

Ch 8 Gestalt Therapy

1. From a Biblical and Christian point of view, the aspects of Gestalt Therapy I see aligning with a Christian worldview is the holistic view of the whole person, and the premise of free will in determining the individual's decision and desire to be aware and decide to initiate change and growth. The contact with others represented in the interrelationships of people and situations in the external world is a basic premise of Christianity as far back as Genesis in the Creation of Adam and Eve. In my view, Scripture shows the only way to awareness, or to know Thyself, is through having a personal relationship with the Holy Trinity through the reading and reflection of the Holy Bible and the Lord's revelation of its meaning to us throughout our lives. Gestalt Therapy engages the inner world of the person, in essence, to do what the Apostle Paul encourages us to do with self examination through self-control. I suppose a therapist may be akin to a mature Christian who shares wisdom and encourages the client to study, pray and seek the Holy Spirit to reveal meaning, guidance and purpose. On the other hand, Gestalt Therapy conflicts with the Christian worldview because the belief is in the power of the individual and the therapist. There is no seeking, reliance, wisdom, surrender or provision from God. Instead, Gestalt Therapy relies on each client and the client's power, and therapist and the relationship the client and their perception of reality driving the process and navigation being led by the therapist. There is no mention of the Holy Trinity or the need for prayer, study of scripture realization of meaning, purpose and use of the gifts provided in them by the Lord.

3. In Gestalt psychotherapy is an existential, phenomenological and process-based approach where the therapist seeks to understand the client and the client's subjective world of perception and reality, in real time, and through the client's awareness. The theory is based on the belief of human beings to increase their awareness, which is ever-changing, and is undergirded by the capacity for each person to grow and heal through interpersonal contact and insight. Gestalt focuses on the genuine relationship between the client and the therapist, holds the present moment, attempts and affirms an in-depth discovery of the

client's "here and now" experience and the lived experience of what and how they are experiencing. Through active dialogue inquiry and exploration between the therapist and the client's dialogical relationship, the I/Thou of relating to one another in real conversations is where the client's awareness, connection and growth occur. Insight, introspection the client seeks is hoped to be expanded through the therapist's suggested experiments and techniques. The focus is the client's self-acceptance, knowledge of the environment, free will in choices and ownership of consequences and the ability to make contact with interrelationships in the system are important parts of the awareness process and goals through this collaborative process of therapy. Gestalt therapists view the client as being fully competent to perceive their experience of their internal world which is part of the self currently owned or disowned which is monitored. Equally important is paying attention to the client's external worlds which are the people, situations and events and the client's perceptions of them. Clients are provided a parental role in their therapist who helps them own the parts of self they wish to disown, and help the client unify with these parts in an effort to help with personal growth. Through greater awareness, this process helps clients become able to make better choices and live with more meaningful existence. Gestalt's founding leader, Fritz Perls, wanted to help clients become grown ups and step into self supporting lives and reintegrate the client's disowned parts of the client's personality. The premise is clients have the basic capacity to self-regulate when their awareness increases and they understand the interrelationships of their world, and their context to become more sensitive to the needs of others and to be driven to solve their problems.

The implications for Gestalt counseling is how does the mentally ill client self-regulate? Who is diagnosed with a mental disorder of delusions of grandeur? Narcissism? Sociopathological? Some psychiatrists such as Arnie Beisser suggested change occurs more from being who we are than from trying to be who we are not. There is a belief that humans move between the person who we are and who we should be. The premise is knowing thyself, in truth and love, is necessary for growth. As a therapist-in-training, the role of ethical treatment of someone with serious psychiatric disorders and illness, cognitive disabilities I should think would not be a client who could benefit from Gestalt therapy.

5. Gestalt psychotherapy is based on several important concepts and how it relates to the client's nature and the whole person where the whole matters more than the part, and where the parts are equally important. This model attends to the client's thoughts, feelings, behaviors, body, memories and dreams. Therapists facilitate the client's movement toward and away from figures of interest and the dominant needs of the individual at a given moment influence this process. The client goes through a process of therapy that is a balance between equilibrium and disequilibrium where there seems a disturbance in "the force" which causes organismic self-regulation where individuals can use their own capabilities to take action, make contacts and restore equilibrium and change and grow. What emerges in this therapy is a light starts to shine on what the client finds interesting and needs to either gain this balance or to change. Therapists direct the client's awareness to what emerges from the background in the session and use this figure emerging from the background figure formation process as a guide to focus the therapy.

Each of the following concepts and an example help to increase the understanding of the process of Gestalt Therapy. Awareness is what the client notices and prereqs for contact are made through the client's seeing, hearing, smelling and moving. How the client interacts with nature and people and retains one's individuality and has clear awareness, energy and ability to express oneself are important to notice to assure the client has sound boundaries: to connect and separate as this contact and withdrawal are both necessary for healthy functioning. Gestalt meaning of confluence is the blurring differentiation between self and environment, which is the clear line of internal experience and outer reality and in relationships a lack of confluence is an absence of conflicts, slowness to anger and a belief all people have the same thoughts and feelings we do and often seen in clients who have a high need to be liked and accepted and is often a person seeking enmeshment rather than have their own identity which makes an authentic relationship difficult, and the inappropriate boundary disturbance and interruptions in contact are useful for helping the person step into their identity and reconnect to parts of self they disowned. Deflection is the process of distraction or veering off so it is difficult to maintain a sustained sense of contact and is

often found in the use of humor, abstract generalizations or questions rather than statements and shows up as speaking through or for others or beating around the bush rather than being direct or engaging in an inconsistent and inconsequential basis which results in emotional depletion. Introduction is the tendency to uncritically accept others' beliefs and standards without assimilating them to make them congruent to our own values and beliefs by not analyzing or restructuring them and instead passively incorporate what the environment provides rather than clearly identifying what we want or need, and remaining at this stage uses energy of taking things as we find them and believing them wholesale rather than working for things ourselves. Projection occurs when we disown parts of ourselves, especially the parts we wish not to own, by assignment of them to the environment, often attributes of our personality inconsistent with our self-image are put onto and assigned in others these qualities we refuse to see in ourselves as we avoid taking responsibilities for our decisions and the feelings we are and instead we blame others and assign them these parts ugly within us because without acknowledgement and ownership, no initiation of change can occur. People who project tend to feel like victims of circumstances, and they believe people have hidden meanings behind what they say. Retroflexion is turning back onto ourselves what we would like to do to someone else or doing to ourselves what we would like someone to do for us, which is an interruption of the action phase in the cycle of experience, and demonstrated by symptoms of anxiety and manifests as inhibiting oneself from taking action because of worry about embarrassment, guilt and resentment and often seen in those who self-mutilate or injure themselves or direct aggression inwards rather than on to someone else and depression and psychosomatic complaints are often created by retroflexion and these maladaptive behaviors are adopted outside of awareness and the goal of Gestalt Therapy is to help us discover a self-regulatory system to deal realistically with the world. Unfinished business emerge from the background and is incomplete and unresolved and can be manifested in unexpressed feelings such as resentment, worry, rage, hatred, pain, anxiety, grief, guilt and abandonment and the sad part is the person is out of touch with the feelings and the emotional debris clutters their ability to see and experience present-centered awareness so they linger and interfere with effective contact with oneself and others, and when they do arise and interfere and get powerful the person is

obsessed with preoccupation, compulsive behavior, wariness, oppressive energy and self-defeating behavior often left over from interpersonal relationships until the person faces and expresses these feelings and the therapist focuses on assisting how the body keeps the score, and the somatic difficulties in feeling any bodily experiences and blockages and it is a difficult balance of helping a client who is stuck or at an impasse when external support is not available when the customary way of being does not work so the counselor provides encouragement and situations to fully experience being stuck and the frustration and accept whatever it is rather than trying to be different while growing through self acceptance so to begin thinking, feeling and acting differently. Experiments are formed through interaction between therapist and client and surface during the dialogic process and are used to increase new awareness and understanding through experience and is an intervention and active technique that facilitates collaborative exploration through slowed down process as a way of learning in service to new understanding where the therapist provided support and Reiss and is sensitive and caring. Confrontation is done in a way that invites clients to examine their behaviors, attitudes and thoughts by the therapist encouraging notice of incongruities between verbal and nonverbal expression, and it can be used to help clients see how they block positive and negative strengths to their detriment, and through truth and sensitivities the therapist invites the client to be in fuller contact with themselves and others, yet it is purely the client's decision to learn more about self and growth, or not. Existing in all of us is a dichotomy which is the desire to know truth and self, and the desire to be blind to truth and self. All of these examples and concepts are generally seen as modes of defense people are aware of, or unaware, they use to prevent them from realizing their objective reality and initiating change and growth.

10. Energy blocked may be the result of unfinished business, so Gestalt therapists focus on defensive behavior manifested as tension in the body, posture, the holding of the body as tight and closed, shallow breaths, avoidance of eye contact, choking off sensations by numbing feelings and speaking with a restricted voice. It reminds me of the book on my reading list, *The Body Keeps the Score*, and people speaking through clenched teeth, or mumbling under their breath rather than speaking their mind, heart,

body and soul. Gestalt therapy has a goal to encourage recognition of resistance of expression through the bodily symptoms and tension. Exercises such as shaking legs, exaggerating a tight mouth and allowing and encouraging awareness to discover how and where the diverted attention is located. Asking how this is keeping themselves from a full expression of aliveness is key. Modes of defense can be noticed in speech acts and language and the body through the use of dialogue, expression of feelings, congruence of words about a feeling and noticing if words match the emotional facial expression. Energy blocks can manifest in the body through migraine headaches, irritable bowel issues, insomnia and poor posture. A number of combinations of Gestalt and body-oriented exercises do help clients such as the Empty Chair, Internal Dialogue both in group and individual therapy, such as acting out future projection, making the rounds, reversal exercise of acting the opposite of how one feels, the rehearsal exercise of trying aloud a new behavior or speech act or language patterns in preparation for more confidence in social roles and situations. Other exercises include staying with the feeling, reliving a dream in real time, and exaggeration of subtle signals and cues they are sharing through their body language such as movements, postures and gestures that may communicate powerful meanings yet the cues are incomplete. Through exaggeration of the feeling repeatedly, the goal is intensified feelings attached to the behavior makes the inner meaning clear so taking the client with the shaking legs and having them exaggerate this shaking and give it words. The problem named, in essence, is the problem solved. Linking the thinking, feeling and acting together creates new neural connections and learning how to synthesize them and understand new meaning and being.

Chapter 9 Behavior Therapy

21. The aspects of Behavioral Therapy that align with the Biblical and Christian worldview acknowledges the concept of choice, or free will, each person has in self-control of their behavior driven by thoughts, feelings, words, deeds, reactions, interactions and responses to self, others and the external world. A verse I find myself returning to since August 2020 is Paul's letter to the Galatians 5:22-25. Therapists of behavior focus on directly observable behavior, current determinants of the behavior, learning that promotes change and customized treatment strategies with individuals following assessment and

evaluation. Practices of this therapy do overlap cognitive therapy, social skills development, relaxation techniques and mindfulness practices. Where I feel Behavioral Therapy misses the mark is not acknowledging the role spiritual and religious beliefs have in the formation of human beings nor the divine intervention of the Holy Trinity through prayers for intercession, sacred texts and ancient examples of the problems of human nature, especially in behavior, throughout the ages. Again, there is the focus on science and man, but no consideration for the eternal, supernatural and unexplainable need in human development to see beyond the significance of self toward deeper and wider moral development and instead rely on the divine power and guidance of eternal wisdom and faithful love to guide one's behavior and desired emotional, cognitive and relational states of being.

22. The four theoretical foundations of behavior therapy are classical conditioning, operant conditioning, social learning, and the cognitive trend and are next summarized. Classical conditioning is also called respondent conditioning and it is what occurs prior to learning that creates a response through pairing. Ivan Pavlov is credited with first illustrating this through experiments with dogs, using food repeatedly and paired with a neutral stimulus such as a bell, and what occurred is over time, the bell ringing led dogs to salivate even when food was not presented, for a period of time, before eventually the bell without the food did not elicit the salivation. Joseph Wolpe furthered this model with systematic desensitization to show how principles of learning from a laboratory could be applied clinically, such as exposure to a fear of flying, and how to alleviate and manage this fear. I wonder if NFL great, John Madden, tried Behavioral Therapy techniques, considering he lived many years in San Diego which appears to be a central location for psychological and clinical study.

Operant conditioning involves behaviors of everyday life such as writing, reading, driving and eating. It is the type of learning where behaviors are influenced by the consequences that follow them, in other words, the environmental changes brought by the behavior are reinforcing or rewarding the repeated behavior to occur again or eliminate an aversive stimuli. Examples include positive and negative reinforcement,

punishment and extinction techniques used to develop prosocial and adaptive behaviors. Examples include parent and weight loss and management programs. This paid little attention to the role thinking had in driving behavior.

The role of thinking processes, attitudes and values contributions to behavior were introduced by the social learning approach behavior therapists. Albert Bandaranaike and Richard Walters in 1963 introduced the social-cognitive approach which is an interactional, interdisciplinary and multimodal theory. They went three dimensional, which blends the Triassic reciprocal interaction among the environment, personal factors (beliefs, preferences, expectations, self-perceptions and interpretations and individual behavior. The model focuses on the environmental events on behavior determined by cognitive processes governing how the environmental influences are perceived by an individual and how these events are interpreted. The assumption is people have the capacity to be self-directed in behavior change and are the agent of change. In 1997, Bandura introduced self-efficacy which is the person's belief or expectation of having capability to manage a situation and bring about desired change. For example, being able to read, learn and practice small talk is something one can learn and do that changes their behavior and mastery of social skills.

The cognitive behavioral trend is today's mainstream and theoretical approach used that assumes what people believe influences how they act and feel. It began in the 1970's and called out the importance of thinking in driving behavior, and the extent to which the cognitive factors play a significant role in understanding and treating emotional and behavioral problems. The field began emphasizing the interaction among affective, behavioral and cognitive dimensions. Modification of thoughts and altering external factors that lead to change are effective. Social skills training, cognitive therapy, stress management, mindfulness and acceptance-based practices emerged to fall under the category of cognitive behavioral therapy. Changing a client's conditions (thoughts and beliefs) are used to mitigate and change psychological problems they suffer.

The modern behavioral therapies expanded upon the theoretical principles of behaviorism in the scientific view of humans that accommodates a systematic and structured approach to counseling. The current trend is giving more procedures in therapy that give control to the clients, and increase their freedom, skills and options for responding and overcoming debilitating behaviors that restrict their choices and lives and relationships, where the focus and locus of control lies in the hands, mind, body, soul of the client.

34. Eye movement desensitization reprocessing (EMDR) is a form of exposure therapy that involves assessment and preparation, imaginal flooding and cognitive restructuring for treatments of people with traumatic memories. Until last fall, I had never heard of this therapy. Shapiro and Solomon in 2015 introduced “EMDR as an integrative psychotherapeutic approach that conceptualizes current mental health problems as emanating from past experiences that have been maladaptively stored neurophysiologically as unprocessed memories.” The treatment is the use of rapid, rhythmic eye movements and other bilateral stimulation to treat clients who experienced traumatic stress. It includes eight phases and a three-pronged methodology to identify and process: 1) memories of past adverse life experiences that underlie the present problems 2) current situations that elicit disturbance 3) needed skills that provide positive memory templates to guide client’s future behavior. Frances Shapiro in 2001 developed this procedure which draws from a wide range of behavioral interventions and traumas including those of diverse ages, ethnicities and cultures including children and couples, sexual abuse victims, combat veterans, victims of rape, crime, accidents and individuals managing anxiety, depression, grief, addictions and phobias. EMDR requires special training by an authorized instructor. There is controversy about the causation and efficacy and safety of EMDR. At the writing of this textbook in 2014, the sample sizes were small in number of study participants, however, it has a 30 year history of use in 30 controlled outcome studies. I would need much more information before proceeding with this type of training and use of therapy.

35. The third-generation behavior therapies have exploded on the scene in recent years, and include mindfulness, acceptance, spirituality, values, meditation, emotional expression, being intentionally focused in the present moment and the therapeutic relationship. They center around five themes: 1) expanded view of psychological health 2) broad view of acceptable outcomes in therapy 3) acceptance 4) mindfulness and 5) creating a life worth living. Mindfulness is defined as the awareness that emerges through having attention on purpose, in the present moment, and without judgement, of the unfolding of experience moment by moment. Clients develop acceptance, an attitude of curiosity and compassion toward the present experience. It is used to treat depression, anxiety, relationship issues, substance abuse and post traumatic stress disorder. It moves away from the disease model of psychological disorders and towards wellness. It seems less about identification of the underlying cause, nor coping skills but rather a way of being in the world.

Recent developments in cognitive behavioral tradition include four approaches: 1) dialectical behavior therapy used in borderline personality disorder 2) mindfulness based group stress reduction in 8-10 week programs to cope with stress and promote physical and psychological health 3) mindfulness-based cognitive therapy to treat depression 4) acceptance and commitment therapy encouraging clients to accept unpleasant sensations rather than attempt to control or change them (I would add avoid them). These approaches have been empirically tested and are backed by positive outcomes.