Experimentation

The true method of knowledge is experiment.

William Blake (1977)

As discussed in previous points responsible creative experimentation that emerges from the therapeutic dialogue is one of the cornerstones of gestalt (see Points 45 and 47). The limits of the range of experiments available to us as therapists are defined by the limits of our creativity coupled with field constraints including ethical considerations such as the need for therapeutic boundaries. Philippson (2001: 160) discusses three experimental methods: enactment with awareness, exaggeration and reversal. I have borrowed this format below to demonstrate these methods. These three ‘families’ of experimental methods can form different phases of the same experiment as demonstrated below. Such an experiment might begin with the client identifying a quality or trait that is being ‘partially projected’ (Perls, 1969). We might work to heighten awareness through enacting thus:

Client – You are such a powerful person.
Therapist – What are you aware of in your body as you say this to me? I suggest you repeat that slowly and just pay attention to what is happening in your body.
Client – (having repeated the initial sentence). My stomach is turning, I feel transparent. I want to back away from you.
Therapist – How about just playing with that and backing away from me?
Client – (moves back in the chair and then moves the chair back.)
Hmm, now I feel that you’re messing me around – moving me backwards and forwards. I feel a bit cross.

\(^{19}\) With thanks to Peter Philippson for his kind permission.
There are many choice points in experiments. Here the therapist could focus on the client’s experience of ‘being moved’ backwards and forwards (when he actually closed his eyes) or to explore his ‘feeling cross’. Such choice points often present and the direction of the therapy is likely to be decided by what possible growing edges may have surfaced in the ground of the therapeutic relationship to date and how safe an emergency has been created (see Point 45). This client has a background of experiencing difficulty with assertion and expressing anger.

We now move into inviting exaggeration.

Therapist – A bit cross? (pauses) Try breathing out, and then into your stomach and see if you contact any more of that feeling (therapist models by putting her hand on her stomach and breathing ‘into it’).

Client – (having exhaled and inhaled a few times). I guess I do feel more than a bit cross with you.

Therapist – I’d like to invite you to speak from that ‘cross place’ and make a direct statement to me about what you’d like.

(The client may well need to be supported in exaggerating his response, but due to lack of space we’ll assume that support has been given.)

Client – Quit telling me what to do! You sound just like my mother, do this, do that – I’ll do just as I like!

In a reversal the client would then be invited to take the part of the other.

Therapist – Would you like to experiment with being your mother? Try changing places and talk as if you were her. See what emerges.

(It is important in such a reversal that the client does not remain in the same seat as this could lead to boundary confusion.)

Client – (expresses with energy) No! I don’t want to. Quit telling me what to do.

Therapist – Okay, I have no desire to tell you what to do. I can really see and hear your power and am really impacted by you. Wow, you’re powerful.

Client – (Looks visibly moved, eyes water) This feels different.
This reversal facilitated a different and more immediate turn as the client asserted his authority. It is important to stay with the underlying process, the reason for the experiment, rather than missing the client by following a format. The function of a gestalt experiment is to heighten awareness of what is. It may then lead to alternatives of what could be but not what should be. The example of an experiment given here is a highly graded experiment. In grading experiments we need to consider the dialectic of strangeness/familiarity and manage this in such a way as to sustain energy at the contact boundary. Grading experiments too highly by venturing too far along the continuum of the ego-alien will result in withdrawal and can shame the client.

I have found that some of the most effective gestalt experiments are the simplest. A client who arrives complaining of suffering from anxiety and panic attacks rushes in. His breathing is rapid as he hurries to give several examples of how he has been affected. The therapist may invite him to stop and breathe, but if she paid close attention to when the client changes subjects she would notice that he does not breathe out at these points. Contact with the environment does not only involve inspiration but also expiration. Breathing out can give a person a sense of closure or completion. Physiologically symptoms associated with anxiety will increase along with an increased intake of oxygen. Therefore attending only to breathing inwards with a ‘take a breath’ intervention could increase anxiety.

An experiment is an exploration of the client’s relationship with their phenomenal world, a method of exploring what is pressing in on the client’s situation. ‘It is used to expand the range of the individual, showing him how he can extend his habitual sense of boundary where emergency and excitement exist’ (Polster and Polster, 1973: 112). No gestalt experiment is designed to have a particular outcome. By definition an experiment moves the therapeutic relationship into I-It relating, therefore the therapist needs to take responsibility for maintaining an I-Thou attitude. An experiment is a technique and although we use techniques to help facilitate awareness in gestalt, we are not technique based. ‘Technique needs to be based in the relationship between person and person’ (Hycner, 1993: 4).
Developing supports

When I was first asked to write this book I was excited but also found the prospect daunting. What support would I need? Two established gestalt writers freely offered their expertise and I bought that new laptop I’d been promising myself. In writing the first few pages I became overly technical through a need to impress. A way around this, suggested by a friend and colleague, was to assemble a review team of gestalt trainees to offer feedback on the clarity of my writing. I contacted four such individuals who gave useful feedback. As the project progressed my needs changed. Contacting the review team became more of a bind than a support. One meeting with each of the established authors gave me sufficient material and ideas regarding structure and direction. I began to withdraw from this form of interpersonal support and got on with the task in hand. My support needs focused more on activities that got me more in contact with my body – exercise and playing a musical instrument helped me free the inevitable writing blocks. The sedimented supportive relationships from my past and present – my parents, brothers, Karin my wife, an old English teacher from my school days – may not have always been figurative but they were certainly part of the solid ground I stood upon with the more recent additions to that ground from ‘the gestalt world’.

As I look back on this process I would conceptualize it by saying that I developed supports in the present from the ground of support in my past and was fluid in changing my supports in response to my emerging needs (self in process). My awareness of existing supports was heightened through dialogue with others and I manipulated elements of my field to fill a supportive function for the demands of my situation. I acknowledge that I am fortunate in having a background of supportive relationships,

20 Sally Denham-Vaughan and Malcolm Parlett both kindly offered free consultations and support in writing this book.
something that many others do not have. In our work with clients such experience might need to be built, as far as is possible, in the therapeutic relationship.

Contact and support are inseparable functions of a fluid and dynamic process. As illustrated above support needs change and needs to be met with different types of contact from the field at different points in a journey. Just as we cannot separate figure from ground in gestalt, neither can we separate support from contact. If we are not in good contact we will not be able to engage fully with the support available, and support is the ground that makes good contact possible. Support is ‘everything that facilitates the on-going assimilation and integration of experience for a person, relationship or society’ (L. Perls, 1992). When there is a lack of support from the environment, contact is muted or minimized in the creative adjustment to the unsupportive situation. If this is an enduring situation, as say in the family home in childhood or the person’s cultural field, then the creative adjustment hardens into a fixed gestalt. As PHG states the organism assimilates ‘from the environment what it needs for its very growth’ (1951: viii). Environments vary greatly in the growthful material they contain.

The client who faces us with a problem in relation to their current situation will have a history of organismically self-regulating in order to gain the best possible outcome earlier in their lives. The Paradoxical Theory of Change (see Point 23) illustrates gestalt’s philosophical belief that we cannot bring about change by aiming directly for it. As therapists we need to provide a supportive field for the client to begin to acknowledge and move towards accepting what is now. We explore the client’s present reality, the ground conditions that support the current figure. In this exploration we need to work towards heightening the client’s bodily awareness; if we are out of touch with our bodies we cannot make creative adjustments in relation to our present environment. Part of creating a supportive field for growth is to model a healthy process of maintaining and developing our own supports. We need to support ourselves as therapists to support our clients in making a movement where, through ‘the between’, healing is possible.

Some questions that may be helpful to ask yourself in relation to support when working with clients are:

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What kind of support is needed for this relationship right now? How can the quality of contact be increased between us? How does this person currently support herself in the session? How does this person support himself in his daily life? What is 'support' for this person? Do I feel like supporting this person right now? (Exploring possible co-transference) What relational themes emerge between us regarding use of support?

Polarities and

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Excess of jo

The theory of polarities that may be interesting. Every quality within us is the end of that quality in the human world. In possessing a quality, we have built a partially finished wall. Although this wall is incomplete, we are proud of it. This pride is usually based on our own projections, perhaps the result of some inner need to feel that we are something other than what we really are. We are like a Chinese proverbs say, "he who has a wall is not a great man, but he who is able to knock it down is a great man."

Polarities can be seen as (Zinker, 1977) the two styles of contact. Wherever this is true of yin and yang, the closer we move to the perfect balance of the two aspects, the more our human quality emerges. Some examples of polarities are as follows:

Brilliance
Kindness
Selflessness
Fluidity
Warmth/Friendship
Care
Polarities and the top dog/under dog

Excess of sorrow laughs;
Excess of joy weeps.

William Blake (1977)

The theory of polarities begins with a collection of opposing forces that may be interpersonal or intrapersonal, in or out of awareness. Every quality we possess is one end of a continuum with the opposite end of that continuum also residing within us as a potentiality. In possessing a capacity to love we also possess a capacity to hate. Although this can be denied by virtue of our mere ability to imagine the shadow quality which proves its existence. There is an old Chinese proverb, ‘Fish don’t know that they are wet’ illustrating that contrast is needed. Light needs dark to exist just as shadow qualities are needed for their polar opposites to exist.

Polarities can apply to many different areas: to polarities of the self (Zinker, 1977), polarities of the therapy process, polarities in styles of contact (see Point 20), polarities in our cultural field. Wherever this theory is applied the same principle holds, that of yin and yang, in that the further we move into the dark the closer we move towards the light and vice versa, also that the light contains aspects of the dark and vice versa. We all limit our self-concept to a greater or lesser degree through disowning some of our human qualities and potentials.

Some examples of polarities in relation to self-concept (Zinker, 1977) are as follows:

Brilliance .................................................. Dullness
Kindness .................................................. Cruelty
Selflessness .............................................. Selfishness
Fluidity .................................................. Rigidity
Warmth/Friendliness ................................. Coldness/Distance
Care ...................................................... Ruthlessness
You can play with the polarities that fit for you in developing the above further. Some qualities may have more than one opposing quality or you may disagree with some of the opposites I have listed.

MacKewn (1997) suggested a similar set of polarities for working as a gestalt therapist. Examples of which are:

- Trained ........................................ Fresh
- Theoretical ...................................... Atheoretical
- Simple ........................................ Complex
- Empathetic ...................................... Tough
- Ordered ......................................... Chaotic
- Systematic ..................................... Spontaneous

Tracking present process .... Brining in other aspects of the field

Healthy functioning is achieved through extending the polarity and with it the range of the continuum between the polarities. It is between the tension of these opposites that we need to find a place to stand whilst being responsive to our changing field. In heightening our awareness by extending the continuum between polarities we create space for complete and differentiated experience.

Fritz Perls worked extensively with a particular type of polarity he identified as top dog/under dog (Perls, 1969). The top dog is the voice of what the individual should be doing and consequently would often contain introjected material – we could also think of it as the voice of our will. The under dog is more spontaneous, rebellious and impulsive. An example of this dialectic might be,

*Top dog: I really must go down to the gym and get myself fit.*
*Under dog: To hell with that, I want to lie in the sun with a glass of wine.*

You can probably see how this type of ‘split’ would lend itself to a two-chair gestalt experiment. In encouraging the client to enact this split with her role-playing each part, Perls would pay attention not only to what was being said in the conflict but also to the process of the dialogue, in particular how one part spoke to the other. What unfolded was usually a face-paced, dismissive self-righteousness on both sides with the therapist’s task being to
mediate between the two to achieve greater integration and appreciation of the other’s viewpoint. The top dog dichotomy, as the name suggests, presents as the more powerful part but the underdog only hides its power behind a victim-like facade. One of Perls’ trainees at the time reflects that he learnt an important lesson that, ‘It takes two to resolve an issue and only one to keep resolution from happening’ (Melnick, 2003: 176). This is something for us all to bear in mind in our work with conflict whether this is an internal conflict or conflict presenting in a system. Let us also be mindful that any individual with an internal conflict is experiencing a manifestation of a field event or on-going field condition.

Clients may be resistant about going into shadow qualities, preconfiguring them as unilaterally negative. I will close this point with the following thought. The writer Guy de Maupassant lived in Paris and despised the Eiffel Tower. He lunched regularly in the restaurant at the top; it was the only place that he could look out upon Paris without his view being spoiled. Who knows what the view might be from a shadow quality until we enter it?
'Aha' experience

An 'aha' experience is quite simply a moment of sudden insight. Often it will be preceded by a period of stuckness, an impasse, and surface as the client begins to accept that impasse or makes an authentic movement away from it. The client reconfigures their field. When this reorganization occurs a new integration of the situation falls into place as the client creatively adjusts to their field differently. Much excitement is generated as the 'aha' experience forms; everything suddenly seems to make sense in the moment of 'coming together'. The ground will have been attended to sufficiently for the formation of a strong vibrant figure to emerge. Such experiences are by no means the only ways of gaining insight and it is pointless aiming for them as they are process events that emerge between client and therapist.

There are times in therapy when relentlessly attending to the client's awareness through contact exercises and the like can obstruct the very process we are trying to facilitate. The call from the client may change to one of simply 'being with' whilst the work to date sediments down. To paraphrase Paul Goodman (1977), it is time to stand out of the way and let nature heal. At such times the therapist's unobtrusive presence can lead seemingly magically to the client integrating in one swift moment what has been experienced to date as disparate parts or fragments. This is the 'aha' experience. The real skill of the therapist is in the timing of the adjustment in their therapeutic stance, which can only be achieved through close observation of the client's phenomenology. Just as the 'aha' experience is an embodied experience, so too is the groundwork that makes this experience possible.

'Aha' experience can be facilitated through experimentation. An example might be where a client is agonizing over a decision, for example, 'Should I take that new job or not?' Rather than engage in some circular discussion about the pros and cons, the therapist might invite a two-chair experiment with one chair representing one choice and one the other. In the therapy room the
client might metaphorically move to the new job (the other chair) and comment from that place. Alternatively, such insight could be facilitated with a form of enactment or other experimental techniques. Whatever the experiment, it is the minutely detailed observation from the therapist with attention to what is often taken for granted that leads to the ‘aha’ experience (L. Perls, 1989).
Catharsis and release

Catharsis is primarily concerned with undoing retroreflection through facilitating an expression of tension and pent-up emotion held in the client’s body. This retroreflective process is invariably supported by introjected beliefs and may be reinforced by cultural ground introjects and gender stereotyping. The releasing of such material can be dramatic, loud and can involve a range of expression in experimentation: screaming, shouting, hitting cushions, expressive art and dancing. For catharsis to be of therapeutic benefit the client needs to be sufficiently well grounded in the therapeutic relationship. Due to the potentially explosive nature of catharsis the therapist needs to be vigilant in maintaining safety in any experiment where catharsis is likely. In the expression of powerful aggressive emotions such as anger, accidents can happen, clients can hurt themselves whilst enacting the experiment.

Although catharsis will often provide an emotional release it is a figural event in the therapeutic journey and should not be viewed as the ultimate goal. What lies beneath the need for catharsis is probably where the focus of further therapy lies – a need to impress, a host of introjects that restrict expression, a role-locked way of being, locked-in musculature resulting in physical problems. We need to consider catharsis as a possible step along a journey bearing in mind that it could be an unnecessary detour. Catharsis without awareness, assimilation and integration into the client’s situation is of limited use. I’m not advocating that we shy away from facilitating catharsis – pyrotechnics can be wonderfully illuminating, but is the client simply left with a desire for one explosion after another? Those of you who exercise vigorously will probably be able to relate to the fact that, ‘a cathartic episode can produce a temporary sense of well-being due to the release of natural opiates. This may produce a potentially misleading sense of resolution’ (Joyce and Sills, 2001: 157). Such a process can be addictive and simply replay without therapeutic benefit. If we

then stay with the reinforcement a fixed...

There are so many harmful interventions. Interventions are optional peaks so consider what the client is pushing and whether we are pressuring them. I imagined the tentative way of being facilitating this at the stage of the client giving in.

As therapists, in the client’s getting the value of catharsis rather than simplistic expression is that the current difficulties go down well in a useful limitation in people’s lives. Such issues, generally...

In the 1960s a basic knowledge of catharsis that has been developed has been expressed therapy (Resnick, 1993) that helps...

If we work organically called for in the client need, it can bring awareness. What

then stay with the cathartic expression we simply create and/or reinforce a fixed gestalt.

There are some styles of relating where catharsis might be a harmful intervention. For instance, people with borderline or histrionic styles of relating are already adept at moving into emotional peaks spontaneously — that might be what is causing the relational problem! With every client we meet we need to be considering what their growing edge might be at that time in relation to their situation. If someone moves into a cathartic release easily are we pushing at a growing edge? If not we need to question whether we are practising therapy. In the example given in Point 45 I imagined that Lydia could have easily moved into a confrontative way of being. I would have missed her had I proceeded in facilitating this style of cathartic work.

As therapists we need to ask ourselves what our investment is in the client ‘getting into their emotion’. We need to consider the value of catharsis in the light of the client’s complete situation rather than simply valuing catharsis per se. If some form of explosive expression is indicated, we need to appreciate the restrictions that the current field imposes — loud dramatic expression may not go down well in a busy Health Centre! In some ways this can be a useful limitation as there are often restricting field conditions in people’s lives. We can think creatively and tangentially around such issues, generating alternative forms of cathartic release.

In the 1960s and 70s many practitioners, some with only a basic knowledge of techniques, characterized gestalt by dramatic catharsis that had more in common with theatre than therapy. What developed was an anti-theoretical attitude creating what has been expressively referred to as a ‘boom-boom-boom’ style of therapy (Resnick, 1995; Yontef, 1993) — a figure-bound, simplistic approach that held the false promise of quick, lasting change.

If we work organically with the client and invite catharsis as it is called for in the flow of their experience, if it surfaces an emergent need, it can help facilitate lasting change and heightened awareness. What we need to question as therapists is our own

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21 Staemmler (2009) discusses the possibility, backed by research, that cathartic expression of anger can *increase* subsequent aggression.
biases for or against cathartic work. Where for instance does our
bias stand between frustration and intensity, permissiveness and
control and excitement and inhibition? (Naranjo, 1982). I cannot
say that I am for or against facilitating catharsis – until I am
facing a client and have built a picture of the way they relate to
their situation.

Developing

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Developing awareness of awareness

The awareness of awareness process is discussed by Yontef (1993) and relates to a wider awareness of the whole therapy situation rather than the client simply heightening their awareness of specific problem areas. As developing what Yontef refers to as ‘straightforward’ awareness is the building block for the development of this more sophisticated process, let us start there – as we would with a client.

Awareness is the spontaneous sensing of what arises within you in relation to your situation. PHG describe the process of awareness poetically and differentiate it from introspection thus: ‘Awareness is like a glow of coal which comes from its own combustion; what is given by introspection is like the light reflected from an object when a flashlight is turned upon it’ (PHG, 1951: 75). They go on to describe that in awareness a process is happening in the total organism whereas in introspection a part of the organism is split off, similar to the process of egotism described in Point 15. This part they name the deliberate ego and describe as opinionated. Unlike this single flashlight, awareness of awareness illuminates the whole awareness process with a similar glow to that from within the coal, being free from the ties of opinionated bonds.

So what is this like in the nuts and bolts of the gestalt therapy session? Well, rather than developing awareness of the nut or the bolt, or even the nut and the bolt, awareness of the whole structure and the way in which the client puts the nut and bolt together, its function and connection to a greater whole – the construction of their awareness with all its influences – is developed. The client moves beyond the straightforward awareness of presenting issues to a reflexive awareness of their overall awareness process, ‘this sophisticated phenomenological attitude leads to insight into character structure and into the pattern of avoidance of awareness’ (Yontef, 1993: 251). There is an appreciation that any figural piece of work has emerged from, and will fall back into, the ground of the therapeutic relationship and the client’s wider field
of relationships. The dots – that were previously separate awareness events – are joined, with acknowledgement that the completed form is part of a larger pattern.

Yontef quotes Idhe (1977: 128) regarding phenomenological ascent. In this attitude there is greater clarity of perception, increased openness to viewing situations in a variety of different ways with an attuned sensitivity to one’s own clarity or lack of clarity in relation to the structure of a situation. One gains a broader appreciation of the situation rather than viewing single aspects of the whole.

Individual and  

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