

A photograph of two people in a professional setting. On the left, an older man with white hair, wearing a pink and white checkered shirt, is shown in profile, listening intently with his hand near his chin. On the right, a younger woman with dark curly hair, wearing a light blue button-down shirt, is looking towards him while holding a pen and writing in a small white spiral notebook. In the background, a desk with a laptop and a window with blinds are visible.

Knowledge Share – By Jon Frew

# Key concepts from Gestalt therapy for non-Gestalt therapists

By getting past some common misconceptions about Gestalt therapy, counselors may find many aspects of the approach that they can incorporate into their own work



Several years ago, I attended a reception for a faculty member whom we had recently hired in our department. She had just completed her doctoral degree, and this would be her first academic job. She had received her training in the Midwest in a program known for its emphasis on cognitive behavior therapy (CBT). In a one-on-one conversation, she inquired about my theoretical orientation. I said I was a Gestalt therapist. She paused, looked slightly confused, then said, “Gestalt therapy? Really! I didn’t think anyone did that anymore.”

It’s not easy being a Gestalt therapist, especially when you’re teaching and supervising in a doctoral psychology program in the United States. Sometimes I encounter individuals, like my former faculty colleague, who believe that Gestalt therapy is extinct. More often I encounter individuals who have an antiquated and unbalanced picture of what Gestalt is (or was). Fritz Perls, the co-founder of Gestalt therapy, can be credited for this inaccurate picture, which has been difficult to recalibrate 47 years after his death.

When I presented on this topic at the 2016 American Counseling Association Conference in Montréal, I began with a “free association” exercise: “I say Gestalt therapy, you say ...?” As expected, I heard *hot seat, here and now, empty chair, techniques* and the *Perls prayer*. I was also pleased to hear *field theory, dialogue* and *process oriented*.

One common misconception is that Gestalt therapy is a tool bag of techniques that any therapist, regardless of orientation, can employ. In fact, a technique, such as having a client imagine, then address, another person in an empty chair, can be employed by any therapist, but that intervention is *not Gestalt therapy*. As with any counseling approach, achieving even an elementary level of competence as a Gestalt therapist takes years of education and training.

Another misconception is that Gestalt therapy can be coupled with other counseling orientations. Many years ago, I attended a one-day workshop led by Arnold Lazarus, the “founder”

of multimodal therapy. Near the end of the morning session, he announced that he was going to show a video in which he would demonstrate how he could combine Gestalt therapy with his approach. In the video, he led a client through a “two-chair” exercise (in which a client moves back and forth between “facing” chairs, enacting a dialogue with two conflicting parts of the self). I approached him during the lunch break and respectfully suggested that he was not doing Gestalt therapy. I asked if he would make a clarifying comment in the afternoon session. My suggestion and request were not well-received to say the least.

Having said that, are there aspects of Gestalt therapy that can be incorporated by counselors who are not well-trained and grounded in this approach? I believe there are, and in the remainder of this article, I will outline several of those concepts.

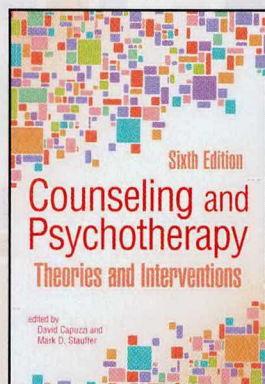
**1) Context, context, context.** In our increasingly multicultural society, the importance of considering context is becoming more obvious, regardless of one’s theoretical orientation. Gestalt therapy adopted (from Kurt Lewin) the concept of “the field” as one of its underlying philosophical foundations. In Gestalt therapy, the individual is always considered in the context of past and present field conditions or environments. Conceptualizing our clients as both being influenced by and influencing their various environments is the starting point of any therapeutic relationship.

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One of the mistaken perceptions about Gestalt therapists is that we are not interested in the past. In fact, a thorough history is usually taken so that we can find key parts of the trail that led clients to their current social and emotional location. "Context analysis" is critical to effective counseling, and given the demographic shifts taking place in the United States today, our clients' contexts are far more heterogeneous than they were in past decades.

**2) Curiosity competency.** I just completed a one-year training program on intercultural communication. I had to smile when my trainer announced that the most important competency in intercultural communication is curiosity. I smiled because for the past several years, I have been featuring curiosity as the most essential competency for Gestalt therapists.

Our theoretical term for this competency is *phenomenological inquiry*. Sitting with our clients, we attempt (as much as possible) to bracket off preexisting experiences, which would compel us to rush to judgment, to objectify and to believe we have these clients figured out. This process is not easy. After all, our academic preparation encourages us to ask questions to help us determine what box to put our clients in (diagnosis) so that we can apply the most evidence-based intervention.

The goal of phenomenological inquiry is not to classify, however. Rather, we are using our "open mind" to understand the client's subjectivity. Paradoxically, the more we are like our clients (in regard to age, gender, race, ethnicity, sexual orientation and so on), the more essential it is to lead with curiosity, especially given the natural tendency to take shortcuts and assume we know how the story ends without taking time to read all the chapters.

In our increasingly diverse and multicultural world, it is more common to be sitting with clients who are not like us. One caveat about using phenomenological inquiry with clients who are very different from us is that it is not the job of the client to educate the counselor. Unlike other competencies that must be learned or acquired to be a skilled clinician, curiosity is innate and for most of us must be "recovered."

# curiosity

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...the desire that se

**3) Play no favorites.** Many psychotherapy orientations place more emphasis on one particular aspect of an individual's experience. I vividly remember watching a video of a group therapy session led by Carl Rogers. In the early minutes of the group, members predictably were engaging in intellectual exchanges. Rogers was very quiet and looked half asleep. When a member eventually began to talk about her feelings, Rogers became animated and said some version of "Now we are getting somewhere."

Whereas client-centered therapy holds that feelings are primary, CBT places a similar emphasis on cognitions or thoughts. Gestalt therapy plays no favorites. Our clients may present with distress related to their thoughts, feelings, behaviors, dreams, sexuality, spirituality or relationships. All of those "domains" are interconnected, and at any particular moment in therapy, one may be more salient to the client than the others. As a Gestalt therapist, I trust that my clients (not my theoretical orientation) will identify the aspect(s) of their experience that is primary at any moment.

Cultural considerations will also require that therapists do not adhere too strictly to the dictates of any counseling approach, the majority of which have been developed with Euro-American values and biases. For example, how would a counselor trained to encourage clients to express feelings accommodate a client from an emotionally restrained culture?

**4) The power of process.** One of the hallmarks of Gestalt therapy is the attention to *process*, not just content. A graduate student recently approached me to inquire about joining one of my supervision teams. I asked him how

familiar he was with Gestalt therapy. He said that all he knew for sure was that Gestalt therapists focus exclusively on the present. I corrected that perception and gave him a number of books and articles to read.

I think about content and process in counseling relationships in several ways. Content is the currency of therapy, what is exchanged. Content is the vehicle that drives therapy, the stories that our clients share. Content encompasses the past and the future. Process exists only in the present moment. Process is the arena for change because change cannot happen in the past or the future.

In every counseling relationship there is a rich and vibrant process that the therapist can either incorporate or ignore. The majority of counseling orientations are "content heavy." Gestalt therapists realize that content and process cannot be separated. We are trained to pay close attention to process and to "artfully" comment about it. For example, a counselor might say, "As you talk about your former lover (content) you are speaking louder and your fists are clenched (process)." I use the word *artful* because it takes time and experience to become skilled at process observation and commentary.

To comment on process is to invite your client to be "in the consulting room" with you. To comment on process is to create the opportunity for a kind of "intimacy" that many clients would be uncomfortable experiencing. And yet no matter your counseling approach, there is ample evidence that the so-called "relationship factors" account for much of the positive outcomes that our clients report. Laura Perls, the other co-founder of Gestalt therapy, adopted Martin Buber's "I-Thou" relationship

beliefs as a model for Gestalt therapy. Something such as our clients feeling truly understood and appreciated by us can, in some way quite simple, be healing in and of itself.

In my experience, these occasional and fleeting moments when clients feel extraordinarily connected to their therapist (and not alone) can occur only if counselors are able to incorporate attention to process into their approach.

**5) Beyond empathy.** It is widely recognized in the counseling field that empathy is a good thing. Carl Rogers' contributions to the field are well-documented. Certainly the ability to be empathetic is a necessary competency in all counseling relationships. But I would like to introduce and define another lesser-known term. The term is *inclusion*, and it comes to us from Buber and Heinz Kohut.

The distinction between empathy and inclusion is not absolute. There is some intersection and crossover between the two, but for the sake of this article, I will define them this way: Empathy is what it would be like for me to be in my client's shoes; inclusion is "getting" what it is like for my client to be in her shoes.

Empathy is very useful in counseling and operates using the mechanism of *projection*. The Golden Rule is related to projection and empathy. We do for others what we would want others to do for us. By gaining an awareness of what it would or might be like for me if I were in the midst of a divorce with kids at stake, I can refine how I provide support to my client. On the other hand, if I become too "married" to my own experience, I might miss key differences or make inaccurate assumptions about the client's divorce experience.

The mechanism of inclusion is phenomenological inquiry, which I defined earlier. It is closely related to the Platinum Rule: We do for others what they want done.

There are two parts to inclusion. The first is the process of truly getting (Buber used the word *apprehending*) our client's experience at a particular moment in the counseling session. The second part is conveying to the client that we do truly understand and have no judgment. If we can occasionally practice inclusion at this precise level, we have moved beyond empathy, and the result will be what Maurice Friedman called "healing through meeting." He believed, and I agree, that these powerful moments of connection between counselor and client can occur in any psychotherapy approach.

#### 6) The funny thing about change.

The field of counseling is committed to helping clients change. Most counseling theories have some fundamental philosophy about how change occurs. The funny thing about change, however, is that it is always happening. The seasons change, our bodies change, the weather changes, technology marches on, etc.

Gestalt therapy's view of change is called the *paradoxical theory of change*. Simply put, change occurs naturally and organically when sufficient attention, awareness and support exist around the "what is," not when we are preoccupied with the "what isn't."

Inevitably, clients come to therapy of two minds. They are 1) seeking change and relief from struggle and 2) they do not want to change. The "do not want to change" agenda is typically less apparent. As a result, counselors can easily get swept into aligning with the "desire to change" side and miss its counterpart. When therapeutic progress is not being made and treatment goals are not being met, counselors often become frustrated and question their own effectiveness. In the worst-case scenario, the client is blamed and regarded as not ready to change or "resistant."

In my supervision groups, there is an ongoing joke that if I hear my clinicians

say, "I am trying to get my client to ..."

I will push a hidden button and a red alert light will flash.

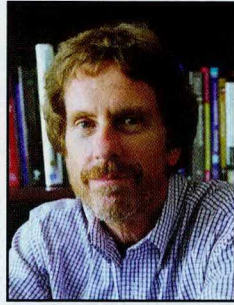
Of course, it is absolutely normal, for new clinicians particularly, to be enthusiastic about helping our clients change. The critical question is how we as clinicians support the change process.

Returning to the paradoxical theory of change principle, sustained (not quick-fix) change occurs when clients are able to "stay with" present

experience, not flee from it. I should point out that when clients report that they feel "X" and don't want to feel "X" anymore, I would never say, "Well the only way to not feel 'X' anymore is to more fully experience and resolve the 'X' so you can move on." Experienced Gestalt therapists realize that our change theory is not how most individuals in Western culture consider change.

One of the key contributions Laura Perls made to Gestalt therapy was emphasizing the importance of both *individual and environmental support*. Individual support is what the client brings to therapy. It is posture, the breath and all of the senses. Environmental support is provided by the client's chair, the lighting in the office, but mostly by the therapist. I believe that one of the essential tasks of the counselor is to assess the client's sources of individual support and, over time, to endeavor to determine the kind of support the client needs from the therapist.

This last task is complex because each client is different, and there is no one-size-fits-all kind of environmental support. Different clients — and even the same client at different moments — may need the counselor to take the lead, to self-disclose, to sit in silence and so on. This ongoing attention by the counselor to maximize the level of environmental support requires attention to process, which I addressed earlier. Connecting the concepts of change and support, if clients are going to examine the "what is" or stay with aspects of their present experience (say an uncomfortable feeling), both individual and environmental support will need to be enhanced, both in the therapy hour and in their lives.



Jon Frew

7) **Watch your language and your attributes.** The "fundamental attribution error" comes to us from our friends the social and organizational psychologists. They point out our tendency to "blame" or attribute responsibility to the individual. For example, a client arrives late for a counseling session and the counselor assumes some version of the client lacking sufficient motivation, not taking therapy seriously enough or not being a punctual person by nature. This type of faulty attribution is related to the deep individualistic roots of U.S. culture.

I was drawn to Gestalt therapy because it is a theory of health, not pathology, and because context is always taken into consideration. Children learn quickly that certain emotions and behaviors are not OK to exhibit in the presence of their caregivers. *Creative adjustments* occur over time, become rigidified and carry into adulthood. Examples would be the inability to experience sadness or to ask for emotional support, or even a self-conception of being a worthless person. These adjustments, so critical for survival and safety in childhood, are typically no longer necessary in the adult context. These disconnects between the past and present create a disturbance that counselors and the medical model often classify as "symptoms."

Gestalt therapists do not blame or pathologize clients. Just in the past week in the training clinic where I supervise doctoral students, I have heard the following: the client is *resistant, avoidant, attention seeking and dependent*. I suggest that we all, no matter our theoretical orientation, *watch our language* when referring to our clients. These types of judgments lack sensitivity, miss the bigger picture and do not inspire the formation of a compassionate therapeutic alliance. By regarding our clients as any of these terms, we fail to seek the purpose or meaning for their behavior in the greater context of their lives, present and past.

The scientist who is studying an iceberg knows that to truly comprehend "icebergness," there is much to take into consideration, not just the tip visible on the water's surface. There is the larger mass of ice below the surface, the water temperature and the entire ecosystem, past and present, that provide context for

the iceberg. To label a client as “difficult” or “avoidant” is to form a judgment based only on the tip of the person.

**8) Co-creation, not assimilation or adjustment.** In a recently published article, I wrote, “Going forward into the 21st century, I would suggest that the term *assimilation* be replaced with the term *co-creation*. Our multicultural society will be an ongoing creation with no superordinate culture as the thickest thread.”

One of my first trainers and mentors told me that Gestalt therapy was the only counseling approach he could identify with as an African American because it is not an adjustment therapy. That comment has stayed with me many decades later. Although individuals must creatively adjust to their childhood circumstances, Gestalt therapists do not encourage their clients to adjust to the values and expectations of the dominant majority culture.

Assimilation has been used in the Gestalt literature to describe a process in which the individual selectively accepts the value of some aspects of the

environment while rejecting others.

The concept of assimilation is also problematic though because it suggests a process of “making like” or “causing to resemble.” In fact, there is another term, *assimilationism*, that is defined as “the policy of absorbing minority groups.”

At its essence, Gestalt therapy is about honoring the potential and unpredictable outcomes of the ongoing meetings that occur daily between individuals. Through those meetings, both parties are changed, and new experiences and realities are co-created. Given our current political context, I would assert that this concept of co-creation be embraced to counter a resurgence of xenophobia and “disinclusion” of non-like others.

Counselors have the privilege to participate in very special (dare I say sacred) kinds of meetings with their clients. I would urge all of us to be wary about becoming, wittingly or unwittingly, agents of systems or agendas that promote adjustment or assimilation to the “thickest thread.” ♦

Knowledge Share articles are developed from sessions presented at American Counseling Association conferences.

Jon Frew is a professor in the School of Graduate Psychology at Pacific University. He is an associate editor of the *Gestalt Review* and a co-author and editor of the book *Contemporary Psychotherapies for a Diverse World*. He is a co-director of the Gestalt Therapy Training Center Northwest in Portland, Oregon, and has been involved with the training of Gestalt therapists in the U.S. and internationally for more than 30 years. Contact him at [jfrew@pacificu.edu](mailto:jfrew@pacificu.edu).

Letters to the editor:  
[ct@counseling.org](mailto:ct@counseling.org)



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