ACTIVE INTERVENTIONS IN CLINICAL PRACTICE:
CONTRIBUTIONS OF GESTALT THERAPY

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Clinicians are always looking for ways to enhance their effectiveness with clients. We know from our own clinical experience that knowledge, understanding, belief, and intentions are not automatically translated into successful interventions.

This paper describes a style of intervention which involves joint activity of worker and client. The client is active intrapsychically and interpersonally, in part as a consequence of his/her involvement in experiments that are suggested and guided by the worker. This action approach enriches the session by helping workers capture the richness and depth of the client’s experience without losing sight of the treatment goals.

We will suggest tools that the worker can use to make his/her style more active. These tools and this active style are rooted in Gestalt therapy.

CONTRIBUTIONS OF GESTALT THERAPY

Gestalt therapy offers an approach which encourages the worker to be direct and active with clients while at the same time encouraging concentration on the client’s own present experience of him/herself. Gestalt therapy focuses on the integration of cognitive, kinesthetic, and emotional experience. There is a high quality of engagement in the process and an emphasis on John Dewey’s notion of learning by doing or learning through direct experience of one’s self and the environment, e.g., use of a dream by enacting it as a present experience; focus on bodily sensations as they express one’s contact with his/her world and with problematic situations in that world; focus on client’s

Although the case example occurred in Dr. Lammert’s class, the conceptualization of the paper was a joint endeavor.

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experience of worker and worker's experience of client as an enactment of the client's contact with significant others. The following is a more extended example of the active approach offered by Gestalt therapy.

A student presented a situation in a practice course in which she described her work with a 13-year-old boy in a residential treatment center. The previous day, the boy (Ron) had climbed to the top of a fire escape and threatened to jump after learning that his parents were not coming to pick him up for the weekend as they had promised.

Cathy (the student) conceptualized her goals as showing Ron that she was available to talk about this incident and to find ways to encourage him to deal with his feelings in ways that were more productive. She reported being frustrated by Ron's short, one word or non-committal answers to her questions. For example:

"Why did you do it?"
"I don't know."
"Do you think you would try it again?"
"I don't know."

As I (the instructor) attempted to help her, I asked her to take part in a role play. She would play Ron and I would work with her—adapting my usual style of long-term (Gestalt experiential) therapy to this more time-limited context.

As I began working with the role-played Ron, my sense of his feelings of powerlessness grew. How did I get this sense? Not solely from a cognitive "figuring out" that he would feel powerless based on the facts of the situation, but from my visual and kinesthetic sense of his downturned eyes, shallow breathing, and other aspects of his appearance as well as by the process of questions and answers. For example:

"How is it for you to be talking about this?"
"Won't matter anyway."
"How do you feel about the outcome?"
"Okay."

I decided to bring his experience more directly and dramatically into the present without increasing the sense of powerlessness which seemed to be growing from our question/answer format; I would ask him to try an experiment. (The frequent use of "experiment" in internal or fantasy work as well as external work is a hallmark of Gestalt therapy.)

I asked him to go back in his mind to the afternoon of the fire escape climb and to imagine himself waiting for his parents. I had him recreate the scene as concretely as possible, i.e., how he sat, what he wore, where he was, who was around, and so forth. Then, I asked, "How are you
feeling waiting for your parents?” (I shifted so that the experience as we were replaying it became a present experience.) He responded, “Excited.” I asked, “What happens now?” He said, “The head counselor comes and tells me that my parents are not coming.” I asked, “How do you feel now?” He said, “Angry.” I asked, “What do you do?” He told me how he ran outside, saw other kids being picked up by their parents. I asked, “What happens then?” He told me how he saw the fire escape and decided to go up to the top.

We continued in this way—me asking how is it for him to be up there—his talking about it being both exciting and scary. I asked him to again make it as concrete as possible: What was it like on top of the fire escape? What could he see? How did the people look from that far up? How many steps was it?

From that he was able to get more in touch with, and to be more open about his experience. He agreed that the attention felt good, and that when Ted (another worker) asked him to come down, he had experienced some feeling of having power. I commented that he certainly was a smart kid since he had chosen a way to get attention on a day that he was not getting very much—and had succeeded.

His affect changed at that comment, demonstrated through his more uplifted eyes and the somewhat straighter bearing of his body. He continued to tell me of the process of getting down from the fire escape. He said that he knew that he would eventually come down, and we then talked about his conversations with Ted, his promise not to do it again, and Ted’s request to come to him first if he felt that way again.

Returning to Cathy’s learning experience, I could say I had accomplished Cathy’s first goal of getting Ron to talk about his experience and demonstrating her availability for listening. Goal two was to teach new alternatives. Continuing with Cathy’s and my role play, I suggested that since Ron had participated so willingly in the first experiment, I would continue. I asked him whether he would now imagine a scene that had not happened—a scene a few weeks later when he was again waiting for his parents to pick him up.

Ron said that Ted had promised to talk with his parents and to “lay down the law” about their following through on promises made to him.

In the scene we then constructed, I asked again how it was to be waiting for his parents. He said he felt nervous.

I asked if he believed at that moment that they would come. He said he didn’t know, so I asked to replay the scene: being told that his parents weren’t coming, going outside, seeing the other children being picked up by their parents, and seeing the fire escape in clear view. I asked now what he thought he would do. He said he didn’t know. I asked how he felt. He said he was angry.

I asked him to think about what he might do. He looked at the woods in the distance and his first thought was to go off by himself into the woods, which I encouraged him to do.

Going into the woods seemed only minimally helpful. His next idea was to go to the recreation room and hit the punching bag. That seemed
somewhat more helpful and he then said he was ready to talk to Ted. After each of his suggestions, I encouraged him by commenting on how smart he was to come up with the alternatives.

At the end of our brief work together, I asked Cathy what the experience had been like for her. She was very impressed by the change in her feelings (as she played Ron) at realizing that climbing the fire escape had something of value for me—that I labeled it smart. She felt sure from her months of previous contact, that Ron would respond in a similar way, and she was impressed with the amount of information he had given. She also commented on the change in the sense she now had of him, and of what might have been his experience while he was on the fire escape. She now had a way of working with him which would encourage other behaviors in response to his feelings of anger and abandonment. Thus, analogous to the worker-client relationship highlighted in this example, this method also offered me as the instructor a means of engaging the student actively and affectively as well as providing the student a way of appreciating or "getting inside" the client's experience.

DISCUSSION

We suggest two dimensions of Gestalt therapy that can enhance clinical practice: the orientation to the present, and the active-experimental style which characterizes Gestalt therapy. These will be examined in relation to some traditional principles of practice.

Starting Where the Client Is

An important principle is to begin where the client is but at times this point is difficult for the worker to locate. In utilizing a Gestalt approach to deal with this difficulty the worker can follow Miriam Polster's (1977) advice: "Be curious."

In being curious we pay attention to physiologic concomitants, e.g., the client's breathing; posture; a tremor of the chin. We ask the client to share his/her experience: What is happening now? How do you feel when...? With these and similar questions the worker stays with the client's subjective experience until the worker feels as if he/she has a deep, almost bodily sense of the client's experience without losing his/her own identity in the process. This is derived from Gestalt therapy's phenomenological base, a philosophical attitude of attending to experience in a way which allows the therapist to be impressed or impacted by what is obvious in the experience, using interpretation only in the service of seeing and experiencing "what is." This requires
putting aside beliefs about objective reality and looking with fresh eyes each and every time one works with someone (Perls et al., 1981:9).

Moving from the experience to a possible experiment entails locating a unit of experience that is manageable for the client in the time frame of the session (as illustrated in the example) and that makes sense within the framework of the therapeutic process. In this process, two important things happen: 1) the worker demonstrates how he/she values the client's present experience, and 2) the worker discovers aspects of the client's experience that he/she could not do on his/her own since each person's experience is different, a function of one's own subjective perception of reality. The use of experiment in Gestalt therapy is not to make something happen—to make a client become more creative, expressive or open. In Gestalt terms it is to clarify what is, including the blocks, and to honor the total experience of the client, not just a part.

Taken together, this results in enrichment of the process of interaction between the worker and the client, and demonstrates how the cognitive, affective and kinesthetic experiences of the worker as well as the client can be used in an integrated manner.

**Issue of Resistance**

The case example also demonstrates Gestalt therapy's orientation toward resistance. Erving and Miriam Polster (1974:314) describe Gestalt therapy's use of resistance as mobilizing the creative power of resistance into a major force and subsequently, into a new person composition. In the example, the "resistance" that Cathy experienced when her client refused to discuss the fire escape incident with her, turned into creative power as it was respected and mobilized. The assumption in Gestalt therapy is that resistances are to be respected; they are old survival mechanisms which demonstrate the person's way of dealing with the world while maintaining a sense of personal integrity. Resistances thus encompass both self-caring, in the sense of protecting one's integrity, and self-destructiveness (Stratford & Brallier, 1979: 98-99).

**Attention to Process**

The worker, as depicted in the diagram, focuses on the client's process of attempting to get what he needs, and seeks to help the client to become aware of and overcome the barriers which block a smooth movement through the ongoing cycle of experience which constitutes healthy functioning. Healthy functioning is defined in Gestalt therapy as that which enables a person to get what he/she needs from him/herself and from the environment. Each step in the cycle is sig-
significant. Two frequent foci of therapeutic work or interventions are: 1) helping the person to become aware of his/her bodily sensations, feelings, wants and the ways he/she blocks awareness; and 2) working on difficulties of contact—how the person takes in or experiences contact with others, him/herself and other aspects of his/her experimental world, and subsequently assimilates that experience before withdrawing and moving on to the next cycle of experience. Growth is inevitable if there is no interruption or inhibition in this process. (The conceptualization of this cycle originated at the Gestalt Institute of Cleveland.)

The worker helps the client to overcome blocks in this cycle so that he/she can function with all his/her capabilities. This approach is not a linear step-by-step process, and it does not directly help solve the problem. Instead it helps reestablish the conditions under which the client can best use his/her own problem-solving ability. Thus, attention to the process means helping the client experience how his/her experience is what it is, i.e., what it is like, rather than what it means.

Thus, in the example Ron was helped to become aware of how he felt, how he mobilized his energy, how he took action, how he made contact (got people's attention), and how the contact was not as satisfying as he had wanted. The worker's intervention came at the block of the action point. That is, Ron originally had a very limited number of action possibilities at his disposal, and the worker through the process of an experiment helped him to develop greater action possibilities, each time focusing on what the new action possibility was like for him.
This could also be conceptualized as an awareness problem. Ron’s awareness was only of his abandonment feelings and to some extent of his anger. He did not have an awareness of himself as being “smart.” Merely telling him that he was smart would not have had the same impact as the experience of his “smartness,” which arose out of the reexperiencing of the actual fire escape incident. From this new awareness, some excitement was generated, which led to new possibilities for action—i.e., going into the woods, and punching the bag.

*Learning by Doing: The Experiment*

Gestalt therapy emphasizes direct and action-oriented intervention. As illustrated in the example, the experiment is a technique which both increases awareness and social competence (in this case, of both the student and the client). In the process of the experiment, blockages in the experience cycle are overcome, unfinished experiences are completed, and new possibilities are generated. The experiment encompasses a cognitive focus, an experiential focus, and a behavior modification focus by providing a situation which Polster has called a “safe emergency” where the client can attempt action that can lead to growth. As Polster states,

"The experiment in Gestalt therapy is an attempt to counter the aboutist deadlock by bringing individuals’ action system into the room. Through experiment the individual is mobilized to confront the emergencies of his life by playing out his aborted feelings and actions in relative safety. A safe emergency is thus created when venturesome exploration can be supported. Furthermore, both ends of the safety to emergency continuum can be explored emphasizing first the support and then the risk-taking, whichever seems salient at the time" (Polster & Polster, 1974: 235).

There are various forms of experiment: fantasy, enactment of unfinished or anticipated situations, directed behavior, work with dreams, and homework (Polster & Polster, 1974: 237). The process of using any or a combination of these forms of "experiment" involves the following steps:

1. Laying the groundwork. Feelings and ideas are allowed to develop so that the experiment evolves from the Gestalt of the experience of the worker and client together.
2. Negotiating consensus with the client. Clear agreement about participation including the right to refuse are key elements.
3. Continuing self-support for both client and worker. This takes place through focusing awareness: grounding (e.g., asking “how is this for you right now?”) and the development of the theme.

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4. Choosing the particular experiment and grading up or down in terms of the elements of risk and support. In this way the client's level of readiness will be met.

5. Enacting the experiment.

6. Debriefing. Insight and completion always include the client's statement of what was learned or what meaning he/she derived from the experiment. (The necessary "debriefing" or "processing" after the experiment described in the example was done with Cathy, the student, since it was an experiment both for her and her role-played client.)

The process of giving meaning to the experience just having occurred is crucial to the integration of the new experience of one's-self into one's whole self structure (Zinker, 1977: 127-147; Blugerman, 1978: 283-284).

CONCLUDING COMMENTS

Gestalt theory offers a method of discovery which is sometimes described as a combination of phenomenology and behaviorism. (It is also an approach which can be used with psychoanalytically oriented therapies (Scanlon, 1980: 407-415). It draws on phenomenology in terms of the respect paid to the individual's internal experience: the work is rooted in the client's own perspective. At the same time, concrete behavior is dealt with and modified in a graded and carefully timed manner. This approach provides excitement, interest and enrichment to the worker as well as to the client. The combination of the focus on the person's present experience of him/herself and on the use of experiment to deal with concrete behavior in a direct and active way makes it a useful addition to clinical practice.

REFERENCES


