# GESTALT THERAPY: PAST, PRESENT, THEORY, AND RESEARCH

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*Orthodox gestalt therapy suffered a rather unfortunate fate; gestalt theory has been poorly articulated, and gestalt techniques have received minimal empirical validation. These weaknesses are, in part, a consequence of F. Perls's biographical history, which led to an integration of disparate theoretical models that were exacerbated by F. Perls's haphazard, idiosyncratic personal style. However, recent empirical research suggests that the 2-chair technique is superior to other therapeutic interventions for conflict splits, decisional conflict, marital conflict, and unfinished business and that the 2-chair technique is as effective as Rogerian and cognitive–behavioral therapies. Although F. Perls's techniques may have been generated largely from his idiosyncratic personality characteristics, these techniques have some validity for very specific psychological dilemmas.*

## Classical Gestalt Theory and Perls's Eccentricities

Fritz Perls has been simultaneously praised for his creative exuberance and criticized for aspects of his style that simply defy the term *scientifically derived*. The "Perlsian" form of gestalt therapy primarily embodies the history and personality of Perls himself, rather than a scientific, structured, empirically derived or theoretically consistent model of psychotherapy. Gestalt theory is an intellectually fascinating, philosophically complex set of diverse but poorly articulated and poorly substantiated beliefs.

Conversely, it is interesting that the actual techniques used by gestalt therapists have been clearly delineated and have received some empirical validation for their effectiveness. This disjunction between theory and research makes the study of gestalt theory and technique decidedly Byzantine and perplexing. This review and critique presents the most coherent aspects of gestalt therapy that are based on principles of Gestalt psychology and provides a review of recent empirical work on gestalt techniques.

Historical context dictated a nomadic life for Perls, with moves from Berlin (where he was heavily influenced by psychoanalysis) to Johannesburg in 1933, to New York in 1946, and later to California. Geographic location seemed, in part, to influence Perls's concepts and practice of psychotherapy, on the basis of his teacher "du jour." As a result, Perls's approach to gestalt theory and therapy was, at best, eclectic. He borrowed some ideas from his analysts, like Reich and Horney (Miller, 1974). As Miller (1974) noted, Perls integrated Horney's notion that "neurotic behavior is based on manipulation, designed to win love" (p. 5-24) and was attracted to "Sartrean" existentialism's idea of individual responsibility and choice (Miller, 1974). In the wake of the zeitgeist of World War II, which was so heavily permeated by phenomenological and existen-

tial thought, Perls rejected much of his analytic training in favor of the new zeitgeist (Yontef & Simkin, 1989). From Jan Smuts, the prime minister of South Africa, Perls borrowed the idea of holism. Ironically, he initially had minimal exposure to or understanding of Gestalt psychology itself and has been criticized for this on several accounts (Wheeler, 1991). Wheeler (1991) noted that Perls's early work, titled *Ego, Hunger and Aggression,* was simply revised and renamed *The Beginnings of Gestalt Therapy* (renamed at his wife's suggestion) with little description of what Perls meant by Gestalt psychology or therapy. Perls himself called the book "sketchy," and Wheeler convincingly argued that Perls's original text is full of "vague philosophical musings and self-aggrandizement in the Freudian manner" (Wheeler, 1991, p. 43).

The fate of classical gestalt therapy is a sad one, which finds itself without a clear set of binding theoretical principles and without a prolific body of literature dedicated to the critical analysis and dialogue that could further its development. Miller, a practicing gestalt therapist and student of Perls, argued that gestalt has "slipped into a middle-aged decline" and is plagued by "a persistent intellectual thinness" (Miller, 1974, p. 21). Perls's striking "anti-intellectual bias" (Miller, 1974) has been transmitted over time. His famous "Lose your mind and come to your senses" best embodies his preference for acquiring knowledge through experiencing and feeling rather than through empirically validated or rational, logical thought processes. Perls's similar preference for the idiographic over the nomothetic makes the systematic study of gestalt quite challenging. Despite these difficulties, neo-gestaltists have successfully described Perlsian notions of gestalt therapy linked to classical gestalt psychological theory. The two concepts explained most completely involve (a) figure–background gestalt formation and destruction and (b) the contact/experience cycle, as they related to the etiology of psychopathology in gestalt theory.

### Figure–Background Gestalt Formation

Perls, in keeping with other humanistic approaches, believed in the self-actualizing potential of the individual, which assumes that an organism ultimately knows what is best for its self-regulation and actualization (Greenberg & Rice,

1997). This process is best encapsulated in the notion of figure–background gestalt formation and destruction. Gestalt psychology suggests that a mass of unstructured individual data in the environment (i.e., *parts*) are subjectively structured by the perceiver into *wholes* that have both form and structure (Perls, Hefferline, & Goodman, 1951). The person's actual experience is determined by the gestalt, rather than the raw pieces of data. The way in which multiple data are shaped is based on the individual's needs, appetites, and impulses.

These concepts can be applied to the realm of psychological needs as well. In theory, a need arises and becomes foreground; if it is satisfied, it becomes background as the gestalt is completed. Pathology arises when this process is disrupted. When gestalt formation is

blocked or rigidified at any stage, when needs are not recognized or expressed, the flexible harmony and flow of the organism/environment field is disturbed [and] unmet needs form incomplete gestalten that clamor for attention . . . and interfere with the formation of new gestalten. (Yontef, 1969, as cited in Simkin, 1976, pp. 223–234)

A need may be blocked by an unclear sensation or a lack of awareness of one's needs (Greenberg & Rice, 1997). Therapeutic work focuses on increasing awareness to bring about change, so that the emerging need may be identified, satisfied, and enabled to retreat into the background (Simkin, 1976). Awareness of one's experience and needs is considered the "royal road to the cure" (Greenberg & Rice, 1997).

### Experience/Contact Cycle

The processes underlying gestalt formation and destruction were obtusely described by Perls as the experience/contact, or metabolism, cycle. The cycle consists of four main phases, including *awareness, excitement, action*, and *contact.* In gestalt theory, the term *contact* does not equate with the popular definition meaning *closeness.* Gestalt theory uses the word *contact* as an abstract, formal concept that refers to the exchange between an individual person and the surrounding environment (Miller, 1994). If the boundary between the self and the environment (or other) becomes unclear or lost, then there is a disturbance of contact and awareness (Yontef & Simkin, 1989). When the cycle is functioning smoothly, awareness of internal or external stimuli leads to excitement, which potentiates an

action tendency; the action tendency leads to need satisfaction (optimally) and contact (Greenberg & Rice, 1997). Dysfunction is considered the interruption of the cycle at any stage (Greenberg & Rice, 1997), and resistances to contact account for these disruptions.

Perls retained the traditional psychoanalytic notion of defenses to explain additional disruptions in the contact cycle including retroflection, introjection, projection, and deflection. For instance, a break in the cycle between excitement energy and action could be accounted for by retroflection, which occurs when a split within the self and resistance of aspects of the self take place, wherein the self either (a) does to oneself what one wants to do to someone else or (b) does for the self what one wants someone else to do for the self (e.g., being overly self-sufficient, resulting in isolation). In both cases, the self has a need with energy, but the energy is diverted away from its natural object and turned back against itself (Wheeler, 1991). Increasing awareness is a primary psychotherapeutic tool because the cycle can be interrupted at the first stage if a need is blocked by dull sensation or poor awareness (Greenberg & Rice, 1997).

Implicit in the model, however, is the assumption that all disturbances in the cycle can be ultimately traced back to a problem with awareness itself (Wheeler, 1991; Yontef & Simkin, 1989). It follows, then, that gestalt psychotherapy uses here-and-now (present-centered) experiments in directed awareness to increase the individual's awareness as well as the individual's awareness of the process of awareness (Yontef & Simkin, 1989). Contrary to traditional psychoanalytic methods of excavating the past, gestalt therapy focuses on awareness and contact in the present moment, using methods that ultimately serve to clarify present experiencing.

Perls's experience-cycle model has been criticized by philosophers of Gestalt psychology for its insistence on focusing on individual impulses or desires in isolation; significant contextual issues are either minimized or ignored. This is a prime example of how gestalt theory often embodies a particular penchant of Perls's personality structure rather than a predictable concept driven by theoretical constructs.

The cycle, criticized by Goldstein (as cited in Wheeler, 1991), has been labeled "figure-bound." This suggests that the model rests largely on the immediate need or impulse that has become fig-

ure, against a background, rather than focusing on the entire field. Second, the model is criticized for assuming cycle disturbances can always be traced back to a problem in awareness itself. The model suggests that if an individual has awareness of a goal and attempts to act on that impulse but ultimately fails in that action, the failure is due to misunderstanding the need or not empowering the need from the very beginning. Wheeler (1991) has noted that failing to meet a goal may not solely be attributed to a problem with awareness; instead, the individual may have misperceived the original problem or the individual may have had clear awareness but difficulty following through with actions that would lead to a successful outcome.

For instance, survivors of posttraumatic stress may have developed a relatively clear awareness of individual needs and desires while simultaneously having cognitive distortions or inaccurate (or accurate) perceptions of environmental threat that impede recovery; in other words, contextual factors are quite relevant in decreasing personal distress. Perls's conceptualization makes the individual unduly responsible for meeting his or her own needs and simultaneously fails to account for peculiarities in the environment that counteract or conflict with the individual's need.

Perls's quirky beliefs, peppered throughout gestalt theory, may help uncover the mystery behind several significant sources of weakness and incongruence in the match between gestalt theory and therapeutic practice. There are multiple dangers inherent in considering individual impulses and needs of primary importance. Miller argued that Perls's "aggressive self-expression borders on what Sartre characterized as 'that diligent and almost sadistic violence I call the full employment of oneself' " (Miller, 1974, p. 19). One of Perls's great strengths, however, was his focus on individual potential, although he failed to realize how destructive this position could be in relational contexts.

Perls believed that freeing oneself from commitment and dependence on others was essential (Perls, 1968). Perls embodied this ideal when, after becoming established in New York, he left his wife and children and drifted westward to pursue his own goals (Miller, 1974). Impulses and drives that are not moderated by reason, restraint, and consideration of the "other" can end up in frenzied, relatively autistic, and chaotic re-

lationships that lack reciprocity and empathy. Perls's focus on separateness and self-reliance are reflected in the first few lines of his mantra from *Gestalt Therapy Verbatim*:

I do my thing, and you do your thing. I am not in this world to live up to your expectations. And you are not in this world to live up to mine. You are you and I am I, and if by chance we find each other it is beautiful. If not, it can't be helped. (Perls, 1968, p. 4)

Unfortunately, although classical gestalt therapy is more than capable of promoting self-reliance and the drive toward individuation, it fails to acknowledge the benefits inherent in relational and intersubjective approaches to psychotherapy. The similarities between the greatest weakness in gestalt theory and Perls's own style are striking and provide a way of understanding the peculiarities of gestalt theory.

## The Fate of Classical Gestalt Therapy and the Rise of Modern Gestalt Therapy

Almost 30 years have passed since Perls's death, and gestalt therapy has certainly changed, moving from the original Perlsian emphasis on skillful frustration and self-reliance to a gentler, "Rogerian-ized" version of gestalt therapy. The 1960s version of gestalt included psychodrama techniques that contained a philosophy that embodied existential principles of freedom and responsibility, analytic notions of defenses, and gestalt psychological principals of gestalt formation and destruction. Modern gestalt has retained many of Perls's original ideas but has also softened in many respects.

As Perls's practice of gestalt therapy progressed, he wrote less about theory; his seminal work, *Gestalt Therapy: Excitement and Growth in the Human Personality* (Perls, Hefferline, & Goodman, 1951), was considered one of the only comprehensive texts written about gestalt theory. This work, however, is a rather arcane and unsuccessful attempt to illuminate gestalt principles. Jerry Kogan, a well-respected and admiring student of Perls said that he began reading *Gestalt Therapy* and "thought it was terrible," although he found Perls himself "a model of a brilliant teacher and therapist" (Kogan, 1976, p. 255). Perls rarely referred to this text after its original printing and instead preferred to print transcripts of his work (therapy seminars) rather than expositions explaining it (Perls, 1968). As Perls's focus on theory diminished, his narcissis-

tic style led to gimmicky techniques that flourished. He was known to "sprinkle his audiences and trainees with slogans" as he made up new techniques "on the fly," which he presented as "the latest essence of Gestalt therapy" (Miller, 1994). Theory-driven, empirically validated technique was progressively abandoned and subsequently replaced by the methods generated by Perls's own dramatic, off-the-cuff flare.

Modern-day gestalt therapy has retained Perls's applied phenomenological approach and creative techniques. Contrary to Perls's style, modern gestaltists consider the relationship between the therapist and client one of the most important aspects of psychotherapy and use less stereotypic techniques (Yontef & Simkin, 1989). Yontef argued that traditional gestalt techniques stressing skillful frustration, client manipulation, and self-sufficiency served to provoke shameful reactions in patients (Yontef & Simkin, 1989). Yontef and others argued that modern gestalt therapy is less harsh (Aleksandrov, 1997; Yontef & Simkin, 1989) and has turned its focus to the genuine contact between patient and therapist (Greenberg & Rice, 1997; Yontef & Simkin, 1989). Although there are over 60 gestalt therapy institutes throughout the world, no national organization or standards have been established as criteria for empirically validated gestalt treatments.

Modern gestalt has changed in several respects but still embodies the majority of Perls's original ideas and therapeutic techniques. Despite Perls's lack of rigorous intellectual explanation of gestalt theory, his unique and creative style has given modern gestalt therapy several fascinating and effective therapeutic techniques. Even though Perls attempted to connect the puzzle between gestalt theory and his own technique, empirical validation of Perls's techniques remained largely unsupported until recently.

## Gestalt Psychotherapy Techniques

Despite the loose connection between gestalt theory and practice, the techniques of gestalt therapy and Perls's application of them are creative and artistic and embody an unusual charismatic and authentic approach to treatment. Recent research by Leslie Greenberg on the two-chair dialogue and the empty-chair dialogue for conflict splits and unfinished business has helped explain the two-chair method and has brought a

new understanding to the effectiveness of Perls's work.

Gestalt therapists often create experiments that help clients increase awareness by uncovering aspects of their experience; these therapists may share hunches about what is occurring or may teach clients ways in which they are interrupting or avoiding their own experience (Greenberg & Rice, 1997). A core belief is that clients will more fully understand their own emotions and needs through a process of discovery, rather than through insight or interpretation. In many instances, the client may discover a conflict between aspects of experience or conflicts within the self (Greenberg & Rice, 1997). The confrontation between these conflicting aspects of experience can be facilitated by techniques such as the two-chair or empty-chair dialogue.

### Two-Chair Dialogue: Theory and Empirical Research

The two-chair technique is one of the most powerful and widely used of the gestalt techniques. Orthodox gestalt therapists may feel frustrated with traditional gestalt therapy being broken down into parts (e.g., using gestalt techniques without being guided by gestalt theory). Yet, one of the greatest advances in both theory and research for gestalt therapy has come from the work of Leslie Greenberg and colleagues. Their systematic presentation of the effectiveness of two-chair work and their rigorous empirical analyses of two-chair work has significantly enhanced the confidence in and applicability of gestalt therapy.

Gestalt's unfortunate fate of receiving minimal theoretical and empirical validation has begun a critical change. Greenberg and colleagues have both modified and clarified the arcane orthodox gestalt ideas in their "process-experiential approach," which combines Rogerian humanism with Perlsian techniques. Greenberg's marriage of the two orientations has resulted in the birth of a well-defined and well-researched integrated therapeutic orientation.

### Two-Chair Work for Conflict Splits

Greenberg's formal analyses of gestalt therapists suggest that two-chair work is most often used when the client expresses a *split* (Clarke & Greenberg, 1988; Elliott & Greenberg, 1995). A split is "a division of the self process into partial

aspects of the self" (Clarke & Greenberg, 1988, p. 5-19). Greenberg has identified three types of splits: conflict split, subject–object split, and attribution splits (Greenberg, Elliot, & Lietaer, 1994). An example of a conflict split occurs when an individual wishes for a desired goal, such as to be married, but simultaneously feels that he or she should remain single to preserve his or her independence (Greenberg, Rice, & Elliott, 1993). In this split, there are two "I's" that oppose each other, resulting in a sense of struggle. Greenberg has found that this type of split usually involves a conflict between an individual's principles and fundamental emotional needs and wants (Greenberg et al., 1993). During two-chair work, the part of the self that primarily embodies needs, wants, and gut-level emotions is called the "experiencing self"; the part of the self that embodies either "shoulds" (e.g., "I should be able to be happy"), negative evaluations of the self (e.g., "I'm just worthless"), or societal standards or values is called the *internal critic* (Clarke & Greenberg, 1988). The goal for two-chair work is to bring the experiencing self and the internal critic into contact with each other, for the client to attend to both sides, for "covert internal dialogue to be made overt," and for change to result as the client increases self-acceptance and develops new cognitive schemas (Greenberg et al., 1993, p. 191).

Although the two-chair technique can look relatively simple when applied by an expert, the task actually requires extensive skill, including detailed knowledge of potential techniques, sensitivity to nonverbal cues, and the ability to deal with "resistances" and to track process (Fagan et al., 1974). This technique requires that the therapist and client make an agreement to work on a split (Fagan et al., 1974) and that the client develops both sides of the conflict through dialogue (Greenberg et al., 1993). Greenberg noted that many clients begin with the "harsh, self-critical, blaming" part of themselves (Greenberg et al., 1993). Then, the two-chairs are used to further distinguish and separate out the conflicting aspects of the self (Greenberg et al., 1993).

Research has shown the two chairs can be described as the *experiencing chair* and the *other chair* and that the metaphorical individuals present in the two chairs undergo different transformations during therapy. During the work, the experiencing chair deepens in depth of experiencing and inner exploration and uses an expressive

voice (Clarke & Greenberg, 1988), while the other chair is "filled with the person's 'shoulds,' negative self statements and attributions" and uses an externalizing and lecturing voice (Clarke & Greenberg, 1988).

A primary goal for the therapist during two-chair work is to help the client keep the partial aspects of the self separated, which can aid in conflict resolution and integration (Clarke & Greenberg, 1988). The therapist's direction can improve the client's attention to inner processes and may help raise the client's awareness of what he or she is experiencing in the moment. For example, the therapist may ask the client to focus on a particular nonverbal behavior that is interrupting the experience or may ask the client to exaggerate statements or voice inflection to intensify affective experiencing (Daldrup, Beutler, Engle, & Greenberg, 1988). In summary, the principles that guide the therapist's work include (a) clearly separating out partial aspects of the client's self, (b) encouraging client attention to and heightening of emotional experiencing and expression, and (c) assessing the two-chair work and cognitive and emotional changes with the client (Daldrup et al., 1988).

Fagan et al. (1974) cautioned unskilled, untrained therapists about the use of this technique. Neither the therapist nor the client knows what may unfold during the work, and it often includes the expression of deeply felt, painful emotions (Fagan et al., 1974). Fagan et al. (1974) wisely suggested that therapists should (a) not use the technique unless they have had personal experience with the technique, (b) be ready for "explosions or strong emotional responses," and (c) know their patients well enough to know how to provide follow-up support; not resolving an intense conflict can be damaging for fragile patients. These cautions are rarely cited in the current literature but are absolutely essential points that need to be made.

As a trauma therapist, I caution the use of these techniques with trauma survivors who can have primitive, visceral emotional eruptions that can lead to regression, retraumatization, or dissociative episodes. It is not always the initial accessing of repressed emotion that is dangerous but rather the therapist's encouragement to heighten and intensify the felt emotion and the expression of that emotion that may lead to volatile situations. The use of clinical judgment, preparation of the patient, titration of patient exposure to intense af-

fective states, and the constant use of caution and due care in the application of these techniques cannot be emphasized enough. This work calls for exceptional fortitude on the part of the therapist and may contribute to secondary traumatization, confusing countertransferential responses, and unexpected transference–countertransference dynamics for neophyte therapists or therapists who have poor psychological boundaries. In addition, gestalt techniques may be contraindicated for patients with organic conditions, severe cognitive disorders (in which loosening emotional expression results in chaotic rather than structured thought processes), impulse control difficulty, severe personality disorders, sociopaths, and psychotic patients (Saltzman, 1989) or for those who need crisis intervention (Elliott & Greenberg, 1995). The techniques obviously have limited applicability and are vulnerable to iatrogenic harm if not used carefully. Despite the dangers involved in using these techniques, recent empirical work suggests that they prove to be quite useful in facilitating deeper emotional experiences and in reducing various symptomatology.

## Two-Chair Dialogue: Empirical Findings

The two-chair technique has been compared with several other therapeutic orientations and has received some empirical validation for the reduction of conflict splits, indecision, marital conflict, and interpersonal difficulty. Analogue and experimental studies conducted thus far have compared two-chair work with client-centered, cognitive–behavioral (e.g., problem solving), and experiential (e.g., focusing) methods. These studies did not compare the effectiveness of the gestalt approach versus another approach but instead investigated the specific efficacy of the two-chair approach versus other methods for a *specific problem* (e.g., conflict split or decisional conflict). (For an overall comparison of gestalt therapy to other orientations, see Greenberg et al., 1994, which provides a meta-analytic review of 37 studies.)

In the 1980s, Greenberg compared two-chair dialogue with client-centered empathic responding for resolving a conflict split in college students ($N = 16$; Clarke & Greenberg, 1988; Greenberg & Rice, 1981). Empathic reflections were used as a comparison because theory suggests that empathic responses also increase client

experiencing (Clarke & Greenberg, 1988). Greenberg's analogue study showed the two-chair technique led to greater depth of experiencing and greater change of awareness than the empathic techniques (Greenberg et al., 1994). These studies were not well controlled and were done with college students with relatively benign problems; the results have limited external validity and may not generalize to severely disturbed psychiatric populations.

The results of this study were replicated and expanded by Greenberg and Dompierre (1981, as cited in Greenberg et al., 1994; $N = 16$, subjects used as own controls). This study used an outpatient population and implemented two experimental treatment sessions including either two-chair or empathic responding (each patient received either empathic responding or gestalt first and then received the complementary technique second). Participants in the two-chair treatment condition reported greater depth of experiencing and more shifts in awareness; two-chair participants also reported greater conflict resolution immediately after the treatment and at the 1-week follow-up (Greenberg et al., 1994). In terms of behavioral change, the gestalt group reported greater change and goal attainment than the comparison group; participants reported no difference in discomfort in the two groups (Clarke & Greenberg, 1988). The replication of previous findings to an outpatient population slightly improves the external validity of the results. However, the results of the latter study are suspect because the participants were receiving additional treatments (at least eight prior sessions) that were not part of the experimental design. There is no way to know if the subjects in the gestalt treatment group were significantly different from the other treatment group from the beginning; the use of statistical covariates (e.g., pretest) were not used to resolve this uncertainty.

At least three studies consistently found that the two-chair technique was superior to empathic responding for increasing depth of experience and shifts in awareness (Greenberg & Clarke, 1979; Greenberg & Rice, 1981; and Greenberg & Dompierre, 1981, all as cited in Clarke & Greenberg, 1988). Greenberg and his colleagues began to hypothesize that the more active component of the gestalt work was largely responsible for the group differences. Greenberg and Higgins (1980, as cited in Clarke & Greenberg, 1988) decided to compare the two-chair technique with *empathic*

*responding plus focusing techniques*. Greenberg and Clarke also reasoned that the use of another directive, engaging technique would serve to control therapists' expectancy effects (Clarke & Greenberg, 1988). When the two-chair method was compared with focusing plus empathy, results showed that the two-chair technique, applied to a split, produced significantly greater depth of experiencing than focusing plus empathy (Clarke & Greenberg, 1988). The two-chair and the empathy plus focusing resulted in greater symptom reduction and shifts in awareness in the experimental subjects versus the no-treatment controls (Clarke & Greenberg, 1988). These early studies, comparing gestalt to empathic modalities, are largely analogue, have relatively small sample sizes, and are most appropriately considered initial pilot studies in the field, given that they have methodological flaws.

Subsequent experimental research has contrasted the two-chair approach with cognitive–behavioral modalities (Clarke & Greenberg, 1986; Johnson & Greenberg, 1985). The results of these two well-controlled, methodologically improved studies indicate that the two-chair technique is useful for reducing indecision and improves intimacy and marital adjustment while reducing symptomatology. Both the two-chair and cognitive–behavioral methods appear to be superior to wait-list control groups for reducing indecision and improving marital conflict (Clarke & Greenberg, 1986; Johnson & Greenberg, 1985).

The primary goal of Clarke and Greenberg's (1986) study was to determine whether the gestalt method, which focuses on affective experience, was as effective as cognitive–behavioral approaches, which focus less on affect and more on cognitive processes. Forty-eight subjects were pretested, posttested, and randomly assigned to three groups:

1. cognitive–behavioral problem-solving group

2. two-chair dialogue group

3. no-treatment, wait-list control group.

The dependent measures were scales measuring degree of undecidedness (modified Scale of Vocational Indecision; Osipow, Carney, & Barak, 1976, as cited in Clarke & Greenberg, 1986) and a scale measuring changes in subjects' decision-making stage (modified Assessment of Career Decision Making; Harren, 1979, as cited

in Clarke & Greenberg, 1986). The target problem for all participants was kept constant and involved an emotionally meaningful "interpersonal conflict related to a [career] decision" (Clarke & Greenberg, 1986, p. 12). The therapists responsible for the treatment conditions were trained, doctoral-level psychologists; the therapists were trained only in the treatment they administered (they were also matched to the treatment they typically practiced) and followed clear treatment protocols (Clarke & Greenberg, 1986). In addition, blind raters reviewed audiotapes of the sessions to check for fidelity of treatment implementation; all raters agreed on the delivery of the specified treatment (Clarke & Greenberg, 1986). An advantage of this study was its deliberate attempt to guard against treatment biases and to ensure the effectiveness of the treatment manipulation.

Results of the study showed the two-chair technique was more effective than problem solving or no treatment, for reducing indecision (Clarke & Greenberg, 1986). This finding is unique in that it shows a main effect for treatment on a direct measure of indecision, rather than on measures that indirectly correlate with indecision (Clarke & Greenberg, 1986). Similarly, the results are impressive in that the problem-solving approach is specifically designed for ameliorating indecision by having the client focus on the problem to be solved, rather than attending to underlying emotions (Clarke & Greenberg, 1986). The problem-solving approach was indeed better than the control group, yet the gestalt two-chair intervention resulted in overall greater decisiveness.

This is an impressive empirical study, with interesting results and only minor methodological flaws. The results have been replicated in at least one other study (Clarke & Greenberg, 1988). The study lacks generalizability, owing to sample characteristics; out of 48 subjects, 37 were female and only 11 were male. Given gender differences in emotional expression, it is possible that two-chair work is more effective for women than men. Perhaps the greatest caveat in this work is that researchers do not know if increases in decisiveness correlate with decision implementation or behavioral change (Clarke & Greenberg, 1986). People may self-report greater decisiveness but may still be lacking essential communication and negotiation skills necessary for successful change. Clarke and Greenberg (1986) believed that the problem-solving approach could be most useful *after* the client had explored the affect states underlying his or her indecision; this remains an empirical question.

A study with an identical goal was conducted by Johnson and Greenberg (1985), comparing the effectiveness of problem-solving skills (considered a cognitive–behavioral approach) and experiential treatment interventions (considered a combination of the gestalt two-chair and Rogerian empathy techniques) in resolving marital conflict. Forty-five couples were randomly assigned to either a wait-list control group or one of the two treatments. Six trained therapists, with an average of 4 years of experience, conducted eight 1-hour experimental treatment sessions. Treatment validity was ensured with clear protocols and frequent treatment monitoring and rating (Johnson & Greenberg, 1985). Dependent measures included tests of emotional styles (used to check for group equivalence), couples' alliance in therapy (e.g., measure of bond between therapist and client, agreement with therapy tasks), marital adjustment (includes affectionate expression, cohesion, satisfaction, etc.), target complaints (subjects rate amount of change on the presenting problem), degree of goal attainment (client reports how well previously specified goals were met, e.g., worse than expected, less than expected, etc.), and relational intimacy (e.g., emotional, social, sexual, intellectual intimacy).

Results indicated that the strength of the working alliance between the therapists and couples and therapists' effectiveness were equivalent for the two treatment groups (Johnson & Greenberg, 1985). The two treatment groups scored significantly better than controls on measures of goal attainment, marital adjustment, intimacy levels, and target-complaint reduction (Johnson & Greenberg, 1985). However, the emotion-focused treatment was superior to the cognitive–behavioral treatment on measures of marital adjustment, intimacy, and target-complaint level; these differences remained at the 8-week follow-up (Johnson & Greenberg, 1985). These results suggest that emotion-focused work can be a means of positively transforming dyadic relationships (Johnson & Greenberg, 1985).

This study's strengths include random assignment to treatments, checks on treatment implementation, and consistent level of therapeutic alliance across groups. Combined, these factors suggest that the results are due to the treatment

manipulation rather than spurious variables. Research on the two-chair technique suggests that it has promise but that additional research is needed to clarify the applicability of the technique. It is important to consider that the technique has been empirically supported largely for ameliorating conflict splits. These are useful data that help support the theory behind the techniques. In another sense, researchers know that two-chair work is specifically designed for conflict splits but do not know if it has greater applicability. Clarke and Greenberg's (1986) study comparing gestalt to a cognitive–behavioral approach for decisional conflict represents a step in this direction, because they compared the efficacy of the two approaches for a problem typically targeted by, and designed for, cognitive–behavioral techniques. Future research should pursue the question of how applicable two-chair work can be for additional clinical problems.

The most recent empirical research has investigated the gestalt empty-chair technique for "unfinished business." This technique facilitates the expression of unresolved feelings toward a significant other. The client is encouraged to direct unresolved emotions, such as anger, toward an appropriate target; for instance, this could involve having the client redirect internalized anger toward the person with whom he or she is angry. Through this process, the client is able to express previously interrupted feelings more fully and is able to identify suppressed needs (Greenberg et al., 1994). Resolution is achieved when the client has intensified emotion, expressed his or her needs, and shifted his or her view of the significant other (e.g., either holding the other accountable or having more understanding of the other's point of view; Beutler, Engle, Oro-Beutler, & Daldrup, 1986).

A small number of studies support the efficacy of empty-chair work for unfinished business. Beutler and colleagues constructed a biological model that suggested that the inability to express intense affects puts people at risk for both depression and chronic pain (Beutler et al., 1986). They found empty-chair work for anger led to the reduction of anger and a decrease in subjectively reported physical pain (Beutler et al., 1986) and that empty chair work was as effective as an education group for the reduction of depression and chronic pain (Beutler, 1988, as cited in Greenberg et al., 1994).

Conoley, Conoley, McConnell, and Kimzey

(1983) and colleagues found similar results in an analogue study; they compared the effectiveness of rational emotive therapy and the empty-chair technique for anger reduction in college women (measured with both self-report and physiological examination). They found both treatment techniques reduced systolic blood pressure and self-report of anger as compared with controls (Conoley, Conoley, McConnell, & Kimzey, 1983). The rational emotive group had a trend toward being more effective than the empty-chair group on the self-report measure (Conoley et al., 1983). However, research by Paivio and Greenberg (1995) demonstrated that the empty chair dialogue led to greater resolution of unfinished business as compared with a psychoeducational group.

At this point, the data on the empty-chair technique for anger reduction and unfinished business are inconclusive. Although some studies suggest that two-chair work is superior to other techniques, other studies suggest that there is no difference between two-chair work and other techniques. The replication of existing studies and a greater volume of research in the field will help clarify the efficacy of these techniques.

## Conclusion: Current Status of Gestalt Therapy

The era of Perls's clinical artistry has passed, and gestalt's techniques have been demystified by recent empirical investigations. Despite the alluring nature of Perls's work, it historically has failed to present either a coherent theoretical model or data supporting it as an empirically validated treatment. This flaw in theory and research has had detrimental consequences. Today, gestalt journals, gestalt therapists, and Perls's only text on gestalt theory are nearly impossible to find and relatively few graduate-level institutions have a systematic method for teaching gestalt psychotherapy in their curriculum.

Gestalt therapy remains, at its very best, marginalized in the eyes of practitioners of other theoretically eloquent and empirically validated treatment protocols. With Perls's death, there was a loss of valuable techniques that are indeed useful psychotherapeutic interventions. Without Perls's continuous advocation for gestalt therapy, there were few individuals able to propagate and teach the effective aspects of gestalt therapy, namely, a pinch of the eclectic mix of various

intellectuals (the analysts, the existentialists, the Zen Buddhists, the theologians), and a heavy dose of Perls—his character, his intellect, and eccentric personality style. Without Perls's creative, self-righteous certitude propagating gestalt ideology, other investigators have, out of necessity and perhaps faith, turned to the realm of empirical investigation.

Fortunately, some aspects of recent empirical research suggest that Perls's distinctive blend of charisma, arrogance, and creative, yet haphazard, style did yield enduringly valuable innovations in technique. When used, as described above, in conjunction with relational approaches, and with due respect for the power of these techniques, therapists and researchers learn that the gestalt work Perls did *with* and *for* his clients, despite his many flaws, was efficacious and has promise for even the most skeptical, evidence-based, contemporary clinicians.

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