JADARA

Volume 29 | Number 1

Article 5

October 2019

Applications of Gestalt Therapy in Deafness Rehabilitation Counseling

David B. Peterson

University of Wisconsin-Madison, Department of Rehabilitation Psychology and Special Education

Debra L. Gough

Northern Illinois University, Department of Communicative Disorders

Follow this and additional works at: https://repository.wcsu.edu/jadara

Recommended Citation

Peterson, D. B., & Gough, D. L. (2019). Applications of Gestalt Therapy in Deafness Rehabilitation Counseling. *JADARA*, *29*(1). Retrieved from https://repository.wcsu.edu/jadara/vol29/iss1/5

APPLICATIONS OF GESTALT THERAPY IN DEAFNESS REHABILITATION COUNSELING

Techniques used in Gestalt therapy can be applied to working with clients who are deaf in a rehabilitation counseling setting. Gestalt therapy focuses on the whole person, encouraging the assessment of both assets and liabilities. Such a focus avoids the emphasis of disability	David B. Peterson ¹ Debra L. Gough ²
exclusively. This approach teaches awareness, utilizing the client-therapist relationship and dialogue as tools in the counseling process. The importance of dialogue in the process is emphasized to maximize client involvement. The theory is phenomenological and emphasizes individuality, a focus that discourages the drawing of stereotypes regarding people who are deaf. Acknowledged is the need for individual consideration for each unique situation in counseling. Awareness is central to the therapy, as is encouraging autonomy and self acceptance, common issues for clients in rehabilitation. The here-and-now focus of Gestalt therapy promotes increased awareness and responsibility necessary for personal development. Gestalt therapy makes use of a wide range of techniques that are applicable to working with people who are deaf seeking rehabilitation counseling services.	rehabilitation counseling setting. Gestalt therapy focuses on the whole person, encouraging the assessment of both assets and liabilities. Such a focus avoids the emphasis of disability exclusively. This approach teaches awareness, utilizing the client-therapist relationship and dialogue as tools in the counseling process. The importance of dialogue in the process is emphasized to maximize client involvement. The theory is phenomenological and emphasizes individuality, a focus that discourages the drawing of stereotypes regarding people who are deaf. Acknowledged is the need for individual consideration for each unique situation in counseling. Awareness is central to the therapy, as is encouraging autonomy and self acceptance, common issues for clients in rehabilitation. The here-and-now focus of Gestalt therapy promotes increased awareness and responsibility necessary for personal development. Gestalt therapy makes use of a wide range of techniques that are applicable to working with people who are

Applications of Gestalt Therapy in Deafness Rehabilitation Counseling

The term "Gestalt" can be defined as "a form, a configuration or a totality that has, as a unified whole, properties which cannot be derived by summation from the parts and their relationships...it may refer to physical structures, to physiological and psychological functions, or to symbolic units" (Passons, 1975, p. 12). Gestalt therapy pertains to a form of psychological functioning. The approach is an experiential therapy stressing a here-and-now awareness and the integration of fragmented parts of the personality, stressing the unity of mind, body, and feelings of which the client becomes aware through interaction with the therapist (Corey, 1989). The assumption is that growth occurs through personal contact rather than techniques or interpretations. Personal contact occurs during therapy by way of techniques used, which will be a major focus of this paper.

¹David B. Peterson, University of Wisconsin - Madison, Department of Rehabilitation Psychology and Special Education, 432 North Murray, Room 433, Madison, WI 53706.

² Deborah Gough, Northern Illinois University, Department of Communicative Disorders, Adams Hall 328, DeKalb, IL 60115-2899.

Gestalt Psychology

Gestalt psychology (distinct from Gestalt therapy) theorizes that organisms instinctively perceive whole patterns which have characteristics that cannot be gleaned by analyzing parts. Human nature "... can only be understood as a function of the patterns or wholes of which it is made" (Perls, 1973, p. 4). Awareness is trusted more than interpretation and dogma. In other words, the whole is more than the sum of its parts. This theory, when first proposed, challenged much of the status quo in the field of psychology and was instrumental in the development of Gestalt therapy.

Phenomenology

Phenomenology is a discipline that helps people stand aside from their usual way of thinking so that they can tell the difference between what is actually being perceived and felt in the current situation and what is residue from the past (Idhe, 1977). Phenomenology emphasizes that experiences are very individual, unique to a given person and understood to the degree possible, only by that person. Gestalt therapy is phenomenological by nature.

If someone experiences a traumatic injury that is debilitating, such as a hearing loss resulting from a head injury, there is necessary adjustment to the resultant disability. During the process of adjustment to a disability, there are many emotions, physical experiences, and cognitions from before the trauma and after the trauma that may conflict with each other, resulting in competing demands for the client's attention. A person who is adventitiously deafened and who had previously worked in a public relations position requiring oral communication and standard telephone usage may be unable to continue in that position due to communication barriers, even though he or she may be able to perform the majority of the job functions. Frustration may lead to reduced motivation, leaving untapped the abilities present that can compensate for the resultant loss of hearing. The Gestalt process encourages the focus on now as opposed to the past and in the case of hearing loss may encourage the focus on and use of the unique abilities of the individual that are available now, tapping into potential that is perhaps outside of the client's present awareness. Expression of feelings of loss may be encouraged with the goal of accepting the loss and all it entails, resolving to live for the present and move forward, working with what assets are available. This process could be appropriate for any type of disability where a perceived loss exists.

Field Theory

The awareness mentioned above occurs via exploration of the client's life space, which constitutes a field. This exploration describes the whole field in which an event is occurring. This field, according to Kurt Lewin, is a matrix of the person with needs in a sociocultural context (Clarkson, 1989). Rather than analyze an event in terms of categories, historical, or cause-effect sequences, the goal is to describe the event without speculation, interpretation, or classification, taking into account all aspects involved in the field. The Gestalt therapist abides by this theory, encouraging clients to focus on the awareness of their own phenomenological fields, leaving the ultimate analysis of the current life space to the client.

Existential Perspective

The existential perspective is based on the phenomenological method. It focuses on people's existence, relations with each other, joys and suffering, as uniquely and directly experienced in the here and now (Corey, 1991). This existential perspective is encouraged by the Gestalt therapist, to be used throughout life, placing effort toward being authentic and meaningfully responsible for oneself every day. This effort is assisted by an awareness of now, not of the past, not of the future, but of the present. The past or present may be considered and explored, but only as it is experienced presently.

Disability-related issues encountered in the rehabilitation process often result in the expression of emotions dealing with unresolved grief, anger or loss, emotions which the client may not wish to deal with because the feelings seem too painful. Existentialism encourages the experiencing of these feelings in the present, with support provided by the therapist. Gestalt therapy encourages the client to verbalize and process the emotions using various "experiments" or techniques found useful by the therapist to enhance client awareness. Authenticity and responsibility are encouraged as dialogue between therapist and client lead to healing and independence.

Homeostasis

Homeostasis is "the process by which the organism maintains its equilibrium and therefore its health under varying conditions" (Perls, 1973, p. 4). Gestalt therapy relies on the

premise that humans have a natural tendency towards homeostasis, a process called organismic self-regulation. Perls believed that physiological and psychological health is maintained by a homeostatic process by which people maintain equilibrium through satisfying their needs (Perls, 1973). Ecological interdependence is a term that describes contact between the client and the environment, contacting the environment to fulfill needs (obtaining "nourishment") and withdrawing from the environment where appropriate (rejecting "toxic" things). Needs are attended to one at a time according to their intensity and priority (Perls, 1973). The need being acted upon is considered in the foreground, while all else is in the background. Once the need in a given situation or "Gestalt" is met, that Gestalt is closed and moves to the background to make room for the next need.

This process works on the basis of full and accurate acknowledgment of what is and allows the situation to dictate control. That is not to say the person is controlled by circumstances, but that the person chooses how to respond to a given situation, and that choice is dependent upon the situation.

The person regulates self awareness of the present, including one's wants as opposed to what "should" be. The process does not rest on cognition exclusively but integrates the mind and body, thoughts and feelings. Perls believed that mental illness occurs when an individual's natural tendency toward homeostasis is disturbed.

A person with a disability interacts with his or her environment to satisfy needs as described in the organismic self-regulation process. There are complicating factors involved in social interaction for persons who are deaf living in a hearing world. Communication presents a barrier due to language difference and psycho-social differences between cultures. For as many types and levels of disabilities that there are, there are an equal amount of unique needs to be met in the environment. The Gestalt process focuses on the client-environment interaction, a very appropriate framework from which to deal with the many potentially unique situations in which rehabilitation counselors find their clients.

The Contact Boundary

Gestalt therapy assumes that we all have needs and a system of orientation and manipulation with which to achieve their satisfaction. Within the total field of experience there is the self (anatomical, physiological self) and the environment (geographical, physical, and social scientific phenomena outside the self). Between these two exists the contact boundary. This is where the individual contacts the environment to meet needs or withdraws from it to avoid

what is not needed (Perls, 1973). This is the area where psychological events occur. "Contacting the environment is, in a sense, forming a gestalt. Withdrawal is either closing it (or trying to close it)" (Perls, 1973, p. 22). It is at this contact boundary that the I-Thou relationship with the therapist is formed and therapy takes place. "Understanding means, basically, seeing a part in its relation to the whole. For our patients, it means seeing themselves as part of the total field and thus becoming related both to themselves and to the world. This is good contact" (Perls, 1973, p. 72).

Awareness

A basic goal of Gestalt therapy is for clients to become aware; aware of what they are doing, how they are doing it, and how they can improve themselves. The motivating force behind human behavior is need fulfillment and the completion of unfinished business. Need creates disequilibrium. The human is a dynamic organism which senses needs and puts them in a priority hierarchy. This system of sensing needs is dependent on awareness.

Gestalt therapy encourages awareness, not only personal awareness but also awareness of the awareness process, or "being aware of being aware" (Yontef & Simkin in Corsini & Wedding, 1989). The client learns how to become aware of awareness, and of the organismic self-regulation process. Insight is brought about by awareness. Insight is a clear understanding of the structure of the situation being studied. Gestalt therapy uses focused awareness and experimentation with various therapeutic techniques to achieve insight. The process of awareness from a Gestalt therapy perspective involves bringing to the foreground or center of attention that which is of great concern, dealing with it, and then sending it to the background of the mind to free the foreground for the next concern. People experience self-deception by obscuring or avoiding how the world really is (Perls, 1973). By becoming aware, one can choose and organize one's own existence in a meaningful way.

Complications in life can muddle what is of great concern and the foreground can become filled with competing concerns. Being aware of these conflicts and systematically exploring and dealing with them is part of the process of awareness. Coming to terms with a disability, social and interpersonal conflicts, educational and vocational choices can create competing concerns for the foreground. Gestalt therapy gives a framework for the rehabilitation counselor to work with the client to encourage him or her to independently come to terms with these competing issues.

Full awareness means being in contact with and being energized by the focus in the foreground, with full sensorimotor, emotional, cognitive, and energetic support (Perls, 1973). Owning one's control over, choice of, and responsibility for behavior and feelings is part of the process. Being familiar with the environment, knowledge of self, self acceptance, and having the ability to contact with or engage the issue at hand is healthy and encouraged by Gestalt therapy. Enhancement of self awareness assists clients in making quality decisions for themselves, regardless of the issue. Specific to rehabilitation this awareness can promote realistic assessment of abilities and limitations by the client. Vocational interests can be clarified and successful plans leading to gainful employment can be developed.

Paramount in importance to awareness is self acceptance. Rejection of self and full awareness are mutually exclusive (Yontef & Simkin, 1989). Rejection of oneself is a denial of who one is, and that distorts awareness. Simkin (1968) described self acceptance using an analogy. A cake itself is sweet and tasty, but the ingredients that go into the cake in and of themselves, flour, baking soda, salt, egg, etc., do not taste like cake. Self acceptance involves acknowledging and accepting the entire self, tasty and not-so-tasty. It takes all of the ingredients combined to make a cake taste the way it does, and it takes all the unique aspects of a person together to make him or her who he or she is.

Within deafness rehabilitation counseling the existence of a disability has the potential to be looked upon as a negative aspect of who a person is, which certainly need not be the case. Gestalt therapy provides an avenue of exploration to assist in integrating and accepting all aspects of the person, which according to the Gestalt process frees the foreground from dealing with negative self-image. Aspects of self that a person has been struggling with can move to the background and be assimilated into the person's self, allowing other needs to come to the foreground unencumbered as they arise. Full awareness and acceptance of self is the life-long goal of Gestalt therapy.

Responsibility

According to Perls, awareness of and responsibility for the total field, for others and for self, give pattern and meaning to a person's life (Perls, 1973). Increased awareness and responsibility increases the person's responsibility, or as Perls puts it, "response-ability", or ability to respond to various needs. "Response-ability" is the person's ability to experience change and choose responses. Disabilities, particularly when they are late onset, are certainly changes that require response-ability, and positive choices are necessary to maximize potential

assets for a client's future. The Gestalt therapy framework encourages the client to accurately assess and take inventory of assets and liabilities, being fully aware of his or her situation or field so as to deal with the present need in the most informed and effective way possible.

The Client-Therapist Relationship

The client and therapist interact and the therapeutic relationship develops. This is not a paternalistic relationship, but rather a camaraderie, a cooperative effort. This type of relationship is very appropriate for rehabilitation counseling as it empowers the client. Through this relationship the therapist and the client work together to become aware of the client's ideas, emotions, or actions, rejected or unconscious. Unconscious refers to that which doesn't enter awareness when needed. The client then considers these phenomena, and either assimilates them or rejects them as not useful. The client is encouraged to be autonomous, and the desired outcome is for the client to be where he or she can exercise this awareness independently.

The use of categories or labels can be limiting and harmful to a person with a disability, focusing on deficits rather than assets. Field theory discourages this. Analyzing and interpreting on the therapist's part is discouraged, as the therapist relies upon the client-therapist relationship to bring about independent analysis of the situation through awareness. The client is not burdened with a label or category as interpreted by the therapist, but is encouraged through existential dialogue with the therapist to discover his or her own interpretation of the situation, which when fully aware will be accurate and sufficient.

Dialogue and the "I-Thou" Relationship

The Gestalt therapist encourages "commitment to dialogue" (Corey, 1991), as it is through communication between therapist and client that the therapeutic relationship develops. Contact is made within the client's experiential field at the experience boundary between "me" (the client) and "not me" (the therapist). The goal is to interact with the "not me" while maintaining a self-identity separate from it. Martin Buber stated that a person has meaning only in relation to others (Corsini & Wedding, 1989), descriptive of the I-Thou relationship in Gestalt therapy. Dialogue is based on experiencing the other person as he or she is; sharing phenomenological awareness. Ideally it is not manipulative, but engaging, and fosters caring,

7

warmth, acceptance, and self responsibility. It is never judging, analyzing, or interpreting. You are to say what you mean, and mean what you say, client and therapist alike.

Inclusion is, according to Gestalt therapy, putting yourself in the other person's shoes while maintaining autonomy (Yontef & Simkin, 1989). This is not unlike accurate empathy in a person-centered approach to counseling (Raskin & Rogers, 1989). The therapist is to express him or herself to the client, modeling phenomenological reporting, rather than relying on theory-driven interpretation, encouraging the client to regulate him or herself autonomously. The therapist is to surrender to the interpersonal process, allowing rather than causing contact to happen. It is with this frame of mind that the Gestalt therapy process can occur in dialogue. The outcome is increased awareness and all of the benefits mentioned hitherto.

Modes of dialogue vary: speaking, singing, or even nonverbal via dancing. Communication is only limited in creativity by ethics, appropriateness, and therapeutic task. When counseling a person who is deaf, nonverbal modes of communication are a commodity. Much meaning and emotion is conveyed via nonverbal means when using manual communication. When dialogue is effective, the counselor and the client get the information they need to work together effectively. With case loads of up to 300 clients in a state rehabilitation agency, there is a great deal of pressure to work quickly with the potential sacrifice of good dialogue with the client. Knowledge of the usefulness of the Gestalt process can encourage the counselor to remain mindful of the importance of dialogue to enhance the rehabilitation counseling process.

The client is viewed as a collaborator in the healing process. The question "what can I do to work on this?" is dialogical evidence of the client employing the Gestalt therapeutic process autonomously. Insight emerging from self is thought to be much more useful in Gestalt therapy, as it is considered more potent than insight given by the therapist. Through Gestalt therapy the therapist seeks to maximize client involvement and autonomy.

Techniques Used in Gestalt Therapy

Gestalt therapy probably has a greater range of styles, techniques, and modalities than any other system (Yontef & Simkin, 1989). "Stay with it," enactment, empty chair, exaggeration, guided fantasy, loosening and integrating, dream work, therapist disclosure and body techniques are but a few techniques available to the Gestalt therapist. It should be noted however, that "Techniques are not the important aspect of Gestalt therapy" (Yontef & Simkin, pp. 328-329). Rather, it is the Gestalt process that facilitates Gestalt therapy. Techniques are

ultimately used to gain awareness, but are not considered universal remedies. Other theoretical constructs can be worked into the Gestalt process making the theory makes use of a range of techniques.

Within the framework of Gestalt therapy techniques are referred to as "experiments." An experiment is a tool, a way of working with a person experientially. "The long-range goals of the experiment are to increase the client's range of awareness and self-understanding, to expand his freedom to act effectively within his environment, and to broaden his repertoire of behaviors in a variety of life situations" (Zinker, 1977, pp. 125-126).

In Gestalt therapy, one sets out to explore behavior rather than to modify it. The goal of the experiments are to bring about the awareness that is central in rectifying false concepts of self, discriminate between self and not-self (I and Thou), integrate the fragmented or rejected parts of self, and remove blocks that prevent one from being oneself.

Psychodramatics are used extensively in Gestalt therapy. The empty-chair technique is a common application, where one regards an empty chair as if someone were sitting there with whom they are to communicate. If a client is preparing for a job interview, for example, rehearsal of the interview using this technique can help alleviate stress. The goal is to bring the potentially stressful situation into the present, in this case, placing the potential employer in the chair. The therapist is there to support the client in this undertaking in a safe environment. Psychodrama differs from role playing in that the client is using fantasy to create the situation as if it were happening in the present, assuming the role of both the interviewee and interviewer, alternating in these roles until the situation is fully discussed, and both parties have had their say. The following example illustrates the use of the empty-chair technique.

Jennifer is a client of the state vocational rehabilitation system who was turned down for a job last year. She believes her deafness was the "real" reason she was not hired, since the job did not require "normal" hearing acuity.

- C. You know Jennifer, I've noticed that you seem hesitant to go to the job interview next week. I almost get the feeling you're feeling angry about the interview before you even get there.
- J. No, that's not it. I don't know. That job last fall that I didn't get, remember? Well, I didn't believe they found someone else with more experience. I think they were afraid I couldn't do the job because I'm deaf. They couldn't, or wouldn't sign to me. I'm still angry about that.
- C. Even though this happened a long time ago, it's still on your mind... you still have angry feelings.
- J. Right. I feel stuck, and angry about it.

- C. Jennifer, I'd like you to try something. Right now, in this chair next to me, I am putting the boss who turned you down.
- J. Mr. Anderson? There?
- C. Yes, Mr. Anderson is right here. I want you to look at Mr. Anderson and talk to him about the experience last fall.
- J. OK, well I would have said, "Hey you! Who do you think you are?"
- C. Fine, but now really believe he's there in the char across from you. Talk to him now, not what you "would have said."
- J. Oh! Mr. Anderson, you are being unfair. I am really qualified for this job. I went to college to get my degree, and I worked hard. I deserve a chance to show you how well I can do on this job. You're really losing out on a good worker! I hate that you discriminate against me because I'm deaf. You are stupid to do that! Just stupid! Maybe you don't deserve to have an employee as good as me.
- C. What are you aware of now, Jennifer?
- J. I started out feeling all tense and afraid. Now, I feel lots of energy. I feel strong saying these things.
- C. Yes, you looked strong and capable. There was a lot of power in your signs and on your face.
- J. Well, I feel ready now to go for that job interview next week. I think I can do it! By reliving an unfinished life situation in the liveliness of the present, energy that was utilized to suppress feelings of anger, frustration and fear can be released and used more effectively. The client gains competence in addressing others directly in order to fulfill needs more healthfully.

Other techniques assist in making the client aware of the here and now in therapy. "We ask the patient to become aware of his gestures, his breathing, of his emotions, of his voice, and of his facial expressions as much as of his pressing thoughts" (Perls, 1973, p. 64). Focus on body language can reveal ways a person communicates nonverbally in an interview situation or on the job. A person may be unaware of the messages they are communicating. In developing this awareness the client recognizes specifically how these nonverbal messages influence a situation, and can make adjustments accordingly. This technique can assist in teaching the client how to interact with the environment to effectively satisfy needs.

Completing unfinished business is a technique used to help resolve conflicts that crowd the foreground and make concentration difficult. For example, if a person that is deaf has had overly-protective parents that caused conflict in the past, but have since died, there maybe some

unresolved anger or unfinished business to tend to. Dramatically recounting a scene of previous conflict and responding to it as if it were occurring in the present can be emotion-laden and miserable for the client. Given the opportunity to relive the moment allows the contact that was needed to occur, bringing resolution to the conflict, allowing the Gestalt to close and move to the background. This frees up the foreground for other needs, and frees the necessary energy to deal with needs as they arise more effectively.

"Stay with it" is another technique used in gestalt therapy. If a client has a headache the counselor may ask he or she to focus on any thoughts and feelings associated with it. Staying with the associated feelings may reveal that the headache occurs whenever a certain stressor moves to the foreground. This type of focusing allows contact with self that may otherwise be overlooked (Perls, 1973).

Another technique used to help bring awareness is asking the client to ask three questions: What am I doing? What do I feel? What do I want? These are extensions of the statement "Now I am aware..", which is used to assist the client to be aware of self in the here and now.

Asking the client to turn questions into statements is another technique used in Gestalt therapy. When a client asks a question of a counselor, a need is expressed. The need generating the question may not be clear to the client. Restating the question as a statement helps to highlight what it is the client is truly seeking. For example, a client may ask how to fill out a form even though this could be done independently. The question asks the counselor how to fill out the form, but the need expressed may be "I want you to do this for me", or "I want to know if you think I am doing this right." Effective communication is important to deal with the environment at the contact boundary. Turning questions into statements reveals to the client what it is they want from the environment.

During the use of experiments, the client provides the interpretations for his or her actions, fantasies, and play actings. The counselor does not interpret these activities, but merely "calls them to (the client's) attention" (Perls, 1973, p. 15). Perls believed that an understanding of self comes through fantasizing, play acting, and doing in therapy. During these activities the client learns to focus on and integrate thoughts, feelings, and actions. The ultimate goal is to do so in the course of daily life.

Research in Gestalt Therapy

After discussing a phenomenon such as "organismic self-regulation," it is likely that one would question what proof exists of such a process. Research in Gestalt therapy is sparse (Allen, 1985). Harman (1984) wrote an article suggesting that the reason for this paucity of research is lack of consistent training in Gestalt therapy and lack of interest in doing research. Harman stated that he was skeptical as to the utility of research in Gestalt therapy, and that energy should be directed toward individual therapists monitoring their own effectiveness with their clients, as they were the only ones qualified to do any type of outcome evaluation.

Fagan and Shepherd (1970) commented on the difficulty of doing research in Gestalt therapy. They contended that hard data are difficult to obtain. The important variables are not amenable to quantification. The variables in therapist, patient, and the interactional process are almost impossible to stratify. Measurement protocol to date has not been able to adequately reflect the subtlety of the Gestalt process. The complexity of the processes in Gestalt therapy present a challenge to the researcher, but it remains important to further research in order to validate the effectiveness of this approach.

Fritz Perls had this to say when confronted with the statement that there was no quantified statistical evidence that Gestalt therapy works: "...we present nothing that you cannot verify for yourself in terms of your own behavior" (Perls, Hefferline, & Goodman, 1951, p. 7). Perls indicates that the Gestalt therapy approach may be thought of as being very intuitive. Good research to support these intuitions is still desirable, although how achievable remains unclear. Korb (1988) spoke of the spirit and the spiritual existing in Gestalt therapy from the beginning, and suggested that those in the field of counseling research "affirm" this and articulate these spiritual aspects "with a degree of cogency and clarity." Strong supporters of the effectiveness of Gestalt therapy seem to agree that quantified research on Gestalt therapy is a difficult task, and perhaps an insufficient method to capture the true dynamics of the processes within Gestalt therapy.

Limitations

Yontef & Simkin (1989) discussed limitations in using Gestalt therapy, specifically noting its lack of applicability with those individuals demonstrating severe psycho pathology. People generally want relief from discomfort when they seek counseling, however relief does not occur automatically by simply attending therapy. Since clients may sometimes feel discouraged by

failure to find immediate relief (Corey, 1991), Gestalt therapy may not be appropriate for someone unwilling to work or wanting the therapist to "make things better" without effort on the client's part. Basic to Gestalt therapy is the sense of responsibility on the part of the client. Those without a strong sense of responsibility and a willingness to participate in and work hard toward growth may find the Gestalt framework very frustrating.

In rehabilitation, the client is generally seeking assistance with employment or continuing education, or perhaps seeking some type of accommodation for a situation on the job. There are certain things in the vocational rehabilitation system, particularly administrative tasks, that the client needs the counselor to do. In Gestalt therapy the therapist is encouraged to allow the client to do for him or herself. When opportunity arises for the client to do something autonomously rather than with the counselor's assistance, a Gestalt-oriented counselor will encourage it. Those clients that are not motivated may experience difficulty with this approach, and a more directive approach may be more appropriate.

Understanding the limitations of Gestalt therapy, the limitations of the client, and personal limitations of the counselor is important when selecting any type of intervention. Gestalt therapy and the related techniques provide a flexible framework within which to explore these factors and complete successful counseling experiences.

Summary

Gestalt therapy emphasizes self awareness, self integration, self responsibility, and self fulfillment (Coven, 1977), therapeutic goals useful in rehabilitation counseling. It was Perls' belief that persons become maladjusted when they are fragmented and are unable to discriminate which objects from the environment will satisfy their needs (Perls, 1973).

Although Perls did not address issues of physical disability directly in his writings, Hill (Hill, Beutler, & Daldrup, 1989) was of the opinion that this is due to the fact that the presence or absence of a disability would be of little concern to the Gestalt therapist. The emphasis is not on pathology, but on the development of the individual as a whole, and understanding the processes one utilizes in striving toward growth and self realization.

Coven (1977, 1979) noted that Gestalt theory and techniques have relevance in working with persons who have experienced a disability. Hill (Hill et al., 1989) strongly agrees with Coven (1979), that Gestalt therapy can be of great benefit in assisting a person with a disability deal with the experience of loss and psycho-social correlates of the disability. The Gestalt

emphases on self-awareness and wholeness effectively lend themselves to applications in the process of rehabilitation.

As aspects of Gestalt therapy process were discussed, applicability to rehabilitation was indicated and supported through current literature in the fields of rehabilitation and psychotherapy. Limitations of Gestalt therapy were considered, particularly with those clients demonstrating severe pathology or low motivation.

Gestalt therapy is much larger in content than presented here, but due to space limitations only the highlights were noted. More could be said regarding the concept of "should" and obsessing, ecological interdependence, mental metabolism, disturbances of the contact boundaries, responsibility, dichotomous thinking, polarities, and the plethora of techniques available for use in Gestalt therapy. The reader is encouraged to explore these topic areas in *The Handbook of Gestalt Therapy* (Hatcher & Himmelstein, 1983), and sources listed in the reference list for further reading.

References

- Allen, H.A. (1985). The Gestalt perspective. The Journal of Applied Rehabilitation Counseling, 16(3), 21-25.
- Clarkson, P. (1989). Gestalt counseling in action. Bristol: Arrowsmith.
- Corey, G. (1991). Theory and practice of counseling and psychotherapy (4th ed.). Pacific Grove, CA: Brooks/Cole Publishing Co.
- Coven, A. (1977). The Gestalt approach to rehabilitation counseling. Rehabilitation Counseling Bulletin, 20(3), 167-174.
- Coven, A. (1979). The Gestalt approach to rehabilitation of the whole person. *Journal of Applied Rehabilitation Counseling*, 9(4), 143-147.
 - Fagan, J. & Sheperd, I. (1970). Gestalt therapy now. Palo Alto: Science and Behavior Books.
 - Harman, R. (1984). Gestalt therapy research. The Gestalt Journal, 7(2), 61-69.
 - Hatcher, C. & Himelstein, P. (Eds., 1983). The Handbook of Gestalt Therapy. New York: Jason Aronson, Inc.
- Hill, D., Beutler, L., & Daldrup, R. (1989). The relationship of process to outcome in brief experiential psychotherapy for chronic pain. *Journal of Clinical Psychology*, 45(6), 951-957.
 - Idhe, D. (1977). Experimental phenomenology. New York: G.P. Putnam & Sons, Capricorn Books.
 - Korb, M.P. (1988). The numinous ground: I-thou in Gestalt work. The Gestalt Journal, 12(1), 5-24.
 - Passons, E. (1975). Gestalt approaches in counseling. New York: Holt, Rinehart and Winston.
 - Perls, F. (1973). The Gestalt approach and eye witness to therapy. Ben Lomond: Science and Behavior Books.
 - Perls, F.S., Hefferline, R.F. & Goodman, P. (1951). Gestalt therapy. New York: Julian Press.
- Raskin, N.J. & Rogers, C.R. (1989). Person-centered therapy. In Corsini, R. & Wedding, D. (Eds.), Current psychotherapies (4th ed.) (pp. 155-196). Itasca: Peacock.
 - Simkin, J.S. (1968). Festschrift for Fritz Perls. Los Angeles, CA: Author.
- Thurer, S. (1980). Disability and monstrosity: a look at literary distortions of handicapping conditions. Rehabilitation Literature, 11(2), 12-15.
- Yontef, G.M. & Simkin, J.S. (1989). Gestalt therapy. In Corsini, R. & Wedding, D. (Eds.), Current psychotherapies (4th ed.) (pp. 323-362). Itasca: Peacock.
 - Zinker, J. (1977). Creative process in Gestalt therapy. New York, Vintage Books.