
The Willing Suspension of Disbelief: Optimism

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ABSTRACT

Optimism is embedded in every form of psychotherapy practice, from psychoanalysis to behavior modification. Our goal is to help clarify where Gestalt therapy's theory and practice place it on the therapeutic spectrum. After first outlining our theoretical background, we explore various definitions of optimism, differentiating it from pessimism, hope, and courage. We then describe why we believe that psychotherapy is an inherently optimistic enterprise. Finally, after surveying the emerging field of positive psychology, specifically focusing on the work of Seligman, we discuss optimism using a Gestalt frame.

We conclude that optimism is inherent in the Gestalt approach which, at its core, is about how to approach and embrace the unknown.



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INTRODUCTION

Some say that the age of positive psychology is upon us. Theoreticians, researchers, healers, and educators all seem to be talking about the same thing—the beneficial effects that grow out of living positively. Whether we are talking about flow, an ability to enjoy the present moment (Csikszentmihalyi, 1990); resilience, the courage to bounce back from adversity and defeat (Waller, 2001); the healing power of positive belief found in such diverse areas as religion (Miller and Thorensen, 2003) and placebo research (Saleebey, 2002); the benefits of positively approaching our most intimate others (Gottman, 1999); or the immediate change created by focusing on the strengths of an organization (Cooperrider, 1990), positive seems to be on people's minds.

At the core of positive psychology is one unifying concept, optimism. It seems as if it should be an easy concept to grasp, but it is, in fact, quite a complex and multidimensional construct. One problem is that it is often used synonymously with words such as hope, happiness, confidence, faith, belief, wish, and courage which, in fact, refer to different aspects of our human experience. To complicate matters, optimism is used to describe a wide range of human phenomena. For example, at various times it refers to a physiological state, a psychological trait, an emotion, a thought pattern, a belief system, or a way of making meaning out of our experience.

Looking at optimism in these varied ways is quite useful in adding to our understanding of this concept. However, in this article we will emphasize a different perspective. We will discuss *optimism as a process*. More specifically, we view it as an orientation to the future, *as a way of encountering the unknown*.

Optimism/Pessimism

It is our assertion that we are born with an ability to reach out and explore the unknown, that we are programmed with curiosity to engage with the uncertain future. This natural ability, if nurtured, results in a forward-leaning, open and interested orientation that we call an *optimistic perspective*.

However, we are also born with a polar tendency that we label pessimism. Rather than being expansive, a pessimistic process is narrowing. It is tense rather than relaxed, fearful rather than courageous, backward as opposed to forward-leaning.

Of course, both orientations have their appropriate places in each of our lives. Given the seemingly unsolvable conflicts that exist in the world today, one might view anyone who has an exclusively optimistic stance as being, at best, naïve.

Furthermore, our bodies are more wired for pessimism. We are designed

to respond to a sudden change such as physical danger with a fight or flight response, and to rest in between the sudden changes. This movement to arousal is not only a response to physical danger, but to psychological and emotional dilemmas. (One of the hallmarks of post-traumatic stress disorder is a heightened and continuous state of physiological arousal, even when there is no apparent danger.)

We believe that this fight or flight design is ill-suited to contemporary times, for in our lives today we must deal with an unending bombardment of stimulation and environmental changes. Even on a global level, war and disease appear constant. It seems that whenever one conflict or disease diminishes, another quickly takes its place. Said simply, no longer are there hiding places from stress. We are seldom safe.

Our pace continues to increase and words such as “multi-task,” “overwhelmed,” and “stressed out” describe the usual. As a result, our world, as it exists internally, with others or in a global way, has become more and more complex, and we continue to lose our ability to predict outcomes. Chaos is the norm and no longer the exception. In sum, postmodern life produces very few natural resting places where we can relax. Our task is to learn how to live well in these times. We believe that the answer lies in the embracing of optimism.

Our Purpose

In this article we will address how psychotherapy and, in particular, a Gestalt approach can contribute to creating and maintaining an optimistic orientation. Before describing our thoughts regarding a Gestalt perspective, we will present our personal and professional background which helped stimulate our interest in this subject. After discussing why psychotherapy is, at its core, an optimistic enterprise, we will look at it from psychoanalytic and humanistic frames. We will then shift to *positive psychology* and sample five areas that demonstrate the power of this perspective, ending with Seligman’s (1990, 2000, 2002) important work on optimism. Finally, we will discuss the Gestalt approach and what it has to add to this important concept.

Background

Our interest in optimism has been fueled by two experiences. The first involves Gestalt values that grew out of the lives of the founders of the Gestalt approach. They lived their young lives outside of mainstream society in such areas as religion, politics, and sexuality, first by chance and then by choice. Yet, they each still embraced a fundamental belief that society could be changed. They confronted the powerful psychoanalytic establishment with its emphasis on the past and its value of adjusting to

life as it is given to us. Furthermore, these founders' interests stretched beyond the field of psychotherapy as they challenged the cultural norms of the times. Two examples of their core optimistic values are the utopian writings of Paul Goodman (1962; Stoehr, 1994) and Fritz Perls's establishment of a commune towards the end of his life (Baumgardner, 1975)².

The second experience reflects twenty-five years of learning while teaching at the Couple and Family Therapy Training Program at Cape Cod, Massachusetts³. In our work, one phenomenon seems to occur again and again. Intimate systems (couples and families) seeking therapy, no matter what the presenting problem(s) may be, have had their sense of optimism at best challenged and at worst shattered. For many, the fact that they have had to turn to a therapist for help is an acknowledgment that they alone cannot solve their dilemmas, and that they have failed to manage their lives in ways that will help them achieve a rich and fulfilling existence.

Furthermore, they seem to know quite well what is wrong with their lives and what the other members of their intimate system are not good at, but they have little understanding of, or interest in, what they themselves, as well as their intimate others, do well. Sadly, they are also poor at describing the goodness they do see: It is usually reported in generalities, with little interest and energy. In contrast, what they and their significant others do badly is reported in rich detail.

Helping these clients move from a blaming or problem-focused orientation, from an interest in what is wrong to a positive or strength focus, is neither simple nor easy. We first had to confront and then deconstruct our own therapeutic stance. This involves suspending the pathological focus that is so much a part of most academic and clinical training programs, and challenging a series of fundamental beliefs, starting with the assumption that if individuals learn what they are doing wrong they will self-correct. More important, inability to self-correct and change is often considered either a failure of therapy, a fault of the client or the therapist, or both. Instead, we learned to shift our focus to the signs of good functioning, and support them to be aware of competencies that they already possess⁴. We believe that this perspective is revolutionary. Let us say it simply. *Helping people become aware of and take responsibility for what they*

² It should be pointed out that another student of Perls, Virginia Satir (1983), based her family systems theories on a belief that people in families are essentially well-meaning.

³ In addition to us, the faculty consists of Stephanie Backman, LCSW, Carol Brockmon, LCSW, Stuart Simon, LCSW, and Joseph Zinker, Ph.D.

⁴ It is important to note that we do not mean noticing the negative and reframing it in positive terms. We mean, instead, a fundamental reorientation based on the belief that people are always doing the best they can.

*are doing that is congruent with the Gestalt theory of healthy functioning is often all that is necessary for positive change to occur.*⁵

Psychotherapy: The Creation of Optimism

As I will explain, the qualifying body state, positive or negative, is accompanied by a corresponding thinking mode: fast moving and idea rich, when the body state is in the positive, and pleasant band of the spectrum, slow moving and repetitive when the body state veers toward the painful band [Damasio, 1994, p. XV].

This wonderful book explores the biological linkage between emotion and reason. Damasio presents neurological data to confirm what we all intuitively realize; namely, that painful, boring, uncomfortable experiences seem to last forever, while the good times seem to fly by.

It seems like a cruel joke. If Damasio's data are correct, we are hardwired in a way that makes the negative emotions such as pain, boredom, and depression take up much of our interest and energy, while the positive ones such as joy, excitement and happiness remain elusive and difficult to maintain. How can we explain this?

Evolutionary psychologists look for the historical reasons for the development of a hard wiring that orients us to be hyper-aware of the negative. They argue that although attending to pain and danger might not be fun, it is certainly useful in keeping oneself alive. In life or death situations, an alert, pessimistic attitude and style are necessary for survival. In fact, a positive orientation makes one more vulnerable to attack and destruction, and too much optimism extinguishes our aggressiveness and prevents us from mobilizing against a threat⁶.

Clients who enter our therapy offices or consulting rooms not only have to overcome this physiological patterning, but also a life often experienced more on the negative than on the positive side of the pleasure-pain continuum. As a result, their sense of optimism, even if it was at one time robust and unwavering, is now usually fragile. Because of this, knowingly or unknowingly, most enter psychotherapy yearning for an opportunity to expand possibilities, to create new, richer meanings and experience, while at the same time harboring the belief that they cannot be helped.

⁵ We are aware that putting a value on behavior as "positive" or "negative" runs contrary to our basic Gestalt stances of non-judgment and supporting phenomenological learning. What happens in practice is that clients enter into, and stay with, their experience as it changes. As they become more aware, they discover what is valuable about these redundant processes, as well as the costs of maintaining them. This learning allows trust and hope to emerge and generates new possibilities and growth. (For a more detailed description of our model, please see Melnick and Nevis, 1999).

⁶ This perspective is supported by Seligman's (1990) research which finds that pessimists are more realistic and are more accurate about performance. Because of this, a pessimistic orientation is more appropriate for many professions such as accounting or soldiering.

Psychotherapy is designed to address this duality. A primary goal is to craft an environment filled with possibilities in which the client, by exploring his/her world, can focus on new potentialities. Thus, by definition, the psychotherapeutic enterprise is an optimistic one. It is fueled by a belief that things can be different, can be better.

The therapist helps create and support optimism in many ways. Primary is a willingness to be present for whatever emerges, and to not withdraw psychologically. The act of sitting with another with an openness to address whatever the client deems important provides a frame that reduces fear and builds trust. It results in an environment or "situation" (Wollants, unpublished manuscript) that is a "safe emergency" in which pain and failure can be confronted with support and caring.

In addition to the therapist's commitment to being present, two main factors determine how therapists approach the optimistic dimension of therapy. The first factor is who we are, our continued and consistent sense of "self" that we carry from situation to situation, our characteristic way of being. Do we see the glass as half full or half empty? Do we move away from pain, or are we attracted to it like a moth to flame? Do we turn to hope too quickly, pushing the client away from legitimate pain and sorrow because of our countertransference (Melnick, 2003)?

The second factor is our theoretical orientation. Theory shows us where to turn our attention, how to organize our experience, and how to intervene (Melnick and Nevis, in press). Is our theory more about growth or about pain? Are we oriented to the past, the present, or the future? Do we look for what is wrong or what is right? Are we causal or field-oriented, process or content-directed? How we answer these questions is, to a large extent, determined by a combination of our theoretical underpinnings and our character.

But there is a third, less obvious factor that influences both our character and theoretical orientation: the wider dimension of therapeutic culture. In the next section we will explore the Western psychotherapeutic tradition, its development from its Freudian roots through the humanistic movement and, more recently, the field of positive psychology.

Western Psychotherapy

There has been, until recently, a backward-looking, negative focus within Western psychotherapy. (A notable exception has been the humanistic movement described below.) One can look for the roots of this focus in traditional psychoanalysis, which postulates that we are nearly fully formed by the age of five and the remainder of life is spent adjusting to and accepting this fact. This assumption is softened by a fundamental belief that by understanding the past, one can adjust more easily to the uncertain future. It does not give us much in the way of hope, but when placed in an

historical context, it creates a glimmer of optimism, for it challenges the overriding belief that history is always destiny. We can change the future by understanding the past.

For many years the psychotherapeutic movement followed this road: focusing on the understanding of past pain and trauma as the path to relief and redemption⁷. The problem was seen to reside within the individual; the goal was to learn how this pain was created, and treatment consisted of understanding what went wrong. There was an emphasis on diagnosis and labeling that, while sometimes offering relief and understanding, was often depressing and dehumanizing. Unfortunately, this labeling still exists in many insurance-based systems of health care and often is applied inappropriately outside the therapeutic context.

This archeological approach began changing with the humanistic movement in psychology. Psychotherapists began to emphasize a holistically based interest in growth. Psychotherapy was no longer just for those diagnosed as mentally ill, but for anyone who wished to have a better life. Words such as competence, self-actualization, becoming, excitement, and curiosity entered the therapeutic literature (E. Nevis, unpublished manuscript). And in terms of the therapeutic relationship, the hierarchical and rigid dyad of doctor/patient was replaced with therapist/client. We began to view psychotherapy as more mutual, consisting of two individuals intent on learning about themselves and each other through the exploration of relationship. The therapeutic focus also expanded to include couples, families, groups, and larger systems. A plethora of new theoretical options were developed to augment and sometimes supplant the theoretical formulations of Freud, Jung, and their followers. These included Rogerian, behavioral, cognitive, and body orientations, family systems, and, of course, Gestalt therapy.

The Gestalt approach was a major part of the humanistic therapy movement in American psychology which, in turn, reflected a broad societal shift in the fabric of this country and much of the Western world. Although created in the 1950s, Gestalt therapy first took hold in the United States during the Vietnam era when family member was pitted against family member over the rightness and legitimacy of the war. Deeply embedded beliefs and attitudes were challenged and confronted. The feminist and Black Power movements also gained prominence at this time. They confronted our ways of thinking not only about gender and race, but about hierarchy and power. A host of established beliefs once viewed as givens were challenged, which created the conditions for social change. We became less interested in the past, devalued simple cognitive understanding, embraced the emotional and irrational, and became more interested in the present and the future.

⁷ Surprisingly, this orientation is still around, surfacing in the trauma, substance abuse, and inner child movements. For example, see Real (1997).

Positive Psychology

Unfortunately, the interest in optimism lessened as conservative, problem-focused, outcome-oriented, short-term therapeutic approaches replaced the humanistic movement's impact within the field of psychotherapy. Yet, the importance of optimism as a precondition for growth and change has recently reemerged in a somewhat altered form, primarily cognitive in nature, and is receiving attention and verification. For example, the popularity of university courses on positive psychology has increased significantly (Seligman, 1999). In addition, several books have been published recently on this subject, and an issue of the *American Psychologist* (2000) focuses on variations of this theme.

This movement takes many forms. Most important has been recent research interest in *resilience*. This perspective, rather than exploring the factors that lead to collapse and pain, focuses on the qualities of individuals and their environment that result in the overcoming of disadvantage. For example, Werner and Smith (1990), in a large-scale longitudinal study, found that more than 40 percent of children who come from difficult circumstances such as poverty, alcoholism, abuse, and mentally ill parents function competently as measured by self reports and other means, and another 10 percent score much higher than average. Of equal interest is the researchers' discovery that failure in the lives of teenagers and young adults generally did not lead to failure in the latter years. In fact, many of these young people became stronger. Personal factors that support resilience include an outgoing temperament, sense of humor, positive responsiveness to others, emotional regulation, hopefulness, and faith/religious affiliation (Waller, 2001). Environmental factors include the presence of a supportive adult (not necessarily a parent) and the availability of a set of values that can give meaning to negative experiences (Demuth, personal communication).

We would like to mention briefly four more areas of interest that support the benefits of an optimistic orientation. The first is *placebo research*. How we envision the future—not just intellectually, but attitudinally—has important consequences. For example, patients who are told that they have a 95 percent chance of living do better than those who are told that they have a 5 percent chance of dying (Damasio, 1994).

One of the most impressive studies of the placebo effect was reported by Fisher (2000). In testing a new procedure for angina, surgeons performed real operations on one group of patients and sham operations on another. Seventy percent of the individuals who received surgery involving the new procedure reported long-term improvement of their angina, compared with 100 percent of individuals in the placebo group.

John Gottman's research on the *positive factors* that make couples successful is equally fascinating. He found that the most important factor involves a five to one ratio of positive to negative interactions (Gottman,

1999). Analyzing videotapes of couple interactions, this ratio was a strong indication of marital success. Couples who followed behavioral assignments and complimented each other regularly were much more likely to profit from conjoint counseling.

There also has been interest in the topic of *flow*, the ability of certain individuals to enjoy life no matter how boring it may appear to an outsider (Csikszentmihajli, 1990). He discovered that most people are stressed by work and bored by a life filled with anxiety. Like Seligman, he found that people can increase the happiness of their lives by learning new skills.

One last area outside the clinical realm has been the technique of *Appreciative Inquiry*. (Cooperrider, 1990). This approach involves viewing an organization through a positive lens. When doing an assessment, the intervener focuses primarily on what is going well rather than what is wrong. It seeks new images and focuses on people's aspirations and positive interests (Barber, 2002).

Optimists and Pessimists

Seligman has conducted the most systematic and widely-cited research on optimism (1990, 2002). While describing his work in detail goes beyond the purpose of this article, we would like to summarize a few of the relevant results. Of most significance is his finding that optimism, rather than being a deeply ingrained, unalterable trait, can be taught and learned.

Seligman views optimism and pessimism as "habits of thinking." The defining characteristic of pessimism is the belief that bad events will last a long time. (Note how this is in line with the physiological data of Damasio [1994], mentioned previously.) Pessimism is connected to helplessness, an inability to affect what happens to you. Pessimists believe that they are primarily responsible for their pain and suffering. They have an individualistic rather than a field perspective. In addition, they give up more easily, are depressed more, tend to ruminate, and are unable to move to action, movement, and change. In sum, they appear stuck.

As mentioned previously, Seligman hypothesizes that beliefs are self-fulfilling. Negative, irrational thoughts that are repeated over and over again are the primary causes of depression. Depression is viewed as the ultimate expression of pessimism and a pessimistic explanatory style is at the root of depression. He presents data that suggest that depression is growing at an epidemic rate. Severe depression is ten times more prevalent than it was fifty years ago and it hits people a full decade earlier than it used to (1990). According to Seligman, the way out is to free the individual by helping him/her construct more rational self talk.

Optimists believe the opposite of pessimists: that their pain is temporary, not their fault, and at least partially caused by circumstances and others. Problems are viewed as challenges. As individuals, optimists do

better in school and college, they regularly exceed their predictions on intelligence tests, their health is unusually good, they age well and are much freer of the physical problems of middle age, and they live longer. They are more likely to seek elective office than pessimists and are more likely to get elected.

Seligman's Theory

According to Seligman, one's explanatory style develops in childhood. By explanatory style he means the ways you explain to yourself why events happen (1990). His goal is to change clients' explanatory styles to help them learn to talk to themselves differently.

His approach is composed of three important steps. First, the client must learn to recognize and change negative thought patterns. Second, s/he creates different explanations for what happens to himself/herself. And last, the client learns to distract himself/herself from dysfunctional thoughts.

An important aspect of Seligman's formulations is their simplicity. They intuitively make sense. Their importance also rests on a wide foundation of research indicating that his approach can really shift individuals from a pessimistic to an optimistic approach to life.

Gestalt theorists can agree with Seligman as far as he goes. Certainly we understand that one's beliefs (often introjects) create expectations and self-fulfilling prophesies. Like Seligman, we are interested in the "self talk" of individuals. We agree that irrational thoughts are by definition acontextual and that they distort perceptions. However, we might describe the change process differently. For example, we might explain the power of his approach as freeing clients from repeating self-destructive patterns (fixed Gestalts), thus allowing for the loosening up of energy so that the individual can move towards more constructive action and create new Gestalts (reorganization of the person/environmental field).

We not only offer different explanations for his positive results, but believe that his theory could benefit from expansion. For example, it only minimally addresses emotions, is individually focused, and tends to minimize context and the importance of the immediate (the here and now) environment. We believe that he does not emphasize enough the importance of the individual's relationship with peers, and the fit with family and community. He also pays little attention to therapeutic and mentoring relationships. In short, he underemphasizes the environmental field. We will return to this later as we describe optimism from a Gestalt frame. First, we would like to look more closely at defining optimism.

Optimism Defined

The word optimism elicits many responses and calls forth its opposite

pole; for example, yes-no, resilience-collapse, hope-despair, interest-boredom, confidence-doubt, open-closed, and, of course, optimism-pessimism. So what is optimism? It can be defined as a: "Disposition or tendency to look on the more favorable side of events or conditions and to expect the most favorable outcomes (*Random House Dictionary*, 1987, p. 1360)."

Even this simple definition helps us see the complexity of this concept. It includes the words disposition (traits?), tendency (how we approach the world?) and expect (our orientation to the unknown).

An optimistic orientation is positive both figuratively and literally. This stance consists of cognitions, what I say to myself. Do I think supportive, positive thoughts or engage in negative self-talk that tears me down? Cognitions also incorporate beliefs. Do I believe that things will get better or worse? An orientation also consists of feelings, sensations, and physical stance. Am I more often filled with passion, excitement, and enthusiasm, or do I often experience fear, dread, and anxiety? Are my sensations loose and flowing, or do I feel more often blocked and tight? Last is our physical orientation. Do I lean forward with an open stance, or am I instead more often back on my heels and closed? From a process perspective, optimism consists of two components, hope and courage. All three of these constructs—optimism, hope, and courage—have overlapping meanings. We will differentiate among them in the following section.

Optimism, Hope, and Courage

We view hope primarily as a wish. It is vague and unfocused and does not fuel an interest in doing. As a result, hope alone is demobilizing, for it gives the responsibility for change to someone else, often a "higher power." This is not to say that hope is not important. It keeps many from despair and depression.

At its best, hopes articulate wants and create visions for the future. Have you ever bought a lottery ticket and imagined what you would do with the money if you won? You knew it was fantasy, but the small "drop of hope" propelled you into sweet fantasies.

Unfortunately, hope alone is not enough to live well in the world. It needs something to turn energy into action. That is the function of courage, which is the ability, the application of optimism. Goldstein (1940) describes it as the "affirmative answer to the shocks of existence" (p. 113).

Courage is more concrete, more focused, and less general. It refers to a shorter time span since it is connected to action. It supports one to move and behave differently, and it generates the energy to act. A courageous individual sees possibilities and can experiment. If you have the courage to live out your hope, you can then let go of the old and enter the void of the unknown. You are able to let things fall apart (the destruction of old Gestalts), supported by the belief that something good will happen.

Courage is often misunderstood. We tend to think of it in terms of large heroic acts. But life is made up of small moments in which we must choose to move forward or move away, to speak or not to speak. Courage can sometimes involve no more than getting out of bed in the morning.

Optimism and Gestalt Therapy

As we discussed in our Introduction, we believe that optimism is a fundamental part of Gestalt theory and practice. In this section we will briefly present a few of the theoretical concepts that support this argument, and then describe how this theoretical orientation results in an optimistic perspective.

Most important is Gestalt therapy's focus on *growth, not disease*. Even if accurate, negativity stops us, freezes us in our tracks. It is no coincidence that the "bible" of Gestalt therapy is titled *Gestalt Therapy: Excitement and Growth in the Human Personality* (Perls, Hefferline, and Goodman, 1951). We are oriented first towards what works. The optimism that stems from individuals experiencing how they function will support them to look at and take responsibility for what they do not do so well.

We believe that *people are always doing the best they can*. This belief is embedded in our concept of resistance, or contact style. Resistance is viewed as healthy. It is not a pathological attempt to avoid contact; rather, it is a way of responding that was originally the best possible attempt at living in one's environment. This "style of living" becomes problematic when it stays habitual or acontextual. Gestalt therapy creates the opportunity for the reorganization of contact.

Thus, we view a "pessimistic style" as the best possible solution to certain field conditions. For example, a belief that "bad things happen to me" originally may have served a positive purpose, possibly to protect the individual from a vulnerability and false hope that would amplify abuse. The negative real-life experience also may have shaped the individual's physical stance in the world to be one that is closed off and tense. If this belief remains persuasive and experience-resistant, then the opposite and equally valid pole (for example, "good things happen to me") will not emerge, will not be noticed, and will not be experienced.

Gestaltists' theory of change, *the paradoxical theory of change* (Beisser, 1970), is also optimistic. Awareness is present often enough to produce profound, long-lasting change. Growth is created by confirming rather than criticizing or analyzing the client's experience. By helping the client increase awareness in small ways, change can happen quickly and permanently. The seemingly simple process of becoming aware of our habitual (unaware) thoughts, actions, beliefs, and feelings produces change. This is the core of our optimism. *Change happens just by paying attention to what is.*

Gestalt theory also rests on the brilliant work of Goldstein (Hall and Lindzey, 1957) that resulted in the concept of *organismic self-regulation*. Goldstein found that war veterans who had parts of their brains destroyed were able to compensate by utilizing other parts to assume the old functions. As a result, he formulated the principle of *equalization*, a biologically based law of balance inherent in human beings. Individuals are programmed to avoid catastrophic experiences and inherently move towards the best form possible. According to Goldstein, the tendency to move toward balance is part of human nature.

An extension of this concept is the principle of creative adjustment. It is different from self-regulation, which is primarily a physiological process, and focuses on self-preservation, on keeping the status quo. The principle of *creative adjustment* postulates that the individual is always changing, adjusting as best as possible to the environment, as he/she strives to achieve the best possible form. Through creative adjustment, change can happen quickly and permanently.

The power of *unfinished business* is also fundamental to Gestaltists. Incomplete gestalts remain in the field of the individual, not only sapping energy and focus, but also organizing reality in a redundant, uncreative way. Unfinished business is, in fact, a failure of closure, a failure to move on.

Individuals are trapped in the past when they can't behave differently in the present or visualize a different future. This belief brings to mind Seligman's research. It indicates that rumination is the primary fuel of pessimism, and that the explanatory style of pessimists tends to be highly resistant to current experience. Gestaltists might say that these individuals are responding to the present as if it were the past. As a result, they are less open to the future, less optimistic.

Seligman believes that the key to treatment is to help increase individuals' awareness of what they are actually saying to themselves and to look at these patterns from a more "realistic perspective." Rather than just looking at it as cognitive distortion, Gestaltists look at the whole emotional and physical process. Gestaltists view this negative self-talk as a failure of completion, patterns of redundancy, and difficulty in moving to more creative action.

Gestaltists place a high value on the *aesthetic* or the "*good gestalt*," a belief that the active forces of the field will organize themselves in an optimal manner under the given conditions. The principles of self-regulation and creative adjustment provide a lens for differentiating good psychological health from dysfunction.

A "good gestalt" or a "good self-organization" is visible. When a person's actions are smooth and graceful, when their language is clear and focused, a "good gestalt" can be seen. In that moment, the person acts with grace and clarity. An optimistic perspective has a good aesthetic. It incorporates

the past and the present into a balanced grounding from which to meet the unknown future.

Of prime importance is the Gestalt focus on *process*. There are no permanent structures. A process perspective dictates that the future is open, filled with unpredictable possibilities. Gestaltists' concept of self as consisting of the system of contacts dictates that individuals are constantly changing and always in flux (Perls, Hefferline, and Goodman, 1956). Life itself is random, and one's sense of permanence (redundancy), which Gestaltists call character or orientation, arises out of a need to buffer oneself from life's randomness.

A commitment to a process perspective is a commitment to uncertainty (Staemmler, 2000)⁸. It is an interest in how one moves through experience. Gestaltists watch for graceful movements and for tendencies to get stuck. A process perspective does not result in any permanent labeling. Even the Gestalt therapy diagnostic method is a dynamic one (Melnick and Nevis, 1992).

Practical Consequences

What are the practical consequences of these therapeutic values and perspectives? A Gestalt perspective attends to *how inner support is created*, and where it is strong and where it is weak. It includes how individuals support their bodies and their breath, how they walk, and how they sit. Gestalt theory also focuses on how people draw support from the external world. The notion of fit is extremely important: when and where there is contextually too little support, and when and where there is too much.

Gestalt embraces *uncertainty as a fact of life*. Uncertainty can force the individual to freeze, thus reducing the ability to develop, which triggers a sense of failure. Gestaltists have always understood that situations cannot be controlled. The Gestalt approach is not based on cause and effect. Gestaltists cannot make things happen. In fact, life is, to a large extent, experienced as something that happens to each of us, and we to it. How our life develops is, if not in large part luck, certainly beyond our immediate control. Not only is life filled with uncertainty, uncertainty is life itself. All situations are novel and, as such, require a creative adjustment, no matter how small. The future can never be known with assuredness and therefore, it is always a surprise if one pays attention.

A Gestalt approach focuses on the *importance of small changes*. Although individuals are constantly evolving, most of the time the new differences are small and hardly noticed. One form of pathology is an inability to perceive change, since noticing is important for growth and development.

⁸Staemmler (2000) lists five central concepts of Gestalt therapy that he believes support uncertainty. They are the phenomenological approach, the existential heritage, the philosophy of dialogue, the hermeneutic approach, and field theory.

When an individual is stuck, seeing the small shifts, even the negative ones, will enable him/her to rebalance the field, to make a correction from a view of what is.

Last is our embracement of *complexity*. Why, as Seligman suggests, is there now an epidemic of depression despite our higher income levels, longer lives, and improved technology? The answer is that individuals are forced to handle an increasingly more complex and chaotic world. As the authors stated previously, individuals are designed to live most of their lives in a relaxed state, with occasional high tension and movements to action. They do not seem designed to be constantly at a high state of energy, whether it is called excitement, dread, anxiety, or anticipation.

Gestalt therapy speaks to how to handle living in this new world. Gestaltists embrace the concept of *aggression as a positive force*. Aggression is the action that helps us construct the present and move the present into the past as we move into the future. This belief in moving forward with aggressive energy into the unknown future is the essence of the Gestalt approach.

CONCLUSION

Optimism is about our orientation towards the future. It is not just an attribute of an individual, a feeling state, or a set of assumptions; it is a complex construct incorporating a belief that more can be made of what is in front of us.

It is unfortunate that individuals are frequently thrown into a reflexive fight or flight response, reacting as if physically threatened. This physiological programming was useful when the threats were simple and short-lived, and the outcomes were clear. However, today we all face a world filled increasingly with chaos and confusion, and higher levels of uncertainty. To survive we all must learn not only to bear not knowing what is to come, but to become curious and interested in it. Optimism, at its core, is about how to live an improvisational life.

The world is composed of both welcome and unwelcome experiences. Many of the unwelcome ones are things individuals have no power to alter. These experiences evoke feelings that must be borne since neither fight nor flight is useful much of the time. Developing the skill of touching lightly on the things one cannot change and must live with, and reorganizing the field so that one's energy is directed toward what one can do, what one can appreciate, and from what one can take pleasure, can be a life-altering shift.

A Gestalt perspective, which recognizes uncertainty and complexity and approaches the unknown with excitement and curiosity, is ideally suited not only as a therapy, but as a philosophical perspective from which to embrace the future optimistically.

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