10

EXPERIMENTING

An experiment is a way of helping the client actively explore a conflict, impasse, or emerging theme in a new and novel way. It can be as simple as suggesting the client changes their body position as they speak or as complex as a role-play where the client acts out two different parts of the conflict in a lively dialogue.

She is invited to act or do something rather than simply talk about it. In that process of (action), the 'story' about the problem becomes a present event. (Kim and Daniels, 2006: 198)

At best, an experiment develops naturally, moving forward with its own momentum, the client engaged and energized by what is emerging. At other times the process may become stuck or fixed and the therapist will need to use her intuition and creativity to encourage, suggest or energize whilst remaining open to whatever unexpected direction that may emerge. Either way, she takes a position of creative indifference using phenomenological inquiry to investigate new potentials: what is unrealized or unknown. The experiment is complete when the client reaches a new possibility, perspective or response.

THE SEQUENCE OF THE EXPERIMENT

Experiments can be broken down into a series of overlapping stages, which can occur in any order but commonly follow the same sequence:

- identifying an emerging theme or figure to explore;
- suggesting an experiment;
- grading the experiment for 'risk' and challenge;
- developing the experiment;
- completing;
- assimilating and integrating the learning.
Identifying an emerging theme or figure

As the client talks you may start to see a theme or figure emerging, especially one that seems unfinished, problematic, repetitive or stuck. The theme may be something small like the way she touches her body every time she talks about a particular subject, or a situation she has been trying to resolve but where she can't find a way forward. Or it may be a repetitive story she tells that always ends in frustration.

**Example**

Beverley was talking to her therapist, Travis, about how nothing ever seemed to go right in her life. She felt despondent and hopeless, as if she had no power.

As she told this story she frequently referred to situations where her husband criticized her over something she had done and took charge himself. She would interpose these stories with, 'It's hopeless.'

At this stage, you can see a theme emerging – in this case, the unsatisfactory relationship with Beverly's husband in which she repeatedly became helpless in the face of his criticism. Travis clarified what he thought was an emerging problematic theme: 'It seems like you experience your husband as always putting you down.' Alternatively, he might have shared an image that came to him: 'I have this picture of you being pushed aside as if you were helpless.' Beverly responded with interest, 'Yes, that's right.' Her response of energy and interest confirmed for Travis that he had identified an important issue for Beverly and he decided to offer an experiment.

Suggesting the experiment

It can be difficult to decide when it is appropriate to suggest an experiment. On the one hand, an experiment can fire up an interrupted process or introduce the client to new options. On the other hand, it can be used as a deflection from the discomfort of 'what is' by going straight to action, or as a way of ignoring an issue in the relationship between therapist and client. Most Gestaltists seem to trust their intuition at this point, their sense that something else is needed, some new input or energy. Often a simple experiment of heightening awareness (such as with the sort of intervention we described in Chapters 2 and 3) is enough to shift the client's energy so that she naturally moves into new ways of being with herself or in the world. However, sometimes she remains stuck. Despite knowing that there is something she wants to be different she cannot see a new possibility, or is too nervous to try.

The first step is to negotiate whether the client is prepared to try something new: When you are offering an experiment for the first time it is useful to make an explicit verbal contract. For example:

'Your relationship with your husband seems very important and difficult for you. I have a suggestion to make about how we could understand this in a new way. It might involve me asking you to try imagining or acting out something you have not tried before. Are you interested in exploring this?'

It is vital that the client knows that she can refuse your suggestion. An experiment conducted by a client who is adapting to her counsellor is not only doomed to failure, it risks repeating and reinforcing old fixed gestures and self-limiting patterns. The client's power to refuse should be stated explicitly, as in: 'It's fine for you to say no!' This should be combined with careful attention to body signals and other signs of adaptation, such as an over-busy agreement. This is not to say that the client needs to be feeling totally committed; however, her anxiety should clearly be balanced by energy and interest (see 'Grading' below).

With more experienced clients who are familiar with experiments, we would probably only make an implicit contract by saying, 'I have a suggestion – are you interested?'. Or, 'Do you want to experiment with that?' Despite this more casual approach, it is still important that the client really does understand he has a choice in reframing.

Grading

The next step is to find the amount of challenge that will be most productive. In order to meet this challenge, the client has to face the possible anxiety of new and uncertain explorations. Perls et al. (1989 [1951]: 288) talked about therapy being a 'safe emergency', where the client has enough support and safety to face the risk of change.

The task is to find a level of challenge where the client feels stretched but still competent. Too much risk and the client will feel overwhelmed or inadequate; too little risk and the client will learn nothing. Each client will have a different sensitivity or risk threshold. Also, different activities will be challenging for different people. Some clients will find it most difficult to move physically, for example, to get out of the chair, whereas others will find it more difficult to express emotions or talk in a loud voice. It is very easy to induce shame in some clients and the therapist needs great awareness at these moments. Even the initial suggestion, 'I would like to suggest an experiment', can produce unproductive distress or shame. The reaction of the client, both verbally and bodily, to your initial suggestion, will give you some indication of the risk they may perceive.

Continuing our example, Travis asked Beverley:

'Would you be prepared to practise how you might talk to your husband about his criticism? Could you imagine him in this room with us now sitting in that chair opposite?' She looked nervous at this suggestion but said, 'I think I can do that. I feel scared but I'm prepared to give it a try.'

Had Beverley found this suggestion too difficult, Travis might have negotiated an alternative experiment. For example, he might have asked her to remember a real
episode where her husband criticized her and then imagine confronting him in that memory.

As the experiment progresses you need to monitor how stressed or challenged the client feels and be prepared to grade the risk up or down, with more or less intensity depending on the changing self-support of the client. (For increasing support see also Chapter 18.)

There are several ways you can adjust the level of risk as you make the suggestion — from the least possible challenge of, say, talking or thinking about a new way of behaving, through to putting it into practice outside the consulting room. For example, the following experiments are listed in order of increasing challenge for Beverley:

- Talking about how she might act differently in the situation.
- Visualizing the experiment happening in her imagination.
- Telling the therapist out loud how she imagined acting differently.
- Tentatively practicing the behaviour in the therapy room.
- Wholeheartedly embodying what emerges in the experiment.
- Practicing the new behaviour with her husband in between sessions.

As the experiment progresses and if it appears to be too challenging, there are several ways you can regulate the level of the risk:

- Ask her to stop for a moment and breathe.
- Suggest that she pauses and takes stock of what she is experiencing.
- Remind her that you are there as a support to help her and that she can stop at any time.
- Suggest she stands up to feel more grounded and resourced in her body. It is often helpful to model this yourself by standing up first.
- Change the situation. For example, you might say, "I want you to imagine that your husband cannot speak for the moment and he just has to listen to what you have to say" or "...that there is a strong glass wall in place that is protecting you.
- Suggest she imagines someone to support her — "Can you imagine someone you know who is emotionally strong standing next to you?"

**Developing the experiment**

It is in this phase that you can be at your most creative. An experiment starts with a simple figure, an image or theme, and as it develops, you encourage a more dynamic expression. When you are with a client who is very unresourceful or hopeless, initially you may need to have an idea of what would be a growthful direction, e.g. to have a stronger voice, to sit differently, to take appropriate power and then make suggestions in that direction. Ideally, though, you respond empathically and intuitively to your client as the experiment unfolds, but are ready to offer suggestions where appropriate, being willing to let go of one direction and adopt another as you track the client's movement. Be prepared to stop, change direction or reverse; there is no right outcome. It is exactly what it says — an experiment to see what will emerge. The client is being offered the opportunity to play with or try on a different way of being, not to try to reach some particular result.

In the early stages, the therapist will be more active, encouraging, suggesting, and putting in her own energy. In a very real sense, any intervention the therapist makes in therapy is an experiment of some sort. It can be useful to wonder to yourself: "What is missing in this situation? What if I were to change one element? What would make a significant difference? Is there some quality the client never expresses that would make a big difference here?" You use skills of observation, imagination and your own counter-transference (in addition to the feedback from the client), in assessing the direction of the work and gauging the level of your own involvement.

The overall rule of thumb is that you should convey a non-judgemental attitude to the experiment and avoid being invested in any particular direction. Ideally, as we have said, the experiment will be co-created by the counsellor and client. It will not take a pre-determined form. However, we include here a list of ideas that may stimulate your own imagination. They are all vehicles for an experiment. Some clients will find it easier to experiment with visualization, others with kinesthetic or auditory awareness, others with actions. Bear in mind (and ask) what modalities are available to the client. 'Can you visualize people easily? Can you sense the energy or emotions in your body?' And so on.

Among a wealth of possibilities, there are some general categories of experiment.

**Directing or raising awareness**

Suggesting that the client do nothing can also be a fruitful experiment! Usually clients will try to avoid facing the difficult place by various means (for example, by deflecting or changing the subject). Suggesting that the client stays with his experience of feeling stuck or impotent can be quite profound (see Chapter 3, where we discuss the paradoxical principle of change). 'Would you be willing to stay with that discomfort/feeling a little longer?'

Ask the client to focus on internal experience or different body positions, paying attention to sensations in the body or feelings, noticing any emotions or thoughts that emerge, increasing awareness of tension or relaxation. All these raise awareness of the physical process as thoughts and feelings are manifested in the body. Encouraging him to examine his inner experiences and name them aloud also raises awareness.

**Amplification and moderation**

An effective technique for raising awareness is to invite a client to exaggerate how they are behaving. The rationale behind this is that our inner experience often shows
itself in our body language and behaviour. Thus, a chance gesture such as a frown or a smile, a shrug or a pointing finger, if it is attended to, exaggerated or enacted, can be a powerful indicator of what is on the edge of the client's experience. Equally, the casual use of a verbal expression or the particular tone of voice can reveal feelings that a person may be disallowing or ignoring.

As we describe more fully in Chapter 14, you can usefully ask the client to pause and really attend to the felt sense of that small movement of their hand, allowing time and interest to where the energy or intention of the movement may lead.

If you stay a little longer with that small gesture, do you have a sense of what wants to happen next?

Alternatively, you might find that, far from needing to amplify the energy in his communication, your client avoids his experience with the use of exaggeration or speed. Racing through the communication and using extreme language can both be ways of appearing to be quite expressive while staying out of touch with one's true feelings and thoughts. One client said that he felt so confused that 'my head was literally spinning. I simply couldn't bear it. I thought I would explode'. An experiment was offered to breathe evenly and focus on the tension in his body. As he slowed down, he began to cry. 'I was really scared,' he said, 'and I was angry.'

**Guided visualizations**

Ask the client to close his eyes and explore (with the guidance of the counsellor) some scene from his past that he might change in his imagination or some potential future for himself. The client imagines in as much detail as possible, using all his senses. For example, you might say: 'Imagine standing up to that bully.'

**Using art materials**

Ask the client to represent his inner or outer world using crayons, paints, modelling clay, etc. Normally, this is carried out on a single large sheet of paper that provides the container and boundary for the experiment.

**Using other forms of expression**

Use music, voice, dance, drumming, photographs, letter-writing – involve all your client's channels of self-expression.

**Reversing the habitual response (or inventing a new response)**

When the client presents a situation where they are stuck, see if you can identify a central quality or attitude such as stubbornness, guilt or perfectionism. Then imagine upon what continuum this quality might fall. For example, what would be the opposite of this quality – the other end of this polarity? Or is this quality in the middle of two possible extremes? Is the client restricting himself to just one position on this continuum? This can lead you into suggestions for widening his repertoire of response.

In effect, the options are: do the opposite, do more, do less.

At this point, we will expand on one of the most widely used methods of Gestalt experiments, the 'empty chair' (or 'two-chair work').

**The empty chair**

This classical stereotype of a Gestalt experiment has sometimes unfortunately been taken to be the defining characteristic of a Gestalt approach, and over-used in a way that provides the brief high of an abreaction, but no lasting change. In reality, however, it has the capacity to be the quintessential vehicle for change as it allows the dual awareness of real, immediate, emotional experiencing or re-experiencing along with here-and-now awareness.

The empty chair experiment is a way of amplifying what is on the edge of awareness, of exploring polarities, projections and introjections. It offers a voice to the client's experience and is a way of recognizing and re-owning alienated qualities. The empty chair is also excellent for exploring interpersonal dynamics and 'trying on' new behaviour. As this is such a well-used technique, we will explore it in detail.

The 'empty chair' experiment involves, as the name implies, the use of one or more chairs or seats in the consulting room – ones that are not commonly used by either therapist or client. A very simple form of the empty chair is to invite the client to imagine someone in his current or historical life sitting on the chair. He then talks to him or her, without censoring his words. This is a particularly useful experiment because it provides direct access in the therapy room to co-created situations outside.

It is a good way of surfacing all aspects of a situation and bringing them into awareness. After the client has given his experience full voice, he can switch chairs and become the other person – an opportunity to explore fully the projection that the other is carrying, or possibly to understand a situation from the other's point of view.

The therapist needs to think about whether it would be more useful for the client to really see with his own mind and voice, or explore the other's.

The empty chair is also the traditional way of exploring and amplifying the impasse in a 'topdog-underdog' conflict (a metaphor for the internal struggle between a controlling aspect and a subjugated aspect of a person). The 'oughts and shoulds' of the topdog are expressed from one chair and the wants and needs of the underdog are spoken from another. With the support of the therapist, the 'timid' underdog is encouraged to take his power and stand up to the bullying of the topdog. A useful outcome is a mutual softening of the two positions – each one acknowledging the uselessness of the other. They are in fact both aspects of the same person and both have a purpose and meaning. In this way, the client can discover, own and reconcile conflicting parts of his experience.

This kind of experiment is often used in exploring polarities. For example, a client who is habitually kind to everybody and feels exhausted, may be asked to imagine a cruel part of himself, picture it in the chair opposite him, and engage it in...
dialogue. As with topdog/underdog work, the client often finds a middle position, an integration or compromise between the two which allows a new and more appropriate range of experience and expression. A client can also explore his inner dialogues, listen and give voice to different 'parts' of himself, perhaps arguments or conflicts – moving seats in order to do so.

Setting up the chair work

At the beginning of therapy, when the client is unfamiliar with this sort of imaginative work, it is especially important to spend time setting the scene and engaging the client's energy and interest in the experiment. In any case, when setting it up, for example a role-play involving talking to another person, allow the client to choose as much of the imagery as possible. The other person or part may be imagined sitting somewhere or just standing in an empty space in the therapy room.

A typical induction might be as follows:

"If you were to imagine your husband in the room, where would he be? Would he be standing or sitting? How far away from you would he be?" (Note: this helps to create a scenario that is 'realistic' – the distant and unloving husband, for example, would never be sitting in a close threesome with his wife and the therapist. He would, at best, be sitting in a far corner of the room, half turned away, reading a newspaper. It also allows the client to grade the risk straight away with a person whom she might perceive as threatening.)

"Now close your eyes and imagine what clothes he is wearing, the look on his face, the way he is sitting or standing." (Note: this can access the most important aspect for the client in relation to the person.) "Slowly open your eyes and look at him. What is your bodily sense telling you? What emotions do you feel? Is there anything you want to say to him?" (Note: at this point you will often access the difficulty the client has in this situation. For example 'He is criticizing me', or 'I can't look him in the face'.)

You may now need to re-construct and re-grade the experiment. 'Are you interested in finding a way to face your husband without collapsing? ... How risky would it be to tell him to stop criticizing you?' The empty chair technique is easy to grade from a very simple here-and-now to a complex, active exploration of parts of self. For example, with our client Beverly the therapist might say:

Therapist: If he were here now, what would you like to say to him, if you didn't have to watch your words?

Beverly: I'd tell him I'm absolutely fed up with his constant criticizing. (This might be enough, and therapist and client could continue to talk about the client's difficulty with her husband, exploring her feelings in the here and now.)

A slightly 'higher' grade of risk might be:

T: So imagine that he is here now – would you be willing to say that straight to him?
B: Er ... Yes. Do you mean ...?
T: It can sometimes be useful to bring the conflicts right into the room here.
B: OK, I see.
T: If he were in the room with us now, where do you imagine that he would be?
B: Oh that's easy – behind that desk – only it would be much bigger and his chair would be higher than mine.
T: Keep imagining him sitting at that desk – how does he look? [and so on] ... What do you want to say?
B: You don't own me [she shouts]. Who do you think you are? What do you think I am?
T: Tell him who you are. Beverly.
B: I'm ... I'm Beverly – I'm Beverly ... I'm not your ... [Beverly tails off and turns to the therapist] I was just about to say 'I'm not a naughty little girl.' I've just realized something. Do you know who he reminds me of?
T: [distinguishingly] Who?

In this example the empty chair was used to heighten Beverly's awareness of how she also put her stepfather's face on her somewhat controlling and smothering partner. (She then realized how this made it much harder to stand up to her husband.)

We might also have simply suggested that she look at her husband and sense where she was tense or collapsed. We might have encouraged her to sit in a different way, look at what she was feeling, see what messages she was telling herself or see if she could get in touch with her courageous energy. Yet another version would be to switch chairs and talk from the other position or to take the opposite polarity, exaggerating her compliant and helpless position.

NB: We have describing experiments that involve movement, and we certainly find that the act of moving seats helps clients to let go of one state of being and fully embody another. However, some clients either can't or feel uncomfortable doing that, and the same kind of parts work can be done using stones, shells, objects in the room or puppet figures.

Caveats

When the opportunity for empty chair work arises (or indeed any experiment of this nature), the therapist has a significant choice to make. Will the client benefit most from engaging in a dialogue with parts of himself or will here-and-now contact with the counsellor in the room be more therapeutic? Clients who make contact easily with other people often benefit a lot from exploring contact with aspects of their selves in the empathic presence of the therapist. As a client talks about a dilemma or a person with whom he is having difficulty, it may be clear that the energy for that figure is growing and deepening so that he can feel
suddenly as if there is a third person in the room. The shift to dialogue with that third person or part of self is a natural one.

There are clients, however, for whom making real contact with another human being is paramount (for example, those who are socially isolated or who are very withdrawn). It is indeed the crux of the healing. For these individuals, a dialogue with themselves can be a further avoidance of contact with the 'real other'. The experiment can then quickly begin to feel empty and uninteresting. The therapist may feel as if her presence is required simply as an audience or she may even feel irrelevant. In situations such as these, the client can be helped to be in contact with himself in a more real way by staying in contact with the therapist, telling his story, endeavouring to convey his experience to her, seeing and feeling her response, responding to that response ... and so on.

There is one other caveat we wish to mention before going on to explore the many options for experiments. If your client's self-process is very fragile (for example, he has a tendency to fragmenting, borderline or dissociative process) it is a good rule of thumb to avoid two-chair dialogue with different parts of self. These clients need the stability of the therapeutic relationship to act as a boundary and container for the work and it is more useful for them to become aware of and talk about the parts of themselves rather than become them. Empty-chair dialogues with these clients should be initially limited to a here-and-now exploration of an interaction with a real person in their lives, where the aim is to practise new ways of communicating or better self-management strategies.

Do not forget to include in your repertoire of experimenting the whole area of the therapist-client relationship. Invite your client to explore the relationship with you. For example, 'Is there anything you have held back from saying to me?' 'Perhaps there is something you didn't like about what I have said or done?' or 'Could you imagine being angry with me?' (Grade the degree of challenge according to your own est}'

Completing the work

If the experiment is well designed, the client will gradually take over and often start to make his own adjustments to the direction of the experiment: 'No, there's something else I need to say to him,' or, 'I've just realized something I never knew before.' The therapist then sees an increase in sustained energy, as the experiment seems to take on a life of its own. Although the therapist has an idea of what might be a beneficial outcome, she strives to have only partial goals, for example that the client expresses appropriate emotion, experiences better support, completes unfinished business, feels satisfied, re-owns alienated parts. The therapist does not have a particular ending in mind or a particular result, she has no current goals. That should be entirely in the hands of the client. To emphasize what we said earlier, the therapist needs to embrace the attitude of creative indifference where anything is possible and there is no such thing as a right or wrong outcome.

However, there will be times (for example in a role-play) when the client suddenly drops out of role and appears to have stopped the experiment. You may need to

verbalize at this point, 'You seem to have come out of role/interrupted the process,' and check whether he wants to pause, stop, or move in a different direction. However, there will usually be a point when the experiment seems to reach a conclusion. This should generally be when the client shows signs of closure. It could be when he comes out of role, turns to you to reflect on what has happened, gains sudden insight, or when his change of energy shows he has moved to a different place.

It is very easy at this point in the experiment for the therapist to be seduced by her own view of a suitable conclusion and encourage the client to continue the experiment. It sometimes takes a lot of discipline to hold to the principle of creative indifference and allow the client to reach whatever end he chooses.

In the light of this, it is impossible to say 'This is the right place to stop,' only that an interesting new place has been reached. However, it is always prudent to bring the experiment to a close at least ten minutes before the end of the session, to allow time for re-establishing connection with the client, debriefing, and preparing to leave the session. This can be as simple as a reminder to the client that he has to stop in a moment as the session is soon over, or it may need a more active request that the experiment is temporarily suspended (for example) until another time. The counsellor will sometimes need to be sensitive and creative in finding ways to help the client to close down the experiment and return to the present relationship.

EXAMPLE

Beverley was enacting a heated argument with her imagined husband and was trembling with emotion. The counsellor realized there were only fifteen minutes of the session left and decided to interrupt. He told Beverley that the session was coming to a close and she needed to find a way to end this confrontation for the time being. He suggested that she tell her husband she was stopping for now but was not finished with him and would return. She imagined sending him to a safe place where he would wait until she next recalled him. The counsellor then asked Beverley to focus on her breathing, pay attention to her contact functions, reorient herself to the room and the presence of the counsellor and check if she needed to do anything more to leave the experiment. Since she was still shaky, he then took her through a calming routine before she left (see Chapter 16 on Resourcing for examples).

Assimilating and integrating the learning

After the experiment reaches its completion, it is important to make time for a period of assimilation and integration where often the most important learning takes place. Here, the client can discuss and make sense of the meaning of what happened
both cognitively and in terms of the implications for her life in general. It can also
be a profound moment when she sees how much her belief system has limited her
choices and possibilities. It may be necessary to plan with the client how to take this
new learning into her life. This is where the interdependence between individual and
environmental resources becomes key. The new insights, awareness and increased
choices will probably need some time before they are integrated fully. Sometimes the
client will achieve an obvious 'aha' experience, where she suddenly sees the possibil-
ity of a different way of behaving. At other times the experiment will be the first step
in an exploration or completion of a larger difficulty or gestalt.

**EXAMPLE**

After Beverley had expressed her anger, found better self-support and was
able to stand up to the image of her husband, she realized that she had
always avoided conflict with her stepfather. This led to a new phase in her
therapy where she began to explore the historical roots of her current difficul-
ties. Beverley made a decision to behave in a different way outside the ther-
apy room and confront her stepfather about his patronizing treatment of her
in the past.

If the client interrupts the experiment in the middle, suddenly returning to the
present moment, it is still important to debrief. The counsellor should verbalize that
the experiment has stopped for the moment and invite the client to be aware of
what precipitated the interruption, what significance that might have and what
might need to happen at this point in order for her to feel sufficiently completed.
Sometimes after a powerful experiment it is appropriate to allow the work to settle
during the week and discuss the learning in the next session. Be careful not to forget
this vital assimilation work as it makes all the difference between a simple emotional
release and a profound relarning.

**LAST THOUGHTS**

Experimentation is the territory in Gestalt therapy where the more experienced
practitioner may decide to take the risk of pushing the usual safe therapeutic
boundaries. There are many examples in the literature of therapists offering unusual
experiments, such as going for walks, visiting clients at home, cooking with them,
meeting in cafes, meeting their mothers, playing games with them – the list is end-
less. While, as a basic position we err on the side of safe boundaries, we also want to
support the anarchic 'boundary-pushing' spirit of Gestalt practice. However, if you
know that the experiment you are considering might be thought very 'risky' by
your colleagues, you may want first to discuss it with your supervisor.