

# Gestalt Therapy in the United States of America

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## Brief History

Although one might rightly argue that gestalt therapy was conceived by Fritz and Laura Perls during their stay in Europe and South Africa (Gaines, 1979; Clarkson & Mackewn, 1993), it first gained prominence in the USA. While *Ego, Hunger and Aggression* (Perls, 1947/1969a), written in South Africa, contained many of the seeds that were to become gestalt therapy, the gestalt approach as we know it today would have never blossomed if Fritz Perls and Paul Goodman had not met, engaged each other, and collaborated in the creation of the basic gestalt text, *Gestalt Therapy: Excitement and Growth in the Human Personality* (Perls, Hefferline, & Goodman, 1951).

Despite their personal charisma and their ability to spread the word and gather disciples, gestalt therapy might have remained a minor therapy were it not for the historical timing. Reciprocity was required on the part of American society to listen to these radical individuals with their sweeping formula for change. The cultural openness of the 1960s which resulted in a flattening of hierarchy, a more complex way of viewing power dynamics, and a more humanistic, relational way of looking at oneself and others led to the right cultural field conditions for the powerful theory to spread and grow.

Goodman and Perls in 1946 had much in common (Stoehr, 1994). Both were critics of traditional therapeutic approaches, especially psychoanalysis, and both were significantly influenced by Wilhelm Reich. Fritz had been in analysis with Reich, and Goodman with Reich's student, Lowen. In fact, they borrowed one of the central tenets of gestalt therapy, "organismic self regulation" from Reich (Bowman, 2005) (one may legitimately argue that this concept was creatively borrowed from Kurt Goldstein, for whom Fritz served as a research assistant).

In addition, both had been rejected by important institutions: Fritz by the psychoanalytic movement and Goodman by the academic, literary establishment. Finally, both were provocateurs, and lived outside the mainstream of society; politically, sexually, and philosophically. The result of their partnership was the creation of a non-hierarchical, relational, improvisational, highly creative, anti-academic, and radical form of therapy.

Laura Perls, who was in South Africa at the time of the initial Perls–Goodman meetings, soon joined them. In fact, she was Goodman's therapist for a period of time and also created the first gestalt therapy supervision group (1950) consisting of Goodman and Paul Weisz. Soon afterwards, they were joined by Eliot Shapiro, Isadore From, Jim Simpkin, and others. Elements of Eastern thought, phenomenology, and political science were explored in these groups, eventually serving to broaden the theoretical base (Stoehr, 1994).

The theory spread through the proselytizing wanderings of Fritz, who traveled across the USA presenting his work, creating institutes, and gathering disciples. He went from city to city dazzling therapists, winning converts, and helping to stimulate institutional growth. He was followed, at least in the beginning, by his wife Laura, Paul Goodman, and Isadore From. They would follow him, often picking up the pieces, shoring up the learning, and soothing the often-bruised egos of the trainees.

Because Fritz was creating and developing the theory as he worked, he often taught different concepts at different times in different institutes. As a result, how gestalt therapy was practiced depended on time and place. For example, in New York, where gestalt therapy first developed, the New York Institute for Gestalt Therapy, which was founded in 1952 and parented by Isadore From and Laura Perls, remained loyal to the original, somewhat anarchic, theory and values. Even today, it is a place for study, not training, and has an anarchistic base. The institute has never owned a building, and the rules for meeting and dialogue are non-hierarchical (Bloom, 2004).

Perls first traveled to the Midwest, to Cleveland and Columbus, Ohio, then south to Miami, Florida, and eventually to California. Gestalt therapy quickly took root in Cleveland, and in 1954 the largest American gestalt therapy institute, The Gestalt Institute of Cleveland (GIC), was born. Unlike the New York Institute, GIC has focused primarily on training and expansion of theory. Less orthodox than New York, it has brought new and somewhat controversial ideas to the approach (Bowman, 2005). With a strong foundation in Lewin's field theory, it has pioneered the use of gestalt therapy with interpersonal systems such as couples, families, and organizations. Its members' commitment to writing has resulted in a number of influential books and articles. (See the section on theoretical contributions.)

A third form of gestalt therapy developed in the Los Angeles area, influenced largely by Jim Simpkin. After interning at the William Allison White Psychoanalytic Institute in New York, where he was supervised by Fritz Perls, Simpkin helped found The Gestalt Therapy Institute of Associates Training of Los Angeles (GATLA), which reflected his commitment to professionalism and theoretical and

academic rigor. It was originally a membership organization and also provided day and residential training. GATLA was selective in its criteria for trainees and offered rigorous certification. GATLA still remains a membership organization; however, the training faculty separated in the early 1990s into the Gestalt Training Associates of Los Angeles (GTALA) and the Pacific Gestalt Institute (PGI). Both institutes continue to provide training for professionals. GTALA has a strong bond with contemporary cognitive neuroscience research, influenced by Wertheimer of the Berlin School of gestalt psychology, Kurt Lewin, and Kurt Goldstein for whom Perls was a research assistant. PGI emphasizes a dialogical approach. GTALA continues to be highly selective in their criteria for trainees and offers rigorous certification. It also emphasizes dialogue and a relational form of gestalt therapy.

There was one more form of early gestalt therapy that was developed at Esalen Institute, California, the mecca of the human potential movement, which led to its tremendous popularization. While there, Fritz mingled with the giants of humanistic psychology, wrote many of the books that popularized gestalt therapy, such as *Gestalt Therapy Verbatim* (Perls, 1969b) and *In and Out of the Garbage Pail* (Perls, 1969c), created films (later transferred to videotapes), and gave live demonstrations. The form of gestalt therapy developed at Esalen was highly confrontational, action oriented, and provocative. Unfortunately for gestalt therapy, this style was emulated by many who did not fully grasp Perl's ability to make intense contact, however briefly.

As gestalt therapy has reached middle age, the original provocative and confrontational style has shifted to one of dialogue and more evocativeness. Many of the original insights pertaining to individual therapy have been incorporated into other theories, such as the inter-subjective psychoanalytic approach and the current interest in mindfulness. These include the emphasis on awareness, the role of contact and dialogue between therapist and patient, the use of experiment, and the importance of completing unfinished situation (unfinished business). Currently, there are over one hundred gestalt therapy institutes in the USA with a tremendous range in size and influence. The theoretical schisms between institutes and geographical areas have diminished. Current areas of learning and growth are with larger systems, such as couples, families, businesses, schools, and organizations, and reintegration with the more academic strands of gestalt psychology, whose roots reached back to the more academically oriented mentors of Fritz and Laura's early career, Wertheimer, Goldstein, and Lewin.

## Theoretical Contributions in Terms of Books and Articles

Following the publication of *Gestalt Therapy: Excitement and Growth in the Human Personality* (Perls *et al.*, 1951), there was a dearth of American literature on gestalt therapy for a number of years. This was to a certain extent a result of the anti-intellectual values of the early gestalt therapists paired with the belief that the essence of gestalt therapy could not be readily conveyed by the written page.

Eighteen years went by before three significant books were published in America. *Gestalt Therapy Verbatim* (Perls, 1969b), documented Perls' live work with individuals and showcased his theory of dreams and dream work. At the same time, Lederman's (1969) *Anger and the Rocking Chair*, and Oaklander's (1969/1978) *Windows to our Children: A Gestalt Therapy Approach to Children and Adolescents* expanded the gestalt therapy approach to working with populations other than adults.

Other early important writings were Fagan and Shepherd's (1970) *Gestalt Therapy Now*, which contained Beisser's (1970) classic *The Paradoxical Theory of Change*, that articulated the gestalt therapy change process, and Stevens' (1971) book *Awareness: Exploring, Experimenting, Experiencing* that presented a wide array of exercises and experiments to increase awareness. This latter work found its way into classrooms where teachers were experimenting with more experiential forms of teaching.

Probably the most important book of this era was Erv and Miriam Polster's *Gestalt Therapy Integrated* (Polster & Polster, 1973), which represented the first significant departure from the original Perls *et al.* (1951) writings. It articulated a more interactional and positive view of the world, emphasizing fantasy, experiment, groups, couples, families, and community. It also presented the gestalt cycle of experience as an alternative to the original contact-withdrawal paradigm.

One last important book of this time, Joseph Zinker's (1977) *Creative Process in Gestalt Therapy*, emphasized the artistry and creativity of the gestalt therapy approach. He developed further the concept of experiment and presented his way of working with dreams.

In 1978, an important breakthrough occurred when Joe Wysong created the first American periodical, *The Gestalt Journal*, and soon thereafter began publishing books. The Gestalt Journal Press has published a number of classic books, such as Laura Perls' (1992) *Living at the Boundary* and Latner's (1973) *The Gestalt Therapy Book*, as well as a number of contemporary gestalt therapy writings, such as Yontef's (1993) *Awareness, Dialogue and Process: Essays on Gestalt Therapy* and Hycner's and Jacobs' (1995) *The Healing Relationship in Gestalt Therapy: A Dialogical Psychology Approach*. These writings helped position the dialogical-relational approach in the forefront of contemporary gestalt therapy.

In 1985, the Gestalt Institute of Cleveland established the GIC Press, first under Edwin Nevis and then Gordon Wheeler. In 1996, Nevis and I created the *Gestalt Review*, the first blind, peer-reviewed gestalt journal. One of the important publications of the GIC Press was Wheeler's (1991) *Gestalt Reconsidered: A New Approach to Contact and Resistance*, which expanded the notion of resistance into contact styles.

Gestalt therapy has continued to develop and expand. Seven important areas are discussed below.

### Couple and Family Therapy

Since Kempler's (1974) classic, *Principles of Gestalt Family Therapy*, there has been substantial development of a gestalt therapy approach to working with couples

and families which emphasizes the interpersonal nature of contact and resistance. This approach grew out of the collaboration of Sonia Nevis and William Warner in the early 1970s, with the most well-known writings being those of the “Cape Cod Group” Joseph Zinker, Sonia Nevis, Stephanie Backman, and me. The approach was first presented in *In Search of Good Form* (Zinker, 1994), “Gestalt family therapy” (Melnick & Nevis, 1999), and *On Intimate Ground* (Wheeler & Backman, 1994). Since that time, the group has explored such concepts as strategy/intimacy (Nevis, Backman, & Nevis, 2003) and optimism, love, and commitment (Melnick & Nevis, 2005, 2006) as they relate to intimate systems. Others have also applied the gestalt therapy approach to couples and families, most notably Lynch and Lynch (2005).

### Body Work

A second area of development has been in the area of body work or somatic therapy. Beginning with the work of Laura Perls, gestalt therapists have valued “working with the body” as a way of heightening awareness and creating change. Kepner’s (1987) *Body Process: A Gestalt Approach to Working with the Body in Psychotherapy* developed the concept of embodiment and gave resistance a somatic voice. It is viewed as a disowned part of the body. A next important step was the work of Frank (2001) in which she utilized a gestalt therapy perspective to integrate somatic awareness and movement patterns. Resnick (2004), in her body work, has applied the gestalt approach to sexual functioning/dysfunction.

### Dialogue

Although gestalt therapy always valued the therapist–client relationship and their authentic meeting, it was not very specific about the qualities of contact that led to change (Yontef & Fuhr, 2005). The dialogical relationship, with its benefits and disruptions, has been explored by a number of contemporary gestalt therapy writers. Among the most influential are Hycner and Jacobs’ (1995) book *The Healing Relationship in Gestalt Therapy* and Yontef’s (1993) *Awareness, Dialogue and Process: Essay on Gestalt Therapy*.

### Groups

There has been considerable development of the gestalt therapy approach to groups, beginning with the classic *Beyond the Hot Seat* (Feder & Ronall, 1980). This book contains numerous articles that expand gestalt therapy group practice and theory; amongst them is the classic “Gestalt group process” article by Kepner (1980) in which she articulates a gestalt-based theory of group development. Building on Kepner’s work, Huckabay (1992) integrated classical gestalt theory with general systems theory and group dynamics. Lastly, Fairfield (2004) more recently questioned the use of traditional patterns of group development presenting a field-based and phenomenologically grounded theory of groups.

## Organizations

The gestalt therapy approach has been expanded to the organizational level as gestalt therapists work with larger, goal-oriented organizations in which awareness and contact are not a goal unto themselves, but are necessary for a more concrete outcome. Nevis has written on the differences between organizational consulting and psychotherapy, developing such concepts as presence and marginality. Among his writings is the classic *Organizational Consulting: A Gestalt Approach* (Nevis, 1987).

## Social Change

From its early inception, most gestalt therapy practitioners have had an interest in social issues and social change. Lichtenberg (1994) has written extensively on the topic of oppression, and I have written on conflict (Melnick, 2007). And with Nevis I have recently edited a book of case studies of gestalt therapy practitioners from around the world dealing with such issues as AIDs reduction, trauma resulting from political conflict, poverty, aging, the demise of labor unions, religious conflict, and intervention from inside the UN (Melnick & Nevis, 2009).

## Specific Populations

There have also been a number of books and articles that have been written dealing with specific issues and groups of people. Examples include the publications of Clemmens (1997) on alcoholism Papernow (1993) on step-families, and Kepner (1995) on sexual abuse.

## Overview of Research Contributions

In the USA, there is an increased emphasis on “evidence-based treatment,” also known as “empirically supported psychotherapy.” The increased overview by insurance companies of the profession, along with tightening ethical standards, has resulted in an emphasis on treatment approaches that are backed by empirical evidence for their effectiveness.

Until recently, gestalt therapy practitioners in the USA have been only minimally interested in research, especially the type of research that is conceptualized and conducted within the traditional academic and scientific paradigms. This lack of interest has been a function of a number of variables. First, gestalt therapists are typically housed in institutes that focus on practice and theory development. Furthermore, gestalt therapy therapists in the USA most often receive their advanced degrees and complete research prior to training at gestalt institutes. They join institutes because their interest is largely on learning and “doing” as opposed to reflecting and thinking. Additionally, much empirically based research is reductionistic and mechanistic, focusing on symptom reduction and problems

that fall within a narrow range of complexity. The therapists in these studies are often beginners and the measured effects just short term. As a result, many gestalt therapists are hesitant to accept this type of research as a legitimate test of effectiveness of the gestalt approach (Strümpfel, 2004).

In recent years, there have been four publications, primarily American based, that have presented overviews of gestalt therapy research. The first was a review in 1994 by Greenberg, Elliot, and Lietaer, an effort that has recently been updated in Elliot, Greenberg, and Lietaer (2004). Strümpfel (2004) presented a comprehensive overview of gestalt therapy research, and Yontef and Jacobs (2008) have also devoted a substantial portion of an overview chapter to research.

In a comparative study, Beutler *et al.* (1991) found that gestalt therapy outperformed cognitive therapy in treating depressed persons. Effect size (measured in standard deviations such that an effect size of one means a change of one standard deviation) jumped from 1.18 after treatment to 1.87 at a ten-month follow-up. In comparison, a cognitive behavior therapy (CBT) group did not increase effect size at follow-up. This study represents a pattern found in others (cf. Elliot *et al.*, 2004) in which the effect size of patients receiving gestalt therapy seems to grow after therapy and generalize the effects of gestalt therapy in ways that other therapies do not.

Johnson and Smith (1997) compared gestalt empty chair dialogue with systematic desensitization in the treatment of a phobia. Empty chair and desensitization seemed to work equally well in contrast to a no-treatment control group (effect size: 2.55). In line with previous studies, gestalt subjects indicated a variety of benefits beyond the focus of therapy, such as increased self-awareness and intellectual understanding.

Strenger (in press) recruited subjects who exhibited a range of phobias, such as fear of criticism of performance, of injections and sharp objects, and of airplanes. He compared people who role-played the fear response (Response Role-Playing) with subjects who role-played the stimulus response (Stimulus Role-Playing), and those that role-played both (Full Treatment). He found that the Full Treatment and Stimulus Role-Playing approaches were more effective when compared with the Response Role-Playing.

Watson (2006) compared CBT and a manualized version of gestalt therapy called process experiential therapy (PET) in terms of emotional processing. Forty clients classified as either good outcome or poor outcome received either CBT or PET. As was expected, good responders to either therapeutic approach exhibited superior levels of emotional processing. However, overall, PET was shown to be superior to CBT.

Generally, when CBT and gestalt therapy approaches are compared, the two are either equivalent or gestalt is slightly superior. However, there seems to be a benefit to gestalt therapy that does not appear in other therapies. After therapy, gestalt therapy patients continue to improve rather than to simply maintain the progress that they have made. When qualitative assessments are done, gestalt therapy patients spontaneously report that, in addition to target symptom improvement, they have experienced positive improvements in other aspects of their lives and functioning.

During the last thirty years, Woldt (personal communication, 2011) has supervised a large number of doctoral dissertations (e.g., Byrnes, 1975; Kepner, 1982; Prosnick, 1996) at Kent State University that statistically examined and established the validity of the contact/resistance functions in the gestalt cycle of experience – sometimes referred to as contact styles. The primary goal of this research was to statistically investigate if these gestalt terms emerge as definable, measurable, valid, and reliable factors consistent with gestalt therapy theory and practice. If so, these factors could become scales comparable to other personality tests to be used clinically and in conducting gestalt-oriented research. Unfortunately, space limitations prohibit presentation of all the research conducted using these measures and will be limited to describing the general research purpose; namely, development of the primary gestalt instruments.

Byrnes' (1975) vanguard research used the Gestalt Q-Sort (GQS) that contained seventy-two Q-card items (thirty-six contactful and thirty-six interruptive behaviors representing confluence, introjection, projection, and retroreflection) to see if they would discriminate fifteen psychologically healthy subjects from fifteen psychologically unhealthy subjects (identified with the Minnesota Multiphasic Personality Inventory – MMPI). Kepner (1982) was intent on creating a more refined, psychometrically sound, paper-pencil, self-report inventory using a five-point Likert-type scale to include the six best known gestalt resistances at the time. Using factor analysis and confirmatory correlation with data obtained on a 223-item instrument on a sample of 233 adults ( $F=131$ ,  $M=103$ ), he developed the seventy-six-item Gestalt Contact Styles Questionnaire (GCSQ) to validate scales that reliably measure confluence, projection, desensitization, introjection, and retroreflection, plus a minor factor later identified as representing egotism. While deflection was included as a hypothesized scale, it did not emerge as a factor. These five scales correlated as predicted with the sixteen Personality Factor (16PF) questionnaire for a test of reliability.

Using data obtained from 517 adults ( $M=281$ ,  $F=236$ ), Woldt (1993) amplified the GCSQ with confirmatory factor analysis to include twenty-four additional items, adding a sixth factor representing deflection and robustness items to the introjection, projection, and confluence factors. Principle component analysis resulted in eight significant factors: awareness, action, desensitization, introjection, projection, retroreflection, deflection, and confluence. Woldt and Kepner's (1986) hundred-item instrument is entitled Gestalt Contact Styles Questionnaire – Revised (GCSQ-R). Hoopingartner (1987), using data obtained from fifty-four adults, applied test-retest reliability analyses (administered two to four weeks apart), to discover an exceptional overall reliability coefficient of  $R=0.83$  on the GCSQ-R.

The final research on the GCSQ-R by Prosnick (1996) began by adding fifty items to the instrument (GCSQ-R150), developing a scale to reliably measure egotism and its counter-pole contactful process. Factor analysis of data on 155 adult subjects ( $F=101$ ,  $M=54$ ) provided construct validity to confirm the predicted factor of Egotism and its counter-pole process called Transfluence. Prosnick (1998) continued factor analysis and confirmatory research on data



from 623 adults (444 females, 179 males) by removing overlapping items and reducing the instrument to sixty-three items, calling it the Gestalt Inventory of Resistance Loadings.

A major offshoot of the GCSQ-R research is development of the Gestalt Personal Homeostasis Inventory (Martinek, 1985) and Gestalt Personal Homeostasis Inventory – Revised (Woldt and Martinek, 1986; Stevens, 1987; Mraz, 1990). Other instruments derived from the GCSQ-R for research with various populations include the Gestalt Interpersonal Contact Survey (Frew, 1982), Gestalt Interruption and Contact Inventory (Hellgren, 1983), Gestalt Family Contact Styles Questionnaire (Greenbank, 1990), Gestalt Resistance Process Analysis Scales (Kiracofe, 1992), Gestalt Career Decision Process Inventory (Hartung, 1992), Gestalt Personal Contact Inventory (Woldt, 1993), and Children's Gestalt Personal Process Inventory (Reynolds, 1996). Being the most psychometrically sound extant measures of gestalt contact processes, the GCSQ-R and its derivative instruments have been used in approximately forty studies and, consequently, are too numerous to list here.

Currently, there is an increasing interest in qualitative research (Brown, 1996). One publication of note is a recent edited book devoted primarily to gestalt-based research by Brownell (2008). Samplings of chapters include ones on qualitative and quantitative research, dialogical relationships, field-theoretical strategies, and the phenomenological method.

There is a resurgence of interest in the study of basic concepts generated by gestalt therapy. At present, several dissertations are in progress that range from the application of chaos theory and nonlinear dynamics to field theory to the generation of operational definitions of health and the function of memory in the figure-ground process. There is a research section of the *Gestalt Review* website that lists and classifies research efforts.

## Training Initiatives

Training opportunities in the USA are extensive and include a wide array of ongoing programs as well as residential opportunities. There are many introductory courses available. All programs have a mixture of didactic and experiential learning. Many of these are listed in websites by Woldt and Toman (2005). Below is a sampling.

The first comprehensive residential training program was developed at GIC. This two-month intensive program that began in 1970 was divided into one four-week module on the basics of gestalt therapy, one week of couples therapy, one week of group work, and two weeks of individual therapy. Graduation from this program permits entry into any of the advanced modules that included body therapies, group therapy, and intimate systems (couples and family therapy). Of comparable stature and international reputation is GIC's Organization and Systems Development (OSD) program for training consultants, trainers, and coaches which in 2005 celebrated its twenty-fifth year.

The Gestalt Center for Psychotherapy and Training (New York) was founded in 1967 and offers a three-year, part-time postgraduate training program. Upon graduation, one earns the designation of qualified gestalt therapist.

The GATLA offers a multiyear training program that encompasses six weekends per year. GATLA also provides extensive training in many other countries, including its European Gestalt Summer Residential Program which has been running continuously since 1972.

Gestalt Associates of Central Ohio offers a two-year basic program. Upon completion, there are postgraduate programs in adult psychotherapy, child psychotherapy, and organizational consulting.

Gestalt International Study Center (GISC), located in Wellfleet, Massachusetts, has a number of specialized training programs that deal with small and large systems. These include one dealing with couples and families that consists of two eight-day modules and one on leadership development. There are also advanced programs for both gestalt therapists and organizational consultants.

PGI (Los Angeles) provides a wide range of training in gestalt therapy, emphasizing a relational perspective. They offer both residential and weekend training programs as well as workshops, seminars, and supervision groups.

Unfortunately, little gestalt therapy training is conducted in universities. A few notable exceptions include New York University, Loma Linda University, Kent State University, Cleveland State University, University of Akron, Fielding Graduate Institute, Indiana University of Pennsylvania, Pacific University School of Professional Psychology, Pepperdine University, Sonoma State University, Southern Connecticut State University, and California Institute of Integral Studies.

## **Gestalt Therapy Associations**

There are currently two American-founded associations in the USA, although both have an international base and are international in scope and mission. Both are membership organizations, open to all. However, their rules of governance are different. The first is The Association for the Advancement of Gestalt Therapy (AAGT) that was founded in 1990. Its process is collaborative and based on full inclusion of individuals. It produces an excellent quarterly newsletter and holds a large biannual meeting and a smaller meeting on alternate years. The annual meetings consist of plenary sessions and smaller workshop presentations selected through peer review. Although the first meetings were held in the USA (San Francisco, New Orleans, Cleveland, New York, Dallas, and St. Petersburg), it most recently met in Vancouver, Manchester, and Philadelphia, USA. Because of its increasing international focus, it recently voted to change its name to Association for the Advancement of Gestalt Therapy, an international community. It also sponsors regional meetings that meet according to schedule. The most developed is the Southwest region, which meets annually and is attended by many of the luminaries of the gestalt therapy world.

The second association is the GISC, founded in 1980 by Edwin and Sonia Nevis. Originally designed to promote research, writing, and teaching, it has most recently focused on training and on designing topical workshops that are conducted worldwide. Examples include the Gestalt Writers Conference, which has met yearly for seventeen years and has given rise to a number of other conferences for gestalt therapy writers, and the Roots of Gestalt Therapy Conference that focuses on the past, present, and the future of gestalt therapy in the world. Previous Roots Conferences have been in Paris (2003), Antwerp (2005), and Rome (2007). GISC also has membership meetings that invite presentations from members and non-members alike. A recent meeting whose theme was "Social change: Gestalt perspectives and practices" took place in Cape Town, South Africa, in 2006.

## Future Challenges

Gestalt therapy has entered middle age in the USA. It faces the problems of being seen as old and out of style, of being overly linked with the Fritz Perls' form of confrontation and provocativeness, and of being non-relational and anti-intellectual. Although contemporary gestalt therapy is quite different from Fritz's caricature, many still believe that gestalt therapy has passed its prime.

Many of the groundbreaking insights of gestalt theory have been assimilated into other approaches. These include an emphasis on awareness and the dialogical relationship, use of metaphor, the treatment of the whole patient, somatic interventions, strength-based orientation, the impact of the wider field on the patient-therapist relationship, the use of experiment, and completing unfinished business. This assimilation means that gestalt therapy in its entirety is being overlooked in favor of more integrative or eclectic approaches.

Rather than obtaining their training in institutes, most therapists now complete their training at universities. This is, to a large extent, a function of licensure becoming mandatory in nearly all therapy domains and being dependent on an advanced degree from an accredited university. Thus, gestalt institutes face a challenge of attracting trainees, a task that is necessary not only for financial survival but also, more importantly, for developing the next generation of gestalt therapy practitioners.

This shift to university training has created a climate that tends to value short-term cognitive work that fits more easily into a traditional research paradigm. Gestalt therapy can be practiced on a brief basis (cf. Houston, 2003) and does support cognitive change (Fodor, 1998), but gestalt therapy practitioners have been lax in investigating and marketing their work. Since to be research oriented and teach research-supported- and evidence-validated-based approaches will increasingly become the standard by which all therapies are judged, it is imperative for gestalt therapists to begin producing research studies that validate their approach.

Another important challenge facing gestalt therapy in the USA involves transcending its traditional culture of insularity and institutional competitiveness. Americans must reach out in novel ways, beginning with increased contact and

support between institutes, so that new relationships, theories, and perspectives may emerge. Furthermore, gestalt therapy theory needs to be presented in more mainstream journals and conferences. American gestalt therapists must be open to learning from others. This involves developing relationships throughout the world, not only with practitioners from other theoretical orientations but also, more importantly, with other gestalt therapy communities. Gestalt therapy practitioners from other cultures need to be invited to teach Americans, and their gestalt writings need to be translated into English.

The gestalt therapy model in the USA, because it is process based, is increasingly being applied to larger systems and political situations, focusing on such issues as social change and conflict resolution. The gestalt therapy model is ideally suited to deal with issues of support, leadership, hierarchy, and power dynamics. As a result, it may be that the biggest challenge facing the American gestalt therapy community is to stay culturally responsive. In order to do so, American gestalt therapists will have to return to their original emphasis on helping to create not only a more socially aware, respectful and responsive individual, but also socially respectful and responsive systems, such as families, educational, and political institutions.

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