CHAPTER 6

Gestalt Therapy Methodology

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DIALOGUE RESPONDENT: NORMAN SHUB

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When we are doing psychotherapy, it is easy to become overwhelmed by the amount and complexity of the data in any encounter: the story being told, the body language, the voice tones, the questions, and the emotions being expressed, as well as the thoughts, feelings, and memories evoked in ourselves as therapists. We can take numerous potential directions in any piece of therapeutic work. Because of this, all psychotherapy theories have highly developed approaches concerning what behavior to attend to, how to make sense out of behavior, and how to be in relation with the client. This is called methodology.

Because of the complexity of therapeutic work, a well-grounded methodology is essential. Without a method, a therapist is adrift, lacking direction and organization in how to proceed, perhaps lacking a goal (or, if having one, having no idea how to attain it) and a sense of a beginning and an end.

Therapeutic methodology deals with principles and procedures, where to go and how to get there. It is the bridge between abstract theory and the actual psychotherapy. As such, it provides the theoretical and operational underpinnings of one's therapeutic work. A sound methodology allows one to make explicit the rules under which therapy is to be conducted, enabling the translation of theoretical insights into more concrete and workable forms (Melnick, 1980). A well-articulated methodology outlines a structure that highlights the data to be attended to as well as categories for codification, analysis, interpretation, and feedback.

NORMAN: I am pleased to share with you my thoughts and reactions to your work in a nonhokey and nonsensical way. As I read your chapter, I smiled because it was clear to me as I was reading it that students and people interested in Gestalt would really understand methodological concerns, and that made me happy. I enjoyed your chapter and think it is well done.

While I was reading this section, a phrase kept floating around in my head, and that phrase was "how we are together, how are we together." I really understand the emphasis on the continuum of experience and, in my words, on accessing the inner world of the client. What I was looking for was more of an emphasis on how we are together and what we do together. It's as if we are standing in a snowy forest on a cold winter's day where the snow is coming down lightly. I am coming out of the woods and you are standing at the end of a field, and we can barely see each other. As we walk toward each other, we begin to notice and see more clearly who the other person is and to hear what we are yelling to one another, beginning to experience more sharply how we are coming together.
Regarding Gestalt methodology, a Gestalt therapist, when working with clients, is doing two things, sometimes at the same time. The therapist is engaging in an authentic encounter with the client, while at the same time watching how the client is organizing the encounter, most often for an hour. A good analogy is using two hands to play the piano.

Gestalt methodology is based on a belief in the elements of a healthy therapeutic encounter. It has a certain process and aesthetic to it. Our model for a healthy encounter is called the continuum of experience.

In this chapter, we will discuss six aspects of Gestalt therapy that form the basis of our methodology and end the chapter by presenting a case study to illustrate our approach. The six methodological components we consider as vital or integral to Gestalt therapy are (a) the continuum of experience, (b) the here and now, (c) the paradoxical theory of change, (d) the experiment, (e) the authentic encounter, and (f) process-oriented diagnosis.

For me, Gestalt is the process of co-creating moments in time where we pay a great deal of attention to the co-creation, the context, and what is happening as we come together. I believe your section on the authentic encounter is one of your key points. For me, your emphasis is on accessing the inner world of the client through the cycle of experience, yet as we are walking together in the snow, as we are walking toward each other, it is my job to help you learn how to pay attention to yourself so you can explore what it would be like to run in the snow instead of walk in the snow. You can look all around you and see the beauty of the forest, the birds, and the trees and not just focus on me. Or you can be less anxious about what I might say to you as we come closer. Or you can move your body so that you can fully dance, run, touch and taste the snow, and smell the cold, sharp air. All those things are true. But as we come together, there is something magical that happens for me—called contact. Gestalt, for me, is about learning to use the how of our coming together to make the therapy about that, and accessing the inner world is a part of that process—no question—but the connection is the process. So I was looking for more flavor of connectedness in your discussion of Gestalt methodology.

SONIA: I want you to know how grateful I am that you took such a detailed look at our chapter. A big part of my gratitude is that, with your words added to the book, our chapter will be vastly improved.
excitement in the early Gestalt writings) is shown as the rise in the diagram. The organizing continues as a clear want emerging from the sensory data: wanting to reach out or to withdraw, to speak or to be silent, and so forth. The energy at the highest point of the schema is then used to act, to contact the environment in a way that promises satisfaction. Reflection on the success of the action completes the continuum. To repeat, we are aware, which leads us to knowing what we want, which leads us to act, to be contactful, and then to reflect on our experience. This is how we learn and become wiser in the next moment. It is how we organize experience.

The interruptions, the places where clients’ energy gets stuck, are noted. At times clients limit sensory data, cannot articulate their wants, are reluctant to act or act too quickly and are thus unsupported, fail to reflect and therefore learn little from their experience. These interruptions are the material for our work as Gestalt therapists. The interruptions are also the basis for our diagnostic insights, which we will talk about later.

THE HERE AND NOW

A basic belief of Gestalt therapy is that the present encompasses the past and helps influence the future. Learning, everything carried in the present, the past and the future, and now.

This stance of first exposed by Dr. C. H. I. T. E. R. E. R. in "The Here and Now." When we focus on the past, we lose the present and the future. The reasons we have been told, “C. H. I. T. E. R. E. R." is not present, when the resource is lost.

But Mary also has and the therapist no one of her resource: vocal range to respond.

Our stance of therapeutic encounter notices that a client often has a pattern that reflects how this character explores itself, between curiosity and the thing the client may experience is enacting the here and now. Resolving present frees the intensity so that it can develop.

The Gestalt therapist does not reflect a pattern of interaction and makes sense of our belief that all characters are the work of the same process and perspective. A picture of how the
influence the future. Everything that we have learned, everything that we have experienced is carried in the present moment. The Gestalt therapist conducts the work with the data of the here and now.

This stance of privileging the present, when first expounded by Gestalt therapists, was revolutionary to Western psychotherapy. Rather than exploring the past, as is done in most depth psychotherapies such as Freudian and Jungian approaches, we focus on the present moment where the past is embedded and therefore alive and obvious.

During the therapeutic encounter we listen and we watch. Using the image of the COE, we pay attention to what our clients do well and how they limit their satisfaction by not using their energy for a desired goal. As we look and notice, we are gathering data. This is the key to the formation of hypotheses about the client’s ability to organize an experience. For example, Mary speaks with a soft voice, without awareness as to whether she is heard or not heard, and thus cheats herself of the continuous feedback that would be available to her. The reasons why she lives in the world this way can be many. For example, she may have been told, “Children should be seen and not heard,” or “Good girls speak softly.” However, when this stance is carried over into adulthood without awareness, a vital resource is lost.

But Mary also has many strengths. She is able to articulate her feelings when she is asked, and the therapist notices this and tells her about it. In time she will appreciate her soft voice as one of her resources and be able to use it when it is appropriate to do so. She will broaden her vocal range to respond appropriately when a loud or angry voice is more contextually correct.

Our stance of privileging the present has important implications for how we approach the therapeutic encounter. For example, when a clinician from a different therapeutic discipline notices that a client asks questions but does not wait for an answer, the clinician may explore how this characteristic behavior is rooted in past experiences. The Gestalt therapist will explore how this characteristic exists in the present. For instance, it may signify ambivalence between curiosity and a reluctance to hear something the client may not want to hear. Because this ambivalence is enacted in the room with the therapist in the here and now, it becomes data for useful work. Resolving this ambivalence in the present frees the impulse to embrace one’s curiosity so that it can develop into a more mature form.

The Gestalt therapist’s focus on the present does not reflect a lack of interest in how a given pattern of interaction developed, for we all wish to make sense of our lives. Our emphasis reflects the belief that all change takes place in the present. Many times the client will provide the connection of the work with earlier life experiences, filling in a picture of how the past connects with the present.

JOE: I agree with you, Norman. The COE was originally conceptualized when all depth therapies, not just Gestalt, were intrapsychically oriented. In fact, the Gestalt approach was one of the driving forces, along with other humanistic approaches, that saw the process as interpersonal and field based. That is why we have expanded the COE to look at couples, families, groups, and organizations.

NORMAN: I agree with you that contact creates the here-and-now opportunity for growth. The interactive process is the vehicle for the self to fully emerge and for growth to take place. However, for me, the essence of being in the here and now with the client involves the integration of methodological factors.

SONIA: I agree with the point you emphasize, that all Gestalt work is a here-and-now process of growth and that it is the process, not the outcome, that is the solid and important growth; your point is a valid one.
THE PARADOXICAL THEORY OF CHANGE

According to Perls, Hefferline, and Goodman (1951), "The self only finds and makes itself in the environment" (p. 248). This belief was the basis for Arnold Beisser's (1970) oft-quoted statement of the paradoxical principle of change: "Change occurs when one becomes what he is, not when he tries to become what he is not" (p. 77).

As indicated previously, theory provides the rationale for what we do. Methodology helps theory come alive and describes what the therapist does and what happens in the therapy session. All psychotherapeutic theories address change, but they differ widely on the process involved because principles help define the process.

Central to Gestalt theory is the concept of awareness. Much of what happens in the authentic encounter, in the here and now between therapist and client, involves bringing into awareness thoughts, feelings, gestures, beliefs, and memories. The bringing into awareness is fundamental for change and is often called the paradoxical principle of change (Beisser, 1970). It is not paradoxical but logical. Awareness, by definition, changes us. It seems paradoxical that to change we first have to get acquainted with our dysfunctional ways, but this is so. As Beisser (1970) said, "To heal a suffering one must experience it to the full." (p. 78).

Most approaches to change that are based on intention alone—for example, not doing something or doing something differently—usually result in failure. We all know that most New Year's resolutions to eat less, be nicer to our neighbors, complain less, stop smoking, exercise more, or drink less are soon forgotten. The Gestalt approach is based instead on heightened awareness of "what is," of "how we eat," of our experiences of "niceness," of noticing how it feels to "complain," of what it is like to "taste a cigarette," of our body stretching "itself," or of the experience of reaching for a drink.

For many, if not most, life is conducted with minimal awareness, which is a good thing when all is going well. For example, we walk without attending to how we walk. Instead, we attend to our destination and the sights along the way. We eat, unaware of how we eat but rather tasting the food, liking it or not liking it. But as Beisser (1970) pointed out, to change we must heighten our awareness and "enter" our experience.

The stuff of life is the walking, the eating, our conversations; the stuff of life is its content. The background of life is its processes, and if we need to change something that does not work well for us, we paradoxically have to bring it into awareness and get to know it well; then and only then can we change.

THE EXPERIMENT

Experiment derives from experie, to try. An experiment is a trial or special observation made to confirm or disprove something doubtful, especially under conditions determined by the experimenter; an act or operation undertaken in order to discover some unknown principle or effect, or to test, establish or illustrate some suggested unknown truth, practical test, proof. (Perls et al., 1951, p. 12)

One can say that all of life is an experiment because with every choice the outcome is unknown. However, in the flow of life we are usually unaware of this uncertainty. Living with minimal awareness is useful when life is going well but problematic during difficult times when
some change seems necessary. It is dissatisfaction that provides the motivation for many people to seek psychotherapy.

Prior to deciding to undertake therapy, most have tried to solve their problems alone, without success. Therefore, they courageously try this novel approach full of uncertainty. Those of you who have experienced psychotherapy probably remember the sensation of not knowing what will happen next. This heightens the difference between psychotherapy and everyday life. In everyday life, we usually try to minimize uncertainty. In psychotherapy, this uncertainty is brought into awareness and becomes the focus of the work.

Our goal is to support uncertainty. We create the conditions for growth to occur without having any commitment to a specific outcome. The commitment is to create a climate that allows the client opportunities to explore and to discover his or her own outcome. In this way, the client acts from experienced awareness rather than following a direction imposed by the therapist.

Gestalt therapy as described by the COE is a blend of Eastern and Western thought (Crocker, 1999). It combines the Eastern emphasis on being in the here and now and the Western orientation toward action. We have just described the Eastern aspects of Gestalt methodology: being in the here and now and heightening awareness. Next, we will turn to the Western orientation toward action as it is incorporated in the use of experiment.

Experiment is a teaching method that creates an experience in which clients can learn something that is part of their next growth step. Experiment is what transforms talking into doing, reminiscing and theorizing into presence and action (Zinker, 1977). The purpose of experiment is to assist the client in active self-exploration. Every experiment has a strong behavioral component. According to Zinker (1977), the goals of creative experiments are

- To expand the person’s repertoire of behavior
- To create conditions under which the person can see his life as his own creation (take ownership of the therapy)

NORMAN: I really like this section on experiment—it is clear and extremely helpful, and anyone can benefit from reading it. That is a real response, not gratuitous praise. You say that the experiment “creates an experience in which clients can learn something that is part of their next growth step.” What occurred to me when I read this was that Gestalt methodology talks about incremental growth, boundary stretching, and the process of change. In all of this, the experiment is the next step, must be the next step, and will be the next step because of the boundary situation. Because of the incremental nature of change and because an individual can only do so much at any given moment, the wonder and magic of the experiment is that it flows. It is like a bridge that is built halfway over a river. You take a step and get to the edge of where the bridge is built. The experiment allows you to take the next step and put your foot down on a firm foundation that holds you up. Now you can stand on that part of the bridge that wasn’t there before and not fall. You feel solid there (in the new place), and eventually the bridge is expanded. The experiment is the next step because of boundaries, because of incrementalism, and because of how change takes place in the human. I loved the way you talked about the experiment and wish that it was emphasized as the next step. Perhaps you don’t see it that way, or perhaps you see experiments producing change that is bigger than that. That was just something that I thought about as I read it and that is intrinsic to the way I view Gestalt and change.

JOE: Your point is well taken, Norman, that we did not emphasize the interactive or co-creation of experience but seemed to focus more on the interpersonal.

SONIA: You make a valid point that our focus was on a two-person system. We certainly recognize that Gestalt is applicable to all kinds of groups.
• To stimulate the person’s experiential learning and the evolution of new self-concepts
• To complete unfinished situations and overcome blockages in the awareness/excitement/contact cycle
• To integrate cortical understandings with motoric expressions
• To discover polarizations that are not in awareness
• To stimulate the integration of conflictual forces in the personality
• To dislodge and to reintegrate introjects and generally place “misplaced” feelings, ideas, actions where they belong in the personality
• To stimulate circumstances under which the person can feel and act stronger, more competent, more self-supportive, more explorative and actively responsible for himself (p. 126)

Historically, experiments have been confused with techniques. Methodology incorporates techniques, and all schools or models of psychotherapy use a variety of them. For example, psychodrama has much in common with role playing, assertiveness training, and behavioral rehearsal. A technique is a preformed experiment with specific learning goals. It is like an off-the-rack suit as opposed to a custom-made one designed to fit the individual. The same technique can be “worn” by different schools of psychotherapy. An experiment, on the other hand, flows directly from psychotherapy theory and is crafted to fit the individual as he or she exists in the here and now.

When psychoanalysis was the dominant form of depth therapy, action was underemphasized. In fact, one’s actions were deliberately excluded. The emphasis stayed on insight through the interpretation of the therapist. Because of this lack of actions and because Gestalt experiments were often brilliantly conceived, they were popularized and often used for teaching purposes not particularly tailored to the needs of the individual in the moment. An example of this is the two-chair technique, used as an exercise to heal splits between parts of oneself. This experiment’s power for healing is still impressive. For example, a person comes to therapy because he cannot control his eating. It soon becomes evident that one part of the self would like to control eating and another part is not cooperative. By having the client imagine each of the parts of the personality in separate chairs and asking the client to have them converse by changing chairs from one part of the self to the other, integration can occur. However, therapists who were minimally exposed to Gestalt theory routinely used this creative method in a stereotypic manner, and in some circles Gestalt therapy became characterized as empty chair work.

JOE: I also agree with Sonia that contact is always a co-creation, and of course contact occurs in larger systems such as families and groups. Gestalt methods can be applied far beyond the field of psychotherapy, to corporate organizations, political systems, athletic teams, spiritual practices, and as Norman writes, even orchestras.

NORMAN: I like your ideas about the use of experiment as incremental. Of course, we can add that the Gestalt approach is experimental by definition. We are always looking at the impact of our mutual interaction and always playing with the question “What would happen if?” What would happen if you exaggerated that gesture, talked more quickly, really tasted the orange, experienced your whole body sitting in the chair, etc. I agree that a good experiment flows. It is really a co-creation of the therapist and the client. Although the therapist originally suggests it and the client agrees, once it is begun they are in fact both doing it together. When done well it is like a marvelous dance.

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An excellent opportunity to use another kind of Gestalt experimentation comes when a client presents a dream in therapy with the hope of gaining awareness and understanding of its meaning in his or her life. The most common method, introduced by Fritz Perls, was to have the client experiment by stating the dream in the here and now, as if the dream were happening now. The therapist encourages the client to experiment with being the parts and processes of the dream—as if each part of the dream had a voice—and facilitates dialogue between the various elements. This technique was based on Perls's belief that because every bit of the dream is a production of the dreamer, the various parts and processes are projections. In the words of Downing and Marmorstein (1973),

Your dreams are you. They don't just belong to you—they are you. . . . In the dream, as in life, I am the microcosm. . . . Each and every one of your dreams is an expression of an infinite number of associations, harmonies, conflicts, and contradictions which make up you. Each of your dreams may be used as a starting point on an endless road of self-awareness. (p. 8, italics in original)

The elements of a dream may represent aspects or fragments of one's persona; as Perls (1969b) said, "I believe we are all fractionized. We are divided. We are split up in many parts, and the beauty of working with a dream is that in a dream every part—not only every person, but every part is yourself" (p. 89). Another Gestalt view, presented by Isadore From (in Müller, 1996), was that the events of the dream can be retrojections, suggesting that the work of therapy is to help the client understand and undo the retrojections of what he or she cannot express in waking life. Here the therapist watches and listens for avoidance behavior and notices where the client becomes stuck. Joseph Zinker (1977) introduced an additional Gestalt method of working with dreams in group therapy: "dream work as theatre." This is a very innovative method, providing for ample experimentation in groups in which the dreamer (identified client) assigns various aspects of his or her dream to members of the group and gives them a line from the dream. He or she then acts as the director, orchestrator, or conductor of the unfolding drama as the elements of the dream enact dialogue with one another and with the dreamer, thereby providing the dreamer with broadened awareness of potential meanings in the dream and serving the goal of personal integration.

**AUTHENTIC RELATIONSHIP: CRITICAL TO A SUCCESSFUL METHODOLOGY**

The therapist, according to his own self-awareness, declines to be bored, intimidated, cajoled, etc.; he meets anger with explanation of the misunderstanding, or sometimes apology, or even with anger, according to the truth of the situation. (Perls et al., 1951, p. 148)

A Gestalt therapist has a unique and complex job: He or she is asked to do two tasks at once. One, as already noted, is to watch the organizing process of the therapeutic session, noticing what the client does well and what is blocked and will therefore be the focus of the work. The other is to be available for an authentic relationship because genuine connection with others is a basic human need. Martin Buber (1923/1958) is probably the best-known philosopher to highlight this hunger to be seen, heard, and related to as a person rather than
as an object. Buber's concept of the I-Thou relationship requires a Gestalt therapist to be continually working on his or her presence. To be present is to be focused on the here and now, to be aware of oneself, and to bring the self into the therapist/client encounter.

At one time this was interpreted as a requirement to be transparent to a client. To be transparent means to be fully open and honest at all times. This belief was a misinterpretation of the meaning of the here and now. In a therapeutic alliance, the therapist is transparent only in service to the client because the tasks are different for each of them. The client is asked to learn to be aware and to be transparent and genuine in the service of his or her growth. The therapist is asked to be genuine and to be selectively transparent where it serves the growth of the client. All awareness not related to that task should be bracketed out of the session.

This authenticity puts a responsibility on the therapist to be highly aware of potential and actual countertransference issues. Countertransference is feelings arising in a therapist that are evoked by the therapeutic work with the client but are not necessarily useful for the client's growth (Melnick, 2003).

Supervision is encouraged in almost all psychotherapeutic disciplines. It is particularly important for Gestalt therapists because they use their self as part of the genuine contact that they believe is an essential ingredient in the building of trust and in setting the groundwork for growth. An authentic relationship is, by definition, psychological nourishment that enables us to grow.

**DIAGNOSIS—EVOLVING FROM AND GUIDING GESTALT METHODOLOGY**

Often it has been said that diagnosis is contrary to the methodology and the spirit of a here-and-now therapy such as Gestalt therapy. This comes from a misunderstanding of the word *diagnosis*. As a Gestalt therapist gathers data, he or she assesses the state of the client's organizing. One of the things I love most about Gestalt is that the methodology allows someone who is really skilled to work with conductors to teach them how to bring the orchestra together, how to deal with difficult members, how to enhance their ability to deal with conflict, and how to explore the differences in the composition of groups. We work with CEOs in helping them understand how to work with themselves to be leaders, with individuals to experience the world more fully, and with couples to really open up and experience their relationship. One of the powerful conceptualizations of Gestalt for me is the use of methodology in all different kinds of endeavors. Part of that is the idea that once clients learn how to access their inner self and pay attention to the contact, they become more and more true partners in the process. So, for me, another question that I want to ask is, "How important was the idea of doing with as opposed to doing to?" Psychotherapy historically is something we have done to the patient and to the client, as opposed to a conjoint experience where we work together: By learning awareness skills and how to pay attention to contact, clients can begin to work with us to co-create experiences they use to learn about themselves and can become partners in the process. Ultimately, if clients have had a good Gestalt experience where the methodology was sound, they can take what they learned and use it on their own. That is another part of what is exciting for me about Gestalt, Gestalt principles, and Gestalt practices.

**JOE:** This is an interesting point, Norman—your distinction of "doing with" versus "doing to." I think that the phrases are tricky and can be misunderstood. We agree that Gestalt tends not to value a heavy emphasis on "doing to." However, we also tried to emphasize in our chapter the possible transferral dilemmas of "doing with." We believe that in addition to

**A CASE STUDY**

What follows is a segment of a Gestalt therapy group cc
he or she assesses the strengths and the weaknesses of the client's organizing process of the COE. This is how the Gestalt therapist diagnoses, for the process data suggest the trajectory of the needed work and the desired goal of the therapy.

For some therapists, diagnosis implies that the therapist "knows" what blocks a client and therefore "knows" the cure. When diagnosis is seen in a different way, as an ongoing process of exploration between the client and the therapist and as the development of an authentic relationship over time, the idea of the therapist as an all-knowing expert is no longer tenable.

The therapist and the client are engaging in a continual assessment of what is known and are working together to shed light on blocks of which the client is unaware. They create ways to proceed, often with the use of experiments, and to reach their desired goals jointly. The therapist has faith that an authentic relationship is healing in itself and that it provides the basis of support for growth. The therapy becomes a journey, and diagnosis is the tool that points to the directions to explore. Thus Gestalt diagnosis does not label an individual; rather, it identifies a process.

Often, when working with a client, you will be called on to confer with a mental health professional from a different psychological discipline. Therefore, it is important to be able to converse in psychologists' common language: the DSM-IV (American Psychiatric Association, 1994). At first glance, this diagnostic manual will look alien to practitioners of Gestalt methodology. However, a closer look will show that the conditions described are the human conditions; although different disciplines use different words, we are all talking about the same types of suffering. The translation will not be difficult, and you will be well served if you become familiar with the manual (see Melnick & Nevis, 1997).

**A CASE STUDY**

What follows is a segment of a session from a psychotherapy group consisting of eight members...

NORMAN: For me, from a Gestalt perspective, diagnosis is a description of the present functioning of the self. I think it is true that diagnosis in the Gestalt framework has a process orientation. Part of my reaction and part of my experience when I was reading your chapter was a question that formed: "How do you experience the self of the client in the encounter?" Further, "What is the method for clearly defining a diagnostic experience in the moment—not as a label, but in the moment?" "How do you capture the snapshot of the self and understand it?" Perhaps it is my bias that is keeping me from seeing clearly what you are saying, as I have a very defined point of view on this subject. If so, I welcome your response and would love to clarify my reactions and thoughts about this. Perhaps it isn't clear and we need to talk about it a little more and see if we can make that more clear. As I think about diagnosis in Gestalt therapy, I ask, how is the self experienced? Without going into an extensive bibliographic discussion, there is certainly a great deal of support in literature that has the...
and two co-therapists. Please see if you can notice the therapist utilizing the five aspects of Gestalt methodology: the here and now, the paradoxical theory of change, experiment, authentic encounter, and diagnosis.

By way of introduction, Amanda had been a member of a psychotherapy group for more than a year. She took the same seat every week, sitting uncomfortably on the end of a sofa. She appeared unaware of her seating posture. She sat with her shoulders stooped and her eyes peering up, in a frightened “deer in the headlights” pose. She had spent much of the last year looking at her highly developed friendly side. She described life and people as agreeable, yet reported a cardboard quality to her existence. On this particular day, after reporting being rejected by a man, she requested (something she rarely did) some time to look at her agreeable personality.

Therapist: To be able to agree and notice what is good in the world is a beautiful thing.

Amanda: Yes, that is what my mother taught me. I guess I learned it too well. There just doesn’t seem to be much excitement in my life. I experience myself as a victim. I never seem to get what I want.

Therapist: (Returning to the theme of “agreeability”) Well, I’m still fascinated by your ability to be so agreeable. I was wondering if you would be interested in exploring an aspect of it.

Amanda: What do you mean?

Therapist: Well, sometimes when we are very good at something we are less developed in its opposite. For example, you are very good at telling us what you like. My guess is that you might find it interesting to explore the opposite, the polarity of what you don’t like. Would that interest you?

Amanda: (Hesitantly) Yes.

Therapist: You sound you are j
Amanda: (Smiles as being age
Therapist: Great. M
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Therapist: What dic
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Therapist: Now t
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Therapist: That’s and w
Amanda: (Think
Therapist: You sound a little hesitant to me. I'm not sure whether you really want to do this or you are just being agreeable.

Amanda: (Smiles as if she were caught with her hand in the cookie jar) You're right. I was just being agreeable. Let me think if I really want to do this. (After a brief hesitation, smiles a genuine and full smile) Yes! I really want to learn about it.

Therapist: Great. My suggestion is that you go around the room in your head and pick out something about someone that you don't like and notice what happens.

Amanda: (Complies and, as she goes around looking at everyone, becomes noticeably uncomfortable)

Therapist: What did you notice?

Amanda: I became aware of something I did not like about you. I am getting nervous.

Therapist: I find that interesting. We could continue in a number of ways if you wish. However, one suggestion is that you tell me what it is that you don't like about me, and we see what happens.

Amanda: (Appears frightened, but catches her breath and blurs out) I don't like your arrogance. You always seem so sure of yourself. (A second later) I can't believe I said that. Are you okay?

Therapist: I am fine. I am glad that you noticed my arrogance. I have worked hard to develop it.

Amanda: (Looks totally confused) You like it? What is there to like about it?

Therapist: Well for one thing, it allows me to not be so concerned about others. Second, I experience a sense of power. Rather than looking up to people like you do, I find it invigorating to sometimes look down at them. I've got an idea. If you are interested I'd like you to explore your own arrogance.

Amanda: Maybe. But I need you to tell me more.

Therapist: I notice that you always seem to sit huddled on the edge of the sofa, looking up at the world. I would like to suggest something simple. I would like you to just practice sitting on a chair that is slightly above the other ones, and rather than pulling in your shoulders, fluff them out. Are you still with me?

Amanda: (With some hesitation) Yes, I am willing to give it a try. (The group joins in the experiment, helping her to find a chair and contracting to pay attention to what they experience as she works.)

Therapist: Now that you are looking down on us with your feet planted, what are you aware of?

Amanda: I notice that you all don't look so fragile. I never realized that. I always thought that I was the fragile one, but I also experience others as fragile. I also notice that I feel more powerful. I don't feel so frightened anymore. It is as if I can say things without having to be so concerned with hurting or being hurt.

Therapist: That's great. Would you be willing to sit in the chair for the remainder of the group, and when you have a disagreeable thought experiment with saying it?

Amanda: (Thinking for a moment) Yes!
SUMMARY

Methodology is what helps transform theory into action. Gestalt methodology combines an Eastern focus on awareness and being in the here and now with a Western emphasis on action and doing. We focus on how the client organizes his or her experience, while at the same time we are engaged in an authentic encounter with the individual. In turn, a diagnosis evolves that points the way to the best process for a given client. In this chapter, we have suggested the COE as a template to help the therapist make sense of the client's organization of his or her experiences.

REVIEW QUESTIONS

1. What is the purpose of methodology in counseling and psychotherapy?

2. What does the continuum of experience represent? How can it be useful in understanding what a client is experiencing or avoiding in a therapy session?

3. Differentiate between the following words that are often used as synonyms with _authentic_: transparent, truthful, genuine, real, natural, honest, actual, open, straightforward, and trustworthy. According to your authors, what is the danger of thinking they all mean the same thing as their definition of _authentic_ when counseling a client?

4. Identify the five components of Gestalt methodology in the client-therapist dialogue in the case presentation of "Amanda": (a) here and now, (b) paradoxical theory of change, (c) experiment, (d) authentic encounter, and (e) diagnosis.

5. How is the Gestalt approach to diagnosis different from the standard models used in the medical models of psychotherapy? What is meant by the statement "Diagnosis is a description of the present functioning of the self"? How can this concept be useful in the conduct of psychotherapy?

EXPERIENTIAL PEDAGOGICAL ACTIVITIES

ACTIVITY 1: Reflecting on how you read this chapter and using a large piece of paper, draw a time line that begins with the time you began reading (beginning of line on left) and the time you finished it (at end of line on the right side). Using the terminology of the continuum of experience (COE, identify along your time line the various facets of the COE that you experienced as you read. Also identify any disruptive activities, slowdowns, stops, resistances, or defenses that interrupted your interest and reading.

ACTIVITY 2: Imagine you are ten years older and ten years younger and how the 10 min essentially the observing them, tered and movi so that the other

ACTIVITY 3: an "authentic d are all working what you are dc (if any). Wait u the difference b

ACTIVITY 4: gro togb as an experiment, fac dream in pres e
ACTIVITY 2: Pair off with another class member into a dyad and practice staying solely in the "here and now" in everything you say and do for 10 minutes. While doing this, be aware of the ways you naturally tend to move out of present-centeredness, and discuss this for 5 minutes with your partner when the 10 minutes are finished. Then, with your partner, join another dyad and observe them doing essentially the same thing (practicing "here-and-now" interaction for 10 minutes), only while observing them, keep notes (mental or written) on ways you see and hear them staying present centered and moving away from it. Afterward, give them feedback for 5 minutes. Reverse the process so that the other dyad observes you and your partner and gives you feedback.

ACTIVITY 3: In small groups of three to five, take approximately half an hour to try to establish an "authentic dialogue" about this chapter and/or the class/training program in general. While you are all working at being authentic, "slip in" some inauthentic comments without announcing that is what you are doing, paying attention to both your own feelings in doing it and the group's response (if any). Wait until the end of the group experience to discuss your observations and feelings about the difference between trying to be "authentic" and "inauthentic."

ACTIVITY 4: Ask someone in class to share a dream with you (this can also be done in small groups or as an entire class). Using the guidelines for Gestalt dreamwork in this chapter's section on experiment, facilitate therapeutic encounter with the dreamer by having him or her first repeat the dream in present tense (as if it were happening now) and then speak as if he or she were the different parts of the dream. Be curious and ask the parts questions that will facilitate phenomenological exploration of their potential relation in the dreamer's life. Keep in mind Downing and Marmorstein's assertion that "[e]ach and every one of your dreams is an expression of an infinite number of associations, harmonies, conflicts, and contradictions which make up you. Each of your dreams may be used as a starting point on an endless road of self-awareness." Whatever you do, try to encourage the dreamer to "play it up" and put energy into acting out the parts as he or she engages in the dream encounter.