

Gestalt Therapy's Embodied Styles Susan Gregory

You must be a body to be somebody.

Laura Perls ¹

Gestalt therapy is an action method of psychotherapy, and has been since its beginning. In *Beyond Talk Therapy*, Daniel Wiener describes action therapeutic methods as “those processes that have clients engage in purposeful physical activity at the [suggestion] of the therapist.” ²

Gestalt therapy, the precursor of other contemporary psychotherapeutic action approaches, is, as Laura Perls described it, “experiential, existential and experimental”.³ Those attributes can exist only with attention to present-moment body experiences.

Our foundational text, *Gestalt Therapy: Excitement and Growth in the Human Personality* ⁴, the outline for which Fritz Perls brought to New York City from South Africa in 1946, refers throughout to somatic experiences, from a series of self-awareness experiments described in the Experiments volume of the book, to frequent references to body in the Theory volume of the book. In that volume we find, “The self aware in the middle mode bursts the compartmenting of mind, body and external world” ⁵; “Breathing is a physiological function...it is always on the verge of becoming...a kind of contact.” ⁶

There were several Berlin-based psychoanalysts using action methods whose work preceded what later became Gestalt therapy and who influenced Fritz Perls. Bernd Bocian writes about them in *Fritz Perls in Berlin, 1893-1933*. ⁷ These include Sandor Ferenczi, Otto Gross and Wilhelm Reich. These psychoanalysts and some others included practices such as

expressive movement, breathing exercises and massage in their sessions with clients.

Bocian tells us, "...the elaboration of the active, holistic therapeutic practice that had begun in Berlin...integrating body, language, breathing, and emotional expressiveness, stagnated [during the Nazi period]... In [Bocian's] opinion it was the development of Gestalt therapy that [eventually] carried it forward." 8

In addition, Laura Perls, along with the wives of Otto Fenichel and Wilhelm Reich, studied in the popular Berlin *Gymnastik* studio of Elsa Gindler, a bodywork pioneer whose approach was "distinguished by her interest in the total effect of the work on the total person – not just the person's body."9 These women conveyed Gindler's practices to their husbands.10 This is reflected in a speech Fritz gave to members of the William Alanson White Institute in 1947, shortly after arriving in NYC. In it he recommended that psychoanalysts send their patients to Gindler-trained bodywork practitioners as a way of helping the patients become more open to undoing physical/personal retroflecting. 11

If attending to body was an integrated part of Gestalt therapy from its very beginning, then during the past 65 years of Gestalt therapy's growth, many and varied ways have been developed of including body awareness practices in our work. In this paper, I will describe and differentiate among them, organizing them into five categories, and discussing how they may be approached in the spirit of Gestalt therapy - with curiosity and acceptance of what emerges in the work between client and therapist.

Each approach to inclusion of body experience in Gestalt therapy is equal in efficacy to any other, and each may draw from one or more than one of the categories which I suggest here as aids to our discussing the complex phenomena of body experience. Each practitioner pursues what she or he is trained

to do, and chooses what he or she is drawn to through personal interest and daily practice.

What is important is that we Gestalt therapists absolutely include attention to body experience in our holistic approach to human beings who come to us for help, and that we do this in a manner which these days is called *intersubjective*¹², meaning that it is the result of the client and therapist's co-creating the therapeutic work together with progressive ability to relate authentically and professionally appropriately with one another, including becoming familiar with each other's repertoire of movements, gestures, postures, and ways of talking about them.

This relational stance supports therapists in remaining aware of how we introduce clients to body experiments in session and as "home work" after sessions, including allowing us to honor clients' reporting of self-experience. While in this paper I focus on the "what" of body practices in Gestalt therapy, equally worthy of attention is the "how" with which these are introduced into session, worked with, and understood by both client and therapist. I hope to show something of "how" in the case examples from my own practice which I have included in each section.

Attending to body in Gestalt therapy is not a "Gestalt and..." approach, which Isadore From warned us against.¹³ Unlike many bodywork modalities whose practitioners often seek to improve, fix or heal a client, we in Gestalt therapy seek rather to support a client in her/his creative adjusting as an ongoing process in the organism/environment field. In our approach, we trust that the best possible outcome for right now is based on the supports and constraints in the field at the present moment. As Gestalt therapists, we are aiming to help the client both 1) brightly feel what is and 2) take action to risk encountering that which is novel.

“Support as much as necessary and as little as possible,” said Laura Perls.¹⁴ In each of the examples of therapeutic work which I have included in this paper, I try to follow this principle, whichever of the five named styles I am using in the session at the moment. While I am aware that these five styles may seem to be an over-simple way of organizing the material, I find them helpful for teaching students and supervisees how to integrate body experience in the practice of Gestalt therapy. I have named the five styles **Awareness, Directed Movement, Expressive Movement, Body Metaphor, and Touch.**

Awareness

Awareness is like the glow of a coal which comes from its own combustion. (PHG)¹⁵

By waiting, refusing to be put off by visualizations and theories, you can get the glow of awareness which arises directly from the parts [of the body] attended to. (PHG)¹⁶

The metamessage of body awareness techniques is that the patient herself or himself is the ultimate source of data for her or his therapy. (Ed. Smith)¹⁷

Awareness is a way of approaching what is now sometimes referred to as “felt sense,”¹⁸ experienced without evaluating or judging. It is a kind of heightening or brightening of bodily experience without setting out to work at changing it. *Awareness* is the first of the two basic ways we work in Gestalt therapy – attending to what is.

Example:

Martin¹⁹ is sitting opposite me, eyes cast down, spine in a concave curve. He looks up and resumes talking, quickly and loudly. His talking style contrasts with what I observe of his body functioning right now. I gently interrupt him, because as Paul Goodman has written, he is verbalizing unawares rather than communicating with me.²⁰

I don't point that out directly because it might be shaming. I take an approach which I hope will help him become more aware of himself and his environment (which includes me) right now. "I wonder whether you're aware of yourself breathing as you speak," I ask, "If so, where do you feel breathing going on in your body? What can you feel that you identify as breathing?" He pauses, and based on past work we have done, tries to balance on his sit bones. Realizing that the couch is too soft to support his sense of being in his body, he gets up and moves over to a stool.

After a brief pause, he says, "I feel air moving in and out of my mouth. I feel my abdomen moving." "OK," I reply, "Stay with what you feel. Remain curious to notice whether any other details become apparent." He sighs, then yawns.

"What are you aware of now?" I ask. "I feel my side ribs moving." "As you keep feeling that, if change happens to occur, follow it." In a few minutes, Martin's skin color changes from pale to ruddy, his eyes widen. I watch his chest rising and falling as he breathes.

"If you can, try to continue to feel yourself breathing as we return to the topic you want to talk about today," I say. He resumes speaking, more slowly now, more considered, and filled with feeling. It is not long before he is at the heart of a matter that is meaningful to him.

In this example, I integrated a few minutes of awareness of breathing into the middle of a session in order to support my client's ability to speak authentically.

Directed Movement

When the therapist invites the client to recreate, exaggerate, or attempt the opposite pattern, awareness heightens...The emerging and spontaneous material can be a surprise to the client who has kept it so repressed that it is a secret even to himself.(R. Frank)²¹

I ask Bob to change the movement's rhythm from a lift-drop to a lift-stomp, with the emphasis on the stomp, and to complete the act saying "I'm angry" (R. Frank)²²

"...having clients try the movement a number of times to explore their range and to feel any way they might restrict or inhibit themselves...Following through can also be supported by asking questions like "Do you feel satisfied...finished...or stopped?" (M. Clemmens)²³

In Directed Movement we find the second of the two basic ways that we practice Gestalt therapy. That is *encountering the novel*. Growth and change come from our abilities to assimilate new elements from our environment. When clients are stuck in a fixity and cannot do that, their ego functioning is interrupted.²⁴

Directed Movements in Gestalt therapy sessions are suggested by the therapist's observing, not interpreting, the client's often unaware gestures and postures. A movement experiment is suggested in which the client has an opportunity to encounter something new, to move in a different way than is her/his habit. In Gestalt therapy, the dialogic processing

which interweaves with directed movement experiments allows the client to own her/his own experience and to explore and speak about what it means for him/her. This work also supports the client's opportunity to say "No" to a suggested new movement and to explore what the experience of saying "No" is like for her/him right now.

Example:

I asked Olivia to walk around the room and to pick out an object that interested her. She chose a bird figurine made of blue glass. She brought it over and sat down with it. I asked her to hand it to me, then to look at it in my hand and to feel her interest in it.

She described deeper breathing and a subtle moving forward toward me with her whole torso. I asked her to remain aware of her breathing, if possible, while slowly extending her hand to take the bird from me. She grasped the bird and took it. "How are you feeling doing that?" I asked. "Very glad; I took what I want," she said with her voice both rising and then falling in pitch with a bit of doubt.

We repeated this experiment several times, and she smiled broadly by the third reaching out. Then her tempo became faster, and she began to laugh. "I can get what I want," she chuckled. "Is there something you've been wanting?" I asked. She told me about needing a change in her work schedule. This morphed into her very familiar complaining about wanting to change her professional life. A month after this reaching and grasping experiment, followed by other sessions with directed movement patterns which we worked with and processed in conversation, Olivia asked her boss for, and received, a change in her work schedule. We continued working together helping her develop skills for getting what she wanted. This was, literally and figuratively, an eye-opener for her.

Expressive Movement

Sadie, how would it be for you to walk across the room as if you were feeling really sensuous? (J. Zinker)²⁵

Now transform yourself into a motorcar...

Now transform yourself into a six-month-old baby...

Now transform yourself into the mother of that baby...(GTVerbatim) ²⁶

Therapist: Let's role play the moment when he said he was attracted to you. I'll play him. I want to feel how I am affected by your response.

Patient: (Role play – looks disgusted, rolls her eyes toward the ceiling, does not say anything.)

T.: What did you experience at that moment?

P.: In the role play, I experienced being exposed and ashamed. I thought, "What is wrong with him that he finds me attractive, but he probably is lying." I felt disgust and shut him down.

T.: You had a strong impact. Did you get what you want?

P.: No.

T.: OK. Let's explore what else you could have done.

(G.Yontef) ²⁷

In one chair, her arms wrapped around her chest, her face contorting into a sneer of disgust, Sharon told the [imagined] Sharon in the other chair how she would never amount to anything and that she should just give up and stop trying. Suddenly she interrupted herself, putting her hands to her mouth as she realized she was hearing her father, indeed being her father. Now this chair became intolerable to stay in, and she fled back to the other one, crying for him to leave her alone. (C. Cook) ²⁸

Expressive Movement includes the use of arts practices as experiments in Gestalt therapy, like the mini dramatic scenes above. It also includes moving, gesturing, assuming postures from an emotional or narrative prompt, initiated by either the client or therapist.

Example:

Diana is talking about whether she wants to take a camping vacation with her boyfriend or spend that time with them both visiting her mother in another state. “This is the same confusion I face every summer,” she says, twisting her fingers together in frustration. “I see this is a dilemma,” I respond, “I have an idea for an experiment, if you’re willing. You’ve been telling me how much you feel inspired by your dance classes, and how dance has added joy to your life since childhood. How about if you try dancing this dilemma right here and now.?” Her eyebrows shoot up, “Really?”

Diana has had plenty of talk therapy before coming to work with me, yet has never been invited to use dance, or any movement, to express her dilemmas. We both get up and start to move in the room. I move with her, as a way of supporting her taking a risk. I leave the movement vocabulary to her, echoing what she is doing, amplifying what she is wordlessly expressing. “I feel an imbalance between my left and right sides.” I ask if she would like to let that imbalance show more, to let herself experience the imbalance more clearly. She almost falls, then stops, “No, I don’t want to stumble.”

We sit down and begin to talk about what she has discovered and what it means to her in her life. She sees that making choices, like the one about her vacation, requires more awareness and support than she had realized. She decides to have a talk with her boyfriend about their vacation, and find out “which way he is leaning,” as she put it. This is new for her.

Up to this time, she had made all the decisions on her own and then enrolled him in them. They were about to explore something new in their relationship.

Body Metaphors

I am stiff-necked; he is a pain in the neck; he is leading with his chin; I have a catch in my throat; I am whistling in the dark; that makes my flesh creep...(PHG) 29

Therapist: Describe what you see.

Client: there's shit everywhere...

T.: Speak to the shit. Tell it how you feel seeing it all over the place.

C.: Oh, you're just disgusting. It makes me sick to look at you.

T.: Reverse and be the shit.

C.: I'm just here and I'm a complete mess....(S. Crocker) 30

Body Metaphor is one of the ways in Gestalt therapy that we explicitly combine using language with attending to body experiences.

Example:

Harold is a professional teaching in a graduate school. He has spent his life thinking successfully, yet with very little integration of feeling, and no attention to his own body experiences. When he came to work with me he had a specific request that we try to address that imbalance. "I'm approaching the last part of my life and I have some major tasks of living left undone," he said.

One morning he came in with what he described as heartache. "Would you be willing to place your palm over the area that aches?" I asked as I placed my palm on my chest. We sat facing each other that way for a while. "The ache is

lessening,” he said. I asked, “Would you be willing to imagine that you can speak as the ache, give the ache a voice?”

He nodded and sat silent for a time, his hand over his heart. Then he began to whisper, “Where are you.” I asked him to repeat and to listen to himself speaking as the ache. He did so and then was silent. We sat that way together for several minutes, tears rolling down his cheeks.

“I’m wondering what that question means to you,” I finally asked. “I lost my parents in a car accident when I was young. That was the first time I have spoken to them – in my imagination, you understand! - in over 50 years.” “What was it like for you to ask them that question?” I asked. “A surprise - both scary and relieving somehow.”

“Let’s talk about what you might need right now for support through this surprise,” I suggest.

This is a client who prefers to converse at length and for whom our occasional experiments can be unsettling. I have learned that in order to assist his assimilation of these new experiences, we always need to set in place supports, suggested by him, both in session and for work at home between sessions.

Touch

Touch is a medium of communication between therapist and client, with the therapist transmitting his or her presence, observations, and suggested movement experiments through the use of his or her hands; and the client transmitting his or her statements, experience, and responses to the therapist’s contact through his or her bodily reactions and changes.
(J.Kepner) ³¹

In a gestalt approach to the body, the goal of touch is what is experienced by the person being touched, rather than a production of predetermined change. (J.Kepner) ³²

Use of touch in psychotherapy is frowned upon in the United States today, due to a heightened awareness of possible physical and sexual abuse; so, in most professional relationships touch is discouraged, except where the practitioner is licensed to touch, as is a massage therapist or a physician. Touch is the first sense to be stimulated in the womb. We are born touching, responding to touch, and needing it in order to survive.³³ Omitting appropriate therapeutic touch in psychotherapy may be regarded as a deprivation to the client, and a diminution of the number of sensate avenues which may be used to assist the client develop awareness of self and other.

Years ago, I learned several touch interventions in my training with Carola Speads, who was Elsa Gindler's teaching assistant in Berlin before bringing the work to NYC in 1940. ³⁴ I used these interventions effectively for eight years as a singing teacher. I brought this knowledge and experience to my Gestalt therapy training. Yet, over the years during which I have been a Gestalt therapist in private practice, I have rarely dared to use it.

The example I have drawn upon comes from my teaching in Mexico, where I taught groups of practicing Gestalt therapists and supervisors. Mexican culture, which encourages hugging and kissing in everyday life, includes a lot of arm and back patting among friends, colleagues and family members, and which supported my work there.

Example:

Maria explains that she has volunteered to work in front of the group because, for the past year, since the death of her

mother, she has had difficulty breathing, has twice come down with bronchitis, is often tired and distracted, and is having trouble remaining alert with her clients. Although she has been doing the work of mourning in her personal therapy, these physical symptoms have not abated.

We start by working with Awareness; Maria is able to report tightness in her throat that feels “closed” and tightness in her chest. We move on to work with Expressive Movement, with Maria speaking as the closed throat, saying “I don’t want to feel anything,” which metamorphosed into “I don’t want you to feel anything.” After a while, Maria creates an imagined conversation as she alternately moves between two facing chairs, one occupied by Maria and the other by the aspect of her who doesn’t want Maria to feel. Through this, she is able to remember that her mother taught her that feeling sad was bad for family life, and that Maria should hide her sadness if she felt any. Thus, while mourning the passing of her mother, she could not allow herself to experience her full sadness or she would be going against her mother’s introjected wishes.

All of this work laid ground. At the same time, she continued to feel tight in her throat and chest, and was stopped occasionally by fits of coughing. I now suggested an experiment which included my touching her upper back. I described it and she agreed to try. I pulled up a chair behind where she sat and placed my palm between her shoulder blades, asking her to report what she sensed from my doing so.

In the first moments, she held her breath. Then I felt her upper spine subtly begin to move. Soon I felt the upper ribs there begin to swing slightly more fully than they had before. “Your hand feels warm,” was the first thing she said -- a statement which we in the room heard both literally and as a metaphor. (I learned that during the group discussion which followed.) “I feel my back moving now. My throat feels more or less the same.”

I told her we could expand the experiment by her now placing her palm on her chest while mine remained on her upper back. Giving her a Directed Movement suggestion, I said that she could try to feel the space between our two hands, which was both a literal and a metaphoric suggestion. After a while I asked, "What are you feeling now?" She described a feeling of spaciousness in her chest. "I feel relief," she said. She spoke about all the ways she remembered her mother touching her, washing, dressing, walking arm-in-arm in *paseo*. Tears flowed. "I can breathe now," she finally said, her voice resonant.

We both took our hands away. She continued to breathe comfortably. We talked about how she might continue this touch experiment at home, either with a trusted friend or with a folded towel at her back against the wall. I wanted to cover the possibility of taking the work onward, both to defuse any possible "guruistic" appearance which is sometimes stimulated when sudden change occurs in a workshop demonstration, and also so that group members might likewise try the experiment, should they wish to.

This work with Maria is an example in which the most needed body intervention, well-processed touch, was carefully attended to. All the preceding interventions had laid ground for that one. It was respectful and relational in nature. I was ready to stop the work at any moment, which I told Maria and the group; and I checked in with her frequently as to how she was feeling as we worked.

Summing up

I have been practicing Gestalt therapy for twenty-four years, during which time I have encountered colleagues from around the world integrating bodywork techniques into their work with clients. I have appreciated many of their varied and creative approaches, some very like mine and some quite different.

In writing this paper, it has been my goal to offer a framework within which we all may talk with one another around the similarities and differences in how we include attention to body experience in Gestalt therapy.

Whatever our personally crafted styles of practice, we all stand on the ground Perls, Hefferline and Goodman gave us in 1951 in *Gestalt Therapy, Excitement and Growth in the Human Personality*, which includes this sentence, “Notice that the process we have been describing, by which one arrives at differentiated unity, is one of taking things apart and putting them back together...”³⁵(PHG p.67)

I encourage my Gestalt therapy colleagues to take their styles of practice apart to try to describe them in the framework I have offered here, and then put them back together in colloquy, to form a “differentiated unity” around body experiences in training, practice, and supervision of Gestalt therapy. I would hope we may develop a courageous and respectful way of talking about this among ourselves, for the enrichment of the Gestalt therapy and wider therapeutic community. I hope the framework of five styles of working with body experience will assist us in seeing and appreciating the variety of ways we all seek to support our clients’ growth, health and creativity through Gestalt therapy.

Susan Gregory
New York City
December, 2014

Footnotes

1. Perls, L. (1992). *Living at the Boundary*. Gestalt Journal Press, Highland, NY. p.211

2. Wiener, D. (1999). *Beyond Talk Therapy*. American Psychological Association, Washington, D.C.. p. xii
3. Perls, L. op cit. p.131
4. Perls, F.,Hefferline, R.,Goodman, P. (1951/1972). *Gestalt Therapy: Excitement and Growth in the Human Personality*. Gestalt Journal Press, Highland, NY.
5. Ibid., p.417
6. Ibid., p.401
7. Bocian, B. (2007/2010). *Fritz Perls in Berlin, 1893-1933*. EHP - Verlag Andreas Kohlhage. Bergisch Gladbach
8. Ibid., p.233
9. Speads, C. (1995). Interview with Carola Speads. *Bone, Breath and Gesture*, ed. Johnson, D.H.. North Atlantic Books. Berkely, CA. p.25
10. Boadella, D. (2000). Personal email communication.
11. Perls, F. (1947/2012). Planned Psychotherapy. *From Planned Psychotherapy to Gestalt Therapy*. Gestalt Journal Press. Gouldsboro, ME. p.37
12. Hycner, R. and Jacobs, L. (1995). *The Healing Relationship in Gestalt Therapy*. Gestalt Journal Press. Gouldsboro, ME. p.93
13. From, I. (1985/2001) *Creating Gestalt Therapy*. Video recording. Gestalt International Study Center. South Wellfleet, MA.
14. Perls, L. op cit. p.153
15. From, I. op cit
16. Perls, F. Hefferline, R. Goodman, P. op cit. p.165
17. Smith, E.W.L. (1985) *The Body in Psychotherapy*. McFarland Press, Jefferson, NC. p.104
18. Gendlin, E. (1978) *Focusing*. Bantam Books, NYC. p.83
19. All names and identifying details have been changed to protect clients' privacy.
20. Perls, F. et al. op cit., p.320
21. Frank, R. (2001). *Body of Awareness*. Gestalt Press, Cambridge, MA. p.11

22. Frank, R., *ibid.*, p.118
23. Clemmens, M. (1997), *Getting Beyond Sobriety*. Jossey-Bass Publishers. San Francisco, CA. p.152
24. Perls, F. et al. *op cit.* p.429
25. Zinker, J. (1977). *Creative Process in Gestalt Therapy*. Vintage Books, New York. p.139
26. Perls, F. (1969). *Gestalt Therapy Verbatim*. Center for Gestalt Development, Highland, NY. p.68
27. Yontef, G. 2014. Power of the Immediate Moment in Gestalt Therapy. *The New York Institute for Gestalt Therapy in the 21st Century*. *op cit.* p.261
28. Cook, C. (1999). Gestalt Therapy in Action, *Beyond Talk Therapy*, *op cit.* p.8
29. Perls, F. et al. *op cit.* p.165
30. Crocker, S.(2014). Dramatic Gestalt Dreamwork. *The New York Institute for Gestalt Therapy in the 21st Century*. *op cit.* p.217
31. Kepner, J.I. (1987). *Body Process: A Gestalt Approach to Working with Body in Psychotherapy*. Gardner Press, NYC. p.76
32. Kepner, J. *ibid.* p.77
33. Field, T. (2001). *Touch*. MIT Press, Cambridge, MA. P. 31.
34. Speads, C. (1995). *Ways to Better Breathing*. Healing Arts Press. Rochester, VT. P. xxii
35. Perls, F. et al. *op cit.*, p. 67

Bio

Susan Gregory is a Gestalt therapist and supervisor in New York City, where she also teaches the Gindler approach to breath and bodywork. She has published more than twenty articles in professional journals, as well as four book chapters. Susan is a past president of the New York Institute for Gestalt Therapy and has taught Gestalt therapy in relation to bodywork and to expressive arts, as well as an introduction to neuroscience for

Gestalt therapists in Europe, South America, North America,
Australia and New Zealand.

www.GestaltSing.com. For contact: GestaltSing@aol.com