

what is momentarily in awareness and what is momentarily outside of awareness. When something vital, powerful, and relevant is not allowed to emerge into foreground, one is unaware. What is background is, for the moment, outside of awareness, but it could instantly become the figure in awareness. This is in keeping with the Gestalt psychology understanding of perception, which is the formation of a figure against a background.

In neurotic patients, some aspect of the phenomenal field is purposely and regularly relegated to the background. This concept is roughly similar to the Freudian dynamic unconscious. However, Gestalt therapists do not believe in a "primary process" unconscious that needs to be translated by the therapist before it can be comprehensible to the patient.

Gestalt therapists maintain that what is being relegated to permanent background status reflects the patient's current conflicts as well as the patient's perspective on current field conditions. When a patient perceives the conditions of the therapy relationship to be safe enough, more and more aspects of previously sequestered subjective states can be brought into awareness through the therapeutic dialogue.

### *Health*

The Gestalt therapy notion of health is actually quite simple. In healthy organismic self-regulation, one is aware of shifting need states; that is, what is of most importance becomes the figure of one's awareness. Being whole, then, is simply identifying with one's ongoing, moment-by-moment experiencing and allowing this identification to organize one's behavior.

Healthy organismic awareness includes awareness of the human and nonhuman environment and is not unreflective or inconsiderate of the needs of others. For example, compassion, love, and care for the environment are all part of organismic functioning.

Healthy functioning requires being in contact with what is actually occurring in the person-environment field. Contact is the quality of being in touch with one's experience in relation to the field. By being aware of what is emerging and by allowing action to be organized by what is emerging, people interact in the world and learn from the experience. By trying something new, one learns what works and what does not work in various situations. When a figure is not allowed to emerge, when it is somehow interrupted or misdirected, there is a disturbance in awareness and contact.

### *Tendency Toward Growth*

Gestalt therapists believe that people are inclined toward growth and will develop as fully as conditions allow. Gestalt therapy is holistic and asserts that people are inherently self-regulating and growth-oriented and that people and their behavior, including symptoms, cannot be understood apart from their environment.

Gestalt therapy is interested in the existential themes of existence—connection and separation, life and death, choice and responsibility, authenticity and freedom. Gestalt therapy's theory of awareness is a bedrock phenomenological orientation toward experience derived from an existential and humanistic ethos. Gestalt therapy attempts to understand human beings by the study of experience. Meaning is understood in terms of what is experienced and how it is experienced.

### *Life Is Relational*

Gestalt therapy regards awareness and human relations as inseparable. Awareness develops in early childhood through a matrix of relations that continues throughout life.

Relationships are regulated by how people experience them. People define themselves by how they experience themselves in relation to others. This derives from how people are regarded by others and how they think and behave toward others. In Gestalt therapy theory, derived from Martin Buber, there is no "I," no sense of self, other than self in relation to others. There is only the "I" of the "I-Thou" or the "I" of the "I-It." As Buber said, "All real living is meeting" (1923/1970, p. 11).

Living is a progression of needs, met and unmet. One achieves homeostatic balance and moves on to whatever need emerges next. In health, the boundary is permeable enough to allow exchange with that which promotes health (connecting) and firm enough to preserve autonomy and exclude that which is unhealthful (separation). This requires the identification of those needs that are most pressing at a particular time and in a particular environment.

## Variety of Concepts

### *Disturbances at the Boundary*

Under optimal conditions, there is ongoing movement between connecting and withdrawal. When the experience of coming together is blocked repetitively, one is left in a state of *isolation*, which is a boundary disturbance. It is a disturbance because it is fixed, does not respond to a whole range of needs, and fails to allow close contact to emerge. By the same token, if the need to withdraw is blocked, there is a corresponding boundary disturbance, known as *confluence*. Confluence is the loss of the experience of separate identity.

In optimal functioning, when something is taken in—whether it is an idea, food, or love—there is contact and awareness. The person makes discriminations about what to take in and what meaning to attach to that which is taken in. When things (ideas, identity, beliefs, and so on) are taken in without awareness, the boundary disturbance of *introjection* results. Introjects are not fully integrated into organismic functioning.

In order for one to integrate and be whole, what is taken in must be assimilated. *Assimilation* is the process of experiencing what is to be taken in, deconstructing it, keeping what is useful, and discarding what is not. For example, the process of assimilation allows the listener to select and keep only what is useful from a lecture she or he attends.

When a phenomenon that occurs in one's self is falsely attributed to another person in an effort to avoid awareness of one's own experience, the boundary disturbance of *projection* occurs. When an impulse or desire is turned into a one-person event instead of a two-person event (an example is caressing oneself when one wants another person to do the [caressing]), there is the boundary disturbance of *retroreflection*. In each of these processes, some part of the person is disowned and not allowed to become figural or to organize and energize action.

### *Creative Adjustment*

When all the pieces are put together, people function according to an overarching principle called creative adjustment. "All contact is creative adjustment of the organism and the environment" (F. Perls et al., 1951/1994, p. 230/6). All organisms live in an environment to which they must adjust. Nevertheless, people also need to shape the environment so that it conforms to human needs and values.

The concept of creative adjustment follows from the notion that people are growth oriented and will try to solve their problems in living in the best way possible. This means solving the problem in a way that makes the fullest use of their own resources and

those of the environment. Since awareness can be concentrated on only one figure at a time, those processes that are not the object of creative awareness operate in a habitual mode of adjustment until it is their turn to come into full awareness.

The term *creative adjustment* reflects a creative balance between changing the environment and adjusting to current conditions. Since people live only in relation, they must balance adjusting to the demands of the situation (such as societal demands and the needs of others) and creating something new according to their own, individual interests. This is a continual, mutual, reciprocal negotiation between one's self and one's environment.

The process whereby a need becomes figural, is acted on, and then recedes as a new figure emerges is called a *Gestalt formation cycle*. Every Gestalt formation cycle requires creative adjustment. Both sides of the polarity are necessary for the resolution of a state of need. If one is hungry, one must eat new food taken from the environment. Food that has already been eaten will not solve the problem. New actions must occur, and the environment must be contacted and adapted to meet the individual's needs.

On the other hand, one cannot be so balanced on the side of creating new experience that one does not draw on prior learning and experience, established wisdom, and societal mores. For example, one must use yesterday's learning to be able to recognize aspects of the environment that might be used as a source of food, while at the same time being creative in experimenting with new food possibilities.

### *Maturity*

Good health has the characteristics of a good Gestalt. A *good Gestalt* consists of a perceptual field organized with clarity and good form. A well-formed figure clearly stands out against a broader and less distinct background. The relation between that which stands out (figure) and the context (ground) is meaning. In a good Gestalt, meaning is clear.

Health and maturity result from creative adjustment that occurs in a context of environmental possibility. Both health and maturity require a person whose Gestalt formation process is freely functioning and one whose contact and awareness processes are relatively free of excessive anxiety, inhibition, or habitual selective attention.

In health, the figure changes as needed; that is, it shifts to another focus when a need is met or superseded by a more urgent need. It does not change so rapidly as to prevent satisfaction (as in hysteria) or so slowly that new figures have no room to assume dominance (as in compulsivity). When the figure and ground are dichotomized, one is left with a figure out of context or a context without focus (as in impulsivity) (F. Perls et al., 1951/1994).

The healthy person is in creative adjustment with the environment. The person adjusts to the needs of the environment and adjusts the environment to his or her own needs. Adjustment alone is conformity and breeds stagnation. On the other hand, unbridled creativity in the service of the isolated individual would result in pathological narcissism.

### *Disrupted Personality Functioning*

Mental illness is simply the inability to form clear figures of interest and identify with one's moment-by-moment experience and/or to respond to what one becomes aware of. People whose contact and awareness processes are disrupted often have been shaped by environments that were chronically impoverished. Impoverished environments diminish one's capacity for creative adjustment.

However, even neurotic self-regulation is considered a creative adjustment. Gestalt therapists assume that neurotic regulation is the result of a creative adjustment that was made in a difficult situation in the past and then not readjusted as field conditions changed. For example, one patient's father died when she was 8 years old. The patient was terribly bereft, frightened, and alone. Her grief-stricken mother, the only adult in her life, was unavailable to help her assimilate her painful and frightening reactions to her father's death. The patient escaped her unbearable situation by busying herself to the point of distraction. That was a creative adjustment to her needs in a field with limited resources. But as an adult, she continues to use the same means of adjustment, even though the field conditions have changed. This patient's initial creative adjustment became hardened into a repetitive character pattern. This often happens because the original solution worked well enough in an emergency, and current experiences that mimic the original emergency trigger one's emergency adaptation.

Neurotic self-regulation tends to replace organismic self-regulation. Patients frequently cannot trust their own self-regulation because repeated use of a solution from an earlier time erodes their ability to respond with awareness to the current self-in-field problem. Organismic self-regulation is replaced by "shoulds"—that is, by attempts to control and manage one's experience rather than accepting one's experience. Part of the task of therapy is to create, in the therapy situation, a new "emergency"—but a "safe emergency," one that includes some elements reminiscent of the old situation (such as rising emotional intensity), but also contains health-facilitating elements that can be utilized (for instance, the therapist's affirming and calming presence). The new situation, if safe enough, can promote a new, more flexible and responsive creative adjustment.

### *Polarities*

Experience forms as a Gestalt, a figure against a ground. Figure and ground stand in a polar relation to each other. In healthy functioning, figures and grounds shift according to changing needs and field conditions. What was previously an aspect of the ground can emerge almost instantly as the next figure.

Life is dominated by polarities: life/death, strength/vulnerability, connection/separation, and so on and on. When one's creative adjustments are flowing and responsive to current field conditions, the interaction and continually recalibrating balance of these polarities make up the rich tapestry of existence.

In neurotic regulation, some aspects of one's ground must be kept out of awareness (for instance, the patient's unbearable loneliness), and polarities lose their fluidity and become hardened into dichotomies. In neurotic regulation, a patient may readily identify with his or her strength but may, rather, ignore or disavow the experience of vulnerability. Such selective awareness results in a life filled with insoluble conflicts and plagued by crises or dulled by passivity.

### *Resistance*

The ideas of holism and organismic self-regulation have turned the theory of resistance on its head. Its original meaning in psychoanalysis referred to a reluctance to face a painful truth about one's self. However, the theory of self-regulation posits that all phenomena, even resistance, when taken in context, can be shown to serve an organismic purpose.

In Gestalt theory, resistance is an awkward but crucially important expression of the organism's integrity. Resistance is the process of opposing the formation of a figure (a thought, feeling, impulse, or need) or the imposition of the therapist's figure (or agenda) that threatens to emerge in a context that is judged to be dangerous. For instance,

someone may choke back tears, believing the tears would be more for the therapist than for the patient, or that crying would expose him or her to ridicule, or someone who has been ridiculed in the past for showing any vulnerability may assume that the current environmental surround is harsh and unforgiving. The inhibited experience is resisted—usually without awareness. For example, a patient may have pushed all experience of vulnerability out of awareness; however, the experience of vulnerability still lives in the background, quietly shaping and shadowing the figure formation process. Instead of a fluid polar relationship, the patient develops a hardened dichotomy between strength and vulnerability and inevitably experiences anxiety whenever he or she feels vulnerable. The result may be a man who takes risks demonstrating great physical courage but who is terrified by the thought of committing himself to a woman he loves. As the conflict is explored in therapy, he becomes aware that he is terribly frightened of his vulnerable feelings and resists allowing those feelings to be activated and noticed. The resistance protects him by ensuring that his habitual mode of self-regulation remains intact. When the original creative adjustment occurred, the identification with his strength and the banishment of his vulnerability were adaptive. Gestalt theory posits that he has “forgotten” that he made such an adjustment and so remains unaware that he even *has* any vulnerability that might be impeding his ability to make decisions in support of his current figure of interest, the commitment.

Even when the patient becomes vaguely aware, he may not be sure that the current context is sufficiently different that he can dare to change his dichotomized adjustment. Repetitive experiments within the relative safety of the therapeutic relationship may enable him to contact his vulnerable side enough to re-enliven the polarity of strength/vulnerability such that he can resume a more moment-by-moment creative adjustment process.

*Emotions* are central to healthy functioning because they orient one to one's relationship to the current field, and they help establish the relative urgency of an emergent figure. Emotional process is integral to the Gestalt formation process and functions as a “signal” in a healthy individual. For instance, upon suddenly experiencing shame, the healthy person takes it as a sign that perhaps he or she should not persist in whatever he or she is doing. Unfortunately, the person whose self-regulation has been disrupted cannot experience shame as a signal but instead tends to be overwhelmed by it.

### *Contact and Support*

“*Contact* is possible only to the extent that *support* for it is available. . . . *Support* is everything that facilitates the ongoing assimilation and integration of experience for a person, relationship or society” (L. Perls, 1992). Adequate support is a function of the total field. It requires both self-support and environmental support. One must support oneself by breathing, but the environment must provide the air. In health, one is not out of touch with the present set of self and environmental needs and does not live in the past (unfinished business) or future (catastrophizing). It is only in the present that individuals can support themselves and protect themselves.

### *Anxiety*

Gestalt therapy is concerned with the process of anxiety rather than the content of anxiety (what one is anxious about). Fritz Perls first defined anxiety as excitement minus support (F. Perls, 1942/1992; F. Perls et al., 1951/1994). Anxiety can be created cognitively or through unsupported breathing habits. The cognitive creation of anxiety results from “futurizing” and failing to remain centered in the present. Negative predictions, misinterpretations, and irrational beliefs can all trigger anxiety. When people futurize,

they focus their awareness on something that is not yet present. For example, someone about to give a speech may be preoccupied with the potentially negative reaction of the audience. Fears about future failure can have a very negative effect on current performance. Stage fright is a classic example in which physical arousal is mislabeled and misattribution triggers a panic attack.

Anxiety can also be created by unsupported breathing. With arousal there is an organismic need for oxygen. "A healthy, self-regulating individual will automatically breathe more deeply to meet the increased need for oxygen which accompanies mobilization and contact" (Clarkson & Mackewn, 1993, p. 81). When people breathe fully, tolerate increased mobilization of energy, are present centered and cognitively flexible, and put energy into action, they experience excitement rather than anxiety. Breath support requires full inhalation and exhalation, as well as breathing at a rate that is neither too fast nor too slow. When one breathes rapidly without sufficient exhaling, fresh, oxygenated blood cannot reach the alveoli because the old air with its load of carbon dioxide is not fully expelled. Then the person has the familiar sensations of anxiety: increased pulse rate, inability to get enough air, and hyperventilation (Acierno, Hersen, & Van Hasselt, 1993; F. Perls, 1942/1992; F. Perls et al., 1951/1994).

The Gestalt therapy method, with its focus on both body orientation and characterological issues, is ideal for the treatment of anxiety. Patients learn to master anxiety cognitively and physically through cognitive and body-oriented awareness work (Yontef, 1993).

### *Impasse*

An impasse is experienced when a person's customary supports are not available and new supports have not yet been mobilized. The experience is existentially one of terror. The person cannot go back and does not know whether he or she can survive going forward. People in the impasse are paralyzed, with forward and backward energy fighting each other. This experience is often expressed in metaphorical terms: void, hollow, blackness, going off a cliff, drowning, or being sucked into a whirlpool.

The patient who stays with the experience of the impasse may experience authentic existence—that is, existence with minimal illusion, good self-support, vitality, creativity, and good contact with the human and nonhuman environment. In this mode, Gestalt formation is clear and lively, and maximum effort is put into what is important. When support is not mobilized to work through the impasse, the person continues to repeat old and maladaptive behaviors.

### *Development*

Gestalt therapy has not, until recently, had a well-developed theory of childhood development, but current psychoanalytic research and theory support a perspective that Gestalt therapists have held for quite a while. This theory maintains that infants are born with the capacity for self-regulation, that the development and refinement of self-regulatory skills are contingent on mutual regulation between caretaker and infant, that the contact between caretaker and infant must be attuned to the child's emotional states for self-regulation to develop best, and that children seek relatedness through emotionally attuned mutual regulation (Stern, 1985). Gestalt therapist Frank (2001) has used the research of Stern and others to formulate a comprehensive Gestalt theory of development based on embodiment and relatedness. McConville and Wheeler (2003) have used field theory and relatedness in articulating their theories of child and adolescent development.

## PSYCHOTHERAPY

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### Theory of Psychotherapy

People grow and change all through life. Gestalt therapists believe growth is inevitable as long as one is engaged in contact. Ordinarily, people develop increasing emotional, perceptual, cognitive, motoric, and organismic self-regulatory competence. Sometimes, however, the process of development becomes impaired or derailed. To the extent that people learn from mistakes and grow, psychotherapy is not necessary. Psychotherapy is indicated when people routinely fail to learn from experience. People need psychotherapy when their self-regulatory abilities do not lead them beyond the maladaptive repetitive patterns that were developed originally as creative adjustments in difficult circumstances but that now make them or those around them unhappy. Psychotherapy is also indicated with patients who do not deal adequately with crises, feel ill equipped to deal with others in their lives, or need guidance for personal or spiritual growth.

Gestalt therapy concentrates on helping patients become aware of how they avoid learning from experience, how their self-regulatory processes may be closed-ended rather than open-ended, and how inhibitions in the area of contact limit access to the experience necessary to broaden awareness. Of course, awareness is developed through interactions with other people. From the earliest moment of a person's life, both functional and dysfunctional patterns emerge from a matrix of relationships.

Psychotherapy is primarily a relationship between a patient and a therapist, a relationship in which the patient has another chance to learn, to unlearn, and to learn how to keep learning. The patient and the therapist make explicit the patterns of thought and behavior that are manifest in the psychotherapy situation. Gestalt therapists hold that the patterns that emerge in therapy recapitulate the patterns that are manifest in the patient's life.

### *Goal of Therapy*

The only goal of Gestalt therapy is awareness. This includes achieving greater awareness in particular areas and also improving the ability to bring automatic habits into awareness as needed. In the former sense, awareness refers to content; in the latter sense, it refers to process, specifically the kind of self-reflective awareness that is called "awareness of awareness." Awareness of awareness is the patient's ability to use his or her skills with awareness to rectify disturbances in his or her awareness process. Both awareness as content and awareness as process broaden and deepen as the therapy proceeds. Awareness requires self-knowledge, knowledge of the environment, responsibility for choices, self-acceptance, and the ability to contact.

Beginning patients are chiefly concerned with the solution of problems, often thinking that the therapist will "fix" them the way a physician often cures a disease. However, Gestalt therapy does not focus on curing disease, nor is it restricted to talking about problems. Gestalt therapy uses an active relationship and active methods to help patients gain the self-support necessary to solve problems. Gestalt therapists provide support through the therapeutic relationship and show patients how they block their awareness and functioning. As therapy goes on, the patient and the therapist turn more attention to general personality issues. By the end of successful Gestalt therapy, the patient directs much of the work and is able to integrate problem solving, characterological themes, relationship issues with the therapist, and the regulation of his or her own awareness.

### *How Is the Therapy Done?*

Gestalt therapy is an exploration rather than a direct attempt to change behavior. The goal is growth and autonomy through an increase in consciousness. The method is one of direct engagement, whether that engagement is the meeting between therapist and patient or engagement with problematic aspects of the patient's contacting and awareness process. The model of engagement comes directly from the Gestalt concept of contact. Contact is the means whereby living and growth occur, so lived experience nearly always takes precedence over explanation. Rather than maintaining an impersonal professional distance and making interpretations, the Gestalt therapist relates to the patient with an alive, excited, warm, and direct presence.

In this open, engaged relationship, patients not only get honest feedback but also, in the authentic contact, can see, hear, and be told how they are experienced by the therapist, can learn how they affect the therapist, and (if interested) can learn something about the therapist. They have the healing experience of being listened to by someone who profoundly cares about their perspectives, feelings, and thoughts.

### *What and How; Here and Now*

In Gestalt therapy, there is a dual focus: a constant and careful emphasis on *what* the patient does and *how* it is done and also a similar focus on the interactions between therapist and patient. What does the patient do to support himself or herself in the therapy hour in relation to the therapist and in the rest of his or her life?

Direct experience is the primary tool of Gestalt therapy, and the focus is always on the here and now. The present is a transition between past and future. Not being primarily present centered reflects a time disturbance—but so does not being able to contact the relevant past or not planning for the future. Frequently, patients lose their contact with the present and live in the past. In some cases, patients live in the present as though they had no past, with the unfortunate consequence that they cannot learn from the past. The most common time disturbance is living in anticipation of what could happen in the future as though the future were now.

*Now* starts with the present awareness of the patient. In a Gestalt therapy session, what happens first is not childhood but what is experienced *now*. Awareness takes place *now*. Prior events may be the object of present awareness, but the awareness process is *now*.

*Now* I can contact the world around me, or *now* I can contact memories or expectations. "Now" refers to *this moment*. When patients refer to their lives outside of the therapy hour, or even earlier in the hour, the content is not considered *now*, but the action of speaking *is* now. We orient more to the now in Gestalt therapy than in any other form of psychotherapy. This "what and how; here and now" method frequently is used to work on characterological and developmental themes. Exploration of past experience is anchored in the present (for example, determining what in the present field triggers this particular old memory). Whenever possible, methods are used that bring the old experience directly into present experience rather than just recounting the past.

There is an emerging awareness in Gestalt therapy that the best therapy requires a binocular viewpoint: Gestalt therapy requires technical work on the patient's awareness process, but at the same time it involves a personal relationship in which careful attention is paid to nuances of what is happening in the contact between therapist and patient.

### *Awareness*

One of the pillars of Gestalt therapy is developing awareness of the awareness process. Does the awareness deepen and develop fully—or is it truncated? Is any particular figure of



awareness allowed to recede from the mind to make room for other awarenesses—or does one figure repeatedly capture the mind and shut out the development of other awareness?

Ideally, processes that need to be in awareness come into awareness when and as needed in the ongoing flow of living. When transactions get complex, more conscious self-regulation is needed. If this develops and a person behaves mindfully, the person is likely to learn from experience.

The concept of awareness exists along a continuum. For example, Gestalt therapy distinguishes between merely *knowing* about something and *owning* what one is doing. Merely knowing about something marks the transition between that something's being totally out of awareness and its being in focal awareness. When people report being aware of something and yet claim they are totally helpless to make desired changes, they are usually referring to a situation in which they *know about* something but do not fully feel it, do not know the details of how it works, and do not genuinely integrate it and make it their own. In addition, they frequently have difficulty imagining alternatives and/or believing that the alternatives can be achieved and/or knowing how to support experimenting with alternatives.

Being fully aware means turning one's attention to the processes that are most important for the person and environment; this is a natural occurrence in healthy self-regulating. One must know what is going on and how it is happening. What do I need and what am I doing? What is needed by others? Who is doing what? Who needs what? For full awareness, this more detailed descriptive awareness must be allowed to affect the patient—and he or she has to be able to own it and respond in a relevant way.

### Contact

Contact, the relationship between patient and therapist, is another pillar of Gestalt therapy. The relationship is contact over time. What happens in the relationship is crucial. This is more than what the therapist says to the patient, and it is more than the techniques that are used. Of most importance is the nonverbal subtext (posture, tone of voice, syntax, and interest level) that communicates tremendous amounts of information to the patient about how the therapist regards the patient, what is important, and how therapy works.

In a good therapy relationship, the therapist pays close attention to what the patient is doing moment to moment and to what is happening between the therapist and the patient. The therapist not only pays close attention to what the patient experiences but also deeply believes that the patient's subjective experience is just as real and valid as the therapist's "reality."

The therapist is in a powerful position in relation to the patient. If the therapist regards the patient with honesty, affection, compassion, kindness, and respect, an atmosphere can be created in which it is relatively safe for the patient to become more deeply aware of what has been kept from awareness. This enables the patient to experience and express thoughts and emotions that she or he has not habitually felt safe to share. The therapist is in a position to guide the awareness work by entering into the patient's experience deeply and completely. Martin Buber refers to "inclusion" as feeling the experience of the other much as one would feel something within one's own body while simultaneously being aware of one's own self.

There is some tension between the humane urge of the therapist to relieve the patient's pain and the indispensable need of the patient for someone who willingly enters into and understands his or her subjective pain. The therapist's empathic experience of the patient's pain brings the patient into the realm of human contact. However, trying to get the patient to feel better is often experienced by a patient as evidence that the patient is acceptable only to the extent that he or she feels good. The therapist may not intend to convey this message, but this reaction is often triggered when the therapist does not abide by the paradoxical theory of change.

### *Experiment*

In client-centered therapy, the phenomenological work by the therapist is limited to reflecting what the patient subjectively experiences. In modern psychoanalytic work, the therapist is limited to interpretations or reflections. These interventions are both part of the Gestalt therapy repertoire, but Gestalt therapy has an additional experimental phenomenological method. Put simply, the patient and therapist can experiment with different ways of thought and action to achieve genuine understanding rather than mere changes in behavior. As in any research, the experiment is designed to get more data. In Gestalt therapy, the data are the phenomenological experience of the patient.

The greatest risk with experiments is that vulnerable patients may believe that change has been mandated. This danger is magnified if a therapist's self-awareness becomes clouded or if she or he strays from a commitment to the paradoxical theory of change. It is vitally important in Gestalt therapy that the therapist remain clear that the mode of change is the patient's knowledge and acceptance of self, knowing and supporting what emerges in contemporaneous experience. If the therapist makes it clear that the experiments are experiments in awareness and not criticism of what is observed, the risk of adding to the patient's self-rejection is minimized.

### *Self-Disclosure*

One powerful and distinguishing aspect of Gestalt therapy is that therapists are both permitted and encouraged to disclose their personal experience, both in the moment and in their lives. Unlike classical psychoanalysis, in Gestalt therapy data are provided by both the patient and the therapist, and both the patient and the therapist take part in directing therapy through a process of mutual phenomenological exploration.

This kind of therapeutic relationship requires that therapists be at peace with the differences between themselves and their patients. In addition, therapists most truly believe that the patient's sense of subjective reality is as valid as their own. With an appreciation of the relativity of one's subjectivity, it becomes possible for therapists to disclose their reactions to patients without *requiring* that patients change. These conversations, entered into with care and sensitivity, are generally quite interesting and evocative, and they often enhance the patient's sense of efficacy and worthiness.

*Dialogue* is the basis of the Gestalt therapy relationship. In dialogue, the therapist practices inclusion, empathic engagement, and personal presence (for example, self-disclosure). The therapist imagines the reality of the patient's experience and, in so doing, confirms the existence and potential of the patient. However, this is not enough to make the interaction a real dialogue.

Real dialogue between therapist and patient must also include the therapist surrendering to the interaction and to what emerges from that interaction. The therapist must be open to being changed by the interaction. This sometimes requires the therapist to acknowledge having been wrong, hurtful, arrogant, or mistaken. This kind of acknowledgment puts therapist and patient on a horizontal plane. This sort of open disclosure requires personal therapy for the therapist to reduce defensiveness and the need to pridefully maintain his or her personal self-image.

## **Process of Psychotherapy**

People form their sense of self and their style of awareness and behavior in childhood. These become habitual and often are not refined or revised by new experiences. As a person moves out of the family and into the world, new situations are encountered and the old ways of thinking, feeling, and acting are no longer needed or adaptive in new