Transformational Chairwork

Using Psychotherapeutic Dialogues in Clinical Practice

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Chapter 1

Speaking One’s Mind

Fritz Perls changed my life. In late 2001, I began my journey with the Gestalt Chairwork technique. In one of my first cases, a patient reported that he had serious problems with authority and that he could not tolerate being told what to do. Through the use of imagery, we were able to connect these emotions to memories of his father oppressively coaching him in golf.1 The reverberations of these experiences brought up strong feelings of anger—even decades later. To work through and hopefully resolve this issue, I set up an encounter with his father. I invited him to sit in one chair and imagine his parent in the chair opposite. I encouraged him to “speak with” his father and to tell him how deeply distressing those coaching sessions had been for him as a child. After expressing anger about the relentless perfectionism that he had been subjected to, I then invited him to switch chairs and “be” his father. Doing this, he gave voice to his father’s concern that he learn how to play the game the “right” way. We alternated chairs and gave voice to both of their perspectives. We then debriefed the experience. The full power of this session became clear a week later when he returned and told me that the dialogue had worked, that he no longer felt a profound resistance to orders and requests and that he had been able to attend and participate in a work meeting without discomfort. It would turn out that this would be a change that lasted. This single session “cure” would inspire me to begin a journey—a journey centered on exploring the healing power of dialogue and encounter (adapted from Kellogg, 2013). Given this, perhaps the best place to start is with the story of Dr. Perls and the development of Chairwork.
FRITZ PERLS AND THE CREATION OF CHAIRWORK

In the 1960s, Dr. Frederick Perls emerged as a major figure in Humanistic Psychology and what would eventually be known as the Human Potential Movement. “Fritz,” as he was called, challenged the world of psychotherapy not only with his creative use of awareness as a central therapeutic intervention, but also through his astonishing and virtuosic demonstrations using the Chairwork technique. His experiential work with chair dialogues inspired psychotherapists from nearly every school of therapy—with many of them integrating and reinterpreting both the technique and its underlying mechanisms of change. It is this rich and still-developing heritage that is the foundation for this book.

Perls’ “overnight success” was, of course, built on a lifetime of effort, exploration, and experimentation. His life was, in many ways, quite extraordinary as he engaged with many of the most tragic and creative forces in 20th Century Western European and American history. It is my intention to briefly touch on some of the key moments in his professional and creative life; for those interested in a deeper exploration, there are a number of excellent biographies available (Clarkson & Mackewn, 1993; Gaines, 1975; Shepard, 1972).

Frederick “Fritz” Perls was born in 1893 into a middle-class family in a Jewish section of Berlin. One of three children, Perls reported that his early childhood was happy, but that things changed as he got older. Over time, his relationship with his father deteriorated to the point of mutual hatred, and, at age 10, he began to “act out”—which eventually led to his being expelled from school.

At 14, he was admitted to the Askanische Gymnasium. This was a more progressive school than the one that he had attended, and he grew to care deeply about many of the staff members. Fritz always loved the theater and, at age 15, he discovered the famous director, Max Reinhardt, the demanding and innovative leader of the Deutsche Theater. Perls spent his free time at the theater and, while not a great actor, he was able to fill several walk-on roles, which brought him great pleasure. This early experience in the theater—including that of seeing a great director in action—would stay with him for the rest of his life. The positive environment of his school also helped him to regroup academically and he was able to graduate and enter the University of Berlin where he decided to study Medicine.

Shortly after he began his studies, World War I broke out. Because of medical issues and personal frailties, he was not drafted into the army in 1914; he did, however, volunteer with the Red Cross in 1915. By 1916, there was a growing need for soldiers and the requirements for enlistment were lowered. Fearing that he would be called up, Perls enlisted and became a medic.
As it was for millions of other combatants and civilians, Perls’ wartime experiences were deeply traumatic and emotionally damaging. Nonetheless, he won a medal for bravery and was promoted to the rank of Medical Sub-lieutenant, which was an officer rank. After the war, he returned to Medical School and graduated in 1920.

During the early years of Perls’ career, he was searching for answers and direction. He began to work as a psychiatrist and started spending his free time with the Bauhaus group and other bohemian circles. A successful doctor, he earned enough to come to New York City in 1923 and was able to get a job in the Hospital for Joint Diseases. He was, however, unhappy with the practice of Psychiatry there and returned to Berlin a few months later. At this time, he was also filled with self-doubt on both personal and professional levels and frequently suffered from bouts of self-criticism and depression.

In 1925, he developed an intense, life-changing relationship with Lucy, who was a sexually-vibrant and married distant relative. This experience served to bolster his sense of masculinity. However, he found the emotionally turbulent nature of his time with her to be deeply disturbing and, in 1926, he decided to begin psychoanalysis with Karen Horney. Karen Horney appears to have seen something in him and she would provide significant assistance to him several times over the next 20 years. After a few months of working with her, he decided to take a job in Frankfurt, and, at Horney’s recommendation, he continued his analysis with Clara Happel.

In Frankfurt, Perls was able to procure an Assistantship with Kurt Goldstein at the Institute for Brain Damaged Soldiers. This would be significant not only because it meant that he was working with one of the leading advocates of Gestalt Psychology, but also because it was here that he met Lore Posner, a graduate student. They would eventually marry and she would later become known as “Laura Perls,” a world-famous therapist in her own right.

After what appears to have been an unsuccessful analysis, Happel announced that he was “cured” and that he could now do supervised work as a psychoanalyst. Perls then went to Vienna and treated patients under the direction of Helene Deutsch and Edward Hitschmann. With Hitschmann, he began, for the first time, to open up about his fears and insecurities. He returned to Berlin and underwent another deeply unsuccessful analysis with Eugen Harnik. This treatment lasted for a year-and-a-half.

In 1929, he married Lore Posner and by 1932, he was a trained and certified Freudian psychoanalyst. Still quite unhappy, he again sought out Karen Horney. She said, “The only analyst that I think could get through to you would be Wilhem Reich” (Perls, 1969b, p. 49). Reich would be a major influence on Perls and his work.

In the early 1930s, Fritz and Lore were members of the Anti-Fascist movement. After the Reichstag fire, the Nazis began to hunt down their opponents,
and the Perls’ were forced to go underground with their young daughter, Renate. This meant that he lost his practice, his home, and his analysis with Reich.

First Fritz, and then Laura and “Ren,” escaped to Holland where they were indigent refugees. Eventually, Ernest Jones told him that there was a position in Johannesburg, South Africa; the job was to be the co-founder of the South African Institute for Psychoanalysis. In a later telling of the story, Perls revealed something about his personality and the kind of courage that he had.

One of the most important moments in my life was after I had escaped Germany and there was a position as a training analyst available in South Africa, and Ernest Jones wanted to know who wanted to go. There were four of us: three wanted guarantees. I said I take a risk. All the other three were caught by the Nazis. I took a risk and I’m still alive. (Perls, 1969b, p. 46)

Perls set sail for South Africa in 1935. After setting up the Institute, Lore and Renate joined him. Both Fritz and Lore, who had earned her doctorate in Psychology, developed very successful practices in Johannesburg, and it was there that they gave birth to their son, Steve. They would have great financial success in South Africa, and they were able to create a lifestyle of comfort and pleasure.

Fritz— influenced by Reich, his own experiences, and conversations with Lore— began to develop his own thoughts on psychoanalytic theory and treatment. In 1936, he went to the International Psychoanalytic Association Congress in Marienbad, Czechoslovakia to present his paper on “oral resistances.” This turned out to be a devastating and life-altering experience in three ways.

The initial shock took place when Perls went to meet Freud for the first time. Freud, for whatever reason, was very cool to him. He stood in his doorway and did not invite Perls into his room. When Perls told him that he had just come from South Africa, Freud asked him when he was returning, and, after three or four minutes, ended the conversation.

The second disappointment came when the paper he presented was poorly received; and the third involved Wilhelm Reich. “Fritz was greatly disheartened to find Wilhelm Reich, the analyst who had given him so much, withdrawn, morose, and barely capable of recognizing Fritz” (Shepard, 1972, p. 45).

This rejection by Freud would haunt Perls for the rest of his life; in some ways, much of his later work was a kind ongoing dialogue or debate with the Master. There is a telling and poignant incident in *The Gestalt Approach/Eyewitness to Therapy* (Perls, 1973). Perls is working with Barbara, a woman who is wrestling with self-esteem and competence issues. I suspect that he
understood her to be someone who had basically disavowed her sense of personal competence and had projected it on to others (see chapter 7). Beginning in a slightly playful manner, Perls proposed that they switch roles, that she be the therapist—that she be “Fritz”—and he be the patient. After making a disparaging comment about Freud, she invited him to have a dialogue with Freud.

In a compelling example of the power of the technique, the session soon got quite serious for Perls. As he brought Freud into awareness, Barbara asked him what he was feeling. Perls said quite seriously, “A great sorrow that Freud is dead because I could really talk man to man with him” (p. 205). She then invited him to speak with Freud directly. Part of what he said included: “Professor Freud . . . A great man . . . But very sick . . . You can’t let anyone touch you. . . . I wish you would listen to me. In a certain way I know more than you do.”

After saying a few more things and several moments of silence, he turned to Barbara and said, “So, your copy of Fritz wasn’t so bad. (Gives Barbara a kiss) You did something for me.” To which she replied, “Thank you, Fritz” (p. 206).

Fritz returned to South Africa and began to turn his ideas into a book. After reading a draft of the manuscript in 1940, the analyst Marie Bonaparte said, “If you don’t believe in the libido theory anymore, you’d better hand in your resignation” (Shepard, 1972, p. 6). This rebuttal further distanced him from the world of psychoanalysis. In 1942, with assistance from Lore, he published this work in South Africa as Ego, Hunger, and Aggression (Perls, 1969a). The volume includes a section called Concentration Therapy which was a first attempt at creating a Reichian-influenced, somatically-integrated psychotherapy. That year, he also joined the English army and served as Medical Officer for the next four years. Despite his admonitions that they should leave Germany, his mother and sister stayed behind and were eventually killed in the Ravenstadt concentration camp.

After the War, he was ready to move again. Despite their financial success, he and Lore had always felt that South Africa was culturally somewhat arid; in addition, the economic situation was changing and their practices were becoming less successful. Lastly, Perls felt that Fascism was now on the rise with the growing movement toward Apartheid. With Karen Horney again serving as his sponsor, Perls came to New York in 1946. He immediately went to New Haven and tried to get a position in the Yale University School of Medicine. They told him that, because of professional requirements, he would have to re-do his medical training. Now in his fifties, he refused to do that.

He went back to New York City and, as things did not appear to be working out, he began to consider returning to South Africa. Erich Fromm,
however, told him, “Don’t go back. I promise you that within three months you’ll have a practice of your own” (Shepard, 1972, p. 55). This turned out to be the case and the whole family relocated to New York City.

Perls had read the writings of Paul Goodman while in South Africa and Goodman, in turn, had read *Ego, Hunger, and Aggression*. When he came to New York, he became friends with Goodman who, in turn, introduce both he and “Laura” to the vibrant bohemian art scene. Over time, he would also become acquainted with Julian Beck and Judith Malina (the founders of the Living Theater), Charlotte Selver (Body Awareness), Dianetics, and Zen (Shepard, 1972).

Laura and Fritz began to attract a group of clinicians and intellectuals who were interested in their therapeutic work. Among these were Elliot Shapiro, Paul Weisz, Isador From, and Jim Simkin. Paul Goodman became a patient of Laura’s as did Ralph Hefferline, the Chairman of the Psychology Department at Columbia University. Fritz invited the two of them to help him in the writing of a new book. This project would have three components: (1) Hefferline would try out the Concentration Therapy techniques with his undergraduates and collect reports of their experiences; (2) Perls would write the theoretical section of the book; and (3) Goodman would edit what he had written. As it turned out, Goodman wrote the theoretical section, building on some of Fritz’s ideas while integrating some of his own (Wheeler, 1991). To the consternation of Laura, Fritz called his new therapy, *Gestalt Therapy*. She was particularly upset because she felt that his approach had little to do with the gestalt psychology that she had studied.

Arthur Ceppos, another friend, agreed to publish the work and *Gestalt Therapy: Excitement and Growth in the Human Personality* appeared in 1951. This book, with both its insights and its controversies, would, ironically, come to haunt and hinder the development of the Chairwork technique. Laura also contributed to the volume, but she was not listed as an author. It is important to note that Goodman, while building on Perls’ ideas, essentially developed a theoretical framework and foundation that was beyond anything that Perls’ had envisioned (Rosenfeld, 1977a; Wheeler, 1991; Wysong, 1985). In fact, the writing in that book does not match the style found in Perls’ later writings, such as *The Gestalt Approach*.

The book, which continued his exploration of Reichian, Existential, and Psychoanalytic theories, was divided into two parts. The “first” are the reports of Dr. Hefferline’s students who tried various experiments as part of a class they were taking. The “second” part is a dense, complex, and creative theoretical treatise that introduced such core Gestalt concepts as Introjection, Projection, Retroflection, Confluence, the Contact Boundary, and the Contact Cycle.

Following the release of *Gestalt Therapy*, Fritz and Laura, Paul Goodman, and other therapists and supporters formed the *New York Institute for Gestalt*
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Therapy in 1952. This was the first training institute and for a long time it centered its work on the study of this seminal volume. After the Institute was founded, Goodman and Perls were increasingly at odds with each other, while Goodman and Laura Perls formed an alliance. Simultaneously, her marriage to Fritz grew increasingly precarious. Perls then began two ventures that would have a serious impact on the development of Chairwork. The first was that he started to travel throughout the United States, training therapists and helping institutes form and develop, notably in Cleveland and, later, California. As he did this, he began to further develop gestalt therapy. This would eventually lead to a model that was strikingly different from the one outlined in the 1951 book and the one practiced at the New York Institute (Kellogg, 2009b; Naranjo, 1993).

The second significant act was that he began to study Psychodrama with Dr. Jacob Moreno. Moreno, a Turkish-Jewish psychiatrist who was born in Bulgaria and who had grown up in Vienna, was an amazing, creative, and controversial man in his own right (J. L. Moreno, 1989). He came to the United States in 1927 and, by 1935, he had a sanitarium and training institute in Beacon, New York. During the 1950s, he held weekly seminars at his office on Park Avenue. This New York City gathering was popular among many artists and intellectuals, and a number of social scientists and psychotherapists took part in these experiences and were influenced by what they saw and experienced. These included Gardner Murphy, Theodore Sarbin, and Eric Berne (Clarkson & Mackewn, 1993; Landy, 2008; Leveton, 2001; Moreno, 2012).

Putting the innovative qualities of Moreno’s work into perspective, Landy (2008) affirmed: “Moreno . . . .was the first to speak of therapy as an encounter between the client and therapist. He was the first to demonstrate the wisdom and power of reworking the past through direct dramatic action, and he was the first to fully transform the clinical consulting room into a therapeutic stage” (pp. 197–198).

Unfortunately for our story, the specific details of their relationship and the work they did together are not clear; although Perls appears to have worked on and off with Moreno throughout the 1950s (Leveton, 2001; Moreno, 1989; Moreno, 2012). “Fritz sat at Moreno’s feet at our Psychodrama Institute at 101 Park Avenue, New York City, many times . . . until some time before he moved to California. He was definitely influenced by Moreno. . . ” (Zerka Moreno, Personal Communication, June 3, 2009). It appears, then, that Perls learned Chairwork from Moreno. Strikingly, Chairwork, which was also known as monodrama, was a relatively unimportant technique in psychodrama because it emphasizes the use of the group format and of having other participants or auxiliaries stand in for significant figures in the patient or protagonist’s life.
Chapter 1

In terms of Chairwork, Perls expanded the use of this technique in creative and clinically significant ways; the most important of which was that he would invite the patient to enact the different roles him- or herself, rather than having other individuals stand in and play them. “If I let the patient do all the roles, we get a clearer picture than when we use Moreno’s technique of psychodrama, pulling people in who know very little about you” (Perls, 1992, p. 143). The idea of playing the part of another significant person comes from the psychodramatic technique of role-reversal (Dayton, 1994, 2005; Moreno, 2012). This was a radical shift of perspective that greatly increased the therapeutic power of Chairwork and certainly created possibilities for its use in individual therapy that had not existed before (Landy, 2008; Perls, 1973, 1992).

By 1956, Perls had been relegated to a somewhat secondary status in his own institute. As Jim Simkin put it: “Fritz abandoned the Gestalt Institute in New York about ‘55 to Laura and the two Pauls, Goodman and Weisz” (Gaines, 1979, p. 40). He also began a nomadic period that would last for seven years. He first moved to Miami, where he lived a relatively simple life. Plagued by heart problems, this was a place that he went to heal and recover as swimming was one of the few physical activities left for him to pursue.

In some respects, these were quiet but powerful years for him. Professionally, he kept a fairly low profile, seeing patients, running some groups, and doing road trips to visit the gestalt groups that were developing in Cleveland and elsewhere. On a personal level, he had a love affair with a younger woman that he would come to see as the most important of his life. He also began to use LSD and Psilocybin. Overall, the impact of psychedelics on Perls appears to have been both beneficial (Naranjo, 1993) and debilitating (Shepard, 1972) and by 1959, he started to have experiences of paranoia and, at times, psychosis, from using them.

In 1958, Perls took part in a panel on Psychodrama that was held at the American Psychological Association Convention in San Francisco. His comments as a discussant deeply affected Wilson Van Dusen, a Clinical Psychologist who was in the audience. Impressed by Perls’ vision and abilities, he was able to arrange for Perls to be hired as a consultant at the Mendocino State Hospital in California and in 1959 Perls moved to California.

His work in Medocino was generally successful. However, funding for his consultation work at the hospital started to run out and he did not have enough patients for his practice. In 1960, he moved to Los Angeles to join forces with his student, Jim Simkin. Here, he started running groups, groups that included such therapists as Walt Kempler and Everett Shostrom, and did consultations in various hospitals. Jim Simkin was also successful at getting him to dramatically reduce his use of LSD which led to significant improvements in his functioning.
In 1962, Perls decided to go on a “world tour.” This trip included two months at the Daitokuji Temple in Kyoto, Japan. This visit provided him with an opportunity to not only study Zen, but also to fall in love with the city of Kyoto. He later went to Elath, Israel, where he lived in an artist colony and took up painting. This was his first encounter with “beatnik” culture, an experience that he greatly enjoyed.

He returned to Los Angeles and resumed working. Taking over a group for Jim Simkin, one evening, he met Bernie Gunther. Gunther was a body worker interested in yoga, body awareness, and weight lifting; he was also immediately drawn to Perls and wants to promote his work. Fritz, somewhat reluctantly, allowed him to do this and it led to a successful presentation of his work at a bookstore in Los Angeles.

Gene Sagan, a Psychologist, then organized a private gathering at Chait’s Hot Spring Hotel in Big Sur during Christmas, 1963. The seminar was called “The Psychology of Human Ultimates” and both Gunther and Perls were invited. Bernie loved the place while Fritz was not, initially, impressed. Gunther did, however, persuade Fritz to do a series of seminars there with the argument that it was located half-way between Los Angeles and San Francisco. This was a seminal moment because the other name for Chait’s Hot Springs Hotel was the Esalen Institute.

The Esalen Institute, in Big Sur, California, was founded in 1962 by Michael Murphy and Richard Price, and it would play a central role in the development of Humanistic Psychology over the next 10 years (Anderson, 1983). Despite his initially negative opinion, Perls would come see Esalen in a different light when he returned in 1964. In discovering Esalen, he found a home; a home that nurtured and helped him heal over the next five years. It was here that he would crystallize Chairwork into what I feel is a psychotherapeutic art form.

As a way of promoting his work in California, he decided to build on the positive reactions that he was getting and created what he would later refer to as his “circuses.” These were large, public demonstrations of Gestalt therapy in which he would sit on a stage and work with individuals in front of audiences of hundreds (Clarkson & Mackewn, 1993). These chair-centered performances were particularly effective and they inspired him to center his smaller workshop groups on these dialogical methods. This decision was suited to Perls well as it provided him with a quasi-theatrical venue in which to demonstrate his extraordinary psychotherapeutic abilities.

The gestalt therapy that developed during the Esalen years included the core components of: (1) awareness; (2) an emphasis on living in the here-and-now; (3) existential responsibility; (4) the integration of polarities; and (5) work with dreams, and the Chairwork-centered group was the vehicle in which many of these ideas were made manifest. Within the context of the
time, the work was profoundly innovative and paradigm-shifting. As Claudio Naranjo (1993) put it: “We felt (and by ‘we’ I mean people like Virginia Satir, Jerry Greenwald, William Golding, Abe Levitsky, and others from my first training group), that we were before something unique, something totally new, and it was . . . .” (p. 294).

For good or for ill, the Esalen years are as much colored by his creativity as his personality. Like other giants in the field of psychotherapy, Perls was a complex man. Deeply wounded and, in many ways, fundamentally unhappy, he could be quite challenging to work with (Shepard, 1975). Miller (1989) wrote that “he was mischievous, vulgar, intimate, bullying, brilliant, seductive, cantankerous, and tender” (p. 6) and Erv Polster, in turn, remembered how extraordinary he was when he said: “He seemed a genius to me” (Wysong, 1978).

His way of working with people was often highly confrontational and, at times, quite impatient. Ironically, the chair next to his was called the “hot seat” and it took courage to go and work with him (Perls, 1969b). Yet, over and over again, he created experiences of profound beauty and power that touched people in ways that would stay with them for years (Gaines, 1975).

The result was that there was no neutrality about Perls as a person or about his work. “The people who loved him, man, really loved him! I mean that was deep love” (Julian Silverman in Gaines, 1975, p. 131); “He changed my life. He changed a lot of people’s lives” (Tom Shandel in Gaines, 1975, p. 416); or as one participant simply put it, “Thank you, Fritz” (Perls, 1973, p. 206).

Perls became world-famous during his years at the Esalen Institute. Nonetheless, his restlessness and emotional complexities would not allow him to claim this as his final home. In 1969, Perls left Esalen to set up a Gestalt “kibbutz” in Lake Cowichan, British Columbia. This move came both out of a desire to try experiments in Gestalt living and out of a fear that the United States was heading toward Fascism (Baumgardner, 1975; Perls, 1969b). He would die a year-and-a-half later during a trip to Chicago.

INFLUENCES AND DEVELOPMENTS

From this sketch, it is clear that in his professional life, Perls had undertaken an extraordinary journey of clinical and creative transformation. In a frequently repeated phrase, gestalt therapy has been described as “existential, experiential, and experimental” (Rosenfeld, 1977a) and all three of these forces permeate his work. In terms of Chairwork specifically, the three most relevant influences are those of the theater, Existentialism, and Jungian Psychology.

As we have seen, Perls had a longstanding and deep-seated attraction to the theater. In addition to his involvement in the Deutsche Theatre of Max
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Reinhardt during his teenage years, he had interacted with Julian Beck and Judith Malina, the directors of the Living Theater, in New York City (Clarkson & Mackewn, 1993). Returning again to Moreno and psychodrama, it is clear that Perls drew on the central emphasis on enactment. Zimberoff and Hartman (1999) have written that “enactment . . . is a technique in which the patient is asked to put feelings or thoughts into action” (p. 101). In turn, Karp (2000) has affirmed: “The difference is in telling a story and reliving it” (p. 82).

In California, Perls also developed a deep connection with Anna Halprin, the dancer. Their first encounter is a story that both captures the flavor of the times and the power of Perls’ therapeutic insight. Halprin went to one of his workshops and had a strong reaction to a very “uptight” man who was wearing a suit. In an act that was probably both expressive and aggressive, she slowly began to take off her clothes in front of this man, who began to cry when she was completely naked.

“I was so proud of myself for being so brazen. It didn’t startle Fritz at all that I would just take all my clothes off and stand in front of the man. When I sat down, his only comment was, ‘So what are your legs crossed for?’ I was totally reduced” (Gaines, 1975, p. 199). Looking at this from the outside, it seems possible that he was reflecting back to her that while she was expressing the polarity of freedom and creativity through her dance, her body was expressing the polarity of repression and shame. She resonated with this quite deeply (Ross, 2007).

This was the beginning of a deep friendship. He later did work with the dancers in her company and the two of them worked together in a number of workshops on a dream that she had about a house with many rooms. As she put it, “Every time he worked with somebody, it was like a performance . . . Fritz loved being the theater director. He loved it.” (Anna Halprin in Gaines, 1975, p. 200).

Similarly, in an interview with Edward Rosenfeld, Laura Perls acknowledged and clarified that “Fritz was in theater long before he did anything else. He wanted to be a theater director.” Rosenfeld noted that there are aspects of Chairwork that feel like directing. She continued: “But he also did it informed by fifty years of professional experience, which wasn’t only theater” (Rosenfeld, 1977a, n.p.).

The second force in the development of Chairwork was Existentialism. Even in the 1951 book, there was a great deal of emphasis on “responsibility,” on helping patients claim authority over themselves and their actions (Perls, Hefferline, & Goodman, 1951). This was also manifest in his emphasis on awareness, in the Paradoxical Theory of Change (Beisser, 1970), and in the use of Existential language.

In terms of awareness, Perls at one point said that the essence of his technique could be summed up in three questions” “What are you doing?”
“What are you feeling?” “What do you want?” (Clarkson & Mackewn, 1993, p. 94). The Paradoxical Theory of Change was a phrase made famous in a paper by Beisser (1970). Perls (1969b) acknowledged that Beisser had, in fact, captured the essence of much of his work in that chapter. Beisser made the argument that therapists cannot actually get people to change nor can people change themselves directly. In order to change, heal, and transform, it is necessary for the person to more deeply become who they already are. This is why Perls was consistently present-focused and why he repeatedly asked participants in his workshops to give voice to what they were thinking and feeling at that moment. This is also why change is seen as paradoxical. A complex and difficult-to-understand concept, it will be explored at greater length in chapter 7. Lastly, throughout the transcripts, there is a strong emphasis on the use of existential language, of encouraging patients to substitute “I won’t” for “I can’t” and “I want to” for “I need to” (Baumgardner, 1975) (see also chapter 10). Again, this is a way of taking responsibility for one’s self and one’s life. Lastly, Perls connection to Jung was manifested in his work with dreams and polarities. It seems likely that Perls became acquainted with Jung’s ideas through the work of Otto Rank.

Another formulation of Jung’s which is relevant to Gestalt therapy was his understanding of the polarities inherent in human nature. He cast these dualities in archetypal characters such as anima and animus, or in the concept of the shadow, the obscure but inevitable companion to the public persona. Otto Rank was influenced by Jung’s concept of polarities and it was through his work that Perls became interested. (Polster, 1987, p. 314)

In addition to the focus on polarities, Perls and Jung shared a belief in: (1) the deep potential that lies in the unconscious or the repressed; (2) the importance of integrating the known and the unknown parts of the self; and (3) the usefulness of dreams as a vehicle for doing this work (Bernstein, 1980; Clarkson & Mackewn, 1993; Latner, 1973; Polster & Polster, 1973). This, too, will be discussed at length in chapter 7.

**Chairwork After Perls**

Chairwork has, in many respects, haunted gestalt therapy (Polster & Polster, 1973). Reading Gestalt Therapy Verbatim and other works of that time, it seems clear that Perls was using Chairwork to engage in three major therapeutic tasks: focusing on awareness, resolving unfinished business, and integrating polarities. Chairwork served as a vehicle to help achieve these goals and as a vehicle for Perls to perform. It supported his emphasis on enactment
and his stress on doing rather than “talking about.” Perls and his colleagues were, however, also very concerned that Chairwork and the other techniques that were developed during this time not be divorced from the underlying philosophy or theory that drove their use.

Despite their apprehensions, the Chairwork technique was and is so powerful that it did overshadow the underlying gestalt theory. The 1951 Gestalt theory was neither easy to understand nor easily integrated with other theories of healing and change. In addition, when practitioners began to use Chairwork on a regular basis, it is likely that they found that a theory of practice emerged from the work itself; that is, Chairwork has its own logic.

A recurring theme in this book is that Chairwork, like psychotherapy more broadly, is an art and a science (Duhl, 1999; Rosenfeld, 1977a). Perls did not, perhaps, fully understand this. In his writings he emphasized the importance of therapists spontaneously creating “experiments” with their patients, and while this may have been possible for a genius like Perls, it seems to be an unrealistic challenge for the rest of us. In fact, there have been no major technical contributions from gestalt therapy since his death. What Perls either did not fully appreciate or acknowledge was the role of practice and work in artistic spontaneity, which is strange for a man who so deeply loved theater, music, and the arts. Zinker (1977) probably came closest to understanding this, but even he did not fully grasp it.

I believe that Chairwork is best understood as a psychotherapeutic art form (Polster & Polster, 1973; Zinker, 1977). It is a way of working that requires study and practice if its true depth and power are to be fully utilized. An analogy might be found in the world of music. For example, with musicians who are famous for their improvisations, it is not uncommon to find that they actually spend a great deal of time working with and further developing their musical ideas. The extraordinary moments that occur in concert actually emerge out of a dialectic between the preparations that they have made and the creative spontaneity of the moment; Chairwork is best understood within this paradigm (Kellogg, 2009b).

Following Perls’ death, there was a struggle over the direction and future of gestalt therapy. This battle was crystallized as a struggle between East Coast and West Coast (or California) gestalt therapy, “West Coast Gestalt was developed single-handedly by Fritz Perls. . . . In contrast, eastern Gestalt therapy. . . . reflects the interactional, social, and community interests of Laura Perls, Elliot Shapiro, Paul Goodman and the rest of the original New York members and the Cleveland group” (Naranjo, 1973, pp. 214–215). These “East Coast” theorists and practitioners were continuing to center their work on the 1951 book. By and large, they rejected the use of psychodramatic interventions in their efforts, and if they did use them, they did not play the central role that they had in California. Embodying this view, Isidor From
(1984) wrote: “Psychodrama . . . is not consistent with the method of Gestalt therapy” (p. 9).

On the other hand, there were therapists who had attended workshops or had been involved with Perls in other training situations who modeled their work after him and placed a premium on being confrontational. Critics of this group, perhaps fairly, emphasize that many therapists confused Perls’ style with the essence of his work. They also pointed out that Perls, a man with extraordinary gifts of intuition and observation, ran his Chairwork groups with a lifetime of clinical experience as a foundation (Clarkson & Mackewn, 1993). Clearly, these were elements that were not easy to replicate.

In turn, the clinically-sophisticated practitioners who championed his Esalen-styled work believed that this represented a major advance over the earlier, 1951 model. “Yet it is also possible to say ‘California Gestalt’ with dignity, for many of use believe that Fritz’s California years were his rip-est . . .” (Naranjo, 1993, p. xix). It is my personal belief that Perls, in effect, created a second gestalt therapy. The “1969” model4 is so different and so rooted in psychodrama, that it bears little resemblance to the “1951” version (Kellogg, 2009b), and this means that attempts at integration, of using all of his ideas and techniques in one coherent model, are likely to fail. This two-therapy position, if more widely adopted, would help practitioners to continue to reap the full creativity of Perls’ genius in all of its manifestations.

To be fair, those who had stayed with the 1951 book were also in the process of changing, developing, and growing. “Yontef (1991) has argued that even in the 1960s at least two contrasting styles of Gestalt were already developing—the one theatrical and cathartic and the other hardworking, person to person, dialogic and equally pioneering” (Clarkson & Mackewn, 1993, p. 136). The movement away from the California model occurred as much as a reaction to Perls himself as to his work. Accompanying this, there was a general championing of the 1951 book and a more central emphasis on the roles of Paul Goodman and Laura Perls in creating Gestalt Therapy (Naranjo, 1993). The tragedy here is that much of the creative fire of the Esalen years was lost, and in this process, Chairwork, which had become associated with Perls and emblematic of Gestalt Therapy, was discarded and abandoned.

Chairwork After Perls II

The “orphaning” of Chairwork in the gestalt world continues to this day, and recent major works (i.e., Woldt & Toman, 2005; Yontef & Jacobs, 2013) barely mention it at all. Nonetheless, it does live on. First, in the hands of Gestalt therapists who were trained by Perls and who utilized the West Coast model in their work (Hatcher & Himmelstein, 1983), and second, in the hands of integrative therapists, therapists whose work will inform much of
Speaking One’s Mind

the discussion to come. Perhaps among the first of these integrationists were Robert and Mary Goulding. Students of Eric Berne, they were friends of Perls and they combined Chairwork and imagery practices with transactional analysis. Their approach, called redecision therapy (Goulding & Goulding, 1997) focused on the role of childhood difficulties and trauma as a source of later problems.

Leslie Greenberg, first with his Process-Experiential Therapy (Greenberg, Rice, & Elliott, 1993) and then with his Emotion-Focused Therapy (Watson, Goldman, & Greenberg, 2007), has been the leading researcher and champion of Chairwork dialogues. His Emotion-Focused Therapy is a synthesis of a number of Humanistic therapies including client-centered (Rogers, 1986), focusing (Gendlin, 1984), and gestalt (Perls, 1992); Chairwork is an essential element in this work. His research has provided empirical support for the power of the Chairwork technique to facilitate the resolution of both past difficulties and internal conflicts (Greenberg, 1979; Paivio & Greenberg, 1995; Greenberg & Malcolm, 2002; Greenberg, Warwar, & Malcolm, 2008). Other researchers who have looked at Chairwork as a vehicle for psychotherapeutic healing and change have frequently used his work as a touchstone (Shahar et al., 2012; Sicoli & Hallberg, 1998; Trachsel, Ferrari, & Holtforth, 2012).

Cognitive and cognitive-behavioral therapists have been drawn to Chairwork as well. Given this, there are several interesting conceptual bridges that can be used to more effectively integrate experiential work into CBT. The first comes from Perls himself who wrote: “The other important discovery of Freud, which he never followed up and which seems to have gotten lost, is his remark, ‘Denkin is Probearbiet’ (‘Thinking is trial work’). I have reformulated it this way, ‘Thinking is rehearsing.’ Thinking is rehearsing in fantasy for the role you have to play in society” (Perls, 1970, p. 16). This insight clearly opens the door to treating thoughts in a psychodramatic manner as they can be understood as a form of rehearsal. In a related vein, Bishop (2000), who comes out of an REBT background, has written that thoughts can be understood as “voices.” This is another wonderful bridging idea that can help us in our cognitive restructuring efforts as dialogues can now be created between maladaptive and more functional thought patterns.

Beck and colleagues wrote about the use of Chairwork in their book on anxiety (Beck, Emery, & Greenberg, 1985), and Edwards (1989, 1990) made a clear case that imagery and dialogue practice were forms of cognitive restructuring. Marvin Goldfried (1988; 2003), in turn, integrated dialogical work in his cognitive-behavior therapy. Working with the idea that cognitive restructuring was more likely to occur in a state of arousal, he argued that experiential techniques could lead to greater levels of neurobiological activation which would, in turn, facilitate therapeutic shifts in assumptions and schemas. Other practitioners who wrestle with this kind of integration include
Arnkoff (1981) and Lazarus (Lazarus & Messer, 1991). Their efforts have also helped cognitive-behavioral therapists remedy the stereotypic phenomena in which patients say that they understand something but do not feel it.

Lastly, there is Jeffrey Young and his work with schema therapy (Young, Weishaar, & Klosko, 2003). Schema therapy is an empirically-validated treatment for borderline personality disorder (Gisen-Bloo et al., 2006), and it is also used in the treatment of other personality disorders and with “difficult” cases more generally. A synthesis of cognitive, behavioral, psychodynamic, and gestalt therapies, it integrates dialogue techniques for cognitive restructuring, the re-working of traumatic experiences, and the balancing or re-balancing of inner forces (Kellogg, 2009a).

The dialogical possibilities contained within the Chairwork paradigm are vast. As Zerka Moreno (2008) said: “Though often dealing with traumas of the past, it is also concerned with problems in the present and expectations of the future, as rehearsals for living, helping to make alterations as indicated. Role playing can be done as animals, spirits, delusions or hallucinations, voices, body parts, ideas, visions, the departed . . .” (p. ix).

A TAXONOMY OF DIALOGUES

In the classic papers on gestalt therapy, there is repeated mention made of “empty” chair and “two-chair” dialogues. According to Zerka Moreno (Personal Communication, June 3, 2009), Jacob Moreno called it the “auxiliary chair,” which became the subject of a paper by Rosemary Lippet (1958). He later added the phrase “empty chair” to allow people to use the technique to dialogue with those who were deceased. Eventually, the terms “two-chair” and “empty” chair were used to describe the basic dialogue paradigms with the first referring to encounters with others and the second incorporating dialogues among parts of the self. I believe, however, that instead of basing our conceptualization of these dialogues on the nature of the furniture involved, it would be more helpful to therapists to use the taxonomy of External and Internal dialogues (Daniels, 2005; Kellogg, 2004). These would involve, respectively: (1) speaking with forces outside of oneself; and (2) developing, controlling, or integrating inner forces.

In reality, few encounters are pure types. For example, if I speak with “someone” in the other chair about their aggressive behavior, I am both speaking about our relationship and my internal experience. Nonetheless, this can be seen as a predominantly external dialogue. If I do a Decisional Balance and then embody the part that wants to get married and the part that does not want to, I am having a predominantly internal conversation. However, I can also have an Integrated dialogue. These are situations that involve starting
with one structure and then moving to the other. For example, in a workshop, a therapist played a woman who was wrestling with whether to stay in her marriage. First she did an internal dialogue between the part that wanted to stay and the part that wanted to leave; after this, we reorganized the chairs and she spoke with her husband about her feelings. Switching chairs and roles, she then spoke from his perspective and tried to access his emotional world. After going back and forth between those two perspectives, we stepped out of the dialogue and debriefed. That is, we looked at what had emerged, how she was currently feeling, and what she wanted to do next. In this way, the work embraced and integrated several dimensions of psychic reality.

Another dichotomy of importance is that between the diagnostic and transformational dialogues. Many of the case reports focus on what could be called transformational dialogues; that is, encounters in which a trauma is worked through or an inner conflict is resolved in a creative way. These can be powerful and awe-inspiring moments and it is understandable that therapists would want to share them. However, in day-to-day practice, it is not uncommon to have dialogues that may best be described as diagnostic. What emerges here is a clearer sense of the dynamics or polarities; that is, the modes are more clearly delineated, the inner tensions and the depth to which a patient is “stuck” is more fully appreciated, and the power of judgment and fear to paralyze and inhibit is revealed. For example, Arnkoff (1981) described a case in which a man was wrestling with the need to choose between work and school. To help him resolve this, they did a Chairwork dialogue. Although he had not made a decision by the end, “it was clear that we had made progress in clarifying and developing the meaning of the conflict” (p. 215). All of this provided a vital understanding of the problem and, perhaps, insight as to what steps to take next. Dialogues of this nature are very valuable and should be seen as holding equal weight with the more dramatic ones that lead to resolution or reorganization.

Therapeutic Stances

A second debate that has informed the use of Chairwork is the therapeutic stance of the practitioner. In an important chapter that looked at the differences between the experiential and the cognitive-behavioral therapies, Greenberg, Safran, and Rice (1989) wrote about facilitating and modifying psychotherapies. “They described the experiential therapies as facilitating; the goal was to help the patient grow in awareness so that whatever was unresolved, whatever was necessary for healing and transformation, would emerge from within.” The cognitive-behavioral therapies were described as modifying; here, the therapist is actively seeking to make changes in the patient’s inner world. . . . The differences between the facilitating approach,
on the one hand, and the modifying approach, on the other hand, can be clearly conveyed in the dramatically different perspective on the therapist’s role. Greenwald (1976), writing from a Gestalt perspective, described the psychotherapist’s work in this way:

The therapist rejects any kind of authority position toward the person with whom he is working. The therapist does not attempt to lead, guide, advise, or in other ways take away the other person’s responsibility for himself [or herself]. Rather, his attitude is that each person knows best what he needs for himself and how to get it; even when he is stuck, he is more capable of finding his solutions than anyone else. (p. 278)

This view stands in stark contrast to that of Goulding and Goulding (1997), who see the therapist in a much more active role, “In redecision therapy, the client is the star and the drama is carefully plotted to end victoriously. . . . The therapist is the director of the drama, writer of some of the lines, and occasionally interpreter. . . . We do not want to produce tragedies—we are interested in happy endings” (p. 177–178). In an earlier passage, Goulding and Goulding (1997) clearly delineated the goal of the therapy when they said, ‘We are focused exclusively on what the client needs in order to renounce victimhood’ (p. 168)” (Kellogg, 2004, p. 312).

With contemporary Chairwork, it is not necessary to have to choose between these perspectives; instead, they can both be utilized as clinically appropriate. With situations such as grief, trauma, and cognitive restructuring, it may be more effective to take a modifying approach. With other kinds of conflict (such as in work with relationships where the dynamic is unclear), with the kind of projective work that is done with dreams, and in situations in which the therapist is not yet sure as to which schemas or cognitions are involved, it can helpful to simply invite the different voices or parts to appear and speak. Perls trusted that when the patient allowed different parts of the self to encounter each other, some kind of creative solution would emerge.

**Affect and Cognition**

An additional point of tension has been the optimal balance between the emotional and cognitive contents of the work. In the West Coast Gestalt culture of the Sixties and early Seventies as well as in the Encounter movement in general (Schutz, 1972), there was a strong emphasis on emotional, and even cathartic, expression. As Latner (1973) maintained, “Emotions are the meaning of our experiences. Gestalt therapy encourages experiencing and expressing intense emotions, because they make our existence understandable and satisfying. We must abandon ourselves to them if we are to embrace all of
ourselves, and if we are to come to workable solutions” (p. 173). It seems now that this made sense within the zeitgeist of the time which emphasized the throwing off of the old and the creation of the new, and which favored freedom over repression and restraint. Clearly, the experience of deep emotional expression was and continues to be healing for some; however, it is not sufficient to lead to deep or lasting change in all cases.

The Gouldings (1997), even in the 1960s and ‘70s, emphasized that experiential techniques needed to be anchored within a cognitive structure and framework. For most patients, the meaning of the experience is as important as the experience itself. In the decision-oriented Chairwork discussed earlier, Arnkoff also discussed the cognitive implications of what might have been seen as a primarily emotive technique. “The artificial separation of each side set the stage for an uncovering of a complex network of beliefs and assumptions” (Arnkoff, 1981, p. 216).

Young, in his schema therapy work, envisioned the use of Chairwork in two different ways. When challenging an entrenched maladaptive schema with a healthy alternative, he understand the dialogue to be a primarily cognitive intervention. When re-working scenes of mistreatment, he saw it as an emotion-focused technique (Rafaeli, Bernstein, & Young, 2010; Young et al., 2003). Greenberg, Safran, & Rice (1989), in turn, have focused on the fused nature of cognition and affect. This has led them to speak of “affect-laden appraisals” and “meaning-laden feelings” (p. 172). The implication here is that not only does cognitive-restructuring change affect, but also affective experience changes cognition.

In any case, most contemporary practitioners see Chairwork as always combining emotive and cognitive elements. In some instances, language will be at the forefront, in others, the affective qualities will be sought, and in yet others the fused nature of the two will be present. Landy (2008) focused his efforts on the relationship between affect and cognition and on the expression and structural containment of emotion. This search for balance was what he called aesthetic distance—” the optimal balance between feeling and thought, experience and reflection” (p. 203). In his drama therapy work, he invites patients to engage with their pain through the use of storied enactment. “Rather than tell me the issue, could you think of it as a story and give the story a title? . . . You can go wherever you want to with it, but make it somewhat of a fairy tale. Would you start: Once upon a time there was . . .” (p. 116).

The Chairwork dialogues emerge out of this narrative. In his vision, this method allows for powerful emotional expression while also providing the patient with a container through the use of a role. In short, they are saying strong things, but they are saying them for someone else.

While Landy is working in contrast to the high levels of affect engendered by some of the gestalt therapist in the 1960s, I believe that there is no one
right answer and the middle is not always the best place to be. For patients who are very intellectual, it may be useful to favor emotion; for those who are highly emotional, cognitive-centered dialogues could be helpful; for those who are fragile, brief and low-intensity encounters may be the best way to start; and, lastly, for those dealing with very difficult issues, the drama therapy approach of being one-removed from the actual experience may be a very useful place to begin. As the work develops and the patient changes, a different emotive/cognitive calculus may be more appropriate. It is, however, certainly useful that we have these many options.

A CHAPTER OVERVIEW

My goal, in the chapters ahead, is to introduce you, step-by-step, to the many clinical opportunities for change and healing that can be created through the use of Chairwork dialogues. The use of dialogues, whether scripted or transcribed, has a long tradition in gestalt therapy. Perls was one of the first psychotherapists to extensively film and share his work. Gestalt Therapy Verbatim (Perls, 1992), The Gestalt Approach/Eyewitness to Therapy (Perls, 1973), and Legacy from Fritz (Perls, 1975a) each contain extensive transcriptions of his work. Passons’ (1975) Gestalt Approaches in Counseling is filled with scripted examples of a wide array of gestalt therapy techniques and interventions. This book has, in fact, been an important influence on the scripts that I have developed for this volume.

Beginning with the external encounters, the problems of grief, loss, and unfinished business are explored in chapter 2. Chapter 3 continues in this vein with the detailing of strategies for working with trauma and difficult relationships. It also includes an exercise on working through countertransference feelings toward “difficult” patients. Chapter 4 draws on the behavioral tradition and will focus on empowerment through work with assertiveness and behavioral rehearsal.

In chapter 5, the focus moves to dialogues that are distinctly internal in nature. In this chapter, we will look at such key concepts as multiplicity, inner conflict, and decision-making. Chapter 6 continues in this direction and focuses specifically on the issue of the inner critic and a number of strategies for addressing self-hatred, self-attack, and problematically high standards. It also includes a dialogue that draws on Neff’s (2011) important work with self-kindness and self-compassion. Chapter 7 re-visits the extraordinary work that Perls did with polarities in the 1960s; the relevance of this model for contemporary psychotherapeutic work is explored as well.

Chapter 8 is dedicated to the use of Chairwork paradigms with addictive disorders. Here, Chairwork is clearly anchored within contemporary
developments in the treatment of drug and alcohol problems. This chapter includes both a motivational dialogue and one that looks at the patient’s relationship with his or her substance of choice. Building on models and issues addressed earlier, chapter 9 more briefly reviews the use of Chairwork in four disparate clinical areas: feminist therapy, internalized oppression, somatic concerns and illnesses, and psychotic disorders.

The book concludes in chapter 10 with an exploration of how to add power and depth to one’s practice. The deepening techniques, which have been used throughout the various dialogues, are now more formally presented. The chapter also includes an examination of therapeutic stances, ways of working with resistant patients, and the important sublteties of chair placement. It is the judicious use of these techniques and interventions that constitute the art of Chairwork while the basic dialogue structures that make up much the specific clinical presentations make up the science. Putting these together, the psychotherapist will have the tools necessary to effectively help people heal and change.

NOTES

1. Some of the details of this case and others presented in the book have been changed in order to protect the confidentiality of the patients.

2. Except when otherwise referenced, this biographical sketch is drawn from Shepard (1972).

3. This “man,” it would turn out, was Dr. John Enright, a psychologist, who also went on to become a prominent gestalt therapist (Shepard, 1975).

4. I have called this the “1969 Model” not only because that was the year that Gestalt Therapy Verbatim was first published, but also because the book captured much of the spirit of his work at Esalen.

5. This quoted section is taken from Kellogg (2004) and is used with permission.
The third round of internal dialogues is rooted in the work of Fritz Perls during the 1960s, first at the Esalen Institute in California and then at his Lake Cowichan “Kibbutz” in British Columbia (Baumgartner, 1975; Perls, 1969b, 1975a, 1992). This final version of his therapy placed a primary emphasis on the concepts of awareness, multiplicity of self, polarities, dialectics, and centering.

At the heart of his conceptualization of the self, Perls saw the individual as being made up of a range of forces or parts. These parts often existed as polarities and many of the internal and external difficulties that patients wrestled with were seen as resulting from a lack of integration of these distinct aspects of the personality. As Clarkson and Mackewn (1993) wrote:

[Perls] believed that we all have the capacity to embody any human characteristic, but that often we disown potential characteristics because they are unacceptable to us, perhaps because family members, teachers, or friends have forbidden and ridiculed them. (p. 104)

Perls ( ) believed that polarities are dialectical: they form two ends or poles of one continuum, . . . Opposite characteristics are not contradictory. They form two sides of the same coin and are complementary. (p. 105)

Zinker (1977) compared the human personality or self-concept to the light and dark side of the moon. “Intrapersonal conflict involves clashes between one’s dark and light polarities (p. 200).” “And the more he learns about the mysterious parts of himself, the healthier he becomes (p. 201).”

Echoing work by Jung (M. Polster, 1987), Perls believed that all that human beings need is already within them. Again, in a view that was similar to Rogers (1986) he believed that throughout life people receive messages that
some parts of themselves were acceptable and others are not. For example, they may have received messages that they “should” be strong but not gentle, creative but not wealthy, success-oriented but not spiritual, or self-sacrificing but not self-affirming. These disowned parts of the self are then repressed and often projected out into the world.

Parts of the self may also be lost as a result of traumatic experiences, whether accidental or purposeful. The cumulative result is that these specific parts or energies become tinged with anxiety. They are experienced as frightening and disturbing and are avoided or perhaps even attacked when encountered. “Because of the phobic attitude, the avoidance of awareness, much material that is our own, that is part of ourselves, has been dissociated, alienated, disowned, thrown out. The rest of our potential is . . . available but as projection” (Perls, 1992, p. 87). In Jungian terms, this would be understood as the Shadow (Douglas, 2005). These processes of denial, disowning, and repression may not, ultimately, work.

Ignoring or disowning parts of the self results in a hidden inner conflict or stalemate in which the aware or dominant part struggles with the denied or background part. Energy is tied up in keeping the denied polarity out of awareness but it is wasted energy for the disowned characteristic will pop up in unexpected ways and sabotage the apparently victorious part of the personality. (Clarkson & MacKewn, 1993, pp. 104–105)

In any case, anxiety, depression, and other problems may occur as these alienated parts seek expression. The path to healing, then, involves the re-owning of the projected parts, the reclaiming of both ends of the polarity or both sides of the coin. “The purpose of psychotherapy is to restore lost parts of the self” (Baumgartner, 1975, p. 10). Perls called this work “centering.”

In many ways, Perls’ work with the inner life of the individual eventually developed into a system built on two core processes: (1) working with splits; and (2) the paradoxical theory of change (Beisser, 1970). The centrality of the split or work with polarities was emphasized by Baumgardner (1975) who wrote that: “Without the split, including the energized as well as the immobilized side, we have no behavior to work with” (p. 60).

Building on this, Perls hunted for polarities (Miller, 1989). Dreams and dreamwork, as will be discussed below, were a major vehicle for this, but there were others. “Polarities can represent the battleground between intellect and emotions, between competence and incompetence, between brightness and stupidity, between dependability and irresponsibility, and between maturity and immaturity” (Polster & Polster, 1973, p. 251). Perls was also very interested in working with the primary split between left and right. “The right-left split is a particularly important one. . . . The left represents perceiving
and feeling; the right side action, force, coping” (Baumgardner, 1975, p. 71). Most famously, Perls returned again and again to the fundamental conflict between what he called “Top Dog” and “Bottom Dog.” While I believe that his conceptualization was somewhat simplistic and clinically inaccurate, he was tapping into the battle between the “shoulds” and the “wants” that exist within the person.

By gaining access to the forbidden or disregarded energy, the patient will not only decrease their inner conflict, but will also have more resources available for coping with life. This process of accessing and freeing these suppressed energies may be marked by the release of strong emotions (Baumgardner, 1975; Perls et al., 1951). Connecting to the Reichian influences on their work, Perls and Goodman both felt that these processes of self-control involved the constriction of the breath and that the liberating of the inner parts could also have a musculo-skeletal component to it.

Naranjo (1993) similarly asserted that Perls eventually embraced two core strategies: going deeper and going to the polarity. “You never overcome anything by resisting it. You only can overcome anything by going deeper into it. . . . Whatever it is, if you go deeply enough into it, then it will disappear; it will be assimilated (p. 138).” The other strategy was to embrace the polarity, to give voice to the opposite.

A core vehicle for doing this can be found in Chairwork dialogues in which the patient gives voice to each of the polarities. In these encounters, it was important that there first be real contact between the two parts of the self so that the two parts would eventually be able to really listen to each other. Baumgardner (1975) delineated this when she wrote, “Are you hearing what he says?” Once he understands experientially the possibility of playing one role and also hearing the other, the client begins to respond with real communication. . . . This is often a matter of asking him to repeat again more forcefully his newborn spontaneous assertions of himself” (p. 70). Strikingly, Latner (1973) identified the Hegelian nature of the work. There is thesis and antithesis, desire and fear, and action and restraint; the creative resolution of these tensions would be the synthesis. He built on this by pointing out “that the more powerful the polarities, the more significant the synthesis” (pp. 43–44). This synthesis will result in the creation of a self that is much stronger and much more capable of living and achieving in the world (Baumgardner, 1975). To be clear, there may be conflicts between and among parts that have not been disowned or repressed. Patients may also experience tensions among the various roles they inhabit because they may be manifestations of distinct values or polarities; again, dialogue can be the answer (Baumgardner, 1975).

The actual material for the dialogues can be elicited from both external and internal phenomena. For example, encounters can be created “between two symbolic parts of the body (left hand versus right hand) . . . between
conflicting parts that have been expressed verbally (‘I want to’ versus ‘I don’t want to’), . . . between self and a part projected onto a current person . . ., and between self and part projected onto a parent or other historical figure” (Joines, 2004, pp. 197–198). From Perls’ perspective, all disturbing phenomena have the potential to reveal important polarities and provide the opportunity to integrate conflicts and gain resources. He provided hope when he said that if people do the centering work, if they engage in the process of reconciliation, their internal roles “no longer waste energy in useless struggle with each other, but can join in productive combination and interplay” (Perls, 1970, p. 19).

Zinker (1977) took this a step further when he wrote that the patient can then begin to develop an attitude of “friendliness with all the polarized forces within” (p. 15). This is a far cry from the fear that had previously colored the relationships with the polarity. He also noted that as a manifestation of this new inner synthesis, the patient may engage in new and creative behaviors. For example,

Erving Polster worked with a minister in the 1960s. The minister wanted to give a sermon on the conflict in Selma, Alabama; a place where the police had used dogs to attack Civil Rights marchers. While this was an issue that he felt quite disturbed by, he was afraid that his sermon would not be effective. Polster invited him to practice this in the session, and found that it was, in fact, lacking in passion and interest. Going to the opposite polarity, he asked the minister to stand up and tell the story of Selma as if he were one of the policemen. As he did this, he spoke with much more emotion and energy. His voice was louder, he used his fists, he told stories, and was generally more confident. Polster then asked him to give the sermon again, but this time he should say it in the manner of the policeman. This time the sermon was quite compelling and it resonated with Polster and, ultimately, with his congregation.

As they explored the issue of forcefulness and aggression, it turned out that the minister had always looked up to the bullies in his school. He had admired their energy and confidence, even though they had attacked him and called him a sissy. The polarity that he had developed was that bullies were vital, but bad, while victims were moral and good, but lacked aggression. Through this work, he was able to claim his own vitality and strength while holding on to his moral center. The result was that he could become both forceful and righteous. (Polster & Polster, 1973; Kellogg, 2012, p. 204)

From a Gestalt perspective, people who we find to be troubling or disturbing are also likely to be repositories of our projections. Embodiment can be curative. “When one is playacting the people, things, or events they complain about, they have the possibility of an ‘Aha!’ experience, in which there is the recognition ‘This is me!’ This is what is referred to as owning the projections” (Shepard, 1975, p. 204).
This approach can also be used to work with phobias and fears. In a wonderful example, Adele Bry went to interview Perls about his work (Perls, 1972). Instead of answering her questions, he worked with some of her polarities; that is, rather than “talking about” his work, he involved her in it and made it experientially real for her. Among the issues that they explored was her fear of flying. A core dialogue polarity involved her being a passenger in one chair and the pilot in the other.

**Working with the Group**

While the main focus of this book has been the use of Chairwork in individual treatment, Perls became famous for using it in a workshop format. As he put it, “Basically I am doing a kind of individual therapy in a group setting . . .” (Perls, 1992, p. 93). In this model, the group provides a much higher level of emotional intensity as a baseline. Beyond that, the members can: (1) serve as witnesses to what is being shared and enacted; (2) be integrated into the treatment as a way of deepening the experience; and (3) be invited to express their own identifications with what has transpired as a way of not only normalizing the experience of the working patient, but also of universalizing the experience as well (Clarkson & Mackewn, 1993). Abraham Eliezur gave an account of transforming encounter he had with Perls that exemplifies this use of the group.

I mentioned that at times I felt inferior. I didn’t have the courage to participate in things, but that sometime I feel that I am above others. “Ok,” he said, “Be above us. Stand up on the chair and talk to all of us.” So I stood up on the chair and I made some bombastic talk to the audience. I smiled when I did it, but apparently it did something to me. It wasn’t just a play. I felt that some hidden impulse, some hidden desire was getting its way. Then he told me, “Ok, now come down to earth.” And I came down and he said, “Look around and say how you see everyone now?”

I looked in the eyes of everyone and I saw them warm, understanding, accepting and it was very appealing to me. I felt the warmth coming to me from all the people in the audience. It was one of the greatest experiences of my life. (Gaines, 1979, p. 194)

There are a number of therapeutically creative things that Perls is doing here. First he chooses to give voice to a more hidden part of the patient, in this case, his grandiosity. He then gives a physical manifestation to this by having him be “above” everyone. He is also working with polarities in that the patient first connects to the group when standing on the chair and then he switches and makes contact with them on the same level. First he is further away and then he is closer. As can be seen at the end, this made a profound difference.
Dream Theory

At the end of his career, Perls was centrally focused on the use of dreams as a vehicle of healing (Perls, 1992). As discussed throughout, the ultimate goal was to make people more whole through helping them to resolve their conflicts and enabling them to access all parts of themselves so that they could better adapt and thrive in the world. He believed that every image in a dream—each person, object, animal, and force—represented a part of the patient’s personality. The goal was to have the patient embody or give voice to each of these images so as to reclaim the power inherent in each of them (Perls, 1992). As Perls (1975a) said, “My dream technique consists of using all kinds of available material that is invested in the dream. I let the people play the different parts and, if they are capable of really entering the spirit of the part, they are assimilating their disowned material” (p. 137). Perls frequently sought to create dialogues among images that represented some sort of polarity, i.e., land and sea, male and female, and light and darkness, as he believed that this kind of work would eventually help him uncover an emotion-filled polarity.

Working this way would engage the patient in a healing process:

I mean have a dialogue between the two opposing parts and you will find, especially if you get the correct opposites, that they always start out fighting each other. . . . As the process of encounter goes on, there is a mutual learning until we come to an understanding, and an appreciation of differences, until we come to a oneness and integration of the two opposing forces. Then the civil war is finished and your energies are ready for your struggles with the world. (Perls, 1992, pp. 89–90)

The first step in the dreamwork process was to ask the patient to relive the dream, to tell the dream in the first person slowly and in the present tense. This helped to signal where the emotionally-valent images might be. After that, he or she would then “become” the images and give voice to them (Baumgardner, 1975).

In an interesting variation, patients would sometimes report that they had woken up before the dream was finished. When this was the case, he would have them make up an ending to the dream and work with that as well (Baumgardner, 1975). Perls was particularly interested in disturbing images and nightmares as he believed that the more disturbing the image, the more that energy or part of the self was dissociated from the whole. He would argue that work with these profoundly alienated aspects of self could lead to the cessation of a chronic nightmare (Clarkson & Mackewn, 1993).

In an account from Gustaitis (1969), Perls integrated work on a current relationship with images from a dream:
Constance . . . was preoccupied by an unresolved conflict regarding her father. She hated him for the harm she felt he had done to her as a child. At the same time, she loved him. She was unable to separate the two emotions and express either of them and so could neither reject him nor forgive him. . . . Perls, starting with a dream, led her to polarize her love and rage. Once the strength of both emotions came fully into awareness, she burst into anger and then, suddenly free, found she wanted to forgive her father while he was still alive (p. 38).

Going back to the issue of the role of the group, Howard (1970) described a workshop where Perls powerfully used the group to heightened the impact of the work.

Another young man with a pasty face and a pasty, apologetic manner came forth to the “hot seat” to tell of a dream about a troll with crippled legs who was trapped in a dungeon where the sun never shone. He had in turn to ‘be’ the troll, ‘be’ his crippled legs, ‘be’ the dungeon and ‘be’ the door that barred him from the sun. In the course of enacting all these things he lay sobbing and writhing in the fetal position on the floor. Obviously his most central dilemmas, his impasse, had been reached. But he said to Perls, almost as if it were a question, ‘I’m not crippled; I’m not dead.’

‘Louder!’ Perls demanded. ‘If you mean it, say it as if you did.’ The man said it louder and louder, but was still told his tone was unconvincing. Perls instructed him to go around the circle repeating the statement to each one of us. One by one he came up to us and said, in increasingly less hesitant tones.

‘I’m not crippled! I’m not dead!’

‘Of course not,’ most of us said a little patronizingly.

‘Like hell you’re not!’ said a fierce encounter veteran named Ben. ‘Tell me so I’ll believe you, or I won’t!’

‘I’m really not crippled! I’m really not dead!’ said the man in tones that suddenly were really confident and believable. Several people got up and formed a ring-around-the rosy circle around him, chanting ‘he’s not crippled; he’s not dead.’ It was like the finale of an operetta. (p. 206)

In this example, we see Perls’ creative and masterful use of the group to help this man gain access to his inner vitality in a visceral and profoundly meaningful way. However, not only did the group affect the individual in the “hot seat,” but the individual work also deeply affected those in attendance. It was the witnessing and identification process that helped make Perls famous as so many were profoundly moved by what they had seen and experienced in his workshops—

“One young man about my age told me of a dream in which had seen his aunt Evelyn die in a [restaurant]. He realized after ‘being’ his aunt, ‘being’ her lunch, ‘being’ the restaurant, and being himself, that he did after all love his parents, from whom he had lately been estranged. He cried. So did many who watched, among them me” (Howard, 1970, p. 206).
Chapter 7

In another case, Perls described the dream work he had done with a particularly troubled man.

To illustrate the method of integrating top- and underdogs by working through a dream, I relate a case of a patient who impressed everybody with his psychotic eccentricities. During one of my group sessions he related a dream in which he saw a young man enter a library, throw books about, shout and scream. When the librarian, an elderly spinster, rebuked him, he reacted with continued erratic behavior. In desperation the librarian summoned the police.

I directed my patient to act out and experience the encounter between the boy (underdog) and the librarian and police (topdogs). In the beginning the confrontation was uselessly consuming of time and energy. After participating in the hostile encounter for two hours, the different parts of my patient were able to stop fighting and listen to each other. True listening is understanding. He came to recognize that by playing “crazy” he could outwit his topdog, because the irresponsible person is not punished. Following this successful integration the patient no longer needed to act crazy in order to be spontaneous. As a result he is now a freer and more amenable person. (Perls, 1975b, pp. 6–7)

In an example of personal healing and reorganization, Anna Halprin told the following story, “We had worked on a dream of mine for years... Every time he worked with me on this dream, I would discover a different room in the house I dreamt about. This time all the walls separating the rooms dissolved. He said, ‘Where are you going?’ And I said, ‘I’m going out into the forest and I have to go alone.’ He said, ‘I know.’” (Gaines, 1979, pp. 392–393). Miller (1992), in an account that wonderfully demonstrates both Perls’ compassion and his creativity, described his first encounter with gestalt therapy at a group session in San Francisco in 1966. The group was focusing on dreams. He writes: “I... remember my surprise as I watched a vastly overweight mental health worker burst into sobs of deep grief within moments after Perls asked her to imagine that she were a beached whale” (p. 2). The whale was part of dream that she had just recounted. Extrapolating from what Perls might have done, it is likely that he had her sit in one chair and then speak from the perspective of the dying whale. Giving voice to the image, she might have said something like: “I am a whale. I am enormous. I am trapped. I am dying. No one can help me. It is hopeless. This is the end.” After she spoke in this way, he observed that “with prompting from Perls, she seemed to melt before our eyes into a neglected child alone in her room, bitterly lamenting the emptiness of her existence” (p. 2). The dying whale is the metaphorical embodiment of her depression and all of the pain, shame, and isolation that can come with being obese.

It is likely that Perls then asked her to switch chairs and this time he asked her to speak as if she were the ocean, another image in the dream. It is
possible that she said something like: “I am the ocean. I am the sea. I am filled with life. I am filled with mystery. I am filled with beauty. I am one of the most important forces on planet Earth.” Clearly struck by what happened next, Miller wrote: “When Perls told her, as her tears dried, to become the sea in her dream, her huge shape seemed for a moment not just the visible burden of her self-hatred but an indication that she could be teeming with life” (p. 3). What is striking about this work is that Perls balanced the death image, which was her dominant self metaphor, with one of growth and future possibility. In terms of her ongoing healing and growth, it would make sense for her to take the metaphor of the sea to heart and work to manifest its positive attributes; these could include being beautiful, powerful, and filled with life. A question that she and her therapist could wrestle with is: How would she live her life if these things were true about her?

For the most part, this kind of polarity work is a lost art form. It might, however, be worth revisiting. In cognitive therapy, patients are frequently seen as having problematic beliefs, schemas, or thought patterns. Part of the therapeutic enterprise is co-creating an alternative, more adaptive belief that they will then work to integrate and internalize. Clearly this works with many patients. What Perls did was both different and compelling. He, essentially, addressed her depression by having her claim ownership of a symbol or metaphor that already existed within her. I believe that there is something to this mechanism that is definitely worth considering and embracing by the psychotherapy field at large.

**Nightmares**

As noted above, Perls was very interested in nightmares as he believed that they contained disavowed parts of the self that were particularly powerful. The integrative dialogue was certainly one way to work with these images (Clarkson & Mackewn, 1993). Another way to approach this, which builds on the work of Moreno, is to create a new ending to the disturbing dream or nightmare (Landy, 2007).

One of the symptoms of PTSD is chronic nightmares. A major intervention for this is Imagery Rescripting Therapy. Building on the tradition of Moreno and Perls, patients are asked to write down their nightmares and to change the ending in ways that are personally meaningful and empowering. This practice has been shown to improve both sleep quality and decrease nightmare frequency (Krakow et al., 2001).

Massé (1997) worked with a Vietnam Veteran who had a chronic nightmare. The dream began with him walking down a jungle path; a Vietcong soldier then stepped out from behind a tree to shoot him. At the time of the therapy, he had been plagued by this nightmare for over 20 years. In a
very creative piece of work, she organized a three-chair dialogue with the American soldier (in one chair), the Vietcong soldier (in the chair opposite), and a tree (represented by a chair in the middle). The tree had been a part of the dream image. In this scenario, “he became a tree along the trail, and told both himself and the Vietcong soldier that the war was over and they both could go home now. Both agreed to put down their weapons and go home.” (p. 206). In essence, the tree became a mediator and the two parts had an opportunity to make contact, dialogue, express what was important, and make peace. Strikingly, he no longer had the nightmare after he did this work.

Accessing Internal Resources

While Perls famously centered his polarity work in his therapy with dreams, he did this in other ways as well. For example, he believed in the benefits of shuttling or asking patients to travel back and forth between different states or images. Perls would often ask people to first be aware of what they were feeling, especially if they were not feeling good or alive. He would then ask them to close their eyes and imagine that they are in a desirable place where they would have that which they are currently missing. This could include places of support or comfort (Daniels, 2005; Perls, 1992).

Emotion and Imagery

Leveton (2001) reported that in her work with Perls, they would intertwine emotional states with imagery. He would guide her and say: “Visualize this mood. Close your eyes and see if you can go into your feeling. Give it a landscape, give us pictorial details of the landscape your feeling calls up” (p. 91). He would then work with the various parts of the emergent image to find a polarity and create a dialogue.

For example, the first time she went to work with him, she became aware of her deep fear. He asked her to remain in contact with that fear and to visualize it as a landscape. As it came into view, she said: “I see an attic. Just a part of the attic with a brown wood floor. I can see the texture of the wide boards. It’s dark and cold and at the very back, there’s a blue light.”

He then asked her to give voice to the floor and the blue light. As she gave voice to the floor she said: “I’m brown, and old, very worn. I’m dark. I’m cold. I’m really alone. No one ever comes here (I start to cry, experiencing a desolate loneliness). There are no people here at all.” He then asked her to switch chairs and be the blue light. Part of what she said was “I’m light. I’m cold too. I’m very beautiful, an icy blue.” From these two visual polarities, light and darkness, there is a hint that she may have some issues with connection. She is lonely but she also “freezes” people out. He then asked
her to have a dialogue between the blue light and the floorboards. During this encounter, Leveton came to a deep realization about herself:

Suddenly, I am floored with the awareness that I have frozen others out of my life, coldly rejecting their warmth. The work put me in touch with my loneliness and also with the part of me that makes sure I stay that way. Perls has me say, ‘I can freeze you out’ to several group members. I do it with conviction. My mood lightens. I tell Perls that I feel better. He asks me to shut my eyes again and to visualize my present mood.

She closes her eyes and has an image of being in a lake on a warm day. She is a little bit below the surface and she can feel some seaweed “lightly brushing up against me.”

Perls: Can you do that to some of the people in the group? Just lightly brush up against them?

I do. I lightly touch one person’s hand, another’s face, another’s shoulder. I feel relieved. There’s also a part of me that can connect with others. I feel that I want to be warmer. Maybe I can leave some of that coldness with the past, when I needed the self-protection it offered. (Leveton, 2001, pp. 89–90)

In this moving and life-changing experience, Perls demonstrated a number of the techniques and strategies that we have been discussing. He has her create an image, he finds the polarities, and he asks her to give voice and to “be” each of the polarities. He then invites the polarities to dialogue which leads to her first insight about her complex feelings about connection. He does not challenge her for distancing people through her coldness; instead, he brings in the group and invites her to consciously do to them what she is instinctively doing to them already. The experience of “being what you are” shifts her emotional state. He then asked her to come up with another image that reflects her current emotional state. The image of the seaweed brushing up against her lightly becomes a wonderful tool in his hands. Using it as a metaphor for a new way of connecting, he then asked her to “lightly brush up against” members of the group. Doing this, furthers the change process that has already begun within her.

**Imagery and Emotion**

The Polsters (1973) told the story of a patient who saw herself as a blue painting with red dots on it.

The blue, to her, represented her basic mood in life: depressed, formless, serving mostly as background, unwilling to be obliterated but having no shape of its own. The red dots were her moments of happiness, clearly articulated, but small,
isolated and nowhere near covering enough territory. I asked Carla to begin a
dialogue between the blue ground and the red dots of her painting. . . . Carla
realized that being more specific would mean that she would have to be as clear
about her sadness as she was about her happiness. This she usually resisted,
settling for undifferentiated depression instead of clearly focused sadness.
She called this being unwilling to complain, but it also kept her from making
any specific changes in the unfulfilling parts of her life. The red dots listened,
then, as the blue background told of the sadness of the limited relationship with
a boyfriend and of her feelings of powerlessness at work. Once these unsatisfy-
ing parts of her life could be identified, Carla had taken the first step in making
changes. (Polster & Polster, 1973, p. 249)

Similarly, a patient in the middle of a change process was considering redeco-
rating her home. She had long favored light blue and white, which were
colors connected to her childhood home; she was not considering reds and
brown which reflected a more passionate side of herself. In her apartment, she
did a dialogue between these two colors, exploring what they meant to her
and how they would impact those who came to visit her home. She reported
that this was a surprisingly profound experience for her.

The Impasse

Perls was also focused on what he called the impasse. This is a situation
in which a patient is stuck because internal, opposing forces are in state of
unhealthy balance, a condition in which “there is little activity but much
tension” (Latner, 1973, p. 146). “As Freud said, ‘if you have two servants
quarreling, how much work can you expect to get done?’” (Perls et al., 1951
in Latner, 1973, p. 148). Since the impasse is a state of discomfort, most
people try to avoid engaging with it. How is it broken or resolved? Here the
patient can not only give voice to the different forces involved, but also to
the feeling of the impasse itself. “The incredible thing which is so difficult
to understand is that experience, awareness of the now, is sufficient to solve
all difficulties of this nature, that is, neurotic difficulties. If you are fully
aware of the impasse, the impasse will collapse, and you will find yourself
suddenly through it” (Perls, 1970, p. 26). Combining this with Chairwork,
polarities, and the paradoxical theory of change, Ruth Cohn (1970) observes:

The skillful separation of conflicts into their duality and their subsequent reen-
actment leads, after a series of dialogues, to feelings of blankness, confusion,
helplessness, etc. This experience is the impasse: the ultimate expression of two
strivings pulling in opposite directions. The therapist’s guiding words are: “be
blank,” “be confused,” “be empty.” When the patient can endure and experience
the extent of his feelings of confusion, blankness, impotence, etc., organismic
change takes place. (p. 137)
Again, the work will involve having the patient take responsibility for this experience. He or she is not the victim of conflicting forces, they are both parts of his or her self. This can involve giving voice to the idea that he is choosing to be immobilized and be stuck. Perls would often push patients to go deeply as possible into the impasse.

He often suggested that the client describe in detail or enact the sensation of stuckness and exaggerate whatever physical sensations of tension she has. As the client amplifies how she locks her energy, turning it on herself, the implosion gets so great that eventually it cannot turn any further inwards, but all the energy must go somewhere, so it explodes outwards into the authentic layer. The client shakes in fear, laughs, sings, jumps for joy or just does something different. The impasse is resolved and the individual moves in a fresh and authentic direction. This ‘explosion’ is often followed by important insights and a time of great creative energy and excitement. (Clarkson & Mackewn, 1993, p. 118)

Lieblich (1978), in turn writes: “By encouraging the person to let be and to allow himself to be stuck, including all the painful feelings involved, many people will discover new awareness and ways of being, and some of them may make the fundamental shift into self-reliance” (p. 15). In both cases, these therapists are invoking the paradoxical theory of change (Beisser, 1970). By being more deeply what one is, change ensues.

Alternatively, when the patient does begin to give voice to the impasse, to the experience of being blocked, another part may emerge that does not want to be stuck and from this, a dialogue can be created. Alternately, the patient could first be asked to express the feelings of stuckness and then close her eyes and have a fantasy of a place that she would like to be. A “shuttling” dialogue can then be created between the feeling of “stuckness” and the emotions and images connected to the desirable fantasy situation, and perhaps to feelings of freedom and movement (Baumgardner, 1975).

**Awareness and Mindfulness**

Another name for this experience of creativity out of conflict was the **fertile void** (Perls et al., 1951). This meant that if the patient were willing to experience or feel his or her block or their despair in a deep way, that a creative solution would emerge. “The fertile void is the existential metaphor for giving up the familiar supports of the present and trusting in the momentum of life to provide new opportunities and vistas” (Polster & Polster, 1973, pp. 120–121).

It is interesting to note that Perls’ work can be seen as a forerunner to the contemporary movement to integrate mindfulness into psychotherapy.
(Baer & Huss, 2008). He and other Gestalt therapists emphasized the central importance of engaging with “negative” or painful emotions. “This is part of the hard work of therapy, demanding of ourselves that we make contact with unwanted and unpleasant emotions” (Latner, 1973, p. 191). There are two things that help facilitate this. The first is that it takes place within the context of a supportive, therapeutic relationship. The second is the use of techniques. Awareness, describing the phenomena, is a way to engage with the pain, to be with it, and to develop a relationship with it. Chairwork and Chairwork combined with imagery can also be effective.

In a brilliant example of cognitive restructuring, Perls (1970) wrote: “The antidote is to become interested in your negative emotions” (p. 34). This transforms the experience from one to be feared into one to be curious about, using awareness as a method. The patient may find that through this work, new possibilities will emerge (Lieblich, 1978).

**Polarity Work**

Perl’s dialogues always saddled the boundary between addressing psychopathology and promoting personal growth. As a part of the human potential movement, gestalt therapists and many of those involved with the Esalen Institute were trying to move therapy from a clinical intervention for the few to a societal movement centered on self-exploration and empowerment. As we have seen, polarity dialogues can grow out of the material of dreams and difficult situations. Here the patient can give voice to the various polarities with the assumption that a meaningful conflict will eventually emerge.
A DREAM DIALOGUE

This dialogue was developed from a dream that originally belonged to a psychotherapist who was treated by Freeman (1981). One of her issues was that she was overly passive. The dream dialogue revealed both a passive part, that she was familiar with, and a very aggressive part, that was disowned and projected.

Working with the Dream

*Patient:* I had a dream the other night that was quite disturbing.

*Therapist:* What happened?

*Patient:* I was sitting in my chair in my office. From out of the opposite wall, a huge snake came flying across the room. It moved with incredible speed and I was unable to get away. It put its fangs in my arm. The only thing that I was able to do was sit there, look at it, and talk about the pain that I was experiencing and the fact that I was being bitten. The dream woke me up. I felt scared and frightened. It was disturbing.

*Therapist:* May I work with this dream?

*Patient:* Yes.

*Therapist:* I would like you to close your eyes and tell me the dream again as if it were a movie or as if it were happening live. I would like you to describe the setting and all of the things that you see and feel as you are going through it.

*Patient:* (Closes eyes) (Pause)

I’m in my office. I’m sitting in my chair; this is the place where I usually work. I am working on my notes. It is very still, quiet, and peaceful. I’m in the middle of the work and suddenly there is a kind of a crash. The wall opposite me breaks open and a huge snake with dark eyes is flying through it.

I see him fly across the room and put his fangs in my arm. I look at his eyes and I get a sense that he is a male. I feel disconnected and strange. I look at him and I say, “You are biting me. You have fangs in my arm. It hurts. This is not right. Stop biting me. Stop biting me.” It is weird. I am being bit and I am saying these words, but there is no anger. I do not fight or move. I think, in a way, that I just want to go back to work; I do not want to engage. I wake up and I am distressed even though I did not feel that way in the dream. *(Opening eyes)* That’s what happened.

*Therapist:* Good. Now I am going to ask you to try to enter into some of the different images and give voice to their experience. To start, please speak from the perspective of the snake. I would like you to really get into it. You can start in either of these chairs that you are in or move to the one over there.

*Patient as Snake:* (The patient chooses a seat to give voice to the snake; there is a chair opposite. The therapist sits in the middle.) *(See Figure 7.1)* I’m a huge snake. *(Pause)*
Therapist: Describe yourself. Say what you are like.

Patient as Snake: I’m strong, hungry, vicious, aggressive. I live in the jungle and I hunt and I attack. I’m long, smooth, green, and slippery. I bite, I kill, and I eat. My fangs are very sharp. I’m very primitive and very old. I’m a reptile and I am filled with cold blood. I’m a loner, I go my own way. I don’t know how I found my way into the office, but it doesn’t matter. I’m going to attack you, I’m going to kill you.

Therapist: Say that again.

Patient as Snake: I’m going to attack you. I’m going to kill you. I’m biting you and I’m sending venom into you. (Pause)

Therapist: Please switch seats and describe who you are in the dream, sitting on the chair.

Patient as Therapist: I’m a psychotherapist and I’m sitting quietly in my office. I like to listen to my patients and reflect on what they’re saying. I have the gifts of being able to be still and quiet. I listen and I hear.

Facilitator: Now, talk to the snake.

Patient as Therapist: At the moment, you’re biting me and you’re causing me pain. I don’t seem to be able to move or fight back. I’m just talking to you and commenting that you are biting me and that it is causing me pain.

Therapist: I don’t fight back.

Patient as Therapist: Yes, I don’t fight back. When I woke up I was frightened by what you had done. I don’t know if I’m frightened right now. I’m just sitting here, looking at you, unable to move. (Pause)

Therapist: I don’t fight back. I sit here and I don’t fight back. I don’t struggle. I am sitting here.

Patient as Therapist: I am sitting. I don’t fight, I don’t struggle. I sit here. I just want to work. I want to be left alone. Leave me alone.

Therapist: Now go back over here and be the serpent.

Patient as Snake: I’m the giant vicious snake. Everyone is afraid of me. All around the world, people fear me. They see me as something evil. Sometimes the brave ones try to hunt me. I lie in wait and sneak around. I bite them when they’re unaware. I’ll bite you if you get too close.

Therapist: Repeat that, I’ll bite you if you get too close.

Patient as Snake: I’ll bite you if you get too close! I will bite you if you get too close! (Pause) (Slowly) I’m fierce and I will fight . . . I will fight to the death. (Pause)

Therapist: Again.
Patient as Snake: I’m fierce and I will fight. I will fight to the death.

Therapist: I will fight. I will fight hard and I will fight to the death. No one will defeat me. You do it.

Patient as Snake: I will fight hard. I will fight hard and no one will defeat me.

Therapist: No one will defeat me.

Patient as Snake: No one will defeat me!

Therapist: Now go to the other chair and be yourself in the dream.

Patient as Snake: I’m a therapist. I’m very educated. I have studied for a very long time. I’ve read many books and I think about things a great deal. I have dedicated my life to helping people in need, to helping those who suffer.

I live a life of culture, and I don’t like your violence, your aggressiveness. I like my neat, beautiful, orderly office. I can’t believe that you have broken through my wall and have bitten me. It’s not right, it’s not fair. I didn’t do anything to you. You might even kill me. If you don’t, I’m going to have a lot of work to do to fix the office. I don’t like you biting me. I want you to let go. If I had a knife I would cut off your head right now.

Therapist: Good, Again.

Patient as Therapist: If I had a knife I would cut it off. I’m getting so angry about what you have done that I would not mind it if you died. I’m not usually like this but I’m angry that you have hurt me, that you have made a mess of things. I don’t like it. Let go of me, stop biting me!

Therapist: Stop biting me.

Patient as Therapist: Stop biting me. Stop it.

Therapist: I am going to cut you with my knife.

Patient as Therapist: I am going to cut you with my knife.

Therapist: Stop it or I will cut you with my knife.

Patient as Therapist: You’d better stop right now or I am really going to cut you open with my knife.

Therapist: (Pause) Now move back to this chair and be the snake.

Patient as Snake: I’m a snake. You don’t have to be so mad. I bit you because that’s who I am. I’m a predator, a hunter; that’s who I am.

I’m not all bad. I shed my skin and then I grow new skin. I’m a symbol of Medicine. I’m intertwined on the rod. I’m a mystery; I kill and I heal. I lay eggs and keep my babies warm. (Pause)

Therapist: I kill and I heal.

Patient as Snake: I kill and I heal.

Therapist: I kill and I heal.
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*Patient as Snake:* I kill and I heal.

*Therapist:* Again.

*Patient as Snake:* I kill and I heal.

*Therapist:* Several times, slowly.

*Patient as Snake:* I kill and I heal. I kill and I heal. *(More slowly)* I kill and I heal.

*Therapist:* I heal and I kill, two more times.

*Patient as Snake:* I heal and I kill. *(Pause)* I heal and I kill.

*Therapist:* *(The Therapist gets up brings a fourth chair over and puts it in the middle, opposite his/her own chair and a foot or two back from the two chairs in the dialogue.)* *(See Figure 7.1)* Now I would like you to come and sit in this fourth chair. *(The Patient sits in this new chair and the Therapist stays in his/her chair; they are now facing each other.)* Sitting there now, you have the therapist on one side and the snake on the other. I would like to get a sense of what it was like to go through that dialogue and where you are with these two parts of yourself.

*Patient:* It is powerful to be sitting here. I can feel both of them. *(Pause)* When I started I was really the therapist. The snake seemed really alien. As I went back and forth, I began to get angry at the snake. I felt he was wrong and I did not like what he was doing.

As I began to play the snake, I began to like him better.

*Therapist:* What did it feel like to give voice to the snake?

*Patient:* As I warmed up to it, I began to enjoy it. I felt free-er, less restricted. I began to feel some energy and power. It was good. I liked it.

*Therapist:* Maybe you can take a minute to look at the snake and look at the therapist and see if you can take in something from each of them. Let me know when you feel something.

*Patient:* *(Patient takes a minute or two to look at both chairs and feel the energy of each of them.)* *(Looking at the Therapist)* Okay.

*Therapist:* What are you feeling from each of them?

*Patient:* I want the skill and knowledge from the therapist. I want the commitment to heal from the therapist and I want the forcefulness from the snake. I don’t always stand up for myself enough. Sometimes I don’t push my patients hard enough. The snake is a fighter. He wants what he wants. I could use more of that.

*Therapist:* That’s great. Anything else?

*Patient:* No. I think that’s it.

*Therapist:* Let’s go back to our original seats.
Debrief

A first step might be for the Patient and Therapist to make a composite list of the specific attributes of the psychotherapist and the snake that he would like to engage with and manifest in his life. This is a list that the patient should study and give voice to daily. The next step is to identify situations where the patient could benefit from more assertiveness, more snake-informed behaviors. Specific strategies could be developed and practiced and then implemented in the real world.

Further Thoughts on Polarity Work

Polarity dialogues are dialogues between values and energies that seem to the patient to be incompatible and incongruent. This speaks to the issue of inner conflict as a dynamic driving many, but not all, problems that patients are wrestling with. It is my personal belief that the centerpiece of most psychotherapeutic journeys will be a confrontation between courage and fear. This dynamic was at work in the decision-making dialogue that was presented in chapter 5.

As noted earlier, this kind of work served as a vehicle integrating that which was psychotherapeutic with efforts that were centered on the development of human potential. This was, in fact, one of the goals of the Esalen Institute.

<table>
<thead>
<tr>
<th>Table 7.1 Polarity List</th>
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</thead>
<tbody>
<tr>
<td><strong>Polarity List</strong></td>
</tr>
<tr>
<td>Fear</td>
</tr>
<tr>
<td>Gentle</td>
</tr>
<tr>
<td>Trusting</td>
</tr>
<tr>
<td>Ugly</td>
</tr>
<tr>
<td>Sexual</td>
</tr>
<tr>
<td>Submissive</td>
</tr>
<tr>
<td>Independent</td>
</tr>
<tr>
<td>Group</td>
</tr>
<tr>
<td>Calm</td>
</tr>
<tr>
<td>Practical</td>
</tr>
<tr>
<td>Verbal</td>
</tr>
<tr>
<td>Heart</td>
</tr>
<tr>
<td>Closed</td>
</tr>
<tr>
<td>Save</td>
</tr>
<tr>
<td>Extrovert</td>
</tr>
<tr>
<td>Soft</td>
</tr>
<tr>
<td>Mature</td>
</tr>
<tr>
<td>Wild</td>
</tr>
</tbody>
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Source: Based, in part, on Raffa, 2012; Schiffman, 1971; and abcteach ®, 2014.
Chapter 7

Building on this, Chairwork dialogues can be developed using values that exist in polarity. Table 7.1 consists of words that are in opposition; in turn, Table 7.2 can be used as a foundation for a three-way dialogue among dynamic variables. Using these lists can help patients access energies that are meaningful as well as disowned, while offering a structure for the creative emergence of a new vision of the self. Again, this way of working can provide us with a viable link to some of the innovative energies of the 1960s Esalen experience.

Table 7.2 Three-Way Dialogue

<table>
<thead>
<tr>
<th>Three-Way Dialogue Values</th>
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<tbody>
<tr>
<td>Mother</td>
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<tr>
<td>Child</td>
</tr>
<tr>
<td>Artistic</td>
</tr>
<tr>
<td>Fear</td>
</tr>
<tr>
<td>Body</td>
</tr>
<tr>
<td>Past</td>
</tr>
<tr>
<td>Tradition</td>
</tr>
<tr>
<td>Inertia</td>
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<tr>
<td>Warrior</td>
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*Source*: Based on Payne, 1981.
References

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