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Gestalt therapy and psychodrama

◆ Introduction

This unit is concerned with two models of therapy, which are often referred to as active and experiential. Although quite different in many respects, both Gestalt therapy and psychodrama share the premise that people come to know themselves best through direct experience. There are other similarities between these two approaches, including the fact that both are commonly practised in groupwork settings, with individual clients receiving individual therapy within the group. In addition, Gestalt therapy and psychodrama are sometimes described as existential models, and both stem from the humanistic tradition, which places a great deal of emphasis on the uniqueness and creative potential of each person.

However, the differences between Gestalt therapy and psychodrama are also quite marked. Perhaps the most significant point of difference between the two models concerns the way in which group members participate, for example in psychodrama, but remain as spectators in Gestalt groupwork. Fritz Perls, one of the founders of Gestalt therapy, highlighted this difference in his book *Gestalt Therapy Verbatim* (1969). Here he referred to the practice of group participation in psychodrama and made it quite clear that this was a faulty method (Perls, 1969). This criticism, together with others, will be discussed in this unit, along with details of the various skills, techniques and underlying philosophies that are peculiar to each model.

KEY TERMS

Gestalt: The word 'gestalt', which is German, means a pattern, shape or configuration. In Gestalt therapy it applies to a person's whole or complete sensory experience which is seen as more important than the parts of that experience in deciding meaning. Gestalt psychology states that *the whole is greater than the sum of its parts*.

Psychodrama: This refers to the exploration of emotions and situations through actions in a supportive therapeutic environment. When emotions are explored in this way feelings tend to surface quickly, and are re-experienced in a way which leads to new learning.

Gestalt therapy: Fritz Perls (1893–1970)

Fritz Perls, a founder of Gestalt therapy, was trained as both psychiatrist and psychoanalyst in pre-war Germany. His wife, Laura, a psychologist, was jointly

responsible for developing the work, although Fritz Perls' name is commonly associated with it. Perhaps one of the reasons for this credit imbalance is that Fritz Perls was a charismatic, dynamic and colourful character, who certainly impressed those people who met him. He appears to have cultivated a particular style that blended well with the mood of his time. M.V. Miller, who met him in 1966, describes, in his introduction to *Gestalt Therapy Verbatim*, Perls' style and impact in the way he conducted his seminars (Miller, 1988). From this description, it is quite clear that Perls did not conform to the image of the classical Freudian psychoanalyst, which is, in fact, what he actually was. Perls, who was born in Berlin, completed his psychoanalytic training and was influenced by many of the major figures in psychoanalysis, including Freud, Rank and Jung. Like many other Jewish psychoanalysts, he was forced to leave Germany when the Nazis rose to power; and, in 1933, he went to Johannesburg with his wife Laura. Later, in 1946, he left South Africa and emigrated to New York. From here he made his way to California. Perls was influenced by all the trends of the 1960s, including the peace movement, flower power, drugs, meditation, Zen Buddhism and the cult of the guru. There was no doubt that this was an exciting time for anyone interested in humanistic psychology and therapy, though Perls, who was a colourful character himself, did not subscribe to the idea of therapy 'jazzing' up just for the sake of novelty (Perls, 1969). He was concerned to point out that the Gestalt approach does not rely on quick-fix solutions but is a serious, though different, form of therapy, designed to promote human growth and potential – processes that require time, dedication and skill.

Other influences

In developing Gestalt, Perls was also influenced by his association with Dr Kurt Goldstein, whom he had met in the 1920s. During this time, Perls worked at the Institute for Brain-Damaged Soldiers in Frankfurt, where Goldstein, a neuropsychiatrist had pioneered a 'holistic' approach to caring for people. Fritz Perls' wife, Laura, a Gestalt psychologist, was another significant influence on his work. Perls was further impressed by the achievements of a group of psychologists, including Max Wertheimer, Kurt Koffka and Wolfgang Kohler. These psychologists formed what came to be known as the Gestalt School of Psychology.

Finally, the work pioneered by J.L. Moreno in the 1920s, and which later came to be known as psychodrama, was in some respects a forerunner of Gestalt therapy. This approach is the subject of the second part of this unit, but it should be emphasised that Gestalt terminology owes much to Moreno and his revolutionary work. The term 'here and now', for example, is one which has special meaning in Gestalt therapy, though it is certainly derived from Moreno's reference to the 'now and here' (Zinker, 1978).

Origin of the word 'Gestalt'

The word 'gestalt' is a German one and means pattern, shape, form or configuration. Christian Von Ehrenfels (1859–1932), an Austrian psychologist, was the first person to use the term. He described the pattern or shape that is

characteristic of a whole structure, and which is absent in any of its constituent parts. Later on, in 1912, Koffka, Kohler and Wertheimer founded the Gestalt School of Berlin and studied the organisation of mental processes, with special reference to the importance of perception in determining each person's view of reality. As a result of their work, Wertheimer and his colleagues formulated a set of theories that considered the manner in which people organise stimuli into patterns and shapes. According to Gestalt theory, people are concerned to create meaning in their lives, so the whole pattern of each person's sensory experience is seen as more important than the individual elements of that experience in deciding meaning. An illustration of this principle of perceptual organisation is the way in which we see a picture or hear music, for example. When we look at a picture we see it as a coherent whole, rather than as a set of random colours and shapes. Our response to music is the same. We do not hear all the individual notes, which make up the harmony; instead we perceive the totality of the music, or the overall tune. This awareness of structure and form gives meaning to experience and, according to the Gestalt psychologists, all our perceptions are similarly organised.

The Gestalt approach was in many ways a reaction against some of the limitations of other schools. Behaviourism, for example, is concerned to break up complex mental processes into simple conditioned reflexes – a view that is certainly the opposite of Gestalt theory. Perls took up the ideas expressed in Gestalt theory and emphasised the point that each person's experience of reality is dependent on how she or he perceives the world (Perls, 1992). This idea is similar to Rogers' person-centred philosophy and has further echoes in the work of Maslow, for example.

Figure and ground

Perls drew upon the principles of perceptual organisation, first described by the Gestalt psychologists, and incorporated these into Gestalt therapy. The Gestalt psychologists were interested in external perceptions and were especially concerned with the way in which people deal with visual and auditory experience. Perls, on the other hand, was interested in the ways in which people deal with more complex internal experiences and the issue of how each person becomes aware of individual needs in relation to the environment. In this context the environment refers, of course, to other people as well as to things. According to Perls' theory, it is necessary for people to be fully aware of all aspects of themselves, including their defences. If this awareness is not present, psychological growth is impaired and symptoms will appear.

The word 'figure' in Gestalt theory refers to a person's need at any given time. Those needs may be relatively simple ones like hunger and thirst, but they also include emotional, relationship and esteem needs. People obviously experience different needs at different times, but when an individual is functioning well in relation to the total environment, each need is clearly seen against the background or ground of awareness. Needs continually emerge and become figures against the background of awareness, and the individual's task is to deal with the most important need as it emerges. When needs are dealt with in this way, they fade into the background and other pressing needs appear. In Gestalt theory this process is

referred to as the formation and destruction of Gestalts. Figure and ground form a pattern or whole, which is known as a Gestalt. A simple example of the way in which needs emerge and are dealt with is outlined in the following scenario.

CASE STUDY

Figure and ground

Marian got up late and went to work without eating breakfast. She had been stressed the night before, because her five-year-old child had a temperature and was clearly unable to attend school. Throughout the morning, at work, Marian felt hungry and slightly unwell. She found it difficult to cope without food and, although she also worried about her daughter, she was constantly aware of the empty and queasy sensation in her stomach. In this situation, Marian's current physical needs controlled her experience, and it wasn't until she managed to eat in the canteen that she was able to address the next most pressing need, which was information about her child. Once she had eaten, she phoned her baby-sitter and got news of her daughter's condition. After that, Marian was in a position to deal with the other pressing needs of the day. If Marian had not been able to eat when she did, she could not have dealt effectively with other figures or needs that emerged in the course of the day. Her perceptual field would have been cluttered and confusing.

This example explains why it is that people tend to become ineffective when they are caught up in several activities and preoccupations, none of which are ever properly addressed. The same principle applies when needs are more complex, as the next example illustrates.

CASE STUDY

Unfinished business

A patient who attended his GP surgery was referred for counselling because he was depressed. The patient (Simon) had been bereaved two years earlier, when his father died of a heart attack. Since that time, Simon was unable to shake off the depression and had been taking medication for sleeplessness and anxiety. During counselling it emerged that his brother had also died ten years previously, as a result of suicide. His brother was a student at university at the time, and Simon had never been able to accept his death. In fact, he felt a great deal of guilt and responsibility in connection with it. Because of his unresolved grief about his brother, Simon could not adequately address the issue of his father's death either. In addition to this, there were other factors in Simon's life that had never been properly dealt with. His relationships were problematic, largely because (as he said himself) he was difficult and moody to live with. Simon felt drained of energy and confused about which issues he should tackle first, since his job situation was not good either. It was some time before he came to see that the unfinished business of his brother's death needed to be dealt with if the other factors were to be seen in clearer focus. In Simon's case there was a lack of purpose and clarity, which meant that he was unable to separate the important from the unimportant things in his awareness. Figure and ground had become indistinguishable as far as he was concerned.

Working through complex issues like these takes time, and later in this unit we shall look at some skills the Gestalt therapist can use to help clients deal with such problems.

EXERCISE

Becoming aware

Working individually, spend about five minutes becoming aware of your experiences at the present moment. What bodily sensations do you experience, for example? Are there any 'needs' which appear to be more pressing than others? If so, how does the pressing need affect your ability to attend to other factors in your present environment?

EXERCISE

Body awareness

Working in twos, sit silently observing each other for three to four minutes, concentrating on body language and posture. Afterwards, take turns to describe your observations of the other person. What are your feelings about your partner's observation? Is this how you see or experience yourself?

The here and now

The central focus of Gestalt therapy is on the present. Clients' present experiences, including their thoughts, feelings and actions, are – according to this approach – the most important point of interest in therapy. Even the experiences of remembering and planning are seen as present functions, regardless of the fact that they refer to the past and the future (Polster and Polster, 1974). Thus a client may be concerned about an issue from the past, but instead of focusing on a lengthy (and verbal) account of what happened a Gestalt therapist would encourage the client to experience the past in the present. The following is an example of this idea.

CLIENT: It was a very long time ago, but I remember the feeling exactly. My father would expect me to be perfect at everything, and when I wasn't I was humiliated.

COUNSELLOR: The humiliation which you describe . . . can you get in touch with that and feel it now.

CLIENT: [pausing] Yes, I can. I can feel it in my stomach like a dull sensation.

COUNSELLOR: If that sensation could talk to you, what would it say?

CLIENT: [surprised] That it is angry . . . that it wants to be rid of the humiliation for good.

It can be seen from the example that the counsellor's emphasis on present experience enabled the client to access strong feelings that would have remained outside her awareness. Other forms of counselling and therapy encourage clients to talk about their problems; and this, according to Gestalt therapists, can be counter-productive, since it leads clients away from the actual experiences they describe. It is entirely possible to talk at length about something without ever feeling any real emotion in connection with it. It is possible also for people to hang on to past experiences and emotional traumas as a way of avoiding change. This tendency, which Gestalt therapy seeks to overcome, may be encouraged (inadvertently) by other approaches. In Gestalt therapy the emphasis is on experience rather than on the counsellor's or client's interpretation of it.

Intellectualisation has always been regarded with suspicion by practitioners of Gestalt and, indeed, Fritz Perls used very strong language in condemnation of this tendency (Perls, 1969). However, in view of the fact that Gestalt is a holistic approach to the person, there is now greater recognition of intellectual and cognitive experience. Contemporary practitioners of the model are certainly less confrontative, sarcastic and cantankerous than Fritz Perls appears to have been (Miller, 1988). Gestalt therapy is quite different in many ways from some of the other theoretical models described in this book. There is an obvious contrast with the psychodynamic approach, for example, since Gestalt emphasises present experience and the here and now, while the former encourages clients to look at the past and the childhood events that have shaped their lives. Recently, however, new ideas stemming from psychodynamic object relations theory and practice are being incorporated into the Gestalt model of therapy. At the end of this unit we shall look at some of these ideas. We shall also consider other developments in Gestalt theory, which highlight its effectiveness in a range of situations.

Wholeness

The concept of 'wholeness' is an important one in Gestalt therapy; it refers to the client's total experience – physical, sensory, emotional and intellectual. Integration of all these dimensions is a central aim of therapy; and, to this end, clients are encouraged to become more aware of themselves and to work towards a healthy assimilation of all their component parts. The clients' non-verbal communication is often indicative of the real message they seek to convey, not just to the therapist but to themselves as well. Clients may, for example, express one view verbally while clearly indicating by their body language that the opposite is, in fact, the case. The following case study illustrates this point.

CASE STUDY

Eamonn

Eamonn, who was in his early 30s, received stress counselling because of problems at work and the break-up of his marriage. He did not entirely believe in counselling, but decided to try it as a last resort. His friends and relatives were unable to give him the kind of help he needed, so, on the advice of his line manager, he received counselling over a period of six sessions. In spite of his initial reservations, Eamonn found the experience helpful. At first he had some difficulty in expressing his feelings, and the counsellor who worked with him used a Gestalt approach to help him. Eamonn was emphatic that he has recovered from his marriage break-up, but the counsellor noted that his body language was incongruent with this verbally expressed statement.

CLIENT: I am over the worst of it and I don't have grudges against Siân.

COUNSELLOR: I would like you to become aware for a moment, of your left hand and what you are doing with it.

CLIENT: My hand? [slightly disconcerted] I'm holding my neck with it, my throat.

COUNSELLOR: And what is it your throat wants to express.

CLIENT: I don't know what it wants to say . . . but I know I had problems with my throat, which the doctor said were due to stress.

COUNSELLOR: Your throat is you. Say what it is your throat is saying.

CLIENT: [slowly, and after a pause] I can't swallow it. That's it . . . I have to say . . . I can't swallow it yet. I suppose I've been fooling myself that I could get over something like that so quickly.

It can be seen that this case study is similar to the example given to illustrate the here and now. This is because the body and the way it expresses itself is regarded as the most significant vehicle for true meaning. Gestalt therapists are aware of the fact that people often refer to their own bodies, or parts of their bodies, as if these were in some way alien or separate from them. Thus, a client might speak about parts of himself as 'they' or 'it' and, in doing so, cut himself off from immediate experience and from a vital source of knowledge and information. In his book *Care of the Soul*, Thomas Moore points out that in the body we often see 'the soul presented in its richest and most expressive form' (Moore, 1994: 153). Dress, gesture, movement, facial expression, mannerisms and tics are all indicative of inner psychological processes at work. This is why active listening,

which we discussed in the early units of this book, is such an essential counsellor skill. Counsellors need to 'listen' to everything that the client expresses, which means that every form of expression needs to be monitored and observed.

EXERCISE

Language of the body

- 1 In groups of two to three, discuss the ways in which our inner problems may be reflected by our bodies. Has anyone in the group had personal experience of physical expression of feeling or conflict?
- 2 Think of your work with clients, and consider any examples of bodily expression of feeling you have observed in them.
- 3 When you have completed your discussion, look at the following list of physical organs and say what you think are the most obvious emotions or conflicts associated with each:
 - A heart
 - B head
 - C face
 - D limbs
 - E stomach
 - F colon.

The use of language

The way in which clients use language is another important focus of attention in Gestalt therapy. Clients can use language to distance themselves from immediate experience; they may alienate themselves through the use of 'it', 'they', 'you' or 'one' statements, instead of owning their individual feelings through the use of the personal pronouns 'I' or 'me'. A client might say, for example, 'It seemed hot and stuffy', instead of 'I was hot and bothered', when referring to an uncomfortable encounter in the past. In Gestalt therapy such a client would be encouraged to 'own' his feeling by using the personal pronoun 'I' and by bringing the experience alive in the present. For example:

CLIENT: Yes, I was hot and bothered.

COUNSELLOR: Can you experience that feeling now, at this moment?

CLIENT: At the moment? Yes I feel it . . . hot and agitated.

Another example of the Gestalt focus on language is that clients who speak quickly may be asked to repeat slowly what they have said, in order to highlight and emphasise what it is they wish to convey. Clients who speak quietly may be encouraged to become louder, while those who hesitate might be asked to stay with the hesitation to discover its possible meaning. The use of certain words is also significant in the Gestalt approach, and clients may be asked to look

more closely at the words they choose. A central tenet of Gestalt therapy is that linguistic habits say a lot more about the client, regardless of what he or she is trying to convey (Polster and Polster, 1974). Communicating through jargon is another way in which people can distance themselves from others and from their own experience. The jargon that clients use in their work may be transferred by them into counselling too. When this happens, no real identification of personal feeling is possible. Some clients talk a great deal and this, in itself, is often a clue that things are carefully hidden, not only from the person who is listening, but also from the client. Language can, after all, act as a smoke-screen behind which important aspects of the real self are carefully guarded. There are many reasons for this type of defence, and in most theoretical approaches counsellors are tentative in the way they respond to these. However, the Gestalt approach is somewhat more challenging in this respect, although, as I have already indicated, contemporary practitioners are also sensitive in their responses to clients' defences.

CASE STUDY

Ria

Ria, who was in her early 50s, came into counselling through referral by her doctor. She had developed rheumatoid arthritis the year before but had never been committed to the treatment programme her doctor prescribed. The counsellor noticed at once that Ria talked about her body as if she didn't really own it.

RIA: The feet are very sore at night, and the hands really seize up in the cold.

COUNSELLOR: Could you think about that for a moment and just change it around using 'my' for your feet and hands?

RIA: My feet are very sore at night. (She pauses) Yes, my feet are agony at times. My feet are agony and my poor hands go dead in the cold.

After this exchange Ria started to cry. She looked at her hands and feet as if seeing them for the first time. During later counselling sessions, she talked about her feelings in relation to her illness and admitted that she had been in denial about its severity. She started to take care of herself more, and accepted help from her doctor and an occupational therapist. She had been very angry when she first became ill, and this led her to despise and disown her body. When she started to take ownership of her body again, she accepted the fact of her illness and gradually made some progress. Her depression and anger decreased, and the constant pain she had previously felt was substantially lessened too.

Shoulds and shouldn'ts

Clients frequently refer to behaviours, thoughts or feelings and use the words 'should and shouldn't' in relation to these. In such instances, clients may simply

be repeating outmoded rules and prohibitions that are inherited from childhood. These rules and prohibitions were probably accepted without question so that their suitability, or otherwise, to adult life is never seriously considered. Perls used the terms ‘topdog’ and ‘underdog’ to refer to the conflicting parts of human personality (Perls, 1992: 38–39). This concept is analogous to Freud’s theory of personality, including Superego, Ego and Id, and the intrapsychic conflict that exists within this system. ‘Topdog’ is defined by Perls as the righteous part of personality, while ‘underdog’ is insecure, manipulative, ingratiating and lacking in conviction. Topdog is, according to Perls, a judge and a bully, and people can spend a great deal of time trying to please or placate this internalised ‘parent’ part of personality. The pressure of always trying to please can have the damaging effect of alienating people from their own feelings. Underdog, on the other hand, is incapable of dealing in a straightforward way with topdog’s demands, and frequently resorts to procrastination or rationalisation, in order to evade the strict demands being made. In Gestalt therapy the emphasis is on the integration of these conflicting parts, which means encouraging clients to accept that they are both valid parts of the self. If it is accepted by clients that both of these parts of personality can exist side by side, then pressure and conflict are diminished while insight and integration are increased.

EXERCISE

Topdog and underdog

Working individually, think of the rules (shoulds and shouldn’ts) you have carried with you since childhood. Make a list of these, and consider how many of them still cause conflict within you. When you bring these rules into conscious awareness, you begin to understand their effects upon you in the present. You can also start to look at them in a more critical way and, in doing so, lessen their inhibiting or damaging influences.

Layers of neurosis

Perls referred to the ways in which people avoid awareness of self, and described these as five layers of neurosis (Perls, 1992: 37). These layers include the phony, the phobic, the impasse, the implosive and the explosive. In Perls’ view these layers of neurosis need to be stripped away if clients are to achieve psychological growth and maturity.

The first layer – the phony – refers to the clichéd or inauthentic way in which we often relate to others. One example of this inauthenticity is reflected in the social games we play and the daily rituals including small talk and role playing.

The phobic layer is the point at which we resist seeing aspects of ourselves that might cause emotional disturbance or pain. Thus aspects of the real person are denied and self-acceptance is forfeited as a result.

A feeling of nothingness or emptiness is characteristic of the impasse layer and marks an attitude of avoidance, or a sense of being stuck. At the impasse layer

people seek to manipulate the environment, including others, instead of acting with maturity and accepting personal responsibility. In Perls' view, however, it is impossible to overcome difficulties by resisting them, and he regarded the impasse layer as a source of many problems in therapy (Perls, 1992: 76).

The implosive layer is activated when we allow ourselves to come into contact with feelings of deadness. Perls describes this layer as the 'death' layer, and he believed that behind it lies the explosive experience, which is, in effect, a connection or link with the 'real' or authentic person. Clients who access this layer of awareness often experience catharsis, through grief, anger, or great joy. Inability to experience appropriate feelings is a fundamental cause of emotional problems for many clients. However, catharsis on its own is not sufficient, and clients need to work through and make sense of this kind of experience. Perls pointed out that the 'growth process' takes time, the aim of Gestalt is to enable clients to become independent and to move from environmental to self-support once the layers he describes have been uncovered by them.

Resistance

In Gestalt terminology the word 'resistance' refers to the defences people use to prevent real or authentic contact with others and with the environment in general. This resistance to real contact prevents us from identifying and mobilising our own innate resources and energy. It also prevents us from utilising our reserves of energy and inhibits healthy participation in the present, or the 'here and now'. Polster and Polster (1974) list five defences, as follows:

- introjection
- projection
- retroflexion
- deflection
- confluence.

The word 'introjection' refers to the internalised rules governing our thoughts, feelings and behaviour, which we absorb from parental and other influences from childhood onwards. Perls called this nagging inner voice 'topdog', a concept we discussed earlier.

The second defence, 'projection', can be defined as a process of attributing aspects of ourselves to other people, as a result of which we disown them or fail to recognise them personally. Important aspects of the self are therefore not integrated or acknowledged. One example of this tendency is highlighted when people of either sex refuse to acknowledge the feminine or masculine side of their personalities, yet express negative views about other people who are unafraid to do so (Harris and Phillipson, 1989).

'Retroflexion' is a process whereby we do to ourselves what we would like to do to someone else. We may, for example, direct aggression inwards when we are fearful of directing it outwards towards others. This can result in depression or psychosomatic illness. It is also restrictive and stultifying. While

Gestalt theory does not recommend that clients should actively be aggressive towards other people, it does suggest that there are other more positive and creative ways of expressing strong feelings.

The use of deflection as a defence means that contact with others is diminished through a process of distraction. Humour and intellectualisation are two ways of avoiding real intimacy and contact. Asking questions, instead of making statements, is another way in which people can distance themselves, not just from others, but from themselves as well.

'Confluence' describes a style of relating to other people that is based on an absence of conflict, and a conviction that everyone should be in agreement. Those people who are afraid to speak for themselves may use this particular defence and, in doing so, protect against disagreement and the anxiety that might accompany it. This blending with others is negative when it precludes any recognition of one's real or personal feelings; when it is evident in therapy, clients are encouraged to focus on themselves in order to identify and express their own views.

These five defences have much in common with the Freudian defences discussed in Unit 3, although the terminology is in some cases different. However, these similarities are understandable in view of the fact that Perls trained as a psychoanalyst, although he was certainly innovatory in his approach to clients and their problems.

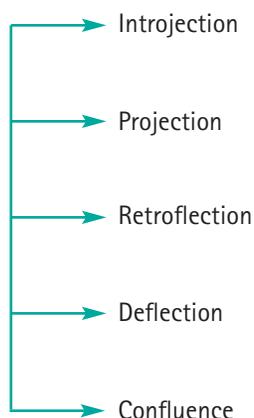


Figure 6.1 Gestalt defences indicating resistance to real contact

Dreams

In Gestalt therapy there is a special emphasis on working with clients' dreams. Perls believed that dreams were the 'royal road to integration', and he regarded dreaming as a spontaneous art form, through which the various fragmented parts of the self are expressed (Perls, 1992: 87). In Perls' view, each element of a dream represents an aspect of the dreamer, so any understanding of the dream must integrate or 'own' these projected parts. One way of doing this is to ask the dreamer to 'become' each part, or element, of the dream. This identification technique

differs from techniques used in the psychodynamic model, where various parts of the dream are interpreted, usually by the dreamer, but with assistance from the therapist. In the Gestalt approach the dream is brought back to life by the client in the present. The following case study is an example of this technique.

CASE STUDY

Gestalt dreamwork

A client called Lois recounted her dream.

CLIENT: This is my dream. I am in my own bedroom at home, and I notice that a large hole has opened up around and beneath the wardrobe. I am very anxious about this and I try to draw my husband's attention to it, but he isn't listening.

COUNSELLOR: Become the wardrobe, and say what it is that the wardrobe is saying.

CLIENT: [after a long pause] I am on shaky ground and the floor is opening up beneath me. Michael [the client's husband] is not aware of what is happening.

Almost as soon as she said this the client knew what it meant. She and her husband were planning to move house, but he refused to discuss the fears she had in relation to this. The last time they moved house they had encountered many problems, and this time the client did indeed feel that she was on shaky ground. When the client explored the dream further she identified other relevant details of her relationship with her husband. These included the following:

CLIENT: I am a container for all the clothes, my husband's as well as my own. I am in charge of these and I'm keeping everything together.

The client was, in fact, keeping everything together, since she was the one in charge of the planned move.

The counsellor then asked the client to engage in a dialogue with parts of the dream, and from this exercise she was able to explore her relationship with her husband in greater depth.

COUNSELLOR: Stay as the wardrobe, and now speak to the floor.

CLIENT: You are letting me down . . . I'm sinking. I have no support.

As a result of working through this dream the client realised that she would need to find a more effective way of communicating her needs to her husband. Perls believed that dreams contained important existential messages which, if recognised and assimilated, would provide the knowledge we need to help us understand and deal with problems in our lives.

EXERCISE**Individual dreamwork**

Do this exercise on your own. Choose a dream you have had recently and, using the technique described in the case study, become each element of the dream and speak for it. You could share your dream work with other group members if you wish, but you may decide that some of your findings are too personal or private for sharing. Discuss (in the group) how effective you found the exercise.

The empty chair

There are other creative Gestalt approaches that can be used to help clients become acquainted with their dreams. Clients could, for example, use a 'two-chair technique' as a means of addressing separate elements of the dream. This method involves the client sitting in one chair, while addressing a part of the dream that is 'sitting' in the other. The two-chair technique is used quite extensively in Gestalt therapy, and can be used in other contexts apart from dreamwork. A client who has been bereaved, for example, may benefit from speaking to the deceased person, who is present in another chair. This is one way in which clients can be helped to deal with complicated or unfinished grief reactions, including reactions of anger, guilt or resentment.

The client named Simon, referred to in the 'Unfinished business' case study, would probably have benefited from such an approach. Simon could also have conducted the dialogue by 'answering' for his brother who had died. Separate parts or aspects of a person can be addressed and reintegrated by means of the two-chair, or empty-chair technique. Thus a client who claims to be too anxious to socialise could be encouraged to talk to the anxious self in the opposite chair, and so on. The two-chair technique is usually effective and quite often very powerful; it should, of course, only be used by therapists and counsellors who have received adequate training in this particular approach.

It should be pointed out here, though, that this two-chair approach to helping bereaved clients may prove to be too confrontative for some. In addition, there are clients, who for cultural or, perhaps, religious reasons may consider the idea of addressing a deceased person as unacceptable.

Groupwork

Gestalt therapy is often conducted in groups and, in fact, Fritz Perls himself was in favour of groupwork as a medium for therapy. There are many benefits for clients who participate in groupwork: these include the benefits of learning through participation, as well as the practical benefit of reduced cost. However, Gestalt groups tended, in the past at least, to be different from other therapy groups. One reason for this is the way in which therapy was traditionally conducted. One member of the group was usually asked

to take centre stage, while the rest of the group looked on. In his writing, Perls outlined the essential tools of groupwork, including a technique called the ‘hot seat’, where people are invited to sit when they wish to address a personal issue or problem (Perls, 1992: 96). In this situation, the group provides both feedback and support for the person who elects to use the seat. This approach to groupwork is one in which the therapist is placed in a central and quite powerful position. It is a role that obviously suited Fritz Perls, but the role may not be attractive to every Gestalt therapist.

Harris and Philippon (1992) outline a new model of groupwork that is quite different from the ‘hot seat’ model used by Perls and many others. This new model places the group, rather than the individual, centre stage. Attention is focused on group dynamics, although the experiences of individuals in the group are considered too. Such a model acknowledges the fact that many of the problems which bring people into therapy in the first place are relational or social in origin. People do not function in isolation, and contemporary Gestalt groupwork tends to reflect this fact. The Gestalt principle that the whole is more than the sum of its parts is one that can certainly be applied to therapy groups. Harris and Philippon’s book, *Gestalt: Working with Groups* (1992) offers a clear and comprehensive description of their approach and should be of interest to anyone wishing to find out more about developments in Gestalt therapy.

Skills and techniques

The basic counselling skills discussed at the beginning of this book are used in the Gestalt model, as in any other. There are, however, specific creative skills that are used in Gestalt therapy, although these are never slavishly followed. Creativity is a fundamental principle of this approach and therapists usually adapt their ideas to suit the needs of individual clients. Some Gestalt therapists regard the word ‘technique’ as limiting and would prefer to discuss the different vehicles that can be used (Zinker, 1978). Some of these vehicles, such as dreamwork and the two chairs, have already been discussed in this unit. Others include the following:

- dialogue exercise (between topdog and underdog)
- role playing
- dialogue with opposites (these could be opposite parts of personality)
- staying with feelings (really experiencing a strong feeling which may have been evaded in the past)
- focus on language and the way it is used
- focus on the body, and what it conveys
- reliving unfinished business (incomplete gestalts)
- exaggeration (becoming aware of the obvious through exaggeration, including awareness of gestures, movements and speech)
- changing questions into statements (for example, instead of saying ‘what’s the time?’ the client says ‘I am worried about the time’)

- being the projection (clients are encouraged to ‘own’ projected parts of themselves: a speaker who says ‘you are dishonest’ might be asked to play the role of the person who is supposed to be dishonest, which helps to clarify just exactly where the dishonesty lies)
- taking responsibility for self (clients are asked to take responsibility for statements they make; for example, ‘I find it difficult to get here on time, and I take responsibility for it’)
- describing the group (group members are asked for a metaphor to describe the group; for example, animal, situation, journey, building or vehicle).

This is just a selection of some of the creative ideas used in Gestalt therapy. There are obviously many others that have worked for individual therapists and their clients and have never been recorded. Certain techniques work for some clients, while others may be quite unsuitable. Creativity and sensitivity to clients needs are essential components of Gestalt work. Counsellors who are interested in this approach need to be flexible, skilled and, above all, well trained to work from this perspective.

EXERCISE

Group metaphor

Working individually, think of a metaphor which describes your training group. Discuss this with other group members and identify any similarities that emerge.

The counselling relationship

Counsellors from a wide spectrum of theoretical backgrounds use Gestalt skills in their work with clients. In order to do this, however, they need to undertake specific training in Gestalt work. They will also realise (as a result of their training) that not all clients respond to this approach. There are, of course, specialist Gestalt therapists who work exclusively from this perspective and, in these instances, clients who seek their help are usually well informed about Gestalt therapy and what it involves. These clients would, therefore, expect a fairly challenging approach and would be prepared to put a great deal of effort into the work. On the other hand, the idea that Gestalt therapy is always confrontative probably does it a disservice. Therapists are well aware of their clients’ needs and will tailor the work they do with them accordingly. Clients are viewed as unique individuals who require individual approaches. This is an important point to remember, since clients often have deeply emotional responses to the work done. There is always a danger that techniques may come to dominate therapy, so that the actual relationship between counsellor and client takes second place. Clients should be informed and consulted about techniques used, and a trusting relationship between counsellor and client is certainly a prerequisite for successful therapy. Fritz Perls makes the point (1992) that what clients expect from a therapist can

be done just as well by themselves; helping clients to realise this places the relationship on an 'equal' footing and serves to lessen the possibility that transference dependence will hamper therapy.

Clients who benefit from this approach

Gestalt therapy is suitable for clients who suffer from psychosomatic problems, with the proviso, of course, that they understand the approach and wish to get to the root of their problems. These problems may include tension headaches, colitis, nervous stomach reactions, skin irritations, fatigue, breathlessness and, indeed, any other condition which has been medically investigated and found to have no underlying physical cause. People who suffer from inhibiting shyness and those who have unresolved issues relating to bereavement and loss may also benefit from a Gestalt approach. Clients who are out of touch with their emotions can gain a lot from Gestalt therapy, and those who are interested in dream work and self-exploration tend to be attracted to it. An important point to remember is that clients who benefit most from Gestalt therapy tend to be those who understand the approach and feel they can gain help from it. Aspects of Gestalt therapy may be used in both family and marital work and in certain behavioural problems in younger clients and children. Gestalt work is also applicable in training groups, especially those which value experiential learning for participants.

Some limitations

People who are frightened of groups and those who are inhibited about expressing themselves in front of others may not be suitable clients for Gestalt therapy. On the other hand, such clients may gain a great deal if their initial reluctance could be overcome. Clients who do not understand the links between the physical and emotional aspects of themselves are unlikely to benefit from Gestalt work. Some degree of imagination and creativity is necessary if clients are to be helped by this approach, and those who simply cannot express feelings may find Gestalt therapy very threatening. There are cultural limitations, too, in the sense that the Gestalt emphasis on expression of feeling may run counter to what some people consider to be appropriate behaviour. We have already noted, for example, that some clients may have deep reservations about using Gestalt techniques to address issues of bereavement.

The possibility of abuse is also, unfortunately, a consideration. Counsellors who are attracted to the approach but not adequately trained in it may be tempted to use techniques, simply on account of their dramatic and highly charged impact. It cannot be stated often enough that adequate training, both at theoretical and at an experiential level, is an absolute prerequisite for practice in Gestalt work. Regular supervision will act as an inbuilt safeguard too.

Finally, Gestalt therapy has not traditionally been used with deeply disturbed or mentally labile clients. This is because the approach is active

and directive in a way that was considered too challenging for this group. However, new developments in Gestalt therapy, as discussed by Joyce (Joyce and Sills 2009), for example, highlight the usefulness of this approach with disturbed clients. Obviously, such work requires specialised training on the part of the therapist, along with specialist supervision and support.

Evolution of Gestalt counselling and psychotherapy

In his study of Gestalt and object relations theory, Delisle (2013), along with his contributing authors, seek to address what they believe to be a deficit in the evolution of Gestalt therapy. This deficit is, in their view, a historical one, and refers to a dearth of printed material about Gestalt theory and practice over the past 50 years. However, Delisle and his contributors make the point that in spite of this deficit, Gestalt therapy is still used extensively and continues to be well regarded as an approach to therapy (Delisle, 2013). The work of Delisle is on the integration of Gestalt theory with other theoretical approaches, but with specific reference to object relations theory and the work of W.R.D. Fairbairn. In Unit 4, we briefly described Fairbairn's contribution to object relations theory, but noted that it deserved greater delineation in order to be fully appreciated. Delisle takes the view that Fairbairn's theory of object relations has been 'underestimated and neglected during several decades'; he goes on to highlight similarities between Fairbairn's approach and those of several Gestalt theorists, referring specifically to their 'positive "ideal" vision of human nature' (Delisle, 2013: 8). In addition to their focus on Gestalt and object relations theory, Delisle and contributors also explore the ways in which emerging research in neuropsychology and neuroscience contributes to a deeper understanding of clients' problems.

Other writers have sought to illustrate the development of Gestalt theory and practice. Joyce (Joyce and Sills 2009), for example, has also considered Gestalt counselling in the light of developments in neuroscience, a subject that we shall look at in Unit 9. Additionally, Joyce considers the usefulness of Gestalt therapy for helping disturbed and disturbing clients, as well as its potential in short-term work within the NHS and primary care.

In *Gestalt Therapy: Therapy of the Situation*, Wollants (2012) revisits and extends Gestalt theory and practice. Using his knowledge of European philosophy and psychology, he examines the various concepts that are central to Gestalt in order to highlight and clarify them. He further uses comments from experts in different areas of Gestalt to provide an overall picture of contemporary theory and practice.

Perhaps one of the most interesting aspects of Gestalt therapy today is the application of its use with clients from diverse cultural, ethnic and religious backgrounds. The Gestalt Institute of New Orleans (2005) has considered

such application in its collected papers garnered from various contributors. These writers look at a wide range of issues including gender, religion, ethnicity, immigrant families, and structure within different family groups. They also examine the way that non-verbal expression of language is used by people from different cultures, as well as the way feelings are expressed by those caught up in violence or war. The contributors to this book, entitled *The Bridge: Dialogues Across Cultures*, set out to show that Gestalt therapy is capable of bridging differences across culture, through use of what they term the dialogic-field approach as a means of enhancing meaningful contact and coexistence (Bar-Yoseph, 2005).

EXERCISE

Other theoretical approaches

Consider the other theoretical approaches outlined in this book. Say whether you think aspects of Gestalt therapy could be incorporated into any of them in a way that would be helpful to clients.

Psychodrama and the work of J. L. Moreno (1889–1974)

Jacob Levy Moreno

J. L. Moreno, the founder of psychodrama, was a psychiatrist who worked in Vienna during the first part of the twentieth century. He became interested in the way children engage in play and was especially impressed with their spontaneity and ability to role play various important figures in their lives. Moreno observed the therapeutic effects of this kind of acting, and he could see that children derived enormous emotional benefits from expressing their feelings, anxieties and concerns in this way. Through a process of role reversal, these children could ‘become’ the important authority figures in their lives; this enabled them to view themselves, and their own behaviour, from a different and more informed perspective.

In 1921 Moreno also founded the Theatre of Spontaneity in Vienna. This was, in fact, quite unlike the usual theatre, where professional actors perform using scripts. Moreno’s theatre was meant as a venue for ordinary people who wished to participate and act out, in a spontaneous way, events from everyday life, including news events they had read about in the papers. In 1925 Moreno emigrated to the USA, where he set up the Moreno Institute and continued his work in psychodrama. Although primarily interested in the therapeutic effects of his approach for emotionally disturbed people, Moreno

was also concerned to show that psychodrama was a medium through which almost anyone would benefit. It is widely accepted that he coined the term ‘group therapy’, and he was certainly instrumental in promoting theatre as a medium for exploring emotional problems.

The theory of psychodrama

Moreno rejected the Freudian concept of psychoanalysis as a method of dealing with personal problems. Psychodrama, unlike Freudian therapy, is action based and conducted in a groupwork setting. Moreno opposed the notion of treating individuals in isolation by verbal methods alone. Instead, he proposed that people derive most benefit from experiential treatment conducted in the presence of others who are supportive and understanding. Moreno wished to give clients the opportunity to experience and rework important developmental stages of their lives that might have been problematic for them.

This repetition of past traumatic events, conducted in the safe environment of a supportive group, forms the basis of therapeutic psychodrama. When clients relive past events in this way, new meaning is acquired, which can then be reintegrated in its more positive form. Psychodrama, therefore, allows people to correct original negative experience. It also allows clients to articulate those things which should have been said in the past but never were. In reference to this need to make sense of the past, Dayton (1994) makes the point that although society may not, at times, allow us to speak from the heart and to say what we most need to say, psychodrama does give us this opportunity.

Moreno’s psychodramatic stages of development

Moreno described four stages of personality development, related in name to the action roles of psychodrama. These are quoted by Dayton (1994) and placed under the following headings:

- the double
- the mirror
- the auxiliary ego
- role reversal.

(Dayton, 1994: 32)

The first stage of development, the double, is that phase during which the infant is symbiotically fused with the mother or caregiver. In this stage the baby feels at one with the parent, and the parent, in turn, senses the baby’s needs. This relationship forms the basis of trust, and when good experiences are repeated often enough the child’s development will proceed in a healthy way.

During the mirror stage of development, information from the outside world is conveyed to the child that may not, in fact, be congruent with

what he or she actually feels. This process of mirroring helps to adjust a child's perceptions of self, and when it is provided in a supportive and caring environment will give important information about the way others see us from the outside. If the environment is harsh and unsympathetic, however, it becomes difficult for a child to feel located in the world. A sense of dislocation and weakened identity are the result of feeling oneself mirrored in a threatening and judgmental world.

The stage of the auxiliary ego is one in which the developing child is aware that other people exist. Along with this realisation of the existence of other people there is, or should be, a willingness to fit in and be part of society. Through the first two stages of doubling and mirroring, most children will have learned that they are not alone and that the world is a friendly place to live in. If a strong sense of self is in place, then an ability to empathise with other people is likely to follow at the third stage.

The stage of role reversal is reached when the individual is able to stand alone. If this is achieved, it becomes possible to 'take on' the role of another. One example is the way in which adult children take on roles of their own parents, once they themselves become parents. This stage can only be reached when people are sufficiently separate to stand on their own feet.

Roles and role playing

The twin concepts of 'roles' and 'role playing' were used by Moreno (1947) to form the basis of therapeutic psychodrama. The word 'roles' refers to predictable patterns of behaviour, which people use in order to cope with various situations in life. For example, a woman may play many roles, including mother, sister, wife, teacher, nurse and works manager. When people are psychologically healthy they are able to move in and out of roles with some ease. On the other hand, psychological ill health is associated with rigidity and an inability to move out of certain roles. Another danger arises when the role dominates the person, so that spontaneity and a true sense of identity are lost. Psychodrama offers the opportunity to explore a variety of roles in a wide range of situations so that many alternatives and solutions become apparent. Participants in a psychodramatic group take it in turns to role play and to explore their conflicts and difficulties. This is carried out in a controlled and safe groupwork setting, in which all the people in the group are assigned certain roles. The following is a summary of those roles as described by Dayton (1994: 62–6):

- director
- protagonist
- auxiliary ego
- audience.

Another essential component of psychodramatic technique is the stage on which the action takes place.

EXERCISE

Roles

Working individually, make a list of the roles you fulfil in everyday life. How easy or difficult is it for you to move from one role to another? Select one of the roles you have listed and identify any conflict you experience in relation to it. Discuss your ideas with members of the group, noting any similarities of experience that emerge.

The director

In psychodrama the director is the therapist, whose task is to supervise the action, direct it and observe from a supportive distance. The therapist–director also selects the protagonist and decides which techniques are appropriate for individual clients. Preparation and planning are carried out by the director, and the selection of problems to be dealt with in sessions is part of this role too. An important aspect of the director’s role is to help group participants become psychologically receptive to the work that is about to take place. This usually involves talking to the group about the nature and purpose of psychodrama, or it may take the form of preparatory exercises and techniques. Group members need to know that they are working in a safe environment and the director needs to assure them of this. Additionally, participants should not feel pressured to take part if they don’t wish to do so.

The director–therapist monitors all aspects of the psychodrama as it unfolds, clarifies when necessary, summarises at the end, observes the reactions of group members and facilitates group discussion when the work is over. All this requires a high level of skill, specialist training, creativity and substantial experience in working with groups.

The protagonist

The protagonist is a volunteer from the group who selects the issues he or she wishes to explore. These issues may be from the present or the past, and the protagonist’s task is to re-enact the chosen scenarios. Both action and words are used by the protagonist in psychodrama. Relevant significant figures from the past are brought to life in the present, and important aspects of relationships are explored in the drama. The director’s task is to follow the protagonist through the scenes that are re-enacted and to encourage, when necessary, greater focus on specific situations or events. The therapist–director is the person who, according to Dayton, holds the protagonist’s hand with one hand, while ‘carrying a flashlight with the other’ (Dayton, 1994: 9–10).

The auxiliary egos

The protagonist selects group members who will act as auxiliary egos. The function of the auxiliary egos is to play the parts assigned to them by the protagonist. These roles may include significant people, either alive or dead, in the protagonist’s life. The protagonist presents himself, as well as all the other characters in turn, according to his perceptions of them. Corey (1995)

lists several functions of the auxiliary egos; these include playing out the perceptions of the protagonist, looking at the interaction between their own roles and those of the protagonist, helping to interpret the various relationships, and acting as facilitators in the development of improved relationships for the protagonist.

The audience

The audience is involved in the action that takes place on stage. Through a process of identification, they can benefit from the psychodrama in progress. Because the atmosphere is heightened, and quite often intense, most people in the audience become absorbed in it. In this way, learning by comparison takes place. Empathic responses, experienced by the audience, are often accompanied by insight and release of feelings. Feedback and support are also provided by the audience, and the protagonist is likely to receive helpful ideas concerning the issues being highlighted. General group discussion following action will provide further clarification, feedback and support.

The stage

The stage is the physical area in which the action takes place. It should be large enough to accommodate some basic furniture, in addition to being comfortable, warm and private. The stage provides a platform from which the protagonist's story can be seen and heard by others.

The double

The double is the person who plays the inner voice of the protagonist. This is an optional role and may be played by the director, or any member of the group. The double's function is to move the action to a deeper level so that material from the protagonist's unconscious is brought into focus. The protagonist thus sees himself portrayed simultaneously by someone else, and this helps to reveal aspects of himself that were outside his awareness.

The stages of psychodrama

Dayton lists the stages of psychodrama and includes the 'warm up' stage, during which the group members are helped to prepare for the action ahead (Dayton, 1994: 108). The purpose of this phase is to enable participants to become connected to the issues they need to work on. The second stage, enactment, is the action phase during which the protagonist's inner problems are structured and enacted before the audience. During the third stage, sharing, the protagonist is supported by the other group members and the director encourages a general sharing of experiences and feelings in the group. The final stage, analysis, takes place later when group members are less emotionally involved. It refers to cognitive appraisal of what has taken place, and it helps members to assess the emotional learning and insight they have gained. It also helps participants to bring into conscious awareness those destructive patterns and compulsions which have been problematic for them.

Skills and techniques of psychodrama

Various techniques are used in psychodrama. These include the following:

- role reversal (where the protagonist assumes the role of someone else in his personal drama)
- self-presentation (the protagonist presents himself and the other characters in the psychodrama)
- soliloquy (the protagonist is encouraged to think out loud and to talk freely about what is going on in his mind at any given time)
- mirror technique (one of the auxiliary egos takes on the role of the protagonist and mirrors his movements and words – the protagonist observes this and sees ‘himself’ more clearly)
- interview (the director asks the protagonist questions which help to clarify his thoughts and feelings)
- future projection (the protagonist is encouraged to play a future event in order to experience how it feels)
- vignettes (these are small scenes in which an empty chair is often used as an opportunity to express strong feelings like rage and anger)
- behavioural practice (the protagonist is encouraged to experiment with new ways of acting)
- dream presentation (the protagonist acts a dream instead of describing it).

CASE STUDY

Expressing feelings

Annette was a member of a training group, in which participants were given the opportunity to work through a personal issue. During the ‘warm-up’ phase the course trainer talked to the group about the nature and purpose of psychodrama. Each member of the group was interviewed, in order to clarify any important issues they might want to examine. Annette volunteered to work on a personal issue. She told the group about her difficult relationship with her father and described the conflict she still felt in relation to this. Annette had been bullied at school over a period of some years, but her father refused to take her seriously when she plucked up the courage to tell him. Annette’s mother had died when she was young, so she felt isolated, vulnerable and very afraid of bullies. With the help of the director–trainer, she assembled the main players in the drama she wished to re-enact. One member of the group represented Annette’s father, another a teacher at her old school, while two other participants became the school bullies.

Throughout the presentation of the psychodrama the director supervised and directed the action. As a result of recreating the original drama, Annette experienced intense disappointment and anger with her father and his failure to protect her. This catharsis of feeling, which is important in psychodrama, is regarded as the first step towards recovery and integration. However, catharsis, if it is to be properly effective, needs to be accompanied by both cognitive and emotional shifts in perspective (Dayton, 1994).

CASE STUDY Cont...

Annette was supported by the other group members and was able to share her feelings and experiences with them. A week later, during another group meeting, participants assessed the events of the previous week and discussed what they had learned and the insights they had gained. The director–trainer highlighted several aspects of the psychodrama and clarified issues raised by some group members.

Clients who benefit from this approach

Because of its emphasis on spontaneity and creativity, psychodrama is suitable for clients who are inhibited in these areas but wish to do something about it. The approach is also useful for people who have experienced childhood traumas that have never been adequately addressed. In this context, psychodrama may prove very helpful for adult children of alcoholic parents. Additionally, it may be used with clients who are addicted to alcohol or other substances, since it provides support and a holding environment for strong feelings that emerge during recovery (Dayton, 1994). The format is highly structured, so participants feel safe and they know they will be listened to. New skills can be learned through interaction with others and feelings of isolation are lessened. For those clients who have difficulty with verbal expression, psychodrama offers an alternative means of communication. Corey (1995) highlights an area in which psychodrama has special application: while working with people who spoke English as a second language, Corey found that emotions came quickly to the surface when clients spoke in their original tongue. This helped them to become more expressive and other group members responded positively to them.

Some limitations

There are clients who could not bear to explore difficulties in front of other people, and there are those for whom the idea of acting in front of other is unthinkable. Although psychodrama is a powerful and effective therapy, it is limited in some respects. Perls (1990) identified at least one of these limitations, which relates to the roles other people play in the protagonist's drama. According to Perls, these auxiliary egos know very little about the protagonist, and they may even introduce their own fantasies and interpretation into the drama. In this way, the client's role is falsified and contaminated by others. Zinker (1978) highlights another limitation when he refers to psychodrama's commitment to a formal structure and to the drama, often at the expense of the process taking place within each. It is also possible for group members to hide behind roles, although this is something which the director–therapist should be able to identify. Psychodrama may be difficult to obtain in many areas, but it's occasionally available within the NHS.

SUMMARY

This unit was concerned with two experiential and action-based models of therapy. We discussed the work of Fritz Perls and the psychology that influenced his approach. The terms 'gestalt', 'figure and ground', 'here and now', and 'wholeness' were also discussed and placed in the context of the Gestalt model of counselling. Defence mechanisms were identified and the importance of dreams in Gestalt work was emphasised. The benefits of groupwork were also described and the skills and techniques used in Gestalt counselling were outlined. Benefits and limitations of the approach were discussed and aspects of the therapeutic relationship were highlighted. At the end of the section on Gestalt therapy we looked at some developments in both theory and practice, including links with object relations theory. We also looked at research into Gestalt and neuropsychology and neuroscience, and the use of the approach in the NHS and primary care. In addition, we referred to American research indicating the usefulness of Gestalt therapy for a diverse range of clients. In the second half of the unit we looked at psychodrama as a method of therapy and placed it in its evolutionary context. The theory of psychodrama was explained, along with Moreno's psychodramatic stages of development. The terms 'role' and 'role playing' were examined, and participants' roles in the psychodrama were described. Stages of psychodrama were also outlined, and the skills and techniques central to it were listed. Finally, we looked at some of the areas of application and identified others where psychodrama may not be appropriate.

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Resources

www.britishgestaltjournal.com

The home of the British Gestalt journal, including subscription information and abstracts.

www.gestaltbodymind.co.uk

Information about psychotherapy, counselling and group therapy.

www.counselling-directory.org.uk

Edinburgh training institute-counselling directory.

www.brianmcminn.co.uk

A one day workshop in the gestalt approach, for continuous professional development.

www.ukagp.org.uk

United Kingdom Association of Gestalt Practitioners.

www.gtpi.org.uk

Gestalt Psychotherapy and Training Institute.

www.gestaltcentre.co.uk

The Gestalt Centre, London. Holds a register of trained psychotherapists.

www.mgc.org.uk

Manchester Gestalt Centre.

www.psychotherapy.org.uk

UK Council for Psychotherapy (UKCP)

www.gaiehouston.co.uk

Provides training and workshops.

www.psychodrama.org.uk

The website of the British Psychodrama Association which was founded in 1984. It has links to The British Association of Drama Therapists.

www.psychodramansp.co.uk

Northern School of Psychodrama which provides training in Psychodrama.

www.birminghampsychodrama.co.uk/training

A new centre for workshops and training in psychodrama.

www.londoncentreforpsychodrama.org

Registered with the British Psychodrama Association (BPA) as an accredited training organisation.