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Somatic Experience and Emergent Dysfunction: Gestalt Therapists in Dialogue and in Response to Questions from the Editors and from Eugene Gendlin

Three experienced gestalt therapists engage in a dialogue in response to questions from the editors and Eugene T. Gendlin on the journal theme, "Somatic Experience and Emergent Dysfunction." The discussion addresses issues of theory, practice, and the training of gestalt therapists.

Key words: Gestalt therapy, contact, somatic experiences, gender, mind/body, dialogue, relationship, relational field, creative-adjustment, gestalt therapy training, bodywork, self.

Editors' Note

This discussion was stimulated by questions from our editors and from Gene Gendlin, this issue's guest editor. Dr. Gendlin is internationally recognized as a major American psychologist. He was honored on 3 occasions by the American Psychological Society for his development of Experiential Psychotherapy. He is innovator of his own modality, "Focusing." His presence in our journal expands our dialogue to an important figure in contemporary psychotherapy.

Our dialogue participants are accomplished gestalt therapists who have expertise in the somatic dimensions of their work: Michael Clemmens, Ruella Frank, and Edward Smith.[1]

[1] This section was edited by Dan Bloom.

Question 1

Experience, in gestalt therapy, is an embodied process of figure/ground emergence. The traditional distinction between mind and body is considered to be a cultural artifact not given in immediate, uninterrupted experience. Nevertheless, gestalt therapy seems to have developed separate traditions of somatically oriented practice and a more verbally oriented practice.

How true is this in your own experience, and how do you account for this? Michael, please start us off.

Michael Clemmens:

It seems to me that quick and more efficient action is the style of the Western world and global culture. Partly because of this cyber-speed, the relationship between body, self, and others is increasingly characterized by tendencies to treat our body as a separate "machine" or a source of inconvenience.

But the distinction is not just a cultural artifact. It is also a common creative-adjustment within a field context. I was struck by this question's assertion that "the distinction between mind and body is a cultural artifact" and the distinction is "not given in immediate uninterrupted experience." I agree. This *is* culturally embedded, mostly in Europe and North America. Individuals as field/self organizers frequently distinguish, or, better, disconnect, mind and body. Uninterrupted unified mind/body experiences are rare. Experiencing "me" as embodied can often feel unsafe or without adequate supports for contact.

This is also true in our current approaches to training and practice of gestalt therapy. Even the use of the word "distinction" between body and mind is itself a cognitive/verbal frame. From an embodied stance, I do not distinguish my somatic experience — I experience my self as a lived body in relation at this moment. I would describe distinguishing mind from body as making an "active separation." Yet in "active separation," somatic experience is desensitized. Thinking about my body is not sensing myself in the moment. I think that one of the influences in gestalt therapy for this kind of separation is an underlying belief that meaning-making is a purely cognitive process. According to this, our body is merely the sensing apparatus and our minds do the processing. While many authors, trainers, and students recite

the "Torah" of "holism," in practice they focus on body as distinct, and of a lower order of significance than "the mind."

The other reason for this distinction is the increased specialization in body practices. There has been significant development in somatic practices since the beginning of gestalt therapy. Gestalt therapists immersed in different trainings and approaches (yoga, character structure, movement work, and so on) tend to focus their attention in that direction. This often results in a movement away from a more verbal and cognitive gestalt therapy emphasis. Additionally, non-Western approaches to somatic experience emphasize the "knowledge" of the body being at least as significant, if not more significant, than the "top down" ("brain to senses") emphasis on meaning. This is very similar to Kennedy's description of Merleau-Ponty's lived-body as the "nexus of connection" (Kennedy, 2005). Ironically, our approach, which was initially intended as "holistic," is practiced by many as "two paths in the woods," with one group emphasizing thematic meaning-making and the other primarily emphasizing somatic experience. The integration of these two is a "body dialogic" approach, which I think is inherent in gestalt therapy, but not consistently practiced.

Ruella Frank:

My answer to this question actually adds to what Michael just said. My mentor, Richard Kitzler told me that the first students of gestalt therapy were encouraged to take dance and movement classes to enhance somatic experience (personal communication, 1989). Fritz and Laura Perls valued sensing and moving as crucial to gestalt therapy practice. Laura worked with sharp awareness of posture, movement, and breathing in session, and always emphasized that coordinated movements were the primary supports for contacting. But she never created a specific system describing or identifying the continual nonverbal processes that shape and are shaped within the relational field. In the 1960s, Fritz met Charlotte Selver at Esalen, and was impressed by her work of Sensory Awareness (Richard Kitzler, personal communication, 1990), but he never integrated it into his work. Therapists interested in working more fully with somatic experience had to rely on other modalities that they integrated within gestalt therapy. This led to gestalt therapy and bioenergetics or gestalt therapy and Feldenkrais. These were unfortunate solutions to a basic dilemma — how to diagnose and treat through

accessing bodily processes. This work often appeared to be "doing to" rather than "doing with" the client, which was antithetical to the spirit of gestalt therapy. Other practitioners eschewed that kind of integration and had no use for "bodywork" within the therapy session. Who could blame them, as these early attempts at broadening somatic experience had no clear or well-developed theoretical ground? So two camps developed. The somatic practitioners — seen as the "gestalt and" folks — and those practitioners for whom the "and" — the gestalt therapy they added — was their own watered down version of classic gestalt therapy.

With recent research from the fields of neuroscience, and infant development, there is now greater interest from the gestalt therapy community in nonverbal processes in the forming of experience from birth. This research wholly supports our understanding that nonverbal interaction is primary to the forming of self. This is something gestalt therapists are beginning to integrate seamlessly into their practice, not as an "add-on." Gestalt therapists now can more clearly see, feel, and then understand the more subtle details of movement, which organizes the contacting process. I think that otherwise, without a clear movement lexicon to identify the details of embodied experience, both practitioners and clients can too quickly form psychological ideas *about* their experience, rather than linger in the phenomenological field and allow the movement to be meaning itself.

Michael Clemmens:

Ruella, I want to add to what you said. This separation in gestalt therapy between body people and the others can be mended with more adequate training. Institutes usually allot one weekend per year to "the body. Trainees often do not know how to look or even what to look for in the client's somatic process. With a lack of training emphasizing somatic processes, it is easier to move within our Western "mental" bias of words and thought, losing the undergirding of experience, our lived body.

Edward Smith:

My colleagues gave good replies to this question. I want to answer it perhaps somewhat differently and even address what I think is the purpose of this journal — the dialogue among psychotherapeutic modalities — if I may.

At the macrocosmic level, research of the past two decades based on controlled studies has shown evidence that, by and large, all of the psychotherapies can be effective (based on surveys of satisfaction of persons in therapy). On the microcosmic level of the technical interventions themselves, there is evidence that the majority of methods work. The crucial factor is the *personhood* of the therapist. It is the skill and personal qualities of the therapist, qua *person*, that largely contributes to the outcome that is co-created by the therapist and the person in therapy — not the technique, not the method, not the school of therapy.

Probably, most therapists set out in their careers representing the school of therapy with the techniques learned from their professors and supervisors. In time, however, a therapist who is conscientious and serious about his or her craft evolves a style of being with the person in therapy that fits who that therapist is as a *person*. An ethical psychotherapist works in a manner that is ego-syntonic. A therapeutic method or technique is a *way-of-being* with the person in therapy; this way-of-being is most authentic when it is a manifestation of the therapist's core personhood.

In gestalt therapy we encourage therapists to use whatever aspects of their life experience-cum-personhood that they can in co-creating the psychotherapy encounter. The therapist who has *lived* a rich life of the body — running, swimming, dancing, playing sports, lifting weights, doing yoga, doing martial arts, or so forth — has greater likelihood of attending to the body of the client. The therapist who is attuned to his or her body sensations is more likely to notice the body of the person in therapy — posture, gestures, skin tone, and so forth — commenting, and inviting that person's awareness.

Perhaps a therapist attuned to his or her body is more likely to gravitate to colleagues and supervisors who share this attunement. Thus, we find the coterie of the more verbally oriented gestalt therapists and that of the more somatically oriented.

Ruella Frank:

Edward, I agree with you that a therapist in training who is more attuned to his body will gravitate to a therapist or supervisor who shares his interest. But it is difficult for a trainee to find such teacher/supervisor. A therapist with a background in yoga, for example, might have difficulty finding a su-

pervisor who also studies yoga within the gestalt therapy framework. The yoga-practicing supervisor may be in touch with his body, but not know how to integrate his understanding of the body in a session. What good is that?

Michael Clemmens:

Sure, Edward, the development of a therapist is a process of developing a style. The style of a therapist as a person becomes more salient with experience, with interventions emerging more out of the interpersonal field than out of some abstract theory. The more I attend to my own somatic experience through practices outside of therapy as well as my attention in the session, the more I will notice the client's physical process.

Question 2

What do you think are the unique qualities of gestalt therapy in approaching bodywork? How would you explain the expression "somatic experience" as specific to gestalt therapy theory?

Edward Smith:

Every school of psychotherapy has an underlying philosophy, a body of theory, and a therapeutic style, including specific techniques. The philosophy is often implicit and not readily recognized. Techniques are most often seized upon to identify a school of therapy, an oversimplification that leads to gross misunderstanding. Gestalt therapy incorporates aspects of *existentialism* as its philosophical underpinning, with a subtle flavoring from Taoism–Zen. Its theory is heavily imbued with *organismic theory* (the successor to gestalt psychology) in its reactions against psychoanalysis. Its therapeutic style is *phenomenological* and *experiential*, focusing on facilitation of the patient's awareness in the here-and-now. In my preface to *The Body in Psychotherapy* I wrote that "I consider this blend of existential and Zen philosophy, this organismic personality theory, and this phenomenological experiential style of working to be the necessary and sufficient conditions to define the Gestalt [sic] approach. I don't define the Gestalt approach by techniques. . . . It is the exquisite focus on organism-in-environment *process* which appeals most to me about the Gestalt approach" (Smith, 2000, p. ix). When body work is done in the context of this gestalt of philosophy, theory, and therapeutic style, it is unique, it is *gestalt therapy.*

Gestalt therapy focuses on process — the moment-to-moment experience as it unfolds in the here-and-now. If that experience is of physical sensation, then it is accurate to label it as *somatic experience.*

Ruella Frank:

Well said, Edward. Gestalt therapy gives us a beautiful theoretical frame to expand our somatic approaches. I hope we can expand our practice through a more sophisticated understanding of somatic education. This is the focus of my own teaching.

Michael Clemmens:

I think the unique contribution of gestalt therapy to body work is twofold. First, we view body experience as embedded in a relational field. This is in contrast to many other body approaches that view and intervene with *individuals*, as individual bodies with issues and body patterns. Some of these other approaches emphasize the relationship between somatic experience and historical developmental ground. What differentiates gestalt therapy, as a body process, is our focus on the person's somatic experience embedded in the field *now*, in the *present*. We attend to body or somatic experience as being co-created in a present field dynamic. So for me, body process is not the sum of a history and/or developmental ground. Given this ground, I see the client and me in an ongoing contextual dance standing on this ground of previously developed gesture, speech, and developmental history.

The second unique quality of gestalt therapy is our emphasis on the *functionality* of body process. I focus on the creative-adjustment in a person's body process; how his/her somatic organization is useful. Each person creates him/herself from the primary structure of self-regulation. This focus is the phenomenological attitude of gestalt therapy, which is in marked contrast to many other approaches to body in therapy. I have non-gestalt therapy colleagues who work to "undo" or "break through" body patterns to get at the "core self." One of my professors in phenomenology, Rolf Von Eckartsburg, referred to this type of work as "breaking the mantle of the person" (personal communication, 1984). These approaches begin with a set of beliefs about what the "ideal" — or more often "healthy" — body process *should be.*

We sense (both perceptively and proprioceptively), hear, feel, and move as whole meaning-making organisms Somatic experience is not significant without thought or without putting experience into language. I frequently ask clients to begin by noticing their body. I see somatic experience as background to the client's verbal and cognitive processing. So, I might work with a client's somatic experience — body as foreground or background — but always in connection to the whole self.

Ruella Frank:

Michael, let me pick up from what you said.

In a session, I observe the emergence of repetitive or core patterns in my client and me. These are the routine ways that both the client and I gesture, breathe, and walk. They are also the organizing of our postural patterns. Michael, you would agree that these patterns underlie and accompany our "embodied narrative" within this relational field. This is the focus of my work.

Let me give an example. I have a client who often shrinks in his chair: he hollows his chest so that it creates a large bulge or round hump of his upper back. His head presses forward and downward and his shoulder bones are pressed into their sockets as if they had been hammered in. His words seem to fall out of his mouth and onto his lap so I can hardly hear him. At such moments, I find myself lengthening my spine so that my own chest bulges forward, I pull back my head, and the cadence of my words grows more abrupt. Becoming aware of myself and seeing him, I realize that this is an habitual dance between us of our thinking, feeling and attitudinal patterns. Once I become aware of how I'm shaping myself in this relationship, I work in such as way as to make our mutual patterns figural. The embodied narrative that we create is a field phenomenon — one part of our body in relation to another part *and* in relation to the situation — person, place, and so forth.

From my own understanding, somatic experience is the living process by which all our sensations, movements, perceptions, emotions, and then meaning form the whole of experience. This is the very definition of *gestalt,* which means form, and clinicians may intervene at any level and do whatever is appropriate or necessary to make aware "how" their clients form *gestalten* or organize experience. Gestalt therapy is an inquiry into "lived experience." In

truth, all practitioners of gestalt therapy are somatic practitioners. Where else does experience reside but in the body?

Michael Clemmens:

Ruella, I agree with your definition of gestalt therapy but there are many gestalt therapists who do not attend to somatic experience. A somatic practice of gestalt therapy is based in the experience, understanding, and emphasis on our bodies as implicit to self. When the practitioner is disembodied or chronically unaware of somatic experience the client cannot be attended to as embodied. Such awareness is often replaced by an overemphasis on theme and language as content, not as a spoken *physical* process. What happens if such an insufficiently trained practitioner becomes a trainer? A new generation of gestalt therapy training with inadequate emphasis on somatic experience develops. Trainees may then become frustrated with gestalt therapy and look elsewhere for further somatic training. They will either try to add this to their gestalt therapy practice, since they have no basis for how it might be integrated, or leave gestalt therapy completely.

Ruella Frank:

Michael, let me pick up on something you just said so it doesn't get lost. We must attend to our own bodies in order to be aware the client's embodied experience. Does anyone think this easy? It's not easy to keep going back to one's own sensing and moving while sitting with clients, or anyone else for that matter. I muck that up often and in losing myself I, of course, lose the other person. Communicating is a sloppy task. So we therapists, like our clients, have difficulty shuttling back and forth between experiencing body — that part of the environment that perceives and proprioceives (Richard Kitzler, personal communication, 2001) — and the other. Only in this way can we "lend our bodies" to the client, offer our embodied selves as support within the relational field. Let's say that my client is talking about the death of a loved one and suddenly I find myself holding my breath. Once noticed, I allow myself a long and full exhale. In response, my client breathes more deeply and then begins to cry. Now we are both present and something new can emerge between us. My somatic experience acts as a thermometer measuring the temperature of the relational field.

Question 3

What do you think is the main difference between gestalt therapy "body-work" and body psychotherapies, such as Reichian, bioenergetic, and all the many other somatic approaches?

Ruella Frank:

Laura Perls beautifully taught that the client's *resistance* was *assistance* for something else early on (Laura Perls, 1993, p. 11). I add that the resistance that emerges within the therapy dialogue was not only creative at an earlier time in the client's history, but is absolutely creative in the therapy moment when long-formed beliefs are still at play. Creative-adjustment is at the heart of our approach, and we respect it in all its forms. This is the important difference between gestalt therapy, bioenergetics, Reichian, and other modes of psychotherapies that incorporate bodily processes.

Gestalt therapy respects the client's so-called resistances and considers them functionally necessary as creative-adjustments. Gestalt therapists invite the client to understand better how such resistance operates in the moment and actually serves them. Gestalt therapists become curious about the client's experience, whatever it is, without labeling, judging, or attempting to do away with it. To do that would be colluding with those clients who wish to "get rid" of a part of themselves by closing themselves off to it, rather than becoming open and curious about these aspects of self that attempt to help the client feel safe and secure. This is very different with a bioenergetic and Reichian system whose interest is to "break down" the client's resistance by attempting to change muscular blocks through exercises, working through pressure points, or creating shifts in the client's breathing without *first* having explored the importance of these "blocks." This can be problematic and sometimes even dangerous if the client's primary way of supporting himself or herself in the world is removed before other supports are in place.

In addition, and increasingly significantly, we are a relational therapy interested in the co-creation of experience. A gestalt therapist must become curious about what he or she has done or not done within session to bring the client's resistance into the foreground, or what he or she has done that aided in the dissolution of the resistance. Here the relational perspective supports a field that needs mutuality and reciprocity to further the dialogue.

Edward Smith:

Ruella, let me add to what you've said. Gestalt therapy bodywork differs from the body psychotherapies in that it focuses on the moment-to-moment experience as that experience unfolds in the here-and-now. This can include the moment-to-moment experience not only of the person in therapy, but of the therapist, as well.

As you just said, Ruella, gestalt therapy bodywork also differs in that the body technique is not applied as prescriptively and mechanically as is the case in some body psychotherapies. For instance, in Reichian orgonomy, orgonomic massage begins with the ocular segment and proceeds in order through the other six segments. In bioenergetics, work begins with grounding exercises. These therapies were *manualized* even before the recent manualization movement.

An additional way that gestalt therapy differs is in being a non-interpretive approach. In bioenergetics, for instance, basically psychoanalytic interpretations have traditionally been made following the bodywork.

Ruella Frank:

Edward, I agree that interpretation is best left to the client and this distinguishes gestalt therapy from other modalities. But usually the client does not clearly read his or her own experience and needs to know how to more precisely attune to his sensations and moving patterns rather than jump to a conclusion too soon. That is the nature of being a client, isn't it? So although we want to leave the interpretation to the client, we also want to make sure the client does not rush to an interpretation of what is happening — but remains with his or her emerging sensations and movements, which embody emergent meaning. In other words, the client and therapist must linger in the "pure experience" of what is. Insofar as gestalt therapy being a non-interpretative approach is concerned, maybe when we offer an intervention, somatically or otherwise, to see what may emerge, we are actually making an implicit interpretation.

Michael Clemmens:

There a few more differences between our kind of bodywork and other approaches to it that I want to mention.

Other body-oriented therapies focus on a specific stance that, for example, Alexander refers to as "end gain" a prescribed or a priori attachment to the outcome of the process (Alexander, 1990, p. 15). This outcome can be a discharge of "bound energy," an undoing of body structure, restoration to "optimal" functioning or proper alignment, or the more presently possible outcome, "healing." In all of these, the practitioner intervenes toward this goal. The therapist behaves as if he or she knows more than the client *about his or her own experience.*

I *try* to notice my goals and "end gains" to orient my work with my client. I might experience this in my thoughts or language but also in my own embodied orientation in relation to my client. This is my attempt to make figural my client's experience of his/her body process and its meaning. It opens us both to the surprise at the direction he/she moves in the session.

Another difference between gestalt therapy and other approaches is that most body-oriented therapies are not field-based. They view the self in isolation, or as related to an empty universe. The therapist is often left out of the context or seen only as an "expert" or "healer." This narrows the range of possible body relational experiences that might emerge in a more dialogic encounter. It also can create a benign or even seductive power dynamic. In the gestalt therapy approach, the therapist is "fair game" (what Peter Philippson calls a "contact partner"), not merely a representative of past figures or an advocate guide to the truth. By "fair game," I mean that the therapist is available for interaction, and a co-constructor of the present field. I am not only an observer of my client's movements, gestures and breathing, but a living breathing, gesturing embodied partner who is potentially figural for my client's body process. This is profoundly different from most body therapies.

Ruella Frank:

Michael, I too like Peter's term "contact partner." And, I believe that all three of us would agree here that the more fully embodied the therapist, the more available the therapist is for interaction. We model this for our clients and this makes gestalt therapy uniquely different from other somatic therapies yet, interestingly enough, similar to modern psychoanalytic approaches that are growing more sensitized to the co-creating of experience.

Question 4

"I am a man/woman trapped in a woman/man's body," is a complaint sometimes heard in contemporary psychotherapy practices. The experience of transgendered people presents challenges to many fixed notions of the relationship of the psyche and the soma. How do you address this from your own understanding as a gestalt therapist? Have you had any clinical experience to provide us with examples?

Michael Clemmens:

This is a big question, with philosophical and cultural implications. I think it refers to a dilemma between how a person thinks of himself or herself and his or her present anatomy. This is the dissonance of my being with a person who says he/she feels to be a different gender than appears to us. The fixed notion of our dichotomous culture is that there are women constructed in one anatomical pattern and men constructed in the other. Some body psychotherapies identify "female" energy, movement patterns or stance and the corresponding "male" versions. We can think of masculine/feminine as a continuum rather than as a dichotomy. Yet the experience of a transgendered person is more than of just a female or male part, but of an embodied sense of transition to the "correct" body, a body that feels congruent with his/her self image, fantasies, and sensations.

The distinction for me is that this is the person's experience rather than my opinion about men and women. In my clinical experience, I once saw a person who initially presented to me as a man. Over the course of therapy, "she" began to disclose her life-long desire to "have" a woman's body. The initial contract for gestalt therapy was for a body oriented focus. We continued to work somatically while she moved along in the process of psychological evaluations, hormonal injections, and living in the world dressed as a woman. During this process, she came to sessions dressed in very stylish women's clothing. What stands out to me about this person was that this transition was the most significant and almost all consuming figure in her life. My experience was that she began to change her posture, movement, and vocal tone, even prior to the surgery. A large part of our body centered work was in exploring the congruency of her physical experience and thinking about her self. I had to reorient myself to the difference in this person's appearance and my assumptions about first him, then her.

The other clinical experience I had was with a woman a number of years after her surgery. That experience was entirely different. This second person was more settled in her body and wanted to explore some embodied retroflection of anger from her abusive childhood. She expressed no dissonance in her sense of self and her bodily experience. It was the type of body focused gestalt therapy that I have done with many clients. What was significant for her was that I, as a male, accepted her as a woman. Her body had some characteristics that were usually male — size of her feet and her Adam's apple — but my experience of her was that she was a woman. As I say this I am struck by the fundamental ways male and female are inherent in my language. But there is something significant in the consistency of a person's energy and self identification that leads me to a conclusion about their gender. I work with transgendered people from the experience of their embodied self before, during and after the surgery process. This is not from any political stance, but rather from the phenomenology of the client's experience.

Edward Smith:

I am not familiar enough with this to offer an informed opinion.

Ruella Frank:

Neither am I.

I've only worked with a man who identified himself as transgender and that was in 1993. He was also drug addicted and left after only three sessions. I don't remember why he left, but it was abrupt.

So without practice to inform my theorizing, I cannot really answer your challenging question. I would say, however, that the expression, "the body does not lie," is not really true and especially in transgender cases. What the body feels like is not always what it looks like, nor how the psyche thinks it should or should not be. I would think that the comfort to be offered to a transgender client is finding the truth of their experience without offering an idea from either a developmental or genetic theory. But truly, I am at sea here!

Michael Clemmens:

An external political or philosophical stance or gender politics by the therapist can create an additional level for the client to sort through and potentially introject.

Question 5

A phenomenological approach to psychology sees psychopathology as directly experienceable emergent dysfunction rather than as a deviation from abstractly considered norms of function. Can you describe this from your own epistemological frame as a somatically oriented gestalt therapist and as this presents itself in your clinical practice?

Edward Smith:

I think that for most gestalt therapists, the humanistic value of not doing therapy with anyone who does not seek it predominates. This axiological position assumes that the potential psychotherapy client is aware of a condition for which he or she seeks therapy, whether or not that condition conforms to any DSM category. Somatic dysfunctions are consistent with the holistic doctrine of organismic unity. This can be demonstrated by intentionally having a sexual fantasy and experiencing the signs of somatic arousal, such as genital tumescence and changes in breathing (activation of the parasympathetic portion of the autonomic nervous system). Likewise, fantasies that arouse fear may be accompanied by changes in breathing, muscular contractions, and so forth (activation of the sympathetic portion of the autonomic nervous system). With chronic sympathetic arousal, there are physiological changes that may eventually manifest as somatic dysfunctions, even degenerative diseases. There is solid and impressive research evidence for this. Reich claimed to have clinical evidence that supported his claim that defense mechanisms are not just mentalistic events, but manifest in the body as well (*body armor*). Chronic body armor creates a biopathic condition that can lead to somatic symptoms, including, in time and with sufficient severity, what we now term degenerative diseases.

Ruella Frank:

Similar to any gestalt therapist, I first follow process dynamics during session and secondly attend to the content dynamics. My attention moves to

breathing, posture, gesture or patterns of gait that form the client's core repertoire. These are the movement patterns that the client most frequently relies upon, which are also the underlying supports for their ways of contacting. These patterns are part and parcel of their feelings, perceptions, and attitudes about themselves and the world, which accompany the client's meaning making. Often there is a repeating pattern the client executes when there is an interruption of contacting.

Let me give an example. Imagine a client who repeatedly grasps her fingers and subtly pulls back her hands just after she has expressed her warmth to the therapist. Here the client can become more aware of her movement pattern of grasping and pulling in relation to the therapist.

With clients, I always wonder what is happening with them that stimulates this pattern and, more specifically, what is the therapist doing that stimulates this response on the part of the client? The therapist also might note how she feels and moves when this repetitive grasping and pulling gesture emerges.

Whatever is expressed within this relational field can be more clearly experienced and explored through movement, and then can be understood. In other words, rather than executing the movement and deciding that it is a gesture expressing the client's anger or fear, the movement is experienced *in itself* without prematurely interpreting it. This allows more questions from both therapist and client to emerge. Then another movement can be introduced as a way of supporting a different kind of contacting that could expand the client's repertoire of being and behaving.

Let me return to my example.

What if the client slowly uncurls her grasping fingers toward the therapist? And instead of pulling back, what if the client *incrementally* reaches her hands forward and in the direction of the therapist? How does the client sense herself now and how does she sense the therapist? And, likewise, how does the therapist sense herself and the client at this moment?

So when repetitive nonverbal interactions occur that do not easily support the developing of the therapy relationship, but diminish it for the moment, it is important to work with the separate and subtle components of the client's movements, and those of the therapist, in order to see the specific parts that are creating the dissonance, and then note how each element interacts to form the ongoing dialogue. The therapist then can introduce some new movement to see and feel what novelty may emerge.

Michael Clemmens:

Ruella, let me add this. Emergent dysfunction becomes apparent within the interactive field of client and therapist. The movement you describe is occurring in relation to the therapist in the session. I emphasize the immediate context, how this aborted movement may relate to the client's experience of me. Rather than assuming anything about the somatic pattern, I want to explore the immediate relational ground of any behavior within the present context.

Now, to the question itself — I agree with the distinction between deviation from norms of functioning and experienceable emergent dysfunction. The latter are "disturbances in contact functioning." In this the individual has less self support than is required in a given field context. It may be that his/her movement pattern, for example a tendency to move forward when in conflict, does not allow for other physical/emotional possibilities, such as literally "backing up" or being able to see from a wide perspective.

Let me give an example of a client who experienced a limit in his physical and relational options. Using an external or abstract norm we might say he has a "phallic" structure or is overly aggressive. After some work on this, he referred to himself as a "one trick pony." What I *knew* about this man in the moment is that he gets stuck in one direction, he feels as if he cannot "back up." Our phenomenological discussion explored how he experienced this pattern and how he physically organized himself in this way. We also explored the field conditions or contextual impacts to which he responded with this certain kind of stimulation. The focus of his work is now to explore how he might develop a broader range with more attention to his breathing, sensory, over-stimulation, and muscular readiness. Not only do I see this in his behavior, but he "experiences" this in his bodily process and accompanying beliefs. To me, this is an emergent experienceable pattern that causes limitations in his contacting and repetitious patterns with others.

I want to emphasize that both my client and I can experience these disturbances in contact functioning. I don't see gestalt therapy body-oriented work as proceeding only from the client's awareness. If he/she does not use a limb when moving or talks as if he/she were outside of his/her body, I

may be the first to notice this. Conversely, much body process is subtle and not visible. My client might be aware of differences before I am. But what is emergent and experienceable comes from shared experience, co-created events.

Ruella Frank:

Michael, I too think about the emergence of pattern as a co-created event. I want to discover the function of the client's pattern and then to offer other options that open up the dialogue — and not to get stuck in the that one is "right" or "better" for the client. A person who stands with his feet planted far apart has the experience of being stable, which can be necessary and useful. By contrast, a person who stands with his feet directly under his pelvis has greater flexibility and can move in any direction quite easily. Both stances are necessary adjustments within an ever-changing field. But when any stance is fixed, we have to notice what is the repetitive belief or story that accompanies this repeating pattern, and how we both (client and therapist) contribute to that story as it emerges now.

Question 6

Do you have any recommendations to beginning gestalt therapists about how to work with somatic experience within the gestalt therapy framework?

Edward Smith:

In order to work with somatic experience? This advice requires me to break my answer down into three parts.

First, use your eyes to see what might be overlooked out of socially defined politeness, decorum, or etiquette. See posture, postural shifts, gestures, and changes in skin tone, scars, and fresh wounds. Invite the person's awareness of these. Give yourself the option of sharing the thoughts or feelings that you become aware of in response to these.

Editors:

Michael and Ruella, you can respond to Edward's answer, part by part ?

Michael Clemmens:

Edward, I appreciate this encouragement to beginning gestalt therapists. I appreciate the importance of inviting us, therapist and client, to notice in the moment each other's physical movement, patterns, and gestures. This creates an enlivened embodied field. My memory of Laura Perls was of her saying the most obvious statements about how someone held his head or breathed when he spoke. The result of "small" interventions was profound in bringing the person in touch with self in the moment

Edward Smith:

That builds from my ideas nicely.

Second, listen to the voice — pitch, rate of speech, tone, volume, and changes in these. As above, give yourself the option of inviting awareness and of sharing your reactions.

Michael Clemmens:

Edward, my preference is to help the client develop the tactile senses in addition to those you mention. Additionally, I often invite the client to explore the polarity of a particular movement sequence. If he using his right arm, I might suggest he try speaking as he uses his left arm. Or I might be drawn to notice where the client *does not* move his/her body. It is easy to become quickly focused on a source of movement or sensation without exploring the whole. This whole exploration can lead to fuller expression and even the development of the conflicted push/pull, or movement and inhibition, that is the essence of our bodily structures and dilemma. All too often therapists go for the release or discharge without exploring the embodied and significant inhibition, what we used to refer to as the resistance in gestalt therapy.

Edward Smith:

Third — continuing my answer — I would next tell beginners to learn to use the *awareness continuum* exercise with instructions to include body sensations (cold spots, hot spots, pain, tightness, tingling, vibrations, and so). Consider inviting the person to dialogue with the sensation or the body part where the sensation is experienced. Consider inviting the person to allow the affected body part to act in some manner, involving motor action and creat-

ing an action-interaction sequence in a psychodrama. And finally, I would also urge beginners to get experiential training in a body therapy, such as bioenergetics (Lowen, 1971), Core Energetics (Pierrakos, 1987), Hakomi (Kurtz, 1981), Keleman's work (1989), Pesso System Psychomotor Therapy (Pesso, 1973), Radix (Kelley, 1974), Reichian Orgonomy (Reich, 1949). There are aspects of these other theories that can be integrated into gestalt therapy, and there are some techniques used by these approaches that can be integrated into gestalt therapy. As long as the theory or technique does not do violence to the philosophy or theory of gestalt therapy, it can be brought under the gestalt therapy umbrella.

Ruella Frank:

Let me add this. Beginners: look to the field of somatic education — Body-Mind Centering (the work of Bonnie Bainbridge Cohen, 1993), Sensory Awareness, the work of Thomas Hanna (1993), the work of Irmgard Bartenieff (1980), Rosen Breathwork (the work of Marion Rosen at www.rosenmethod.com), Continuum (the work of Emile Conrad at www.continuummovement.com), and so on. Get a background in basic anatomy and physiology — *Job's Body* by Deane Juhan (2002) is a good beginning text. The more you understand about how the body functions, the more of a three-dimensional picture you get.

I cannot say this often enough. Beginning gestalt therapists often think that there is an ideal way for their clients to move, sense or even feel. The therapist may suggest new movement pattern in order to expand the client's repertoire of moving possibilities too soon. The mistaken goal might be to improve the client's posture, as if standing tall is "better" than slouching. This diminishes awareness of *what is* as the focus moves to some ideal of *what should be.*

An example of the second case: the client's response of "I don't feel much," or "I feel nothing," is thought, by the therapist, as missing the mark — "nothing" does not give any information, he might think — when it is exactly the client's "not much" or "nothing" that *is* the experience to be stayed with and to become curious about. The key is to stay with what emerges and not place a value on one or another experience. Nothing is always the beginning of something — and, actually, "nothing" is something, otherwise how could it be noticed?

I encourage my students to get curious and ask questions that emerge from these kinds of nonverbal details. By this, I suggest they hold back psychological theories, which limit how much therapists are able to see and then to feel. The more questions, interest, and curiosity are offered to the client, the greater the possibility for answers to emerge from client — and from the therapist. How we, the therapists, sit and move is an intervention in itself and gives us a lot of information about how the session is unfolding.

Michael Clemmens:

I agree with everything Edward and Ruella said. Let me add a little. First, I suggest that trainees do their own somatically oriented psychotherapy, preferably with a somatically oriented gestalt psychotherapist. "We cannot do what we don't embody."

It is not enough to "understand" and speak articulately about the body/self. We need to experience this as clients before we can effectively and dialogically work in this way.

Ruella Frank:

I absolutely agree that anyone working with sensing/moving processes within gestalt therapy needs to have experience in somatic education. My body is my instrument and I have to continue refining my awareness. In addition, let's get the client *out* of the chair, along with the therapist, yes, but only *if both are so inclined.* Sitting in front of the client is only one relational/perceptual configuring to explore — there are many more. Instead of sitting facing each other, what if we sit or stand side by side? What if we stand back to back? Getting out of our chairs allows us to discover and work with issues that may either take longer to get to in therapy, or that might not emerge at all.

It's the awareness of your own body in relation to the client's that you want to cultivate — what you feel and what you see — and then you intervene however best suits you and the client.

Michael Clemmens:

Rue, your point is crucial: when in doubt, lost or stuck, come back to your sense of self in the moment. My mentor, Tom Cutolo, had a mantra for trainees: "breathe, and above all else, feel your ass in the chair!" What he was

supporting was an approach to therapy that is anchored in the embodied presence of the therapist rather than formulas or interventions. If I can orient to myself and feel myself in the moment, then I can become more sensate to the client in this same moment.

Question From Eugene Gendlin

Some people enact their "Gestalt lines" from their bodily sense just as you intend, but others invent the lines from their heads. My question is: Don't you want a procedure to enable them to come from their bodies?

We have to be much more specific about how we mean "being in touch with your body." At one meeting when I asked a woman what she felt in her body, she pointed to her chest, stomach, and abdomen in turn, saying "I feel tense here, relaxed here, and tense here." But that's not the kind of "being in touch with the body" that lets the rolling out come from deep. I said: "Yes, yes, but how is your life going?" Then she cried.

The kind of "in touch in the body" I work for involves letting one's attention down in, and waiting *there*, where a "felt sense" forms and comes, after a few seconds or a minute. A felt sense is a distinct bodily feel of some aspect of life, the whole complexity of it, the whole situation with everything that led up to it, "all that" in one bodily sense. It is not an emotion. Sheer fear or anger does not tell me "why." Usually I am sure I know, but when the felt sense of "all that" comes, the coming is a tension-reduction. "Oh, *that's* what it is!" I sigh with relief (even though I probably hate what it is). Now I can ask it. It "knows" why. It is my body's knowing why. And it can lead me step after step down in, much different and further than I knew.

Gestalt therapists seem not to know how to go in. I remember often, working with Gestalt people, when their tears came I would say "Now go down to that crying place." They didn't know what I was talking about. Of course my language was unusual, but referring inwardly seemed unknown to them.

It fits with my memory of Fritz. Once, we were both on a symposium. His comment on my talk was: "What's this *it*? It, it, it. There is no it!"

Of course, the general idea is right, that you're strong when you feel and say "I." Stand straight and own your feelings. But he didn't know what I was talking about either.

I have always believed in combining focusing with other methods. Meetings of focusing people tend to be quiet. Gestalt meetings are noisy. At conventions, if the Gestalt meeting happens to be in the room next door, our people are disturbed. But I wish our people were noisier. I tell our people "Please don't always just go in. Also learn to roll out."

So I say to you "Don't only roll out. Also learn to go in."

Michael Clemmens:

Gene, thanks for joining us in this discussion, but I find some of your description of gestalt therapy dated and applicable to no-longer-practiced method based on energy discharge and release. The phrase to "get in touch with your body" is an inadequate description of gestalt therapy. The development of sensation is essential to our approach. But so are locating somatic experience, and putting language and meaning to physical experience. We do not consider sensation and thoughts as separate. They are intertwined threads of experience. To quote Isadore From: "ours is not a grunt and groan therapy!" As a body oriented gestalt therapist, I am interested in helping clients connect physical experience with cognitive constructs.

Let me emphasize the figure/ground relationship in gestalt therapy in order to distinguish your comments from my understanding of gestalt therapy. Gene, your example is *body as background*, where the client has words and thought and the therapist helps to develop a "felt sense" through focusing. I work similarly with clients who begin with an idea or interest — a figure. I frequently ask my clients when they report an experience such as sadness, "Where do you feel sad?" Or, when thinking about their life, I help them *locate* this figure of interest in their body. These examples of body as *background* occur when the client begins with a more cognitive figure and my interventions are intended to "flesh out" their thoughts.

At other times, clients begin primarily with a sensation — some not-yet-defined physical awareness. I encourage them to enhance meaning and thoughts associated with this sensation. This is *body as foreground*, when somatic experience is more prominent and the developing figure leads to a fuller cognitive, verbal theme. There are many ways to support this process, to bring fuller meaning and clarity to experience. When attending to a client's sensation, I am interested not only in the location (where) of this in their body, but also in the tactile quality (tight, hard, hot, sharp and so on) as well

as in the direction of the sensation (moving downward, spreading, held back). This is mapping the sensation, and helps the client construct language and meaning from physical experience. For example, upon developing the sensation that feels like a pulling or holding backwards, we might explore some sentences and meaning about how he/she "holds my self back in the world." The dilemma in asking a client "to go where the sadness is," is operating from a "higher" level of abstraction rather than build from the base of sensation. To call something "sensation" is already to put a meaning to an experience.

I want to respond to your reference to Fritz Perls. Clearly Perls's intention was to emphasize the difference between embodied and abstract language and to bring the client more into awareness of his/her present embodied experience.

But this is an "experiment," not a grammatical correction. When I suggest that a client use "I" language, the experiment is intended to interrupt the person's usual verbal habit and to see what occurs. Behind this experiment is the hypothesis that by using "I," the person might not only develop more sensation, but also might find new meaning and understanding. Sometimes it can be functional for a person to use abstract language when referring to oneself, a protection against unwanted or overwhelming sensations and awareness. I am interested in exploring this possibility with clients. Sometimes I have asked clients to experiment with using "I" and then using "it" to notice the difference in their experience and meaning. The focus remains on both the client "getting in touch," and the meaning of his/her attempt to not experience his/her "felt sense." The client can experience then his/her felt sense and his/her objection to having this experience. Even then, when the client says: "I don't want to feel myself," my interest is in what he/she notices when he/she makes that statement, where he/she notices it somatically.

Ruella Frank:

Michael, I agree with you that Gene is apparently not aware of the advances that have been made in gestalt therapy practice to our more recent somatic perspectives.

Gene, I agree with you, though, about this. We have to be much more specific about what we mean by the phrase "being in touch with your body"

— just as I think we have to be more aware of what we mean when we say, "Can you feel yourself in the chair?"

I have done of teaching in various parts of Europe, U.S., and now Mexico, and even the most well trained practitioners tend to be at a loss in terms of developing greater awareness of sensing and moving in session. It has not been part of many gestalt training programs here or abroad. And yet gestalt therapy theory speaks of the primacy of experience. Working with somatic processes, as well as developmental process through a somatic lens, is one of our cutting edges.

I'm very appreciative that this journal has the interest in devoting an entire issue to somatic experience. It is a sign that our community is giving the body its due. More formalized teaching in somatic education can fill in the gaps that you touch upon in your statements to us, Gene.

Edward Smith:

Gene, I have some problems with your question. First, I plead ignorance of some of your terminology, "Gestalt lines," and "rolling out." Second, I winced at your statement that "Gestalt therapists seem not to know how to go in." This statement is surely a gross generalization, a stereotype of those who identify themselves as gestalt therapists. As I have written elsewhere, there are probably as many styles of gestalt therapy as there are gestalt therapists.

Gene, the inner world, as I experience it, is populated by thoughts (cognition), feelings (affect), action tendencies (conation), images, and sensations (interoception). All of these may be accessed by various methods and all may prove of value. As they are part of an in-the-moment gestalt, access to any one of them may allow the others to emerge into awareness. Different methods offer invitations that are stronger or weaker to each of these. (Here is the opportunity for technical eclecticism, the integration of techniques from other therapy approaches into gestalt therapy.) But it is the sensations that are the basic language of the body. Therefore, I often begin a session by inviting the person in therapy to "go into" his or her body in the sense of reporting body sensations. Once these are brought into awareness and fully experienced, they may then lead to the awareness of the concomitant thoughts (including memories), feelings, action tendencies, and images. It is this gestalt that can then be explored meaningfully, with the focus shifting

from the whole to each individual part and back as this personal process unfolds with the support of the therapist and his or her methods. I devoted several chapters of *The Body in Psychotherapy* (Smith, 1985) to methods for body awareness, and hard techniques, soft techniques, and expressive techniques for therapeutic intervention. The hard and soft techniques of body intervention derive primarily from the Reichian and neo-Reichian tradition; the expressive techniques, while drawn from several therapeutic sources, create the psychodrama that is often associated with the gestalt approach.

Ruella Frank:

My therapy style is informed by my years as professional dancer, and then as a practitioner of movement therapy, and so my locus of intervention is often at the level of sensing and moving. Someone else, with a background in philosophy, may have different points of entry into the session. But I cannot say that the philosopher enters "from his head" as if thoughts are not connected to a body, and I "from my body" as if I don't have a head. So I do not see our practice as split off, as you do, Gene.

In fact, sometimes excursions into what is taken for somatic experiencing can be as interruptive of contacting as excursions into defensive thinking. You give a wonderful example here of a woman who describes bodily tensions, but yet does not get to her "felt sense" until the therapist says, "Yes, yes, but how is your life going?" And then she cries. Here the initial inquiry into her body might appear as if she is becoming more aware of herself, but instead it may be a way of moving away from not only herself but away from the therapist. When you ask about her life, she might be responding to your having identified something that she has been avoiding, as well as to the tone of your voice, the cadence of your words, your interest in her, and so forth, that stimulates her tears. If I understand correctly, that is the whole of experience that you describe as the "whole situation with everything that led up to it, 'all that' in one bodily sense." It appears that you led her away from the isolation of a kind of self-report and into relationship.

At the end of your comments, you say you remind your students, "Don't always just go in. Also learn to roll out." And you remind gestalt therapists, "Don't only roll out. Also learn to go in." I agree. Gestalt therapists don't always emphasize the withdrawal aspect of contact. Emotions emerge as products of a more complex process that takes time. Often a client leaps into

the emotion before it has time to emerge. In other words, a client may say he is angry out of habit, rather than from a real and true experience. A "rolling in" process (greater emphasis on the experience of withdrawing) would enhance an understanding of the whole situation. This is your point, Gene, and it is a good one. Yet you may miss the point that many of us already do this.

Editors:

Thank you, colleagues, for this stimulating dialogue.

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