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GESTALT THERAPY AND THE COUNSELLOR

ABSTRACT: The article briefly describes the principal values in Gestalt Therapy and outlines some of the practices commonly employed in Gestalt work. The development of Gestalt work is briefly described and implications for counsellors are suggested — both as a mode of counsellor training and as an approach to be used by counsellors.

INTRODUCTION

Gestalt therapy, relatively unknown before 1960, had attained a position of major therapeutic prominence by 1970. The *Directory* of the American Academy of Psychotherapists now lists Gestalt therapy as the sixth most common affiliation. During the sixties, lectures and demonstrations by Gestaltists such as Dr.'s Frederick (Fritz) Perls, Laura Perls, James Simpkin and others, stimulated professional interest in Gestalt amongst psychiatrists, psychologists, psychotherapists, counsellors, and educators. By 1971, an estimated one thousand therapists had received Gestalt training at Gestalt institutes and growth centres in North America. Thousands more had participated in Gestalt therapy workshops and awareness training.

The purpose of this essay is to explore certain aspects of the Gestalt therapy approach: What is the Gestalt Good Life? How is Gestalt therapy conducted? What is the Gestalt view of change and growth in personality? Has Gestalt value for counsellors? Certainly there are no conclusive answers to such questions. It may be, however, that Gestalt thinking and practice in its various aspects has both value *and* limitations for a counsellor — in his own life and in his work with others. It is in a spirit of exploration that this article is written. The terms Gestalt, Gestalt therapy, and Gestalt work are used interchangeably.

Until his death in 1970, Fritz Perls was the foremost therapist-teacher in the Gestalt therapy movement. Educated in Germany, he received an MD from the Frederick Wilhelm Institute in 1921. After receiving psychoanalytic training in Berlin and Vienna, Perls practiced psychiatry in South Africa for a number of years. During this period he departed from many of the tenets of his own training and began to develop a Gestalt theory of personality and therapy. Among others, he credited Wertheimer, Goldstein, Tillich, and Buber with inspiring his own theory. Following World War II, Perls moved to New York City and established a private practice. Gradually, other psychotherapists became involved with him, leading to the establishment of Gestalt Institutes in New York, Cleveland, and Los Angeles. However, it was Perls' move to Esalen Institute at Big Sur, California, in the mid-sixties that signalled the phenomenal expansion of the Gestalt therapy movement. Shortly before his death, Perls had founded the Gestalt Institute of Canada on Vancouver Island in British Columbia.

Perls contrasted his "here and now" approach with what he called the three "isms": "aboutism," "shouldism," and "isism." For example, science is concerned with *about*. The scientifically oriented counsellor or therapist talks "about": *about* his client, *about* himself, *about* the logical and intellectual order of things, thus missing the real person before him. Then there is "shouldism." One who is focused on what "should be" is either dissatisfied with, or unaware of, the present. By dwelling on "shoulds" one is absent and misses what is actually going on in the present. Third is "isism" which Perls identified with certain existential thinkers. While the existentialist correctly concerns himself with the present and what *is*, he often takes the fateful steps of asking "why?" and thus gets lost in the fruitless search amongst *antecedents* of the present. For the Gestalt therapist (at least à la Perls) it is the *vivid present* that matters. For it is only in the present that responsive, creative living occurs. Past and future are important only to the extent that they are part of present experiencing.

Gestalt therapy has taken certain concepts directly from classical Gestalt psychology. Figure/ground, unfinished situation, and Gestalt are obvious examples. The German word, *Gestalt*, for which there is no exact English equivalent, approximates what is meant by the phrase "meaningful organized whole." When we look at a person, we do not see arms, legs, trunk, neck, and head as unconnected juxtaposed elements. We see an organized whole, a "person." Thus a Gestalt is certainly *more than* the addition of the parts. Of course, we often have inaccurate or otherwise faulty Gestalten whose meanings do not serve us well. Gestalt formation invariably accompanies awareness. Gestalt therapy works toward accurate and complete Gestalt formations, the *sine qua non* of mental health and growth.

An incomplete Gestalt leaves us with "unfinished" business. When we are interrupted in the midst of a meaningful conversation, we have an "unfinished" feeling. This has the potential for lingering on to become a source of irritation, phantasy, mis-understanding, and consumes vital energy. Most importantly, unfinished situations "fix" us in the

past. These few examples indicate how Gestalt therapy is, at least tenuously, connected with the Gestalt psychology of Wertheimer, Koehler, Lewin, and Goldstein.

Based on awareness and a change-theory of personality, Gestalt therapy is closely allied with the "third force" movement in psychology and education. Third force thinking calls attention to the "wholeness" or "humanness" of the individual. It also provides a viewpoint within which a therapist or counsellor can approach clients from the vantage point of well-being and growth rather than remedy and sickness as in traditional theories of personality. Third force psychology validates the common observations that individuals are able to *grow to greater health*; can increase the range and *flexibility* of their behaviors; have a capacity for *creating* solutions; even though functioning "normally" can learn to function with even greater *enjoyment and effectiveness*; and are able to *transcend* their "average" living habits. It has been in this context of growth and increased personal functioning that Gestalt therapy has taken root and flourished.

Many schools of counselling and psychotherapy stress one or the other of two themes: phenomenology or behavior. As the science of experiencing, phenomenology attends to the inner processes and states of the person and examines how inner processes are made explicit and how they relate to external events. The phenomenologically oriented therapist focuses on the individual's feelings, perceptions, imagery, and cognition and tries to understand how these inner states enable (or fail to enable) a person to emerge, create, solve, and live effectively. For the phenomenologist, behavior has secondary importance for it *follows from experiencing*.

The behavioristic therapist, on the other hand, often regards perceptions and inner processes as insignificant or even irrelevant. His interest is in observable behavior and the external schedules which establish, maintain, and extinguish specific behaviors. In therapy, he attends to specific behaviors and attempts to set up conditioning schemes which will develop desirable behaviors and eliminate undesirable ones.

Each theme has obvious value. Phenomenology directs us to first-order reality — human experiencing. It is from living experience that everything else derives its meaning. Behaviorism calls to our attention the importance of immediate, specific behavior. Yet each theme developed *by itself* becomes doctrinaire and absurd. Gestalt therapy is one attempt to join the two themes into a unified approach. "If you put these two together — the phenomenological approach, the awareness of what is, and the behavioral approach with its emphasis on behavior in the new — then you have in a nutshell what we are trying to do in Gestalt therapy (Perls, 1970, p. 14)."

Perls developed a working guideline of personality process during therapy. The different personality layers or spaces he termed: phoney, phobic, impasse, implosive, and explosive. Each region suggests different therapeutic problems and strategies for the therapist. Though presented as layers of personality, they are not intended to rigidify or

specify a particular therapeutic effort. The *phoney*, or Eric Berne layer, is that aspect of ourselves where we play games and present roles. We act *as if* we are something which we are not. Here we present a concept of ourself rather than ourself — we spend a great deal of energy trying to be what we aren't. The second, or *phobic*, layer is where one discovers the objections to being what one actually is. Here one feels *dissatisfied* and *resistant*. One's "shoulds" and "should nots" are encountered. Perhaps the greatest phobia of all is the fear of change.

In *impasse* one feels empty, stuck, unable to move and not knowing where to move. In the *implosive* layer, one's energies are used to compress, rigidify and hold one's self in. This is being a corpse, the extreme state of being which is conventionally labelled "catatonia." The fifth layer of personality is the *explosive*. Quite dramatically, an individual may "explode" to life. Explosions can be small or large depending upon the amount of energy which has been held back in the implosive stage. What has been *compressed* is now *expressed*. Anger, grief, joy, sexuality, and creativity are the main explosions.

Certainly, the first four: phoniness, resistance, being stuck and implosive are commonly observed in the therapeutic situation. In Perls' opinion a progression through all five layers is required for truly authentic living.

Gestalt represents an effort to bring a person's inward, subjective processes and his outward behaviors into a unified Gestalt which is complete, free of blocks and holes, and which has adequate energy for response-ability and effective living. An important concept in Gestalt personality theory is that a person is actually a process of continuously forming and dissolving Gestalten. How a person perceives his life-situation at any moment determines his actions. Incomplete or poorly organized perception (Gestalten) leads to ineffective, self-defeating behavior. Ineffective behavior is part of the total Gestalt which is the person. By working with both the perceptions and behavior of a person, the therapist encounters the person *as he is*. By keeping the Gestalt of the "person" constantly in mind, the false dichotomy between "outer" and "inner" can be overcome.

Gestalt, like other theories of personality and therapy contains implicit values on what is a "good" life, and offers recommendations on how to achieve that life. Gestalt therapy depicts a life style in which the individual responds as a whole person in the actual present with full awareness of how and what he is experiencing. This amounts to saying that living in the vivid present is being most fully human; that "*present-centeredness is natural*, (Naranjo, 1970, p. 57)," and that deviations from this are either avoidance or compulsive sacrifices. In Gestalt therapy constant attention is directed to what one's body is doing, what one's mind is doing, and what is or is not going on between individuals, thus underscoring the importance of present, actual *awareness* on the motoric, symbolic, and interpersonal levels of behavior.

Gestalt proponents assume that there are natural values which persons are aware of through the process of their own living and by

observing others. Such awareness varies from clear vividness to extreme vagueness. The important point is that awareness is the property of all and not just a chosen few. Further, it is assumed that as one increases awareness of these natural values and the behaviors through which they are manifest, one's life becomes more integrated and "whole." A partial listing by Fagan and Shepherd (1970) of the valued behaviors and processes which emerge in actual living and which form the fabric of the Gestalt Good Life include: ease and versatility in relating, sensory awareness, freedom of bodily movement, spontaneity, emotional responsiveness and expressiveness, enjoyment, creativity, intimacy, open direct contact with others, competency, immediacy, presence, self-support, and experiencing-in-depth (Fagan & Shepherd, 1970, p. 2). In the literature of Gestalt therapy, there are numerous *prescriptive* statements about the desirability of certain attitudes and actions which point to the Gestalt Good Life. They may be thought of as injunctions on how to move in the direction of the valued behaviors given above. Such statements are not to be taken as "musts" but as statements pointing to what "is."

Responsibility is not a "must," but a fact; we *are* responsible doers of whatever we do — there remains only for us to accept or deny responsibility. Naranjo (1970) has presented a brief set of prescriptive statements which undergird the typical gestalt therapist's efforts:

1. Live now. Be concerned with the present rather than the past or future.
2. Live here. Deal with what is present rather than with what is absent.
3. Stop imagining. Experience the real.
4. Stop unnecessary thinking. Rather, taste and see.
5. Express rather than manipulate, explain, justify or judge.
6. Give in to unpleasantness and pain just as to pleasure. Do not restrict your awareness.
7. Accept *no should* or *ought* other than your own. Adore no graven image.
8. Take full responsibility for your actions, feelings and thoughts.
9. Surrender to being as you are (Naranjo, 1970, pp. 49-50).

The Gestalt approach points individuals toward the goal of "to thine own self be true" and provides many practical tools for the journey. The value-orientation of Gestalt opposes traditionalism with its reliance on subordination of the present to the past. Also contradicted is the future-planning mentality of the technocrat. Moreover, the self-responsibility theme of Gestalt therapy counters the assumption of authority *outside* the individual and questions the contemporary cultural perception of individuals as the pawns of accident or circumstance. Gestalt living is present-centered response-ability.

Effective day-to-day behavior results from the accuracy and completeness with which a person's perceptual Gestalten are formed. Not only are there faulty perceptions but an individual may also lose contact with his sensory and motoric being — thus acting in a "senseless" way. When experiencing personality-splits, blocks, and energy tie-ups, the individual loses his "sense" of natural being and effects avoidance, compulsive, phobic, and inflexible behaviors.

For example, during therapy a client who is a teacher may be-

come aware that his limited ability to respond is at least partially the result of having incorporated the belief that he "should always be in control." This attitude will manifest itself in various way. *Symbolically*, he will believe that he must be in control, he may have fantasies about being in or out of control, he may even dream about control. Certainly, his speech will be of the command, authority, and rejection variety — either directly or subtly. *Motorically*, we might observe such signs as stiff posture, abrupt movements, piercing looks, loud voice, angry looking gestures, and so on. On the *interpersonal* level, the attitude may show itself in rigidity and distance in relationships, dominance or submission, and insistence on respect. Now this is a *very* difficult Gestalt to maintain and will tie up a great deal of energy. In order to aid the individual "break-out" of this difficult-to-maintain perception the effective Gestalt therapist assists the client increase his awareness on all three levels: symbolic, motoric, and interpersonal. Only then is it possible to discern what is missing, what seems out of place, how the client is in a cramp, how is he keeping himself tied up and incapable of moving in a more effective direction.

The general approach of Gestalt therapy requires that a client recognize, at least vaguely, those changes in attitude, behavior, or feeling that he wishes to change. Then the therapist works with the client to increase his awareness of how he is defeating himself. With increased awareness the therapist engages the client in mini-experiments to enable the individual to learn, grow, and change in the direction he has chosen. The therapist may confront, probe, challenge, use awareness exercises, listen carefully, point out signs of awareness or its lack, do dreamwork, and, at times, do what appears to be nothing. He is usually an astute observer of non-verbal communication and pays careful attention to certain words such as "but," "wondering," "probably," "should," all the while playing down the need for words. Generally, Gestalt therapists do little theorizing, discourage explanations, and may even prohibit questioning.

Awareness of self, others, and relationships has a central place in Gestalt work. This emphasis along with constant attention to inner blocks or energy tie-ups and concentration on immediate behaviors constitute three major aspects of Gestalt therapy. The therapy relationship in Gestalt is an *encounter* between two individuals. The therapist does whatever he can to develop the client's awareness and self-support skills.

The therapeutic goal is for the client to grow in capacity to solve his own life-problems and not to become dependent on the therapist for advice, interpretations and explanations. A Gestalt therapist seldom answers questions, especially those which express a need for dependency. Rather, the client is asked to restate the question as a positive statement. For example, Cl: "Do you think that I will ever get over being afraid to talk to you?" Rather than attempting to answer such a question, the therapist asks the client to restate the question and take responsibility for his feeling of fear. The restatement would be something like: "I'm afraid to talk to you." Gestalt therapists tend

to be active. They confront what seems to them to be phoney behavior. They suggest or even teach their clients skills or awareness and how to distinguish the real from the imagined. The client is encouraged or even forced to take responsibility for what he says, thinks, feels, and does. The use of detached or hypothetical language such as "one says," "it would seem," and "if" is actively discouraged.

Many Gestaltists prefer to use the Workshop Method of conducting therapy. Sometimes all the workshop members will be engaged in awareness exercises, but more frequently the therapist works directly with one person while other members watch. The others may become quite involved in watching the encounter but what occurs cannot be said to be group therapy. Rather it is individual therapy in front of a group. In order to gain some impression of the on-going experience of Gestalt therapy, we can consider some of the "rules" and "games" of Gestalt. The rules are few in number (Levitsky & Perls, 1970, pp. 140-144).

Principle of the Now. Statements such as "What is happening now?," "Right now I am aware of . . .", and "I imagine that you are feeling something," focus the client on the content and structure of present experience. The therapist frequently points out to the client how easily he "leaves the now."

I and thou communication. True personal communication involves both the sayer and the listener. Clients often speak as though they were delivering lectures to the wall or "reeling off" to the group at large. By being asked "Whom are you talking to?," a person is made to face his reluctance to address, directly and unambiguously, his thou. The client is made aware of the difference between "talking to," "talking at," and "talking with."

"It" and "I" language. A person frequently has learned to avoid taking responsibility by using detached references. For example, "It is really cold in here" is translated into "I" language as "I am really cold." Using "I" language is more involving and puts the client into closer contact with the specific behaviors in question.

Using the awareness continuum. By using the awareness continuum, a therapist can aid the client to move from an outer, labelling level of awareness down to the bed-rock of his actual, bodily experience.

Cl: "I feel nervous." (The word "nervous" is a label).

T.: "How do you experience your nervousness?"

Cl: "What do you mean?" (Blocking).

T.: "Where is the nervousness in your body?"

Cl: "Uh, my hands are sweaty . . . my throat feels tight."

As the client is led "back to his senses," he is helped out of the confusing use of labels and learns to distinguish between *out there*, the scary fantasies he is inventing, and his actual experience.

No gossiping. This is defined as talking *about* a person in his presence when he could be addressed directly.

X: (turns to therapist and says) "I think that Bill doesn't like what I just said."

T: "I hear that as a gossip, speak to Bill."

X: (turning to Bill) "I have the impression that you don't like what I said."

Questions. A great many questions are not questions at all — they are a disguised way of giving one's opinion. For example, "Do you think that . . . ?" is usually a dishonest way of saying, "I think that . . ." Nine out of ten questions fall into three groups: 1) they are dishonest statements of opinion; 2) they are direct attacks on the other person; or 3) they reveal passiveness or dependence on the part of the questioner. Of course, there are genuine questions like, "Are you aware that . . . ?" or "What is happening . . . ?" or "How are you doing with that . . . ?" With the exception of the relatively rare genuine question, a client is usually asked to turn his question into a statement.

These rules reduce destructive indirect games and facilitate the direct expression and reception of feelings. They are not to be construed as dogmatic pronouncements, but as operating guidelines. They are usually presented directly early in work and are given as tools with which each person can experiment and explore his resistances, his awareness, and his realness.

Games, of which there are an endless number, are proposed by the therapist or workshop leader in a spontaneous and unplanned fashion. The most effective game will be one which "fits" the situation of the moment. Games are based on creative responsiveness rather than systematic planning. This does not mean that the therapist creates a brand new game each time he sees fit to propose one. The experienced therapist will have an extensive repertoire of games stored in his memory which he is able to call upon and modify to meet the demands of the moment.

Inner dialogue. A person often experiences "splits" or separated aspects of his person. For example, a client of mine was divided in the following manner. One part of him wanted to return to England to spend the summer with his girl friend. The other part wanted to stay in Canada to continue on his university work during the summer. He was really stuck and felt unable to do either. He was able to develop a dialogue between the "tough, get ahead" part of himself who wanted to stay in Canada, and the "lonely little boy" part of him who wanted to go back to England, and in time thus bring his two splits face-to-face and dissolve the "stuckness." An inner dialogue can be applied to any split within the person such as top-dog, bottom-dog; masculine, feminine; nice guy, rascal; or even body parts such as right hand versus left hand. The client simply addresses one part as if he were speaking to the person, imagines the response, replies to the response and so on.

Making the rounds. Cl.: "I don't think anyone in this group likes me." T.: "Can you say that to each person?" The client then goes around addressing each person in turn saying, "I don't think you like me." Often another statement will be added on, like: "I don't think you like me *and* I feel left out." Making the rounds can be done with touching, hugging, looking, speaking, pantomiming, screaming, etc.

Unfinished business. Most of us live with unfinished business. We haven't learned how to say goodbye either to people or to tasks. Often in therapy, we say "You probably have something on your mind that you have wanted to say all evening. Now go to the person you wanted to say it to, and say it." When we don't finish an encounter, we leave filled with lingering fantasies and various goblins such as resentment, indecision, and unstated affection. To "finish business" releases us to turn to new events as they take place. Unfinished business is synonymous with living in the past.

I am that. Individuals are directed to carefully examine the room for an object which appeals to them through their sense organs. They are then asked to feel it, smell it — to become acquainted with it. Next, an individual is asked to imagine that he is the object which he has selected and begin to speak as though he were that object. This permits the individual to project out aspects of himself that he might not otherwise disclose.

Exaggeration. Frequently an individual will say something which sounds to the therapist as though it had special significance but also sounds as if the client was really unaware of what he said or had glossed over it quickly. The client will be asked to repeat it, often again and again, louder and louder. The same procedure can be used with gestures and body movements. This often leads to a genuine *recognition* on the client's part of what he was saying or doing.

Games are mini-experiments to assist an individual in working on and growing through actual life-problems. Other examples are described by Levitsky and Perls (1970). Beyond constantly pointing out indications of awareness and unawareness, the Gestaltist may directly *teach* awareness skills. The individual is taught to improve his observing skills and to discriminate between various mental processes.

Awareness requires careful distinction between observation and assumption; that is, between what the individual sees, hears, smells, tastes, and what he assumes or imagines. For example, Jack says to Jill, "You are insecure." Such a statement is one of assumption. What is Jack actually aware of? Jack may *see* Jill's clenched fingers. He may *hear* Jill's swallowing. From these observations he then *imagines* an inner state which he calls "insecurity." Gestalt awareness training teaches discriminations between what is observed and what is imagined. Such training also reveals the fallacy of "labelling" and the accompanying assumption that the label is reality. When Jack says to Jill "You are insecure," he is *attributing* a characteristic to her which may only be a fiction of his own imagining. In effect, he is *making* her as he *believes* her to be rather than *seeing* her as she is.

A typical training exercise for this discrimination is to have one partner of a training dyad make an observation about the other and then say what he imagines as a consequence of the observation. An example is, Jack: "I *see* your fingers scratching your head, I *imagine* that you feel puzzled." Switching, Jill might then say: "I *smell* a cologne scent, I *imagine* that you shaved this morning." Using different sensory modes, individuals can increase their skill and aware-

ness in discriminating between what is real and what is fantasy and can reduce labelling and attribution. Awareness is increased by differentiating such processes as imagining, sensing, attributing, projecting, thinking, remembering, comparing, blaming, and anticipating.

For whom is Gestalt therapy appropriate? Gestalt is especially applicable to adults who are dissatisfied with their life-situations, who are willing to spend some effort on their personal development, and who are experiencing internal blocking and restrictions, and who act with compulsion or avoidance. Clearly, Gestalt therapy is not for every person — in this it does not differ from other therapies. It is my experience that at least half of the clients seen in the typical college or university counselling center can be considered as likely candidates for Gestalt therapy, at least in modified form. There are various reports of the application of Gestalt work to adolescents and children. An example of the latter is Marilyn Rosanes-Berrett's (1970, pp. 257-262) report of a nine-year-old child who had been diagnosed as myopic and who could not clearly see the school blackboard. By encouraging the boy to stay with his inner experiences and by getting the boy to experiment with his vision in co-ordination with his contacted feelings, it emerged that his was not a visual problem at all. Rather the boy had constructed a perception of himself as wicked and did not wish to see or be seen. In due time his self-gestalt was reorganized and the boy could hold clear sight.

Many of the awareness training techniques can be directly applied to the training of human relations workers such as counsellors, case-workers, nurses, members of mental health professions, and to teachers. In this field the applications of Gestalt techniques seem unlimited. Of course, it is not possible to produce Gestalt therapists by merely involving individuals in awareness training. However, such training has the potential for greatly enhancing one's awareness of self and others and for promoting *autonomy, responsiveness, and presence*.

An important limitation of Gestalt therapy is the skill, judgment, and experience of the therapist. Gestalt work does release intense affect at times and the therapist must be neither fearful nor inept at these moments. A prime requisite of the Gestaltist is to have an unusual capacity for responding in the immediate present and to be able to provide a solid *presence*. Much Gestalt work is in the form of the I-thou encounter which requires a creative responsiveness in the *here-and-now*, which is where and when *genuine* encounters occur. There is a certain Zen-like quality to here-and-now work which requires that a person be unwilling to be pushed off-centre by the unusual, by intellectualizing, by questioning, and by conditioned resistance. Since much of the work in Gestalt is toward self-support, there is not as much group or leader generated warmth as is found in supportive therapy and affection-oriented group counselling. Gestalt therapists often exhibit a need-structure which definitely is not inclined to supportive warmth but is in the direction of extreme self-responsibility. The Gestalt Good Life is manifest in honest awareness and expressive, autonomous presence.

For the school counsellor, Gestalt theory and therapy offer some valuable aids and raise some cautions. One of the great values of the Gestalt approach is the insight that the whole is more than the mere sum of its parts. The counselling situation is more than just the statistical, twenty-minute event of counsellor plus client. It is a person to person meeting of counsellor and client — of one person with another. This participative meeting, if it is genuine, is far more than just the two bodies and the counselling hour, it is an *I-thou encounter*.

The average person has been reared in an atmosphere full of splits, divisions, and phoniness. His natural wholeness is blurred and he has learned to express himself cautiously and then in either/or, passive ways. His thinking function has usually been conditioned and developed beyond his feeling, creative, and expressive abilities. He has been "averaged out" and deprived of his spontaneity. The counsellor who, in his full adult life, expends the effort and the time to re-awaken and develop his awareness through awareness training and related activities may regain a measure of his original spontaneity, naturalness, and responsible expressiveness. In doing this, he becomes a more healthy, creative model for his clients.

Many of the awareness exercises which have been developed in Gestalt work are valuable not only for the counsellor's own training, but can be used by a counsellor in direct work with children, adolescents, and adults in *all* counselling settings. Awareness is hardly the special province of some elite, but is applicable and valuable to persons of all ages in all walks of life. School counsellors, especially those who work with adolescents or adults, frequently find that they are faced with issues of realness, self-dissatisfaction, and resistance in their clients. These are certainly important growth areas for the adequately trained counsellor to be working with.

On the other hand, there is need for caution in attempting to work on the implosive and explosive layers of personality change in various counselling settings. Most school counsellors, for example, work within limitations imposed by the school itself. Further, the training which the school counsellor has received is often insufficient to produce the adeptness, sensitivity, and presence which this level of therapeutic work requires.

In conclusion, Gestalt therapy has undergone amazingly rapid development in the last decade. Gestalters tend to be doers and not writers, so that the development of Gestalt literature has in no way matched the development of therapeutic strategies and efforts. The classic text is undoubtedly Perls's *Gestalt Therapy: Excitement and Growth in the Human Personality*, first published in 1951. The first portion of that book outlines eleven awareness experiments which a careful reader will find to be a helpful introduction to the basic aims of Gestalt work. *Gestalt Therapy Now* (Fagan & Shepherd, 1970), a book of readings, is a second extremely valuable source of both theoretical and practical statements. Kogan (1970) has compiled a list of aids in Gestalt therapy which includes books, articles, films, and tapes.

Inasmuch as Gestalt is based on what might be called a psychology of the obvious, (immediate experiencing, behaviors and interactions) many of the theoretical concepts and practical procedures are directly applicable to counselling contexts and, even more broadly, to classroom learning. Excellent examples of the latter can be found in the writings of Janet Lederman (1969) and George Brown (1971). However, Gestalt procedures such as dream-work and intense confrontation which aims to effect deep emotional release seems clearly inappropriate for certain clients and for some institutional settings.

There is a Sufi saying: "When you have found yourself you can have knowledge. Until then you can have only opinions. Opinions are based on habit and what you conceive to be convenient to you (Tari-gavi)." For the aspiring counsellor, Gestalt training seems well-suited to assist growth from the subjective state of opinion to the objective state of self-knowledge.

RESUME: Cet article décrit brièvement les aspects les plus valables de la thérapie gestaltiste et esquisse quelques unes des méthodes les plus courantes de cette approche. On décrit brièvement la nature du travail et ce que peuvent en tirer les conseillers, tant comme méthode de formation à la consultation que comme technique de pratique.

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