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Fritz Perls (1893–1970)

10 | GESTALT THERAPY

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OVERVIEW

Gestalt therapy was founded by Frederick “Fritz” Perls and collaborators Laura Perls and Paul Goodman. They synthesized various cultural and intellectual trends of the 1940s and 1950s into a new gestalt, one that provided a sophisticated clinical and theoretical alternative to the two other main theories of their day: behaviorism and classical psychoanalysis.

Gestalt therapy began as a revision of psychoanalysis (F. Perls, 1942/1992) and quickly developed as a wholly independent, integrated system (F. Perls, Hefferline, & Goodman, 1951/1994). Since Gestalt therapy is an experiential and humanistic approach, it works with patients’ awareness and awareness skills rather than using the classic psychoanalytic reliance on the analyst’s interpretation of the unconscious. Also, in Gestalt therapy, the therapist is actively and personally engaged with the patient rather than fostering transference by remaining in the analytic role of neutrality. In Gestalt therapy theory, a process-based postmodern field theory replaced the mechanistic, simplistic, Newtonian system of classical psychoanalysis.

The Gestalt therapist uses active methods that develop not only patients’ awareness but also their repertoires of awareness and behavioral tools. The active methods and active personal engagement of Gestalt therapy are used to increase the awareness, freedom, and self-direction of the patient rather than to direct patients toward preset goals as in behavior therapy and encounter groups.

The Gestalt therapy system is truly integrative and includes affective, sensory, cognitive, interpersonal, and behavioral components (Joyce & Sills, 2009). In Gestalt

therapy, therapists and patients are encouraged to be creative in doing the awareness work. There are no prescribed or proscribed techniques in Gestalt therapy.

Basic Concepts

Holism and Field Theory

Most humanistic theories of personality are holistic. Holism asserts that humans are inherently self-regulating, that they are growth-oriented, and that persons and their symptoms cannot be understood apart from their environment. Holism and field theory are interrelated in Gestalt theory. Field theory is a way of understanding how one's context influences one's experiencing. Field theory, described elegantly by Einstein's theory of relativity, is a theory about the nature of reality and our relationship to reality. It represents one of the first attempts to articulate a contextualist view of reality (Philippon, 2001). Field theory, born in science, was an early contributor to the current postmodern sensibility that influences nearly all psychological theories today. Schools of thought that emphasize dependence on context build upon the work of Einstein and other field theorists. The combination of field theory, holism, and Gestalt psychology forms the bedrock for the Gestalt theory of personality.

Fields have certain properties that lead to a specific contextual theory. As with all contextual theories, a field is understood to be composed of mutually interdependent elements. But there are other properties as well. For one thing, variables that contribute to shaping a person's behavior and experience are said to be present in one's current field, and therefore, people cannot be understood without understanding the field, or context, in which they live. A patient's life story cannot tell you what actually happened in his or her past, but it can tell you how the patient experiences his or her history in the here and now. That rendition of history is shaped to some degree by the patient's current field conditions.

What happened 3 years ago is not a part of the current field and therefore cannot affect one's experience. What *does* shape one's experience is how one holds a memory of the event, and also the fact that an event 3 years ago has altered how one may organize one's perception in the field. Another property of the field is that the organization of one's experience occurs in the here and now and is ongoing and subject to change based on field conditions. Also, no one can transcend embeddedness in a field; therefore, all attributions about the nature of reality are *relative* to the subject's position in the field. Field theory renounces the belief that anyone, including a therapist, can have an objective perspective on reality.

The *Paradoxical Theory of Change* is the heart of the Gestalt therapy approach (Beisser, 1970). The paradox is that the more one tries to become who one is not, the more one stays the same. Health is largely a matter of being whole, and healing occurs when one is made whole again. The more one tries to force oneself into a mold that does not fit, the more one is fragmented rather than whole.

Organismic self-regulation requires knowing and owning—that is, identifying with—what one senses, feels emotionally, observes, needs or wants, and believes. Growth starts with conscious awareness of what is occurring in one's current existence, including how one is affected and how one affects others. One moves toward wholeness by identifying with ongoing experience, being in contact with what is actually happening, identifying and trusting what one genuinely feels and wants, and being honest with self and others about what one is actually able and willing to do—or not willing to do.

When one knows, senses, and feels one's self here and now, including the possibilities for change, one can be fully present, accepting or changing what is not satisfying.

Living in the past, worrying about the future, and/or clinging to illusions about what one should be or could have been diminishes emotional and conscious awareness and the immediacy of experience that is the key to organismic living and growth.

Gestalt therapy aims for self-knowledge, acceptance, and growth by immersion in current existence, aligning contact, awareness, and experimentation with what is actually happening at the moment. It focuses on the here and now, not on what should be, could be, or was. From this present-centered focus, one can become clear about one's needs, wishes, goals, and values.

The concepts emphasized in Gestalt therapy are contact, conscious awareness, and experimentation. Each concept is described below.

Contact means being in touch with what is emerging here and now, moment to moment. *Conscious awareness* is a focusing of attention on what one is in touch with in situations requiring such attention. Awareness, or focused attention, is needed in situations that require higher contact ability, situations involving complexity or conflict, and situations in which habitual modes of thinking and acting are not working and in which one does not learn from experience. For example, in a situation that produces numbness, one can focus on the experience of numbness and cognitive clarity can emerge.

Experimentation is the act of trying something new in order to increase understanding. The experiment may result in enhanced emotions or in the realization of something that had been kept from awareness. Experimentation, trying something new, is an alternative to the purely verbal methods of psychoanalysis and the behavior control techniques of behavior therapy.

Trying something new, without commitment to either the status quo or the adoption of a new pattern, can facilitate organismic growth. For example, patients often repeat stories of unhappy events without giving any evidence of having achieved increased clarity or relief. In this situation, a Gestalt therapist might suggest that the patient express affect directly to the person involved (either in person or through role playing). The patient often experiences relief and the emergence of other feelings, such as sadness or appreciation.

Contact, awareness, and experimentation have technical meanings, but these terms are also used in a colloquial way. The Gestalt therapist improves his or her practice by knowing the technical definitions. However, for the sake of this introductory chapter, we will try to use the colloquial form of these terms. Gestalt therapy starts with the therapist making contact with the patient by getting in touch with what the patient and therapist are experiencing and doing. The therapist helps the patient focus on and clarify what he or she is in contact with and deepens the exploration by helping focus the patient's awareness.

Awareness Process

Gestalt therapy focuses on the awareness process—in other words, on the continuum of one's flow of awareness. People have patterned processes of awareness that become foci for the work of therapy. This focus enables the patient to become clear about what he or she thinks, feels, and decides in the current moment—and about how he or she does it. This includes a focus on what does not come to awareness. Careful attention to the sequence of the patient's continuum of awareness and observation of nonverbal behavior can help a patient recognize interruptions of contact and become aware of what has been kept out of awareness. For example, whenever Jill starts to look sad, she does not report feeling sad but moves immediately into anger. The anger cannot end as long as it functions to block Jill's sadness and vulnerability. In this situation, Jill can not only gain awareness of her sadness but also gain in skill at self-monitoring by being made aware of her tendency to block her sadness.

Although interpretation of the transference helped bring the focus back to the here and now, unfortunately, the potential of the here-and-now relationship is not realized in classical psychoanalysis because the focus is drawn away from the actual contemporaneous relationship, and the patients' feelings are interpreted as the result of unconscious drives and unresolved conflicts. Discussion in psychoanalysis is usually focused on the past and not on what is actually happening between analyst and patient *in the moment*.

This simple summary of psychoanalysis is not completely accurate, because Adler, Rank, Jung, Reich, Horney, Fromm, Sullivan, and other analysts deviated from core Freudian assumptions in many ways and provided the soil from which the Gestalt therapy system arose. In these derivative systems, as in Gestalt therapy, the pessimistic Freudian view of a patient driven by unconscious forces was replaced by a belief in the potential for human growth and by appreciation for the power of relationships and conscious awareness. These approaches did not limit the data to free association; instead, they valued an explicitly compassionate attitude by the therapist and allowed a wider range of interventions. However, these approaches were still fettered by remaining in the psychoanalytic tradition. Gestalt therapy took a more radical position.

Behavior modification provided a simple alternative: Observe the behavior, disregard the subjective reports of the patient, and control problematic behavior by using either classical or operant conditioning to manipulate stimulus-response relationships. In the behavioral approaches, the emphasis was on what could be measured, counted, and "scientifically" proved.

The behavioral approach was the inverse of the intrapsychic approach of Freudian psychoanalysis. Here-and-now behavior was observed and taken as important data in its own right, but the patient's subjective, conscious experience was not considered reliable data.

A third choice was provided by Gestalt therapy. In Gestalt therapy, the patient's awareness is not assumed to be merely a cover for some other, deeper motivation. Unlike psychoanalysis, Gestalt therapy uses any and all available data. Like behavior modification, Gestalt therapy carefully observes behavior, including observation of the body, and it focuses on the here and now and uses active methods. The patient's self-report is considered real data. And, in a departure from both behavior modification and psychoanalysis, the therapist and the patient codirect the work of therapy.

Client-Centered Therapy, Rational Emotive Behavior Therapy, and Gestalt Therapy

Gestalt therapy and client-centered therapy share common roots and philosophy. Both believe in the potential for human growth, and both believe that growth results from a relationship in which the therapist is experienced as warm and authentic (congruent). Both client-centered and Gestalt therapy are phenomenological therapies that work with the subjective awareness of the patient. However, Gestalt therapy has a more active phenomenological approach. The Gestalt therapy phenomenology is an experimental phenomenology. The patient's subjective experience is made clearer by using awareness experiments. These experiments are often similar to behavioral techniques, but they are designed to clarify the patient's awareness rather than to control her or his behavior.

Another difference is that the Gestalt therapist is more inclined to think in terms of an encounter in which the subjectivity of both patient and therapist is valued. The Gestalt therapist is much more likely than a person-centered therapist to tell the patient about his or her own feelings or experience.

Gestalt therapy provides an alternative to both the confrontational approach of rational emotive behavior therapy (REBT) and the nondirective approach of

Carl Rogers. A person-centered therapist completely trusts the patient's subjective report, whereas a practitioner of REBT confronts the patient, often quite actively, about his or her irrational or dysfunctional ways of thinking. Gestalt therapy uses focused awareness experiments and personal disclosure to help patients enlarge their awareness. (During the 1960s and 1970s, Fritz Perls popularized a very confrontive model for dealing with avoidance, but this model is not representative of Gestalt therapy as it is practiced today.)

Gestalt therapy has become more like the person-centered approach in two important ways. First, Gestalt therapists have become more supportive, compassionate, and kind. In addition, it has become clear that the therapist does not have an "objective" truth that is more accurate than the truth that the patient experiences.

Newer Models of Psychoanalysis and Relational Gestalt Therapy

There have been parallel developments in Gestalt therapy and psychoanalysis. Although the concept of the relationship in Gestalt therapy was modeled on Martin Buber's I-Thou relationship, it was not well explicated until the late 1980s (Hycner, 1985; Jacobs, 1989; Yontef, 1993). In its emerging focus on the relationship, Gestalt therapy has moved away from classical psychoanalysis and drive theory, away from confrontation as a desired therapeutic tool, and away from the belief that the therapist is healthy and the patient is sick.

Psychoanalysis has undergone a similar paradigm shift, and the two systems have somewhat converged. This is possible in part because contemporary psychoanalytic theories (especially relational and intersubjective theories) have rejected the limitations of classical Freudian psychoanalysis. The new theories eschew reductionism and determinism and reject the tendency to minimize the patient's own perspective. This movement brings psychoanalysis closer to the theory and practice of Gestalt therapy. Gestalt therapy was formed in reaction to the same aspects of psychoanalysis that contemporary psychoanalysis is now rejecting.

Basic tenets now shared by contemporary psychoanalysis and Gestalt therapy include the following: an emphasis on the whole person and sense of self; an emphasis on process thinking; an emphasis on subjectivity and affect; an appreciation of the impact of life events (such as childhood sexual abuse) on personality development; a belief that people are motivated toward growth and development rather than regression; a belief that infants are born with a basic motivation and capacity for personal interaction, attachment, and satisfaction; a belief that there is no "self" without an "other"; and a belief that the structure and contents of the mind are shaped by interactions with others rather than by instinctual urges. It is meaningless to speak of a person in isolation from the relationships that shape and define his or her life.

Cognitive Behavior Therapy, REBT, and Gestalt Therapy

The assumption that Gestalt therapy does not engage with patients' thinking processes is inaccurate. Gestalt therapy has always paid attention to what the patient is thinking. Gestalt therapists, like their cognitive therapy colleagues, stress the role of "futurizing" in creating anxiety and, like REBT therapists, discuss the creation of guilt by moralistic thinking and thoughts of unreasonable conditions of worth ("shoulds"). Many of the thoughts that would be labeled irrational in REBT or cognitive behavior therapy have also traditionally been an important focus for Gestalt therapy.

There is one major difference between contemporary Gestalt therapy and REBT or cognitive behavior therapy. In modern Gestalt therapy, the therapist does not pretend to know the truth about what is irrational. The Gestalt therapist observes the process, directs the patient to observe his or her thoughts, and explores alternate ways of thinking in a manner that values and respects what the patient experiences and comes to believe.

HISTORY

Precursors

Gestalt therapy was less a font of substantial original “discoveries” than a groundbreaking integrative system for understanding personality and therapy that developed out of a seedbed of rich and varied sources. Fritz and Laura Perls, and the later American collaborators with whom they wrote, taught, and practiced from the 1940s through the 1960s (Isadore From, Paul Goodman, and others), swam in the turbulent waters of the 20th-century revolutions in science, philosophy, religion, psychology, art, literature, and politics. There was tremendous cross-fertilization between intellectuals in all disciplines during this period.

Frankfurt-am-Main of the 1920s, where Fritz Perls got his M.D. and Laura Perls her D.Sc., was a center of intellectual ferment in psychology. They were directly or indirectly exposed to leading Gestalt psychologists, existential and phenomenological philosophers, liberal theologians, and psychoanalytic thinkers.

Fritz Perls was intimately acquainted with psychoanalysis and in fact was a training analyst. However, Perls chafed under the dogmatism of classical psychoanalysis. For Perls, the revolutionary basic idea that Freud brought to Western culture—the existence of motivations that lay outside of conscious awareness—had to be woven into other streams of thought, particularly holism, Gestalt psychology, field theory, phenomenology, and existentialism.

These intellectual disciplines, each in its own way, were attempting to create a new vision of what it means to be human. Their vision came to be called a “humanistic” vision, and Gestalt therapy introduced that vision into the world of psychotherapy. Freudian analysts asserted the essential truth that human life is biologically determined, conflicted, and in need of constraint; the existentialists asserted the primacy of existence over essence, the belief that people choose the direction of their lives, and the argument that human life is not biologically determined. Within psychoanalysis, Perls was influenced by the more renegade analysts, especially Otto Rank and Wilhelm Reich. Both Rank and Reich emphasized conscious experience, the body as carrier of emotional wisdom and conflicts, and the active process of engagement between the therapist and the patient in the here and now. Reich introduced the important notion of “character armor”—repetitive patterns of experience, behavior, and body posture that keep the individual in fixed, socially determined roles. Reich also thought that how a patient spoke or moved was more important than what the patient said.

Rank emphasized the creative powers and uniqueness of the individual and argued that the client was his or her own best therapist. Like Fritz Perls, Rank stressed the importance of the experience of the here-and-now therapeutic relationship.

Providing a major source of inspiration to Fritz and Laura Perls were European continental philosophers who were breaking away from Cartesian dualism, arguing that the split between subject and object, self and world, was an illusion. These included the existentialists, the phenomenologists, and philosophers such as Ludwig Wittgenstein.

The new approach was influenced by field theory, the Gestalt psychologists, the holism of Jan Smuts, and Zen thought and practice. This thinking was blended by Fritz Perls with the Gestalt psychology of figure/ground perception and with the strongly Gestalt-psychology-influenced work of psychologists Kurt Goldstein and Kurt Lewin (Wulf, 1998).

In his first book, *Ego, Hunger and Aggression* (1942/1992), Perls described people as embedded in a person–environment field; this field was developed by the emergence into consciousness of those needs that organized perception. Perls also wrote about a “creative indifference” that enables a person to differentiate according to what is really needed in a particular situation. With the differentiation emerges the experience of contrast and

awareness of the polarities that shape our experience of ourselves as separate. Perls thought of this as a Western equivalent to the Eastern practice of Zen (Wulf, 1998).

Fritz and Laura left Germany during the Nazi era and later fled Nazi-occupied Holland. They went to South Africa, where they started a psychoanalytic training center. During this same period, Jan Smuts, South African prime minister in the 1940s, coined the term *holism* and wrote about it. In time, Fritz and Laura Perls left South Africa because of the beginning of the apartheid policies that Jan Smuts helped to initiate.

The fundamental precept of *holism* is that the organism is a self-regulating entity. For Fritz Perls, Gestalt psychology, organismic theory, field theory, and holism formed a happy union. Gestalt psychology provided Perls with the organizing principles for Gestalt therapy, as well as with a cognitive scheme that would integrate the varied influences in his life.

The word *Gestalt* has no literal English translation. It refers to a perceptual whole or configuration of experience. People do not perceive in bits and pieces, which are then added up to form an organized perception; instead, they perceive in patterned wholes. Patterns reflect an interrelationship among elements such that the whole cannot be gleaned by a study of component parts, but only by a study of the relationship of parts to each other and to the whole. The leading figures in the development of Gestalt psychology were Max Wertheimer, Kurt Koffka, and Wolfgang Kohler.

Kurt Lewin extended this work by applying Gestalt principles to areas other than simple perceptual psychology and by explicating the theoretical implications of Gestalt psychology. He is especially well known for his explication of the field theory philosophy of Gestalt psychology, although this concept did not originate with him. Lewin (1938) discussed the principles by which field theory differed from Newtonian and positivistic thinking. In field theory, the world is studied as a systematic web of relationships, continuous in time, and not as discrete or dichotomous particles. In this view, everything is in the process of becoming, and nothing is static. Reality in this field view is configured by the relationship between the observer and the observed. "Reality," then, is a function of perspective, not a true positivist fact. There may be multiple realities of equal legitimacy. Such a view of the nature of reality opens Gestalt theory to a variety of formerly disenfranchised voices, such as those of women, gays, and non-Europeans.

Lewin carried on the work of the Gestalt psychologists by hypothesizing and researching the idea that a Gestalt is formed by the interaction between environmental possibilities and organismic needs. Needs organize perception and action. Perception is organized by the state of the person-in-relation and the environmental surround. A Gestalt therapy theory of organismic functioning was based on the Gestalt psychology principles of perception and holism. The theory of organismic self-regulation became a cornerstone of the Gestalt therapy theory of personality.

The philosophical tenets of phenomenology and existentialism were popular during the Perlses' years in Germany and in the United States. Gestalt therapy was influenced profoundly by the work of the dialogic existential thinkers, especially Martin Buber, with whom Laura Perls studied directly. Buber's belief in the inextricable existential fact that a self is always a self-with-other was a natural fit with Gestalt thinking, and his theory of the I-Thou relation became, through the teachings of Laura Perls, the basis for the patient-therapist relationship in Gestalt therapy.

Beginnings

Although Fritz Perls's earliest publication was *Ego, Hunger and Aggression* (1942/1992), the first comprehensive integration of Gestalt therapy system is found in *Gestalt Therapy* (F. Perls et al., 1951/1994). This seminal publication represented the synthesis, integration, and new Gestalt formed by the authors' exposure to the intellectual zeitgeist

described above. A New York Institute of Gestalt Therapy was soon formed, and the early seminar participants became teachers who spread the word to other cities by running regular training workshops, especially in New York, Cleveland, Miami, and Los Angeles. Intensive study groups formed in each of these cities. Learning was supplemented by the regular workshops of the original study group members, and eventually all of these cities developed their own Gestalt training institutes. The Gestalt Institute of Cleveland has made a special effort to bring in trainees from varied backgrounds and to develop a highly diverse faculty.

Gestalt therapy pioneered many ideas that have influenced humanistic psychotherapy. For instance, Gestalt therapy has a highly developed methodology for attending to experience phenomenologically and for attending to how the therapist and patient experience each other in the therapeutic relationship. *Phenomenology* assumes the reality is formed in the relationship between the observed and the observer. In short, reality is interpreted.

The dialogic relationship in Gestalt therapy derived three important principles from Martin Buber's thought (Jacobs, 1989). First, in a dialogic therapeutic relationship, the therapist practices inclusion, which is similar to empathic engagement. In this, the therapist puts himself or herself into the experience of the patient, imagines the existence of the other, feels it as if it were a sensation within his or her own body, and simultaneously maintains a sense of self. Inclusion is a developed form of contact rather than a merger with the experience of the patient. Through imagining the patient's experience in this way, the dialogic therapist confirms the existence and potential of the patient. Second, the therapist discloses himself or herself as a person who is authentic and congruent and someone who is striving to be transparent and self-disclosing. Third, the therapist in dialogic therapy is committed to the dialogue, surrenders to what happens between the participants, and thus does not control the outcome. In such a relationship, the therapist is changed as well as the patient.

Underlying most existential thought is the existential phenomenological method. Gestalt therapy's phenomenology is a blend of the existential phenomenology of Edmund Husserl and the phenomenology of Gestalt psychology.

Phenomenological understanding is achieved by taking initial perceptions and separating what is actually experienced at the moment from what was expected or merely logically derived. The phenomenological method increases the clarity of awareness by descriptively studying the awareness process. In order to do this, phenomenologists put aside assumptions, especially assumptions about what constitutes valid data. All data are considered valid initially, although they are likely to be refined by continuing phenomenological exploration. This is quite consistent with the Gestalt therapy view that the patient's awareness is valid and should be explored rather than explained away in terms of unconscious motivation.

Although other theories have not fully incorporated the I-Thou relation or systematic phenomenological focusing, they have been influenced by the excitement and vitality of direct contact between therapist and patient; the emphasis on direct experience; the use of experimentation; emphasis on the here and now, emotional process, and awareness; trust in organismic self-regulation; emphasis on choice; and attention to the patient's context as well as his or her inner world.

Current Status

Gestalt Institutes, literature, and journals have proliferated worldwide in the past 55 years. There is at least one Gestalt therapy training center in every major city in the United States, and there are numbers of Gestalt therapy training institutes in most countries of Europe, North and South America, Australia, and Asia. Gestalt therapists practice all over the world.

Various countries and regions have begun to form umbrella organizations that sponsor professional meetings, set standards, and support research and public education. The Association for the Advancement of Gestalt Therapy is an international membership organization. This organization is not limited to professionals. The association was formed with the intention of governing itself through adherence to Gestalt therapy principles enacted at an organizational level. Regional conferences are also sponsored by a European Gestalt therapy association, the European Association for Gestalt Therapy, and by an Australian and New Zealand association, GANZ.

Gestalt therapy is known for a rich oral tradition, and historically, Gestalt writings have not reflected the full depth of its theory and practice. Gestalt therapy has tended to attract therapists inclined to an experiential approach. The Gestalt therapy approach is almost impossible to teach without a strong experiential component.

Since the publication of a seminal book by the Polsters (Polster & Polster, 1973), the gap between the oral and written traditions of Gestalt therapy has closed. There is now an extensive Gestalt therapy literature, and a growing number of books address various aspects of Gestalt therapy theory and practice. There are now five English-language Gestalt journals: the *International Gestalt Journal* (formerly *The Gestalt Journal*), the *British Gestalt Journal*, the *Gestalt Review*, *Studies in Gestalt Therapy—Dialogical Bridges*, and the *Gestalt Journal of Australia and New Zealand*. The Gestalt Journal Press also lists a comprehensive bibliography of Gestalt books, articles, videotapes, and audiotapes. This listing can be accessed through the Internet at www.gestalt.org. Another Internet site, *Gestalt!* (www.g-gej.org), provides resources for articles and research and is also an online journal. Gestalt therapy literature has also flourished around the world. There is at least one journal in most languages in Europe, North and South America, and Australia. In addition to the books written in English, translated, and widely read in other countries, there have been important original theoretical works published in French, German, Italian, Portuguese, Danish, Korean, and Spanish.

The past decade has witnessed a major shift in Gestalt therapy's understanding of personality and therapy. There has been a growing, albeit sometimes controversial, change in understanding the relational conditions for growth, both in general and (especially) in the therapeutic relationship. There is an increased appreciation for interdependence, a better understanding of the shaming effect of the cultural value placed on self-sufficiency, and greater realization of how shame is created in childhood and triggered in interpersonal relationships (Fairfield & O'Shea, 2008; Jacobs, 2005b; Lee, 2004; Lee & Wheeler, 1996; Yontef, 1993). As Gestalt therapists have come to understand shame and its triggers more thoroughly, they have become less confrontive and more accepting and supportive than in earlier years (Jacobs, 1996).

PERSONALITY

Theory of Personality

Gestalt therapy theory has a highly developed, somewhat complicated theory of personality. The notions of healthy functioning and neurotic functioning are actually quite simple and clear, but they are built upon a paradigm shift, not always easy to grasp, from linear cause-and-effect thinking to a process, field theory world view.

Gestalt therapy is a radical ecological theory that maintains there is no meaningful way to consider any living organism apart from its interactions with its environment—that is, apart from the organism–environment field of which it is a part (F. Perls et al., 1951/1994). Psychologically, there is no meaningful way to consider a person apart from interpersonal relations just as there is no meaningful way to perceive the environment

except through someone's perspective. According to Gestalt therapy field theory, it is impossible for perception to be totally "objective."

The "field" that human beings inhabit is replete with other human beings. In Gestalt theory, there is no self separate from one's organism/environmental field; more specifically, self does not exist without other. Self implies self-in-relation. Contact is an integral aspect of all experience—in fact, experience does not exist without contact—but it is the contact between humans that dominates the formation and functions of our personalities.

The field is differentiated by *boundaries*. The contact boundary has dual functions: It connects people with each other but also maintains separation. Without emotional connecting with others, one starves; without emotional separation, one does not maintain a separate, autonomous identity. Connecting meets biological, social, and psychological needs; separation creates and maintains autonomy and protects against harmful intrusion or overload.

Needs are met and people grow through contact with and withdrawal from others. By separating and connecting, a person establishes boundary and identity. Effective self-regulation includes contact in which one is aware of what is newly emerging that may be either nourishing or harmful. One identifies with that which is nourishing and rejects that which is harmful. This kind of differentiated contact leads to growth (Polster & Polster, 1973). The crucial processes regulating this discrimination are awareness and contact.

The most important processes for psychological growth are interactions in which two persons each acknowledge the experience of the other with awareness and respect for the needs, feelings, beliefs, and customs of the other. This form of dialogic contact is essential in therapy.

Organismic Self-Regulation

Gestalt therapy theory holds that people are inherently self-regulating, context-sensitive, and motivated to solve their own problems. Needs and desires are organized hierarchically so that one's most urgent need takes precedence and claims one's attention until this need is met. When this need is met, the next need or interest becomes the center of one's attention.

Gestalt (Figure/Ground) Formation

A corollary to the concept of organismic self-regulation is called Gestalt formation. Gestalt psychology has taught us that we perceive in unified wholes and also that we perceive through the phenomenon of contrast. A figure of interest forms in contrast to a relatively dull background. For instance, the words on this page are a visual figure to the reader, whereas other aspects of the room are visually less clear and vivid until this reference to them leads the reader to allow the words on the page to slip into the background, at which time the figure of a table, chair, book, or soda emerges. One can only perceive one clear figure at a time, although figures and grounds may shift very rapidly.

Consciousness and Unconsciousness

A most important consequence of adapting Gestalt psychology to a theory of personality functioning is that ideas about consciousness and unconsciousness are radically different from those of Freud. Freud believed the unconscious was filled with impersonal, biologically based urges that constantly pressed for release. Competent functioning depended on the successful use of repression and sublimation to keep the contents of the unconscious hidden; these urges could be experienced only in symbolic form.

Gestalt therapy's "unconscious" is quite different. In Gestalt therapy theory, the concepts of awareness and unawareness replace the unconscious. Gestalt therapists use the concepts of awareness/unawareness to reflect the belief in the fluidity between