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# The Transformational Chairwork Psychotherapy Project

Scott Kellogg, PhD, Director/Psychotherapist  
Phone: (917) 847-8627

36 West 25<sup>th</sup> Street, 10<sup>th</sup> Floor, New York, NY 10010  
E-mail: kelloggchairwork@gmail.com  
www.transformationalchairwork.com

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## Polarities, Dreams, and Nightmares: Fritz Perls, Chairwork, and West Coast Gestalt Therapy

*I have long felt that Fritz Perls, with the West Coast Gestalt Therapy that he practiced during the 1960s, actually created a Second Gestalt Therapy - a therapy that was radically different than the one that was described in the 1951 Gestalt Therapy volume by Perls, Hefferline, and Goodman. This second model had roots in Psychodrama and was centered in the practice of Chairwork. It was, fundamentally, a parts therapy. This second therapy was rooted in Perls' ideas about polarities and the integration of different parts of the self.*

*This process involved first identifying internal parts – often, but not only, through work with dreams. The parts were then personified and put in a chair so that the person could engage in a dialogue with them. After this, the person was invited to switch chairs, embody the other part, and then engage in a role reversal dialogue and speak as if they were the part.*

*Perls felt that through this Chairwork practice, people could: (1) successfully bring resolution to parts that were in conflict; (2) reclaim energies within them that had been disowned due to trauma and/or familial and cultural edicts; and (3) find creative solutions to the life problems that they are facing. The hope was that this new Gestalt Therapy would ultimately help the individual experience greater inner resourcefulness, be able to act with greater freedom in the world, and develop a more integrated personality. It is my great pleasure to present some beautiful examples of his work.*

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 sometimes 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).*

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 wrote: "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 Gestalt 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 twenty 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 of the attic, way 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 flooded 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 unsatisfying 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 redecorating 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) observed:

*"The skillful separation of conflicts into their duality and their subsequent reenactment 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).

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### **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. ....

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.

From Kellogg, S. (2014). An excerpt from [\*Transformational Chairwork: Using Psychotherapeutic Dialogues in Clinical Practice\*](#) (Chapter 7). Lanham, MD: Rowman & Littlefield.

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### From **Gestalt Therapy Verbatim**

"There was once a girl, a woman, who had lost her child not too long ago, and she couldn't quite get in touch with the world. And we worked a bit, and we found she was holding onto the coffin. She realized she did not want to let go of this coffin. Now you understand, as long as she is not willing to face this hole, this emptiness, this nothingness, she couldn't come back to life, to the others. So much love is bound up here, in this coffin, that she rather invests her life in this fantasy of having some kind of a child, even if it's a dead child. When she can face her nothingness and experience her grief, she can come back to life and get in touch with the world" (p. 57).

Perls, F. S. (1969). *Gestalt therapy verbatim*. Moab, UT: Real People Press.