

Gaie Houston

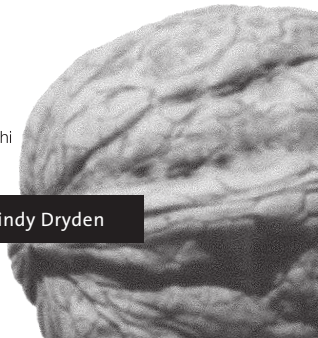
GESTALT COUNSELLING

in a nutshell



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COUNSELLING IN A NUTSHELL SERIES: Edited by Windy Dryden





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SAGE Publications Ltd
1 Oliver's Yard
55 City Road
London EC1Y 1SP

SAGE Publications Inc.
2455 Teller Road
Thousand Oaks, California 91320

SAGE Publications India Pvt Ltd
B 1/I 1 Mohan Cooperative Industrial Area
Mathura Road
New Delhi 110 044

SAGE Publications Asia-Pacific Pte Ltd
3 Church Street
#10-04 Samsung Hub
Singapore 049483

Editor: Alice Oven
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Proofreader: Jill Birch
Marketing manager: Tamara Navaratnam
Cover design: Wendy Scott
Typeset by: C&M Digital (P) Ltd, Chennai, India
Printed by: Replika Press Pvt Ltd, India

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First published 2013

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Library of Congress Control Number: 2012930920

British Library Cataloguing in Publication data

A catalogue record for this book is available from the British Library

ISBN 978-1-4462-0837-3
ISBN 978-1-4462-0838-0 (pbk)

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About the Author

Gaie Houston Dip. A.B.Sc., has a degree in English literature from Oxford University, and had her first training in gestalt in the United States. She has taught and practised gestalt therapy and organisational behaviour in London since the 1970s, and currently in many places outside the UK. She has written 18 radio plays broadcast by the BBC, and more recently has directed operas in this country and Italy. She has written a number of books on gestalt, group behaviour, supervision and integrative therapy. She is currently Emeritus Adviser to The Gestalt Centre, London, and on the editorial board of three gestalt journals. She sees global warming as the most urgent issue for everyone now.

FIVE

Excitement, Anxiety and Experiment

... fantasy ... on the one hand is a drama to try out and become expert, on the other, a therapy to become friendly with the strange and bitter actuality ... (PHG 1951:302)

The subtitle of Perls, Hefferline and Goodman's major work, *Gestalt Therapy* (1951), contains the words 'Excitement and Growth', and the word excitement is in this chapter heading.

Another word here is anxiety. One definition of anxiety is excitement without the action. In other words, anxiety occurs when signals from outside and inside the body are at least partly ignored. This simple description does not dismiss the many other theories of the causes of anxiety. It says what happens when there is heightened excitement, from whatever source; there is an upsurge in metabolic process, but a blocking of the action that would properly fulfil that excitement. One of the ways of translating anxiety into action is through what in this therapy are called experiments, right there in the consulting room. They involve imagining and possibly doing something, rather than only talking about it.

A word about how we experience may be useful here. In gestalt therapy there is recognition that we are all experiencing, all the time. Much of this experience is out of awareness and may usefully stay that way. Some is just in awareness, glimpsed in memories or fantasy; neurobiology can now show us that even such slight phenomena are always bodily experiences, causing changes in body chemistry, even in muscle tone. Even dreams produce minute enactments, or sketches of

enactments, of the actions being dreamed about. This is another reminder of the gestalt dictum that mind and body are not separable.

Whether with people or at work alone, most people recognise that there are many levels of intensity in how we experience. We can be fully engaged, excited to the point of being self-forgetful. Or experience can be nearer water off a duck's back, neither wholehearted nor well remembered. Gestalt experiments take the experimenter into action, enactment, and so set up the possibility of learning, by moving towards intensity of experience.

You will see that the third word of the chapter heading is that very one, experiment. The gestalt therapy use of experiments is illustrated first in one of the two books that constitute Perls, Hefferline and Goodman (1951). It is a record of a piece of qualitative research. It is an account of many experiments set by the writers, and undertaken and reported on by students.

The word experiment is usually associated with science, and the project was a novel and in part a deliberate move to give scientific validity to psychological theory. Experiment can be defined as 'an act or operation made to discover some unknown principle or effect, or to test, establish, illustrate, confirm or disprove some suggested or known truth'. This principle underlies the experiments that continue to be part of gestalt therapy for many practitioners, and are indeed much of what supports, extends, and always arises from the phenomenological dialogue we have described already. This chapter will describe some of the kinds and methods used.

A life of experiment

In one sense very many acts in everyday life are experiments. They are chosen actions from which we can learn and develop. If I go to a theatre for the first time, I may discover an exciting world of dramatic art, and learn that the experiment is worth repeating. Or I may find the windowless theatre and serried rows of seats so disquieting that

I decide never to go again. What I have done can be described as an experiment, a chosen action, with a result, from which, as in school science lessons, I can draw a conclusion or learning. A useful experiment is one in which the result is not known until it happens. If I have decided before I go to the theatre that I am going to feel claustrophobic there, the visit is not an experiment, it is a confirmation of my suspicion or prejudice. Good science, then, involves an open-mindedness about how an experiment will develop. And, very importantly, it involves the final stage, the conclusion, or learning from what has happened.

Experiments are used in this therapy for several purposes. One is **to bring novelty and even surprise into the work**. Staying in one mode such as dialogue may after a time lead to lack of attention. This idea of variety of mode is perhaps over-recognised by television companies, with their frequent switches between topics and advertisements. It is better used by any good teacher, and is formally incorporated in one educational system at least. So, just at this level, experiments make a change of rhythm and impact for the client. Another function of experiments is, as already said, **to intensify the experience** of what is being remembered or imagined. Another is to **bring into awareness what is at that time not in the awareness of the client or, indeed, of client and therapist**. Yet another is to **rehearse an unfamiliar but desired social skill**.

Here is an experiment that markedly changed the rhythm and impact of the session in which it happened. John came to his first therapy appointment because his partner had threatened to leave him if he did not change. He banged the door as he came in, and tipped his chair back so that it creaked.

John: No, I like people, I really do. It's just that I'm a bit slapdash.

Th.: Yes. I've just seen the footmarks you've made across the carpet.

John: [laughs] That's me! Absolutely typical. [He looks at one muddy shoe with apparent interest]

Th.: I suspect I'm near feeling some of the things you said your partner does when you forget, or break something.

- John: Lucky that you're a therapist, then, so I suppose you just have to grin and bear it.
- Th.: What I want to do is make sense of what is going on between us.
- John: Surely you've got a cleaner or someone. I'm here for therapy. I'm not interested in talking about a bit of mud on a carpet.
- Th.: What is staying with me is not just the mud on the carpet, but its effect on you. And that phrase, 'grin and bear it', is echoing still for me.
- John: Set your mind at rest, lady. The mud had no effect on me whatsoever.
- Th.: [Slowly] I am not surprised that you say that. John, my guess is that you would like me to have no effect on you whatsoever. Even though when we talked about it, you said you were here for yourself, and not just because your partner made a threat.
- John: [Vehemently] I want you to have an effect on me! All right, I admit I can be a bit difficult, but I'd like to get out of this glass box I live in. I want you to get me out of it. I want some results.
- Th.: Are you willing to try an experiment, with me suggesting things for you to do?
- John: Whatever. Yes.
- Th.: Shut your eyes, yes, like that. Now in your own time bring back that image of the glass box. [Pause] Without talking, just notice what size it is. Feel what it's like inside there. [Pause] Now see if you want to change the size of it in any way. Then do that. [She notices John's breathing relax]. I suggest we stop there. When you're ready, open your eyes and let's talk about what went on.
- John: Well, I made it a bit bigger.
- Th.: You had some control over it.
- John: It isn't rubbish, you know, that glass box. Nothing really gets to me through it.
- Th.: I have a very different sense of you now. I've relaxed.
- John: You got me interested.

A warmer and more co-operative conversation followed.

The therapist reported in supervision that the experiment, so near the beginning, was a gamble on her part, as she sensed the client's extreme impatience. His demand for results was the prompt she followed. As well as this, she was aware of the stonewalling style of conversation at which John seemed disastrously adept.

Her supervisor was curious about what made her stop the experiment when she did. She said she was afraid that if they continued, the client might revert to his default mode of arguing and dismissing. The supervisor pointed out that instead of allowing the client's need for control, the therapist had competed with him. She warned against continuing a covert control battle. For many sessions after that there were no experiments but instead long dialogue, in which the client remembered the events that led to his constructing his glass box, and in which he began to listen, and let in the person talking to him.

Here is another experiment that came about in the first session with Gwen. It is an example of intensifying an experience.

Gwen speaks hesitantly, looking at the floor rather than the therapist.

Gwen: I've always been told that – I just float. I've hardly got my feet on the ground.

Th.: [Smiles] And there's just the toe of one of your shoes on the ground now.

[The client tucks her feet further back under her chair and blushes]

Gwen: Sorry.

Th.: When we know each other better, you'll see that I'm interested in what we both do here, as well as what we say. You just told me something that was clearly true.

Gwen: But I didn't mean not having my feet on the ground literally.

Th.: I understand. And yet you really are hardly touching the ground even now. Literally.

Gwen: Is this more what I should do? [She slowly brings her feet forward and puts them flat]

Th.: Tell me what happens in your body now you are sitting differently.

Gwen: Well, my tummy lets go a bit.

Th.: And I notice that you are using the chair more, leaning on the back.

Gwen: What I really came to see you about was how to be more decisive. [As she speaks she reverts to sitting forward with her feet tucked awkwardly away]

Th.: I'm imagining a sort of Decisiveness Scale, from 1 to 10.

Gwen: Well, if I was filling one in, I'd score about 3. I have managed to tell you what I want, after all.

Th.: And I'm seeing how you've changed your position.

Gwen: I hadn't noticed. [Pause. The client blushes again and then puts her feet forward]

Th.: You want to be more decisive?

Gwen: Sitting this way, I've moved up to 5 or 6. Better.

Th.: So just the way you sit actually changes the way you feel. You've discovered that, and I've discovered that you did not notice when you went back to sitting in a way that looked uncomfortable.

This experiment has let the client see how she enacts and reinforces her sense of herself in her body posture, and how she can change that. It has brought into awareness what the other could see, but she did not notice. The dialogue over later sessions lets her remember the family attitudes leading to her sense of unworthiness or shame, and then evolve from them. This experiment was about only one, albeit important, aspect of her shyness. This was the physical habit that perpetuated her emotional discomfort.

Sometimes an experiment leads to a surprise discovery for both therapist and client.

Ian had been seeing a counsellor for several months, after the early death of his wife. As the summer approached, he reported enormous

unease whenever he smelt or saw roses. He felt that this was somehow to do with Dorothy, his wife, but what it was he did not know. He remembered that she liked roses, but that did not account in his mind for the extreme agitation he increasingly felt when near them, to such a point that he was avoiding going into his garden.

Ian: You talk about unfinished gestalts, I remember. As if there's something – if only I could fish it out of my memory.

Th.: We could experiment if you would like that.

Ian: Please.

Th.: You've connected all this with Dorothy. So if you imagine her sitting on the empty chair near you, see what you need to say to her.

Ian: [After a pause] I feel I'm letting you down. [Pause] And you've really upset me. I could feel quite annoyed with you.

Th.: You've clenched your teeth.

Ian: I am annoyed with you. [He breaks off and turns to the counsellor] This is stupid. Of course I'm not annoyed with her, she's not even here.

Th.: So you can criticise yourself for what you are saying, or you can listen to yourself. Your choice.

Ian: Trust the process, as you've taught me. OK. I am annoyed with you, and really agitated, and it's to do with rose – [He stops speaking for a second, then turns to the therapist] O my God, it's Rose. They were best friends at school, and now I absolutely remember a year ago Dorothy and I were at a garden centre, and the rose bushes reminded her of Rose's name, and she said to me that if ever she was run over, would I be sure to tell Rose how much Dorothy valued her. Rose had gone to Australia, you see, so they were quite out of touch. And I got angry. I couldn't bear her talking of dying. That's what put it out of my mind, I'll bet. I'll phone her tonight. I've never given her a thought since Dorothy died.

Th.: It looks as if you've given her a lot of attention and emotion, Ian.

Very often this device, on the face of it so peculiar, of imagining a person or thing to be in the room and in sight of the client, rather than simply lodged in his mind, suddenly sheds more light and reveals a meaning that was until then missing.

One aim the therapist has is to alert the client to inventing his own experiments, so the creativity of both people informs a session. This important principle is mentioned here, as it might otherwise seem that the therapist has an exclusive role in this part of the work.

Here is an account of a simple experiment that could be said to be co-created, made by both. It is at the beginning of a session, some months into a therapy with someone with difficulty taking responsibility for herself:

Client: I feel very low today, not even wanting to think, somehow.

Th.: And you are bending over, with your head down.

Client: Well that's how I feel.

Th.: So your mood and your body are all of a piece.

Client: You're telling me that if I change how I sit, I'll be out of touch with my low feelings.

Th.: Those are your words.

Client: [Stands up abruptly] All right. See? And now I feel really irritated.

Th.: [Smiles] Let me register this. You've stood up, and you are after all in touch with your feelings, though you predicted you would not be.

Client: But I'm not in touch with my low feelings.

Th.: You already showed me how you can be in touch with them. [There is a pause, during which the client sits, this time leaning back and staring away from the therapist] So you have not gone back to sitting with your head down.

This client has undertaken an experiment, by standing, and discovering, as did Gwen in the experiment described earlier, that her stance

does much to generate or reinforce her feelings. Later, in supervision, the therapist said that she had a strong sense that the client, who still lived with her mother at the age of 26, was showing the therapist her way of making her mother feel bad. When she said she felt low, the therapist had a moment of anxiety and self-blame, asking herself if the client's feelings were her fault. Then she remembered the client's many stories of how her mother did not understand her, and did things wrong. So she commented on the client's responsibility for her feelings, rather than commenting on the mood itself, as she might have done with a different person.

When a client has become used to the methods used by many gestalt therapists, he may propose experiments for himself. Tom was 69 when he came to see a counsellor; he had lost his wife two years earlier.

Tom: I've read the books about this gestalt. And I've read about bereavement. I should have got over it by now, I know.

Th.: What's this 'it'?

Tom: O, you know. The bereavement.

Th.: That's the loss of someone you love. I don't know your wife's name.

Tom: [begins to weep quietly] What I've got to face is that it's all over.

Th.: Again that word 'it'.

Tom: [After a pause, stands] I said face it. Got to do that sooner or later. Better be now with someone there. You're all right, are you? [The therapist nods quietly. Tom stands and faces the wall, and mops his eyes.] I'm facing it. No, you said not 'it'. [After a long pause he speaks again] Sarah. [He bends over, convulsed with sobs, then turns to the therapist] I knew I had to say it, it's so stupid.

Th.: See if there's more to say to Sarah now, if you face around again.

Tom found more and more to say, some of it not comprehensible to the therapist, but all seeming part of a painful farewell and thanks to a

woman to whom he had been devoted and who he had always supposed would live longer than he. When he had finished, he said how he had suddenly realised when the therapist commented 'it' that he kept at bay the reality of his wife's dying, by avoiding her name and his memory of her, even sleeping in the spare room since she died.

This intelligent man had in a first session invented his own experiment, and then made sense of it, made a conclusion or learning.

Many people equate gestalt therapy with two-chair work. Perhaps as a result, the technique is less taught and used in many institutions than in the middle of the last century. As a further result, it can happen that two-chair experiments are undertaken without being carried through to the most useful place.

Here then is an extensive example of such an experiment. It took place later in the session with Gwen.

Gwen: Now I feel that you are not really interested in me at all. [The therapist is tempted to protest that she is seemingly more interested in the client than the client is with her. She realises that this would be like the self-justifying statements the client complains that her mother makes. She notices her own defensive irritation, and remembers that the client has already spoken of the irritation that she has shown in many ways since she came in. There is a pause.]

Th.: If we imagine me sitting on that empty chair, you could say whatever you need to, to that pretend me.

Gwen: If I felt like it.

Th.: Yes, only if you feel like it. [The therapist imagines the conflict between the client's pattern of blaming and being aggrieved, on the one hand, and on the other, wanting to co-operate, discover more of herself, and be happier. This side seems uppermost. Gwen turns to a third chair making a triangle between them, and speaks to it.]

Gwen: You didn't even see me right to the door last week, just because your phone went. Well I can't bear you having all the answers and knowing better than I do. And everything tidy and I don't ask you to clear up after me. It gets on my nerves. All right,

I know you sent me to good schools. [She breaks off and turns to the therapist] I've turned you into my mother.

Th.: You've stopped. Or you could go on. Would you like to experiment more, with me directing?

Gwen: Yep.

Th.: Sit in that chair and speak as her. [Gwen moves across] Give yourself a moment to find how to be her. How she holds her head. How she looks at you. How... [Gwen looks pinched and disapproving and speaks in a thin voice]

Gwen: After all your father did for you. He wanted you to be a doctor, and do something with your life, instead of trailing round with that dreadful man. I told you he'd leave you and he did. And you waste your talent in that shop.

Th.: Change places, and respond to what she's said. [The therapist is now behaving as director of the experiment, making clear suggestions that she hopes will advance the work.]

Gwen: [From her own place, to the mother-chair. Her voice is subdued] I hate you for saying that. Because I agree. I'm 26 and I'm nowhere, and I'm stuck at home because the rents are so ghastly in London.

Th.: You say you hate her for saying that.

Gwen: Well in reality she doesn't say any of it, but she must think it.

Th.: So you're saying aloud things you think about yourself. And it's just a guess that your mother thinks the same. Sit in her chair again. [After moving across slowly, Gwen is silent] I don't know if you are imagining your mother being silent, or if you are holding something back.

Gwen: I'm holding back. I don't want to let her...

Th.: [Interrupting] Now you're speaking as yourself, so move back to your chair, to keep matters clear for yourself. [Gwen moves] You said 'I don't want to let you...'

Gwen: [With effort] I don't want to let you... I don't want to let in that you really are worried about me. I can't bear it, it's so painful.

- Th.: See if you find the words to tell her some of that pain.
- Gwen: [Crying] She does her best not to let me see that she's worried stiff about me.
- Th.: You. You do your best not to let me see.
- Gwen: I can't. It's worse to say it to her right out.
- Th.: You can do it, Gwen. If you want to. [Pause]
- Gwen: It's like I'm going dizzy, all the edges going.
- Th.: [Softly, after a pause] What does she do her best to keep you from seeing? Tell her.
- Gwen: [To the empty chair, speaking breathlessly and disjointedly] I know Aunt Beth wants you to move to Kent and live with her, and you want to. But you stay in London for me. And you don't nag me to go back to college. And we both know I'll get nowhere without a degree.
- Th.: Tell her the feeling you have towards her as you say that.
- Gwen: [Sobbing] I love you.
- Th.: And now move to her place. [Gwen moves] Find what your mother wants to say to you.
- Gwen: I love you. [After some moments she turns to the therapist] It's so ridiculous. I know she loves me but I hadn't realised how I sort of kept it out. And of course I love her, I'd say so to anyone, but I've been keeping that out. I'd made her into my conscience, the part of me that says all that about degrees and stuff, that I've been stuffing my ears not to hear. Whew.

This is an account of a very intense piece of two-chair work, quoted here partly because it was comparatively brief, as well as showing many of the features of an experiment that led to obvious change. It is also an example of Beisser's paradoxical theory of change. This involves acceptance of a present reality, often one that has – like this one – been suppressed or denied, as Gwen herself comments at the end of the work. Beisser suggested that the acceptance itself brings about change,

as has happened here. Gwen has let in, emotionally accepted, what lay under the conflict that brought her to the consulting room. Gwen also experienced another phenomenon noticed in this theory. She went into an impasse, an almost fugue or panic state she described as going dizzy, with all the edges going, as she let go of her present story of herself and accepted what was her real truth. An important footnote is that in time the counsellor recalled Gwen's annoyance with her, and they resolved the real slight the therapist had inadvertently given. Two-chair work is not an avoidance of confrontation but a means of exploring the projective elements in it.

Perls once said something to the effect that the client's job is to evade the present, and the therapist's job to work relentlessly to keep him in the present. You will see how in this piece of work the therapist worked towards that. She re-phrased what Gwen said, when she used the third person, rather than staying in direct dialogue. She also paid close attention to what Gwen was saying and how she was saying it, and did not let her continue speaking from one chair, when her words meant she had switched roles. Part of the task was to unplat or unknot the snarl of messages inside Gwen, and let her see where she attributed them. Separation of elements was needed before a new integration could happen.

At its simplest it seems as if Gwen had sunk under the weight of expectations from her father and implicitly from her mother, to the point of refusing to do what she herself wanted to do, just because they wanted it so much. Dr Spock, in his manual for bringing up children, jokingly suggested that spinach should be withheld from them until they had eaten up their pudding. He was commenting on the same phenomenon: other people's hopes and ambitions for you can have a reverse effect, and put you off, make you dislike what you might otherwise enjoy.

Many of us express conflicts as two opposing forces. My head says one thing, my heart another, for example. Putting the two sides of the conflict on two chairs, and shuttling between them, will generally serve to show the energy or force with which they are experienced. This may be the outcome. If the client is willing, the dialogue between the two sides can develop beyond an argument or expression of fear or dislike. The client can come to see the usefulness of each side to the other.

Rita, a widowed mother of two teenage boys, was in therapy in the hope, in her words, of being a better mother. This vignette is the later part of an experiment in which she had named one chair her patience and the other her witch.

Rita: [as Witch, to Patience] You're not patient. You're scared, a fraidy cat.

Th.: So how can you help her not be a fraidy cat?

Rita: Just stand up to them. [Aside] This is no good. All I can do over here is bully. [changes chairs and speaks as Patience] It's true I'm scared. They're big boys and there's so much trouble they could get into. I need your guts to be firm with them.

Th.: See what happens to the witch when you tell her that.

Rita: She's stopped looking as if she'll fly off the handle like I said I did on Sunday.

Th.: Move back there and see what she has to say to Patience.

Rita: [from Witch chair, to Patience] I feel scared of the boys too. And for them. I think we're both important. If we both let go of being so frightened.

Behaviour that Rita had introjected from a meek mother and a stern father was now assimilated into a parenting style that she and her sons could respect and enjoy.

Some of the experiments quoted so far in this chapter have moved along in ways the therapist might have guessed. But the client may change the subject at any moment, or stop dead, or make objections. If the therapist then becomes disconcerted, or determined to push on with what she has started, she may be overlooking some of the evidence in the room. She needs to reflect on how the client stopped what the therapist had perhaps started, whether she and the client are in a power struggle.

Whatever happens when an experiment is begun is an outcome, and learning can be drawn from it. Hugh, a 35-year-old motor mechanic, had been seeing a therapist for several months, to decide

whether to tell his wife he was a cross-dresser, and risk losing her and their young son. In supervision, the therapist described how in experiments he would suddenly go into a fugue state, blanking completely.

Supervisor: And what do you do then?

Th.: Well, I sometimes remind him of where we had got to.

Supervisor: That sounds more like steering him on to your path than following his.

Th.: What you're reminding me to do is, in the old phrase, to analyse the resistance. Thanks. I'll try.

In their next therapy session Hugh, at his own request, imagined himself into the scene where he would tell Tracy. He set a chair to represent her, sat and faced it. After a moment he turned to the therapist and said: 'It's no good. It doesn't work.' Her heart sank for a moment, at this familiar stuck place. Then she remembered her supervision.

Th.: So you are telling Tracy it is no good and doesn't work? What is 'it' here?

Hugh: No, I was talking to you, not her. [The therapist remains quiet for what seems a long time] It's ridiculous to start saying the whole marriage doesn't work just because... [There is another pause]

Th.: You didn't finish what you were saying, Hugh.

Hugh: I've forgotten. I'm so stupid.

Th.: What you keep showing me, Hugh, is a sort of pattern. I imagine you get right up close to something that scares you mightily, then a fuse goes, and there's all darkness.

Hugh: That's exactly how it feels.

Th.: And I'm remembering you telling me how secret you have been for so long about the cross-dressing.

Hugh: Always keeping mum. I've made a circuit-breaker that's a bit too bloody sensitive, haven't I?

In time Hugh began to perceive his internal blanks as an impasse that had the potential for a breakthrough, a new discovery.

In terms of what we are looking at here, the therapist had learned that there is always a discovery to be made from any experiment, more especially if the parties to it have not decided beforehand where it should lead or how it should end.

Rehearsal

Some of the experiments described here have led to change via Beisser's paradoxical theory. It is not the only kind of change acknowledged in gestalt therapy. Another is by deliberate learning, often of a social skill missing from a client's repertoire. Robert was a shy young man, most at home working at his computer. In therapy he began to overcome some of the fear of social contact that he had learned from his agoraphobic mother, his sole parent. But one difficulty remained.

Robert: It happened again last night. I hardly ever buy a round of drinks, because I just can't face going up to the bar and insisting on being served. At the thought of it I go right back into all the neurotic tripe I thought I'd left behind. People are starting to snigger about me being mean.

Th.: So you call your terror 'neurotic tripe'?

Robert: Point taken. I mean I know why, I know the back story. I'm just stuck at changing one bit of behaviour.

Th.: Shall we try an experiment?

Robert: Anything.

Th.: Who do you know who always gets himself or herself served?

Robert: O, Jim. He's quite small, but..

Th.: Shut your eyes and imagine him getting a round, and report aloud what you see.

Robert: [Laughs and opens his eyes] I couldn't do that. I just couldn't. He shouts 'oi' and waves his money in the air. Then he says he'll run between everyone's legs to get to the front, and they laugh and let him through. Well I'm 6 feet tall.

Th.: You gave me a very clear picture of what he does. So you can't run between people's legs.

Robert: Just the thought of shouting and waving my money in the air...

Th.: Show me. We can imagine the bar along that wall. [Robert stands and holds a banknote above his head.]

Robert: Excuse me.

Th.: Can anyone hear you?

Robert: [Takes an uncertain step forward] Please.

Th.: Use Jim as a model.

Robert: But I told you...

Th.: For the parts you can copy.

Robert: [Clears throat] Oi.

Th.: Once more with feeling.

Robert: Oi! [He looks at the therapist and grins] Well that didn't hurt. Only there's no-one there. It's the crowd that scares me.

For the following session Robert met the therapist at a busy nearby pub.

Robert: My impulse was to find a table up in that corner, but I've stayed standing here in this throng. So I'm winning.

Th.: I'd like a drink.

Robert succeeded in getting the barmaid's attention, and felt ready to do so again with his friends. Laura Perls once said that every new patient requires a new therapy. In gestalt therapy, the inventiveness of client and therapist may usefully, if rarely, take them outside the regular time and place of meeting, when that seems needed.

Dreams

Whatever occurs in a dream is part of the dreamer, at least in the sense that it is the dreamer's memory or re-working or imagining that is the dream. Gestalt therapy extends this reality in one way it offers of working therapeutically with dreams. The projective part of every element of the dream is explored, as this brief example describes. Sue, a married career woman of 34, had been in therapy for some months, working on whether to take a job in Geneva and only see her husband at weekends, or insist on his following her there.

Sue: There's this half-memory in my mind, or p'raps it was a half-dream. But it won't go away. I just get into this first-class railway carriage and settle down, only... [She pauses]

Th.: So are you giving me half a dream now?

Sue: Sorry. I was trying to work out what wasn't there. Something forgotten. I'd really like to work on it today.

Th.: Then shut your eyes and go back into the dream, and tell it again in the present tense.

Sue: [After a moment] I'm remembering...

Th.: Stay in the present.

Sue: I've just got a seat and I'm pleased. Though there's no-one else there. I put my bag down and hear the carriage door clunk behind me and now the train's moving and I stand up. I'm suddenly really worried. [She stops and opens her eyes] That's all there is. But it's so vivid.

Th.: Imagine yourself as that carriage door. What are you like?

Sue: I'm very strong. Clunk. I won't open once the train's moving. I'm security.

Th.: So what are you saying to Sue, door?

Sue: You're safe with me. You won't fall out. [To the therapist] It's Geneva: first-class cushy job, guaranteed security. But a bit final.

Th.: Just for now let's delay talking about, and explore more if you're willing. If you're ready to, imagine yourself as the missing part of the dream.

Sue: [After a pause] This is difficult. Well, I'm outside the train, that's for sure. And Sue can't see me. But she's searching. I think I'm the other case she left behind. [Sue looks startled] The other case. The other case I've never talked about to you, even though you've raised it. The other case is staying at home and having a family.

In the following weeks Sue discovered that she was just pregnant when she had the dream. She saw the train as representing either the security of the new job, or the inexorable progress of what became a very welcome pregnancy.

The assumption, in this way of working with dreams, is that the more inanimate any element of the dream is, the more the dreamer has disguised its significance. So the therapist tends to begin the various identifications there. In supervision this therapist criticised herself for not beginning with the missing part of the dream, which was certainly the most disguised. Her supervisor said that all roads lead to Rome, and the therapist and Sue had learned enough from exploring just two elements, no matter in what order.

This way of working on dreams is often very productive. It deals with the projective aspect of dreaming. Sometimes, as in any work with a client's projections, more work is then needed on relationship. A client dreamed of her therapist as a torturer who tied her to a chair and stuck a knife in her. They did much work on the client's maternal projections, boss projections, and tendency to hostility. Then the therapist said she remembered her own moment of anger the week before, and what she called a waspish intervention she had made, and for which she apologised. She and the client came through this to a better trust of each other.

As these examples show, experiments are almost always in the service of relationship, making contact more full and rewarding for both people.

Sigmund Freud expressed the very same idea:

In the individual's mental life someone else is invariably involved, as a model, as an object, as a helper, as an opponent, and so from the very first individual psychology ... is at the same time social psychology as well. (Freud 1921:83)

Experiment

Sculpt

If you are with other people, focus on a fragment of conversation between two of them. Ask them to stand, and then sculpt, or move them into positions which to you convey the attitudes they had to each other in their verbal exchange. If you are alone, you may recall some lively exchange you have witnessed, and imagine again the sculpt of the two speakers. If you are working with people in the room, let them in turn sculpt their perception of the conversation.
