Claudio Naranjo, MD



The Attitude & Practice of an Atheoretical Experientialism

"Perhaps no one has written as definitively about Gestalt techniques as Claudio Naranjo."

- Chris Hatcher & Philip Himelstein, Editors, The Handbook of Gestalt Therapy.

Gestalt Therapy

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Author's Introduction

Sometime in 1966 I was approached by Michael Murphy on the lawn in front of the Esalen Big House with a request for an article on Gestalt Therapy that he wished to publish (and eventually did publish) as an Esalen monograph. He had recently approached Fritz Perls, who suggested that he ask me to do it instead. I had at the time taken part in several workshops with Fritz and he had become very fond of me—to the point of granting me a permanent scholarship to his Esalen activities. I accepted with pleasure, and the result was my first piece of writing in English—which in retrospect I understand as a blessing, for through it I discovered that I could express myself more easily than I had thought.

Nothing had been published on Gestalt therapy at the time, except for Perls' two early books, some articles of his and a short statement from Van Dusen claiming that Gestalt therapy is the most consistent therapeutic application of phenomenology. Two additional papers circulated in mimeographed form in those days (while I attended Perls' and Simkin's first professional training workshop at Esalen)—one by Simkin and another by John Enright. Both have since appeared in proper chronological sequence, along with mine, in Stephenson's Gestalt Therapy Primer. [1975]

I carried out the assigned task with much satisfaction, since I had been keenly aware of how difficult it was to imagine Gestalt therapy in action from the reading of Perls' two early books. Through a caprice of destiny I had been among the first readers of Gestalt Therapy, when the book was published by Julian Press in the fifties, for it had been sent by the publisher to my uncle Ben Cohen, co-founder of the U.N. who lived, of course, in New York. My uncle, being Under-Secretary for Press and Information, was constantly receiving many books from many sources, and occasionally forwarded to me those that he thought would especially interest me. It turned out that this particular one had considerable influence on my professional activity—though not as a therapist, but as a researcher and teacher; yet I must say that I imagined Perls through that writing (in spite of the exercises at the beginning of the volume) as a young intellectual rather than an old experientialist, and I was equally far from imagining the practice of Gestalt therapy. It now seems to me that Fritz had a genius for therapeutic interaction, but that he was neither gifted nor properly trained as a theorist, and that in his early years he relied heavily on theoretically inclined peers for the promotion of his therapeutic approach in an academic world dominated by psychoanalysis. Yet I think that Gestalt therapy always transcended the theoretical formulations about it, and that it came into its own when Fritz, later in his life, broke free from 'elephant shit' and the need to validate his praxis through academic rationalizations.

Fritz, I believe, saw his work better reflected in my piece than in his early writings, for I never saw him so happy throughout the years of our friendship as on the day when he told me how much he liked it—not even when he felt that he had triumphed over Maslow at the memorable Esalen meeting at which he bit Abe's leg.

When Fritz was approaching his seventieth birthday and Jim Simkin invited contributions for a Festschrift in his honor, I wrote for it the paper called 'Present Centeredness—Technique, Prescription and Ideal.' (Included in Fagan and Shepherd's Gestalt Therapy Now.) After reading it Fritz suggested that I put my two papers (and perhaps some further contributions, along with articles from other contributors) together as a book. In spite of my enthusiasm for Arnold Beisser's 'Theory of Paradoxical Intention' and Bob Resnick's 'Chicken Soup is Poison' I was slow in carrying out the project. When I saw Fritz again, after a year or so in Chile, he told me he had in the meantime suggested to the 'Miami girls' (Fagan and Shepherd) to bring out such a collection, and stimulated me to write a Gestalt therapy book of my own.

I don't think I would have undertaken the task of this book without such stimulus; writing about somebody else's creation would have competed for what time I had for writing about what seemed more personal work; also, I think I felt that anything I could say beyond what I had already written might seem too obvious. In the course of the years, however (after reading what has been published since Fagan and Shepherd's *Gestalt Therapy Now*) I have the impression that what seemed obvious to me was not so obvious to others.

Except for its first two chapters, Gestalt Therapy: The Attitude and Practice of an Atheoretical Experientialism was written in the weeks that followed Fritz's death in 1970. Since I was at Fritz's memorial service in San Francisco when my only son died in a car accident in the Big Sur Hills, this writing was done at a time of deep mourning, and the fact that I chose to undertake it conveys how significant it was for me at the time to complete this piece of 'unfinished business.' In the first place, this was a time when I was getting ready for a journey which, as I have explained in the introduction to The Healing Journey, I thought would be without return. I had decided to join a spiritual teacher in an attitude of total availability and it seemed to me that I should pay my debts to my past so as to embark in a new stage of life without plans or obligations. The Gestalt Therapy book was one of my pending projects, and one which at Fritz's death seemed the appropriate one to tackle.

Even though the 1970 trip to the Chilean desert was in an inner sense indeed without return, I did come back to Berkeley in 1971 and offered the Gestalt Therapy book to Stuart Miller—then in charge of the Viking Esalen series, that had already published my earlier books *The One Quest* and *On the Psychology of Meditation* [currently titled, *How to Be*, 1991]. The manuscript would have been printed long ago if it had not been lost at a Xeroxing place. Such has been the density of my life, both inwardly and outwardly, ever since, that it would have been preposterous to dig in old filing cabinets for the originals from which the book could be reconstituted. Only a portion of it was published as *Techniques of Gestalt Therapy*, first for the benefit of my Berkeley students, then as part of Hechter and Himelstein's [1990] *Handbook of Gestalt Therapy* and finally by *The Gestalt Journal*.

Yet at last I find myself at a time when the completion of the long-interrupted and postponed task becomes figure again upon the background of other projects. It is a time of harvesting again, as in 1969-1970, and one in which I am not only occupied with writing new books but with finishing the old ones.

Along with chapters belonging to the earlier *The Attitude and Practice of Gestalt Therapy*, I am introducing under the title 'Gestalt Therapy Revisited' a number of statements belonging to a time of

Chapter Four

Suppressive Techniques

Have you ever been in what passes for group therapy?
Everybody throws his opinion on a victim and everybody interprets
everybody. Argumentations, verbal ping-pong games, at best, an attack:
"You are projecting, my dear, "or a "poor me" cry-baby performance.
What kind of growth can you expect in these "self improvement clubs?"
Fritz Perls

The first prerequisite for experiencing what we can potentially experience is to stop doing something else. A number of activities, other than those of attending and expressing, keep us so busy that we hardly have any attention left for the moment in which we are living. If we can only stop playing some of our customary games, we will find that experiencing is not any more something we have to seek, but something we cannot avoid. Indeed, as said before, we are experiencing something all the time at a level we are only intermittently in touch with, and with which we do not identify. Our eyes see, 'we' do not. Our dreams can remember what we are not aware of seeing and tell us things 'they' know, not 'us.'

To experience, we must be present, we must be *here*, and *now*. We cannot 'experience' (only recreate in imagination) what is past or absent. Reality is always now. Even while remembering, our reality is our present action of remembering, our wanting to remember, our reactions, here and now, to our memories.

There is little place for the now in ordinary conversation. Much of what we say is a telling of anecdotes, sharing plans, communicating beliefs or opinions. Not even our private mental activity is centered primarily on the present. Much of it consists of anticipations, memories, fantasies and 'fitting games.' We Gestalt therapists look at such activities with suspicion. Each one of them constitutes a legitimate and functional ability of ours; and yet, most of the time, we use these abilities, not for a functional, constructive purpose, or even pleasure, but as a mechanical diversion equivalent to a tapping of our fingers, or doodling. More

specifically, the Gestaltist's view is that all these activities, other than noticing the present, constitute an act of avoidance of the present.

By means of the simple technique of *ceasing to do anything other* than experiencing, therapist and patient alike may be able to test the validity of this assumption.

The experience of doing nothing but attending to the contents of awareness may lead, like the ingestion of a psychedelic drug, to a self-rewarding contact with reality, or to intense discomfort. When left with nothing but the obvious, our attitudes towards ourselves and towards our existence become apparent. Particularly so, the negative ones. We may feel embarrassed, awkward, needing to explain ourselves, or to make fun of the situation; we may feel silly, uninteresting. If so, we do not have to wonder why we spend so little time in the present and so much in fantasy and speculation. If we have experienced the exercise of awareness as uncomfortable or painful, we will not have difficulty in accepting that our tendency to live in the past, future or abstraction, constitutes an avoidance of such discomfort.

There is one particular experience to which the suppression of avoidances frequently leads and to which the Gestaltist assigns particular importance—the experience of nothingness.

To speak of the experience of nothingness is, to some extent, a contradiction in terms, for an experience always entails a 'some thing.' 'Nothingness' constitutes a limbo where the surface games of the personality have been dropped and self-awareness has not taken its place. There is an illusory quality in this 'nothingness,' just as in the negative feelings mentioned above. Shame, guilt, and anxiety, for instance, are not pure *experiences* of a reality, but the outcome of attitudes in which we stand against that reality, denying or resisting it, fearing to perceive it. Likewise, the experience of nothingness, or emptiness, is one in which we stand in judgment above ourselves and pronounce the verdict, 'Not enough.' Nothingness, emptiness, meaninglessness, triviality, are all experiences in which we have not relinquished the expectations, or standards, by which we measure reality. They do not stem from pure awareness, but from comparisons.

The importance of this experience of nothingness derives from the observation that it constitutes a bridge between avoidance and contact, or, as Perls expressed it, between the phobic and explosive layers of personality. So much importance did Perls assign to this phase of the therapeutic process, that he even defined Gestalt therapy in its terms: "Gestalt therapy is the transformation of the sterile void into the fertile void."

How can we understand this? 'Nothing' is a nothingness only while we are under the compulsion of having it to be a somethingness. Once we *accept* nothingness, everything is added unto us. Nothingness then becomes a screen against which we can see all things, a 'ground' against which every 'figure' freely emerges. Once we do not have to be creative, whatever we do is our creation; once we do not have to be enlightened, our awareness of the moment is enlightenment; once we cease being concerned with being this or that, and feel a nothingness with regard to such standards, we realize that we are what we are.

The suppressive aspect of Gestalt therapy involves both general principles and what may be regarded as individual (negative) prescriptions, requests that apply to every patient, and constitute rules for group, and requests to a particular patient that he stop indulging in a particular game that constitutes his main avoidance mechanism. I shall deal with the former aspect below.

I have mentioned the principal no-no's of Gestalt therapy already: story-telling, anticipation, aboutism, shouldism, manipulation.

I have touched upon the issue of future and past in this chapter, and will examine the matter more closely again, so I do no more than mention it here for completeness. Of the other issues (aboutism, shouldism and manipulation), I will speak in greater detail, and consider, too, the matter of exceptions to the rules.

1. Aboutism

Aboutism is a name which Perls likes to give to the 'science game,' just as he regards *shouldism* to be the essence of the 'religion game.' In the therapeutic situation, the most frequent manifestations of this attitude are the offering of (diagnostic) information, the search for causal explanations, the discussion of philosophical or moral

Chapter Nine

Psychological Judo

As I have stated in Chapter Two, the way of Gestalt therapy is frequently that of enforcing the therapeutic ideal (of authenticity and present-centeredness) and, rather than working towards a future fulfillment, pushing to bring about a healthy attitude in the moment through the confrontation of 'games' and evasions. The way towards being genuine, seeking to be genuine—deciding to be 'straight', quitting the bullshit—is being genuine in this instant. The way towards standing for ourselves is taking the responsibility for our present actions and omissions. The way toward organismic self-regulation is letting go of the armor of conditioned personality this very moment.

This approach, however, is only one half of Gestalt therapy. We might call it 'the direct way.' In practice, many of the therapist's indications point in an opposite direction: he invites the patient, not to be genuine, but to exaggerate his phoniness; instead of encouraging his spontaneous expression, he may ask him to identify with his superego, or to play-act and put his whole heart into producing self-criticism, making demands upon himself; or to inhibit, criticize or sabotage himself. Instead of urging the patient to minimize his computing and fantasizing activity, the therapist may well ask him to follow his inclination to fantasize—much as in Desoille's guided daydream—or to preach, or to lecture. More generally speaking, the therapist will suggest to the patient that he exaggerate and take sides with his psychopathology, his avoidances, all the tendencies in him that conflict with the therapeutic ideal.

This attitude of siding with the symptoms might be summarized in William Blake's statement:

"If the fool would persist in his folly he would become wise." Perls sometimes stated the principle entailed in such strategy as one of absolute validity: You never overcome anything by resisting it. You only can overcome anything by going deeper into it. If you are spiteful, be more spiteful. If you are performing, increase the

performance. Whatever it is, if you go deeply enough into it, then it will disappear; it will be assimilated. Any resistance is not good. You have to go full into it—swing with it. Swing with your pain, your restlessness, whatever is there. Use your spite. Use your environment. Use all that you fight and disown. So, boast about it! Boast about what a great saboteur you are. If you were in the resistance movement in the last war, you would probably be a hero

The principle may be regarded as similar to that by which the Judo or Tai Chi Chuan fighter manages to defeat the enemy without opposing him, but by deflecting his force or pulling him further along in the direction of his movements. Just as the fighter can be strong in his gentleness because he uses his opponent's strength rather than neutralizes it, the Gestalt therapist (or patient) may use the energy locked up in the form of symptoms or resistances by merely stimulating its expression and/or gently guiding its course, until there typically takes place a transmutation of neurotic into healthy emotionality with the character of an exorcism.

I am not sure that 'you can never overcome anything by resisting it.' I believe that much of Gestalt therapy can be seen as a training situation in which we resist the temptations to avoid, pretend, calculate, and so on, and in this process learn to feel comfortable without the crutches that have become part of our 'personality.' In other words, I believe that we are able to resist our deviances to some extent—and fruitfully. Each measure of success in this direction institutes a reliving and an emotional corrective experience. The indirect or roundabout way, however—the strategy of riding with the symptom rather than struggling against it—comes in at the point when we have reached our personal limit. I think that more effective Gestalt therapists know this implicitly and alternate between the direct way and the alternative or 'opposite' way (opposite to the practice of the healthy attitude in that it entails a temporary surrender to what appears as opposite to ourselves). The therapist will typically stimulate the person to confront the challenge of the direct way, will regard his failures at this task as cues, and then proceed to work upon these cues by means of amplification, explication, development and identification. Much of the effectiveness of a Gestalt therapist, I think, rests on the ability to perceive neurotic character, to have a

clear eye for deviations from the healthy self-aware and spontaneous state. Aided by his good nose for the fishy, the therapist suggests or directs the patient to become his opposite—what seemed furthest from the overdeveloped traits. In the strategy which pervades Gestalt practice, the therapist is leading the patient through a process similar to that through which a child that is learning to sit on a chair needs to discover that he can sit only by giving his back to the chair, not by moving towards it.

While this is a discovery that many make at a certain point in a typical session, a spectator may not share the insight. The patient discovers that his resentment was a diluted and devious form of healthy aggression, for instance, but this spectator may be frightened by what he sees as destructive loss of control; what the patient experiences as a rewarding and cleansing explosion of grief, brought about by the exaggeration of emptiness, the observer without familiarity with Gestalt may fear that the therapist, by urging on the patient's symptoms, may lead him to suicide. The therapist's ability to bring a patient to the turning point where his disowned destructive energies become his own purified strength will depend, in large measure, not upon technique alone, but on his experiential knowledge that this is possible, and in the consequent sense of trust in the constructive drives of which pathological manifestations are a distortion brought about by unhealthy denial and which can heal by itself in the presence of awareness. Such trust will enable him to pursue a given course of action to an effective degree, in spite of the patient's chaos, rage, or loss of control-and will be important, too, in eliciting the necessary trust in the patient for him to let go.

The fact that both the direct way and the opposite have validity presents the therapist with a choice at practically every step in a session. If the patient is not being direct, the therapist may either ask him to be so, or to exaggerate his indirectness; if the patient is avoiding contact, the therapist may ask him either to stop avoiding, or to exaggerate his avoidance. Here is an example, from a session of mine with Jim Simkin:

"I'm looking at the rug. Now I look at the ceiling. Now I am looking at the spot slightly above your head. And now at your feet. I'm beginning to feel at ease. I look at the rug again. It is very beautiful, with the sun's reflection on it. I



Claudio Naranjo, MD served his psychiatric residency under Matte-Blanco at the University of Chile Clinic and underwent training analysis at the Chilean Psychoanalytic Institute. He conducted extensive psychopharmacological and personality research, and worked with Fritz Perls and Dr James Simkin in the early days of Gestalt therapy. Dr Naranjo has authored many highly-esteemed therapy titles. He has been keynote speaker for the American and European Associations for Humanistic Psychology, and several national and international Gestalt

Conferences.

THIS remarkable exploration of the inner principles of Gestalt therapy originated over twenty years ago in the form of a completed book, written at Fritz Perls' request. Here it is joined by a collection of essays that present Naranjo's reassessment of Gestalt therapy for the present day. In his fascinating study, Naranjo has captured the flavor and distinctive character of the California-based school of Gestalt therapy, propagated by Perls in his last years as a teacher and exemplar of the approach he pioneered. Lively and highly readable, learned and insightful, this book is indispensable both for professionals and the lay-reader in demonstrating why Fritz Perls was truly the father of the now-flourishing human potential movement.

"There are not enough good books about Gestalt therapy, the kind that is clear on the concept and remains rich in experiential process reporting. Claudio has succeeded in producing one that lives and breathes Gestalt the way that Fritz practiced it at Esalen in the late sixties. California Gestalt. You can glean the effects of his meditation practice on nearly every page."

Robert K. Hall, MD, Lomi School, Petaluma, California.



