if an experiment develops out of such an interruption, it will have little relevance or investment for the client.

As the person is encouraged to spontaneously communicate his feeling and experience in the here and now, a number of strands of communications are established, and gradually distilled by the therapist into a unifying theme which he can then pursue in the form of the experiment. However, it is important that initially one of these strands be developed further in order to lay the groundwork for the unifying theme.
I will use an example: In one of my last workshops, I talked to a young man, whom I will call Dick. He spoke of how he always felt in the "one-down" position in relation to "well-known therapists." As he spoke, it became obvious that he needed to deal with his feelings of lack of worth in relation to accomplished individuals, as well as feelings related to people in authority, including his own father. However, what was foreground for me as he spoke was not so much the content, but the speed with which Dick spoke to me.

As he talks, imagery is floating through me. I see him dressed in a long-distance runner's outfit. He is running very fast through the countryside. Somewhere on the side of the road are his mother and father, his priest and some important teachers in his life. It is summer and the landscape is bright and colorful. But Dick is so intent on his speed and getting his goal of greatness that his vision is blurry and he can't see anything on the side of the road. Everything is blurry. He cannot see his father clearly enough to understand his father's messages. Is the old man pleased, or is he critical, or is he crying with joy for his boy? Dick needs to slow down for a moment to look and see.

I asked Dick about his hurried speech. At first he was stunned, not being fully aware of what I meant. Then, after some consideration, he said, "Because I'm afraid that what I have to say will not be of interest to you. I wanted to get it over with."

The groundwork with Dick involved asking him to speak more slowly, not only to create greater temporal space between his words, but also to articulate each word more carefully and deliberately. In this way, Dick was able to establish a timing in his verbalization and behavior which would eventually be useful in gaining the greatest benefit from experiments related to his feelings of inadequacy and lack of power. Although this phase of work would seem tangential, a very important warming-up process took place. I was preparing him to assimilate more fully and expansively future stimuli and responses associated with his own power and his own grandness. A powerful man does not rush himself!

For every learning process, there is a matter of preparation and timing. If one cannot take the time to establish the field within which the experiment can be done properly, the person will not learn very much, nor will he remember the substantive outcomes of the experience. Even when the experiment may be very powerful to the watching outsider, the person himself may have difficulty assimi-lating its meaning and implications.

Having helped Dick slow down and respectfully hear his own words, we were able to move into the arena of his feelings of worthlessness. We discussed his father's disapproval and formulated an experiment in which he was asked to praise himself and his accomplishments.

Another important aspect of groundwork is the therapist's curiosity. He must be respectfully interested in another human being, to be curious about the
other, to have a sense of wonder about the nature of another life. Such interest yields the richness of the background against which the other person expresses his feelings. The resulting experimental work often has historic roots without which it is in danger of being a shallow and stereotyped act.

Grading

By grading I mean helping the client to execute an experiment at the level at which he is ready to do so in a given therapy hour. If he is not able to participate in a particular exploration because it is too difficult, the counselor should be ready to scale down the task so that the client may have a better chance of succeeding in his efforts.

Let us say I ask a shy woman, who feels inferior in her femininity, to walk across the room as if she were a very sensual person. This would appear to be a relatively simple request for someone who has had experience in experimenting with new behavior as a way of changing one's self perception. But if this woman has never participated in the kind of "theatrical act" we are after, then she needs preparation for it. In this case, if the experiment is too difficult, the therapist might scale down his request by asking the woman to use her voice as if it were the voice of a sexy girl. The use of her voice may be much easier for her in this context than the use of her total body.

Sonia Nevis, a colleague, speaks of grading up or grading down. One grades the experiment up when it is below the client's level of functioning, when the experiment is simply too easy for the client, will not be challenging, and will not earn him a new experience. One grades the experiment down when it is too difficult for the client, as in the case I just described.

The grading up or grading down of experiments requires a certain sophistication of understanding human functioning, as well as a creative imagination, because this process does not necessarily involve the same system of functioning but may include other specific systems within the organism.

Let's call the aforementioned woman Sadie. Sadie is 35 years old. She lives alone. She has a degree in chemistry and is working as a lab technician in a large company. She is shy around other people. Many years ago, while in college, she was in love with a young man, but the relationship ended when he started dating one of her friends. She was brokenhearted and blamed herself for the failure in the relationship.

Sadie is not deeply disturbed. She is able to do a good job at work and survive fairly well in the world. However, she has always felt closer to things than to people: "I feel a sense of closeness and understanding with the materials in the lab. I also like to decorate, but I feel uncomfortable with people, especially men. I feel graceless and awkward. I have closed off my sensual feelings from everyone. I sublimate to my work." Sadie is a bright woman. She is able to verbalize her feelings adequately, but feels stuck in her expressive abilities. She has recently joined a gestalt group without prior experience in group psychotherapy. Although she has some intellectual insight into her sexual-expressive difficulties and their origins, she has great difficulty relating her knowledge to actual situations.
As I am talking with Sadie in the group, I am beginning to formulate a range of experiments which may be useful for the exploration of her social-sexual behavior. I am thinking of the simple act of walking across the room and feeling sensual as one walks. I am having a fantasy of the variety of walkers I see at the local shopping mall. Some people, I think to myself, really luxuriate in their bodies when they move through space. Sadie looks stiff and wooden when she walks into the room. I think to myself, it would be nice to get her out of her words into some concrete actions:

JOSEPH: Sadie, how would it be for you to walk across the room as if you were feeling really sensuous?

SADIE: That's kind of scary to me. I don't want to do that. I feel a little shaky in my voice just telling you that.

JOSEPH: (Inside my head) Boy, I really overstepped in suggesting that experiment. She seems to be comfortable and more in contact with her voice.

JOSEPH: How do you feel about your voice now?

SADIE: It's kind of pitched high and jittery (pause). I used to sing as a kid. I like my voice ordinarily.

JOSEPH: (Inside my head) I'll go with her voice and work into her sexual feelings later.

JOSEPH: Would it be more comfortable experimenting with your voice?

SADIE: I guess.

JOSEPH: Okay, then how about telling me what you feel in your voice now.

JOSEPH: (Inside my head) I'm going to start exactly where she is at.

SADIE: It's a bit less jittery now. Seems like my voice is getting a little deeper as I am talking to you.

JOSEPH: Sounds very different now, almost a bit hoarse.

MEMBER OF GROUP: Sadie, you are blushing around your neck as you talk with Joseph. You look pretty with that color in your face, too.

SADIE: Really?

JOSEPH: Sadie, are you aware of your face?

SADIE: (To group) I am feeling shy and excited all at once.
JOSEPH: I experience the sensuousness of your voice now.

SADIE: Yes, I feel that a little.

JOSEPH: Could you continue talking with us with that sensuous quality in your voice?

SADIE: Yeah, sure. (After a pause, she turns to another member of the group) You know, John, I have always found you good looking. (Everyone laughs. There is excitement in the room).

JOSEPH: (Inside my head) She is looking good now. Her breathing is less shallow and she seems to be pumping a lot of energy into herself. She is excited about herself, about her voice, and the group is with her. If there is time I'd like her to get into her sensuous feelings with more of her body, like that walk I was thinking about, or maybe looking at people seductively. No, I think the simple walk would be easier and more totally involving of her body. I think she has the energy now to make that jump... I'll let her continue working with her voice for a while with each person in the group --- before we jump into the next stage too fast --- she might as well have a chance to assimilate the experience of her sensual voice first --- no use rushing something good...

The grading up which has taken place moved from Sadie's awareness of jitteryness in her voice, to the sense of depth and hoarseness, to a feeling of sensuousness, to making contact with John. It is nice to watch Sadie changing right before our eyes.

The diagram which follows illustrates how grading up of experiments may be executed with Sadie in future sessions. This is only one possible avenue, one in which there is a leap from voice to larger movement. A more naturalistic approach may involve expanding Sadie's repertoire of how her voice relates to her breathing. The therapist may ask her to speak to each person in the group as sensuously as she can and give her feedback about his impression of how she supports herself physically in propelling her voice. She may wind up singing a beautiful love song for us --- a more profound and more moving experience than what she started with --- and that would be plenty upgrading right there! The upgrading in terms of larger physical movement may be left for a later session or completely abandoned if it doesn't fit Sadie's experience the next time in the group. Yet, it remains a cognitive map inside of me. Together with the ongoing cues I get from Sadie, these images may comprise a variety of experimental situations to be explored in the future. In the meantime, I have the satisfaction of having stayed with her experience of her voice and having upgraded that area of expression to a level of significance for Sadie.

Awareness

My receptivity and appreciation of the content and quality of the client's awareness figures heavily in the development of an experiment. Sensation is generally the unspoken preparation to awareness and one's awareness is constantly accompanied by a rich variety of sensory inputs. When I attend to the person's sensation and awareness in addition to a variety of moment-to-moment physical observations of his behavior, I get a fairly clear, or perhaps perplexing picture of what is going on for that person. If he is telling a story of woe and has a pasted-on smile on his face, the confusing message I get must have some confusing counterpart inside him.
'Imagine that you are a very attractive, sensual person. No one here can take his eyes off you. Your body is relaxed and fluid. You feel the juices flowing within you. You are humming to yourself as you survey the people (me) around you. Your hips are fluid. From time to time you touch someone just to say hello, but they never forget your simple touch."

'As you walk across the room, move your body freely, swinging your hips. You may hum some rhythmic melody that makes you feel sensuous. Make visual contact with me (or others)."

'Walk across the room and consciously swing your hips from side to side, giving yourself full physical support."

'Walk across the room more slowly, resting the full weight on each leg separately."

'Please walk across the room in your usual manner."

'Talk with the voice of a sexy woman."

'Grading the experiment with Sadie

Theme: Social-Sexual Behavior (Expressive Behavior)
The experiment may thus develop as an attempt to clarify that sort of confusion. For example, I may say to that person: 'Would you continue telling me about your mother's illness and try to smile and laugh as you tell it.' If the person is willing to exaggerate this sort of contradictory behavior, he may find enlightenment in a very sudden way: the hysterical laugh may break through to genuine weeping, for example.

The client's sensation and awareness together with my own ongoing observations of the action become the basic building blocks for construction of the experiment. From here on, I will discuss the development of the experiment in the context of work I did with myself a few years ago when my brother underwent a major operation:

I am sitting here in a waiting room of a hospital, waiting to find out the disposition of my brother; Ted has just undergone cardiac surgery. As I am dictating into my tape recorder, I am aware that my voice is low and deep. I have a slightly nauseous feeling in my belly. I am feeling heavy and somewhat sad. I have a slight pain in my back. I am sitting in a hunched-over position. I feel very much alone. I think to myself, no one is here with me to comfort me or to share my feelings about my brother. I bear the full burden of responsibility in this particular venture. This is my awareness.

Now, as I am talking, my awareness begins to change and is more focused on my breathing. The miniature tape machine is leaning against my chest; I am visualizing my brother and his difficulty with his breathing; there are so many tubes attached to him, including one thick tube that goes down to his trachea. This I visualize from my previous visit with Ted.

Energy

Now I am focusing on my breathing and my energy is mainly in my chest. Earlier, my energy seemed to be blocked in my throat and my voice was rather deadly. Now I am feeling a slight enlivening in my voice.

Focus

Now, as to development of the focus, I see the experiment at this moment as a problem-solving scheme. My problem right now is that I need some form of support. If I were my own therapist, I would create experiments that would be related to my self support.

Preparatory Self Support Work

One set of experiments may deal with my physical position. I may ask Joseph to sit up, which I will do now, in a position of optimum physical support. I place my feet firmly on the ground. I start breathing more deeply. This set of physical changes allows me to be more fully and clearly supported in a physiological sense. As I am following my own instructions, I begin to feel energy spreading into my legs and up into my head, and as I am looking at my notes they appear more sharp and well-defined. I feel a sense of being present here in this room more than I had before.
Development of Theme

As I continue sitting here feeling physically supported, I become aware of my aloneness again. This theme involves people who are absent from this room: my mother and father, my wife, my children, my brother's wife, my brother's children.

Choice of Experiment: Further Development

Now the experiment might involve asking Joseph to imagine these people sitting around him. What would he say to them? He might say, "Look people, you should be here, I need you. I need your support. I need to tell you what my brother looked like when I just saw him. I need for you to share your own experiences of having been in surgery. I need to discuss with you the possibility that he may die. We need to be together at this time of crisis, to hold each other's hands, maybe to cry together.

As I am saying this, I am feeling slightly dizzy. I don't know whether this is excitement or a slight sense of fear. I would need help to modify this experiment in order to carry it through to some sense of completion. Right now I feel that at least I have called out.

My therapist might ask me to speak for these missing people, and so I would respond as if I were, let's say, my brother's wife. If I were Helen I would say, "Look, the man didn't want me to come. He didn't want me to come back to the hospital until surgery was completed, so I'm staying away. I'm fulfilling his wishes."

And then I would answer her, "You are a foolish woman. You should not take him literally. You know that he needs you and you know that you and Joseph need each other to support each other and be nice to each other."

Now, for one thing, this dialogue helps me clarify cognitively, at least, the issues involved in my aloneness in this waiting room, so that I can have some sense of peacefulness about the meaning of my being here by myself.

Awareness

Another part of me comes into focus now --- the feeling that I really like how I am taking care of myself and what I am doing with myself in this state of aloneness right now. The fact is, I enjoy my solitude most of the time. Good company. Interesting ideas. Fun writing or reading a book by the fire. I love listening to music and painting. Solitude is often sweet --- even now, at this moment, I feel good about myself. Right now I feel supported in my solitude. I realize that when I don't manage to support myself in my aloneness (as I felt before) I experience anxiety or boredom or loneliness. If I had a colleague with me I might be able to take this theme further, to a place which I can't see.

Another experiment with respect to this situation might involve two internal forces within me. One is the sickening feeling in the belly, which I identify as my fear of dying. And the other is the force of my breathing in my chest, which feels like the breath of life. Here I may get into an internal dialogue between my fear of dying and my breath of life. In this particular experiment, I would be working on a life-long concern about the meaning of my life and of my own death.
These thoughts bring to mind several unfinished situations in my life which involved the death of loved ones during my youth. I might report such experiences to my therapist, and he would suggest, perhaps, that I act out the situations in which I escaped with my life and others were killed.

Experiment

I become my own therapist once again. I move from chair to chair in this empty room, playing three parts. First, I am my own therapist and I am also the person presenting an unfinished situation. Later, I act out a dialogue with my Aunt Paula. All this work was actually done and recorded for the reader:

JOSEPH AS THERAPIST: What is your memory?

JOSEPH AS PATIENT: There are a number of them related to this theme of death and dying. One stands out indelibly. I will never forget...

THERAPIST: Tell it in the present as if it is happening now.

PATIENT: It is wartime. The town is burning. The Germans have already entered it partially. Most people who are still alive are huddled in basements. Uncle Wolf, a physician, has arranged to have his clinic ambulance evacuate us out of town, together with his staff. The rendezvous is completed as my parents, my brother and I are hurriedly picked up on a street corner. We are packed into the rear of a small, green, square truck. It is filled with medics from the clinic. I am sitting at the rear, looking out the back panel door windows. The next stop is another rendezvous with my mother's only sister, Paula, her husband and baby. The truck stops at the appropriate street. We wait. Maybe 15 seconds later the truck begins to roll away. In the distance I see Aunt Paula running after the truck. I am dumb. I am paralyzed. I am still. I am frozen. I may be yelling. I don't think I am yelling...I don't remember exactly.

THERAPIST: Yell out to her, Joseph.

PATIENT: Aunt Paula is there! Stop the truck! Stop! Stop now! No one seems to hear me! The truck keeps moving faster and faster. Aunt Paula is still running, holding the baby in her left arm and waving with her right hand to us. Her husband is running just behind her, waving his arms. His mouth is open. He must be yelling, but I can't hear because the doors are locked.

THERAPIST: Joseph, yell out to the driver, to your parents.

PATIENT: Stop this fucking truck! Stop it, you frightened bastards! The street is empty; there are no Germans to be seen. Stop it --- we can crowd them in! They will fit (I am crying --- I am wailing). Let's save them! I love my Aunt Paula. I want them here with me! The truck is far from them now. They are just dots at the end of the street.

They were all killed shortly after we left.

THERAPIST: Bring your Aunt Paula back now, Joseph. Bring her back and tell her your feelings.
PATIENT: Aunt Paula, I am sorry. I was only seven years old. I never forgave myself for your death and Uncle Meyer's and the baby's. I am sorry.

THERAPIST: What does she say?

JOSEPH AS PAULA: My little Joseph. I always loved you so. You were my favorite nephew. You could not do anything. I forgive you if you need forgiveness. I forgive you a thousand times. Please let me rest in peace now. Let go of me and let go of this nightmare of yours --- this private nightmare. Live happily. Bury me in peace. Rejoice in your life, in your family, in your work!

PATIENT: (Weeping) I am weeping for you, for all of us --- for the difficulties, for the tragedies. Before I say goodbye, I just want you to know that I named one of my daughters after you --- Karen Paula --- she is very lovely...Goodbye. (More tears).

This scene is so alive for me. I've been struggling with this guilt for 34 years. Paula, you would have been proud of me if you were alive now. I know it. Your love was not wasted. Your purity is here inside of me.

THERAPIST: What do you feel now?

PATIENT: I am glad I made it. I am glad to be alive. I wish I could dance now --- like Zorba on the beach. I am still a bit heavy inside. It's so hard to part with my sense of tragedy.

THERAPIST: Part with your sadness for now.

PATIENT: Goodbye sadness. I need to rest now.

This was a powerful, releasing experience for me. I allowed myself to regurgitate and to ventilate, and to emotionally relive and spit out the deepest and most painful experience of my life. I surprised myself with the aliveness of those old events as they unfolded in my work. I felt that I partially finished a very difficult unfinished situation. At the end I felt drained and relieved at the same time.

These were some experiments which evolved from the awareness of my sitting in a hospital waiting room, waiting to see my brother while he was fighting for his life.

The experimental work with myself seemed to yield a process of natural, uncontrived grading from material which was fairly easy to handle (Ego-Syntonic), moving toward content which had deep historic roots with painful feelings attached to these roots (Ego-Alien). The illustration on the next page explicates this process of natural, unplanned grading. At each stage I gave myself the dosage of difficulty that I could handle at that moment.

Insight And Completion

Suddenly the theme made full circle for me. My story dealt with aloneness, death and guilt: I felt alone and privately guilty about Paula's death. In my
Reliving a traumatic experience of childhood during W.W.II. The themes are death and guilt: having held oneself responsible at age seven for the death of loved ones.

Resolution #1: Mourning.
Resolution #2: Dialogue with loved ones and fuller comprehension of the actual experience.
Resolution #3: Celebration of one's aliveness.

Dialogue between fear of dying (abdominal sensations) and the need to live or celebrate aliveness (the "breath of life"). Here the vague sensations of nausea and breathing are named in one's awareness, clarified and move toward integration of forces.

Visualization of brother in Intensive Care (post-operative). Breathing difficulty. Theme of aloneness and need for physical and social support; dialogue with sister-in-law.

Working with sensation and general awareness: feelings of nausea and relation to breathing.

GRADING DOWN: LESSEN ANXIETY WITH MORE EGO SYNTONIC CONTENT
childish omnipotence I felt solely responsible for saving Paula's life. I also felt guilty about my own good fortune. Being alone in the waiting room while my brother was on the brink of death brought back similar feelings and fed this old theme.

But now I am an adult. I know that if he doesn't survive, I will feel very sad and very sorry, but I will not hold myself responsible. I say to myself, "The surgery was your decision, Ted, and you had a hell of a lot of courage. I am glad you made it. I am also glad for myself, for being in good physical shape, for being alive."

This is a verbalized report of the learning as I experienced it after the series of experiments. The sensitive reader will no doubt have a number of important insights which emerged for him about me which I am not consciously in contact with at this moment.

There is a lesson to be learned here: never assume that your client --- having completed an experience --- learned from it what you did. Ask him what he learned. Although his verbalization may not match his organismic experience, nevertheless, he is still sharing his present learnings. Very often these learnings will sound incredibly simplistic and limited in contrast to the depth of your understanding of the action. Much of the learning is difficult to express in words and needs incubation inside the client's organism over time. One day it will appear as a phenomenally 'brand new' insight for him, when the therapist has been in touch with that particular phenomenon for months.

When I started working on myself, I had no idea of the possible outcome of the experiments. I relied basically on my awareness, imagination and, most importantly, a faith in my inner process. The faith says, 'Stay with it and trust your feelings, hunches and intuitions as you go on. Nothing terrible will happen that you cannot handle because, if you truly cannot handle an area, you will simply avoid seeing it anyway. Besides, chances are that something good will happen at the end if you stay with yourself long enough to reach partial completion of the work.'

Elegance Of Experiments

Developing an experiment is like developing an art work: both the process and the outcome can have elegance. An elegant process is one which is well paced, such that each part of the work is easily observed and assimilated by the participants. I associate elegance with a clarity and lucidity of purpose: the patient has some sense of the relevance of the work to his problem or his dilemma. The therapist has clarity about the purpose of the experiment or what he is searching for. I associate timing with elegance of work: each aspect of the experiment is presented at a point of developmental readiness for the therapist and, most importantly, for the client.

Elegant experiments have grace and fluidity of transition from one aspect or dimension of the client's experiencing to another. The work is smooth and flowing and unhurried. I experience elegance in my work when I am able to focus on and track another person's experience from moment to moment without becoming unduly distracted by irrelevant details. I know I am not doing well when, in the
midst of some important theme for the other, I ask a question about some detail because my personal interests intervene. For example, a client tells me of how he's been self destructive and just smashed up his brand new car. I ask, 'What kind of car was it?', forgetting to focus on his main feeling of being destructive, or feeling mournful, or whatever. It is important to keep in mind, however, that one should always be respectful and attentive to one's own ongoing imagery. It is out of the raw material of such imagery that creative experiments are often born.

A creative experiment emerges out of a range of images, such that the chosen action fits the experience of the patient --- it addresses itself to the nucleus of the problem rather than to a tangential phenomenon associated with it. To go back to Dick, who complains about his one-down position in relation to others, I chose to work with the speed of his language only to prepare him more fully for the larger theme. Had I been absorbed with the speed alone, I would have made a crucial tactical error in my work with him. One must, however, always be prepared for creative surprises. For example, as Dick is slowing down his speech, he suddenly remembers that he always had to rush himself when talking to his father, otherwise his father would suddenly walk out of the room! Here we see how the natural development of the experiment moves from the periphery to the central theme.

An elegant experiment or, more accurately, a series of experiments, is like a symphony. There is a beginning movement in which information is introduced and a general theme emerges. A second movement has a searching quality in which many details are filled in and the person's understanding of the theme is enriched. A third movement may uncover an important developmental dynamic of the larger theme and a fourth ends in a sense of resolution, integration as well as celebration of the self.

In Dick's case the first movement dealt with the information of his one-down position. The second movement dealt with how he downs himself and prevents assimilation by speeding up his experience. The third movement stated comprehensively his relationship with a critical, real-life father. In this movement he gained a clearer understanding of the modeling which his father provided for him and how he swelled his father's disapproval. Here also he began to recognize his own internal tyrant who constantly put him down. He began to take ownership of the internal dialogue and negotiating process between his hurried, helpless little boy and his internal tyrant. In the last movement Dick flows into his sense of self praise, his own grandeur and the sense of self celebration. He is like Zorba the Greek, taking his time to enjoy his substance and freedom.

In an elegant experiment the therapist is open to a range of emerging feelings, from heaviness to lightness, from sobriety to humor, from softness to hardness, from celebration to mourning, from a sense of profundity to a feeling of childlike simplicity. He has a sense of what is aesthetically workable: where humor works and where it falls flat; where irony helps and provides richness and where it is abrasive, jarring and inappropriate; where he needs to be a hard taskmaster-teacher and where he is best suited to be a loving grandparent or mother. He has a sense of how dramatization expands the action and clarifies issues and where it feels shallow and contrived.

As I am writing this I am aware how often I fall behind my own goals for elegance. However, I am also in touch with the special times when in the course of my work the symphony appeared inside of me in its total structure and was merely refined in the complex transaction between myself and my client.