25

Rapid #: -2917658

Ariel
IP: 131.96.19.38

Status	Rapid Code	Branch Name	Start Date
Pending	JHE	Eisenhower Library	11/2/2009 8:24:24 AM

CALL #: RC 475 .J63

LOCATION: JHE :: Eisenhower Library :: Eisenhower Stacks, Non-Circ

TYPE:	Article CC:CCL
JOURNAL TITLE:	Journal of psychotherapy integration
USER JOURNAL TITLE:	Journal of Psychotherapy Integration
JHE CATALOG TITLE:	Journal of psychotherapy integration.
ARTICLE TITLE:	An integration of object relations theory with gestalt technique to promote structuralization of the self
ARTICLE AUTHOR:	Glickauf-Hughes, C., Clance, P.R., Reviere, S., &a
VOLUME:	6
ISSUE:	1
MONTH:	
YEAR:	1996
PAGES:	39-69
ISSN:	1053-0479
OCLC #:	
CROSS REFERENCE ID:	194840
VERIFIED:	

BORROWER: GSU :: Main Library

PATRON: Berryman,Laurel

PATRON ID:	-
PATRON ADDRESS:	-
PATRON PHONE:	
PATRON FAX:	-
PATRON E-MAIL:	-
PATRON DEPT:	-
PATRON STATUS:	-
PATRON NOTES:	-

Greenwald, R. (1996). The information gap in the EMDR controversy. *Professional Psychology: Research and Practice, 27,* 67-72.
Kleinknecht, R. A., & Morgan, M. P. (1992). Treatment of post-traumatic stress disorder with eye movement desensitization. *Journal of Behavior Therapy and Experimental Psychiatry, 23,* 43-49.
Lipke, H. J. & Botkin, A. L. (1992). Case studies of eye movement desensitization and reprocessing (EMDR) with chronic post-traumatic stress disorder. *Psychotherapy, 29,* 591-595.
Lohr, J. M., Tolin, D. F., & Kleinknecht, R. A. (1995). Eye movement desensitization of medical phobias: Two case studies. *Journal of Behavior Therapy and Experimental Psychiatry, 26,* 141-152.
Marquis, J. N. (1991). A report on seventy-eight cases treated by eye movement desensitization. *Journal of Behavior Therapy and Experimental Psychiatry, 22,* 187-192.
McCann, D. L. (1992). Post-traumatic stress disorder due to devastating burns overcome by a single session of eye movement desensitization. *Journal of Behavior Therapy and Experimental Psychiatry, 23,* 319-323.
Montgomery, R. W., & Ayllon, T. (1994). Eye movement desensitization across subjects: Subjective and physiological measures of treatment efficacy. *Journal of Behavior Therapy and Experimental Psychiatry, 25,* 217-230.
Norcross, J. C., & Goldfried, M. R. (Eds.). (1992). *Handbook of Psychotherapy Integration.* New York: Basic Books.
Puk, G. (1994) *Eye movement desensitization in the treatment of dissociative disorders.* Paper presented at the annual meeting of the Society for the Exploration of Psychotherapy Integration, Buenos Aires, Argentina.
Rhoads, J. M. (1984) Relationship between psychodynamic and behavior therapies. In H. Arkowitz & S. B. Messer (Eds.), *Psychoanalytic therapy and behavior therapy: Is integration possible?* (pp. 195-211). New York: Plenum Press.
Scaturo, D. J. (1994). Integrative psychotherapy for panic disorder and agoraphobia in clinical practice. *Journal of Psychotherapy Integration, 4,* 253-272.
Schacht, T. E. (1984) The varieties of integrated experience. In H. Arkowitz & S. B. Messer (Eds.), *Psychoanalytic therapy and behavior therapy: Is integration possible?* (pp. 107-131). New York: Plenum Press.
Shapiro, F. (1989a). Efficacy of the eye movement desensitization procedure in the treatment of traumatic memories. *Journal of Traumatic Stress, 2,* 199-223.
Shapiro, F. (1989b). Eye movement desensitization: A new treatment for post-traumatic stress disorder. *Journal of Behavior Therapy and Experimental Psychiatry, 20,* 211-217.
Shapiro, F. (1991). Eye movement desensitization and reprocessing procedure. From EMD to EMD/R—a new treatment model for anxiety and related trauma. *The Behavior Therapist, 14,* 133-135.
Shapiro, F. (1995). *Eye movement desensitization and reprocessing: Basic principles, protocols and procedures.* New York: Guilford.
Silver, S. M., Brooks, A., & Obenchain, J. (1995). Treatment of Vietnam war veterans with PTSD: A comparison of eye movement desensitization and reprocessing, biofeedback, and relaxation training. *Journal of Traumatic Stress, 8,* 337-342.
Stricker, G., & Gold, J. R. (Eds.). (1993). *Comprehensive handbook of psychotherapy integration.* New York: Plenum.
Wachtel, P. L. (1977) *Psychoanalysis and behavior therapy: Toward an integration.* New York: Basic Books.
Weitzman, B. (1967). Behavior therapy and psychotherapy. *Psychological Review, 74,* 300-317.
Wilson, S. A., Becker, L. A., & Tinker, R. H. (1995). Eye movement desensitization and reprocessing (EMDR) treatment for psychologically traumatized individuals. *Journal of Consulting and Clinical Psychology, 63,* 928-937.
Wolpe, J., & Abrams, J. (1991). Post-traumatic stress disorder overcome by eye-movement desensitization: A case report. *Journal of Behavior Therapy and Experimental Psychiatry, 22,* 39-43.

Journal of Psychotherapy Integration, Vol. 6, No. 1, 1996

An Integration of Object Relations Theory with Gestalt Techniques to Promote Structuralization of the Self

Cheryl Glickauf-Hughes,[1,3] Susan L. Reviere,[1] Pauline Rose Clance,[1] and Rebecca A. Jones[2]

There is a recent trend in the field of psychology toward the integration of divergent theories and techniques, using the strengths of each to enhance understanding and treatment of client problems. Common and difficult problems described by clinicians at this point in time are disorders of the self (Lasch, 1979). In this article, object relations theory is used (1) to explain the development and psychopathology of the self, and (2) to provide a framework for utilizing a variety of gestalt techniques (not specifically designed for this goal), in order to enhance treatment of clients that manifest self disorders. Some of the recommended gestalt techniques include the following: "saying no"; awareness exercises; undoing introjection; developing awareness of contact boundaries; dreamwork, and enactment of polarities. Cautions based upon object relations theory regarding the use of gestalt techniques for treating clients with severe self disorders are discussed. These include promotion of false self behavior and encouraging unconstructive regressions. Particular attention is paid to the use of these techniques with narcissistic and borderline clients.

KEY WORDS: object relations theory; gestalt techniques; self disorders; structuralization of the self.

[1]Department of Psychology, Georgia State University, University Plaza, Atlanta, Georgia 30303.
[2]Georgia School of Professional Psychology, Department of Psychology, Georgia State University, University Plaza, Atlanta, Georgia 30303.
[3]Correspondence should be directed to Cheryl Glickauf-Hughes.

1053-0479/96/0300-0039$09.50/0

INTRODUCTION

Object relations theory is useful for understanding the development and psychopathology of the self. Theorists such as Fairbairn (1954) and Guntrip (1971) suggested that psychoanalytic techniques (e.g., interpretation) be modified to emphasize the importance of the therapeutic relationship as an agent of change in an individual's sense of self in relationship to others. However, with the exception of the work of Kohut (1971, 1977), object relations theory has not, until recently, evolved into a systematic approach to treatment.

In contrast, gestalt therapy, with its emphasis on the awareness of present experience and creative approaches to treatment, provides a variety of innovative techniques that potentially can help therapists to remediate self-deficits in clients. However, the authors believe a deficiency in gestalt theory is that it does not precisely inform therapists about which specific techniques might be helpful or even harmful to clients with particular self disorders. In this paper, an integrative approach is described that relies heavily on object relations theory to understand clients with self disorders and to inform clinicians about appropriate usage of gestalt techniques to treat clients with these disorders.

OBJECT RELATIONS THEORY

Beginning in Great Britain with the work of Klein (1975), Fairbairn (1954), Guntrip (1971), and Winnicott (1960), and in the United States with the work of Sullivan (1954), Mahler, Pine, and Bergman (1975), Kohut (1971, 1977), and Kernberg (1976), a new psychoanalytic theory developed that emphasized the relationship of the self with other people rather than the discharge of drives as the primary motivator of human behavior. These different theories share in common the following: (a) the importance of interpersonal relationships; (b) how relationships with others become internalized in a mental template composed of self, object and affect; (c) how self and internal object images become enduring mental structures; and (d) how an individual's unique mental template of self-in-relation-to-others determines his or her self-image, perceptions of others, and interpersonal behavior.

Finally, Hamilton (1988) believes many people feel somewhat offended by the term *object,* as it feels dehumanizing (i.e., why not say "person," if you mean "person"). The reason is that objects are not always people. Hamilton describes an object as "a loved or hated person, place, thing or fantasy" (p. 5).

OBJECT RELATIONS THEORY OF THE SELF: SIMILARITIES AND DIFFERENCES FROM GESTALT THEORY

Awareness of Body Sensations

Freud (1923) wrote that the self was first and foremost a "bodily self" (p. 26). By this he meant that individuals initially gain a sense of awareness of their own existence in the world as separate from others through awareness of their bodily sensations. Hamilton (1988) said that "the word, self, has historically meant a body, (and) a bundle of perceptions in constant flux (p. 9)." Moore and Fine (1990) see an individual's self-image as "the encoding of the self in a sensory (visual, auditory or tactile) mode of thinking" (p. 174). Thus, several authors view the self as being initially based upon one's awareness of bodily sensations, and view self pathology as losing that awareness (e.g., eating without tasting, looking without seeing). In gestalt psychotherapy, the emphasis that is placed on helping clients develop awareness of bodily sensations and their link to affective experiences (Perls, 1969; Zinker, 1977) could provide individuals with self disorders with an opportunity to rectify this particular aspect of self-development.

An Enduring Psychic Structure

In object relations theories, psychic structures are attempts to explain, through the use of *models* or *hypothetical constructs*, the enduring, organized, and interrelated aspects of mental functioning (Jacobson, 1964; Moore & Fine, 1990). In contrast, Perls, Hefferline, and Goodman (1951) views the self as a process, rather than an enduring permanent psychic structure. However, some gestalt therapists write about the self as a mental schema that impacts the way that individuals make sense out of their experience (Korb, Gorrell, & Van De Riet, 1989).

The Center of Goals and Initiative

In Kohut's self psychology (Kohut, 1971, 1977), the self is defined as an independent center of initiative (1971, 1977). Moore and Fine (1990) also viewed the self as the center of initiative and the recipient of impressions (including awareness of others' perceptions of one's self). This includes an individual's ambitions, ideals, talents and skills. Moore and Fine believe that an individual's sense of self provides "a central purpose to the personality and . . . a sense of meaning to the persons's life" (p. 177).

Gestalt theorists view this aspect of the self as related to the developing awareness of bodily sensations and feelings. For example, Polster and Polster (1973) state that as individuals become more conscious of their internal experiences, they also become more cognizant of their ambitions and thus more able to take action to achieve the things that they want.

Self-Concept

Moore and Fine (1990) describe the self-concept as "the view one has of oneself at a particular time" (p. 174). Sullivan (1954) distinguishes the personality (i.e., how one is percevied by others) from the self (i.e., what one takes oneself to be). However, what one takes oneself to be is highly influenced by how one is perceived by others. Winnicott (1960) would describe this phenomenon as the difference between an individual's "true self" (i.e., the child's inherent dispositions and experience of sensory based feelings and sensations) and the "false self" (i.e., the self that perceives him or herself as the parent viewed the child and conforms to the parent's wishes).

The emphasis in gestalt theory upon authenticity (i.e., acting in ways that reflect an individual's true thoughts and feelings, as opposed to the feelings and attitudes of others) closely resembles Winnicott's (1965) concepts of the true and false self. Gestalt theory also emphasizes learning not to automatically conform to the expectations of others (a component of the false self).

Self in Relation to Others

Object relations theorists believe that there is no self without an other. For example, Winnicott (1965) believes there is no such thing as a baby, only a nursing couple. Likewise, Sullivan (1940) thinks "a personality can never be isolated from the complex of interpersonal relations from which the person lives and has his being" (p. 10).

The language of gestalt theory is extremely different, with its roots in field theory, in which the emphasis is on interaction. In gestalt theory, objects are only known within the contexts that they are found. Thus, the self can only be found by differentiating itself from others. At the same time, the self is not seen as existing except in relationship to others, as there is no figure without a ground (Latner, 1992).

Self-Development and Self-Impairment

In addition to viewing the self as a central construct and viewing the self as inextricably intertwined with objects, object relations theorists such as Mahler *et al.* (1975) attempt to explain how a child gradually separates from significant others and acquires a sense of his or her own independent existence. Winnicott (1965) and Kohut (1971) speculate about the type of parent–child interactions that may facilitate this process. Winnicott suggests that when mothers are attuned and responsive to the child's needs, self-development is promoted (i.e., the child says, "I need and I am responded to"). Winnicott also believes when the mother impinges on a contented infant (in order to meet her own needs), the infant becomes prematurely attuned to the needs of others and begins to develop a false self.

Kohut (1971, 1977) thinks that the particular maternal behaviors that promote the process of authentic self-development include mirroring, echoing, and empathy (i.e., the child says, "I am seen, heard and understood; therefore, I exist"). Both Winnicott and Kohut believe children with unattuned and unempathic parents develop into adults with an impaired sense of self (i.e., lack of awareness of one's own needs, feelings, and values) that lacks integration and is not experienced as psychologically separate from other people. Understanding this process is important for developing relevant treatment plans for clients who manifest these issues.

For example, one client (whose father was a small town physician and expected his son to follow in his footsteps rather than recognizing his artistic inclinations) was still confused about what he wanted to do with his life at 37 years old. He knew that he did not want to be a doctor but he did not know what he wanted to be. Treatment needed to focus on self-development. In her first therapy session, another client expressed the fear that she would "melt into the therapist." For this client, treatment was geared toward helping her feel psychologically separate from others.

In a parallel vein, Gestalt theorists (e.g., Latner, 1992) discuss the impact of being raised in an atmosphere in which the ability to experience one's true nature is limited by excessive parental restrictions. Perls (1969) believes children lose their ability to experience themselves when they (a) receive inadequate parental support, (b) are spoiled by parents, or (c) are criticized by parents.

Both object relations and gestalt theory view self-impairment as related to insufficient parental behaviors. However, the authors believe object relations theory is a better developed and integrated theory of the process of self-development. It also more specifically describes types of self-impairment (e.g., lack of cohesion or a sense of self, lack of integration of dif-

ferent aspects of the self, problem in self-other differentiation, and lack of resilient self-esteem). These categories can be usefully employed to guide therapists in their treatment plans for individuals with self-disorders.

OBJECT RELATIONS THERAPY

Until recently, the main impact of object relations theory on treatment has been a slight modification of traditional psychoanalytic technique emphasizing insight through interpretation (Cashdan, 1988). Recently, there has been a developing trend toward providing clients with reparative relationships as well as interpretations. While the concept of a "corrective emotional experience" (Alexander & French, 1946) received substantial criticism during the time it was developed, there is a resurgence of interest in this concept among both analysts and nonanalysts (Glickauf-Hughes & Wells, 1995; Lazarus, 1993; Mahrer, 1993; Norcross, 1993; Renik, 1993; Weiss, 1993).

Recently, several theories of object relations therapy have emerged that attempt to develop object relations principles into a form of treatment (Cashdan, 1988; Glickauf-Hughes & Wells, 1995; Horner, 1991; Scharff & Scharff, 1994). Glickauf-Hughes and Wells believe insight is insufficient without providing a corrective interpersonal experience. What constitutes a corrective experience depends upon the characterological issues (i.e., developmental, interpersonal, structural) of the particular client. Thus, therapy must be tailored to the needs of specific clients (Lazarus, 1993).

A unified treatment approach based on object relations theory is still in the beginning stages of development and could profit enormously by drawing from other theories and techniques that facilitate the accomplishment of its developmental, interpersonal, and structural goals. Thus, the authors believe some aspects of gestalt theory may be a suitable means of enhancing self development in some clients, particularly when treatment is informed by an understanding of the client from an object relations perspective.

GESTALT PSYCHOTHERAPY

Influenced by the existential humanists and by gestalt perceptual theory, Frederick and Laura Perls developed a model of psychotherapy that emphasizes principles that are different from, but not necessarily incompatible with, object relations theory. Like Fairbairn (1954) and Guntrip (1971), Perls (1969) responded negatively to the role of the therapist in

psychoanalysis as a neutral expert and to a therapeutic model in which interpretation was the *primary* intervention (see Wheeler, 1991). However, unlike object relations theory, which until recently remained technically if not theoretically loyal to psychoanalysis, gestalt therapy has evolved an array of creative and powerful techniques which are used for a variety of purposes, including the following: (a) helping clients resolve "unfinished business" (Perls *et al.,* 1951), (b) facilitating the identification and integration or rejection of introjects (i.e., experiences that one takes in but does not assimilate (Levitsky & Perls, 1970; Perls *et al.,* 1951; Yontef, 1988); and (c) reclaiming projections or "disowned parts of the personality" (Perls, 1969, p. 41).

Foremost, gestalt theory is a phenomenological theory. From its inception, its primary emphasis has been on "focused awareness" of the client's sensory and affective experience in the here and now (see Polster, 1985, for a more current discussion of the concept of the here-and-now in gestalt therapy). Rather than making inferences from the past based on theoretically derived ideas, the gestalt therapist has traditionally confronted clients and guided them through a series of experiments to increase conscious awareness and improve the quality of their contacts with the world in order to help clients lead a more satisfying life (Perls, 1992; Perls *et al.,* 1951; Polster, 1985; Zinker, 1977).

However, while gestalt therapists have developed a broad range of techniques, they have been used mechanically by some therapists who do not have an overarching theory with which to decide whether the use of a particular gestalt technique for a specific goal with a given client would be helpful. The nonjudicious use of gestalt techniques has been highly criticized in the gestalt literature (L. Perls, 1992). Recommedations have been made regarding the use of concepts from object relations theory to assist in this process (Yontef, 1988).

CONFLICT VERSUS DEFICIT MODEL

Object relations theory has one of the most well-articulated systems for understanding psychological development, particularly self-development. Much theorizing in this area can be broken down roughly into two strands of thought concerning the nature of self-impairment during development. One strand proposes that self-impairment is largely a product of internal conflicts and the other identifies psychological deficit as the culprit.

Conflict Model

Traditional psychoanalytic theory suggests that psychic conflict derives from powerful unconscious forces that seek expression and require constant monitoring from opposing forces to prevent their expression (Mitchell, 1988). Conflict produces anxieties that signal the individual that a defense is needed. The conflict is resolved when the underlying wish is renounced, or if appropriate, gratified, making the defense no longer necessary. According to psychoanalytic theory, the key to change is interpretation leading to insight.

Deficit Model

This model is applied to patients who, for various developmental reasons, suffer from weak or absent psychic structures (e.g., lack of sense of self, weak ego, absence of a conscience). This compromised state prevents them from feeling whole and secure about themselves, so they require inordinate responses from persons in the environment to maintain a feeling of security (Gabbard, 1990). Mitchell (1988) refers to this as a "developmental-arrest model" (p. 284) emphasizing the "paralysis" and "distortions generated by interferences in (one's) first relationship" (Mitchell, 1988, p. 285). He notes,

> It is the development of the self, not just of impulses, that unfolds according to a preset course of emotional needs. The caregivers provide certain emotional reactions and an affective ambience necessary for the self to grow and maintain a sense of integrity, continuity, vitality, and coherence. If these responses are not forthcoming, the natural maturational process slows to a stop. The vital center of the person, the 'true' core of his or her subjectivity, is stuck in time. 'False,' shallow psychological structures grow up around this buried core, but they cannot be understood as real or new growth . . . . Unmet early needs persist in a protected cocoon of defenses; new growth is possible only when and if the mixed maternal functions are somehow obtained . . . . The central theme of the developmental-arrest model is the rebirth and reanimation of the self as baby . . .the rekindling of the subjective omnipotence of the true self. (Mitchell, 1988, p. 285)

Certain theorists believe both conflict and deficit concepts are necessary for complete psychoanalytic understanding of the individual (e.g., Mitchell, 1988). Further, as previously noted, the concepts themselves are not mutually exclusive. For example, although conflict theory is usually considered in terms of impulses or drives, Mitchell (1988) points out that relationships between internal objects (i.e., mental images of others) and with external objects (i.e., real people) are inherently conflictual. Goldstein (1990) attempts to integrate the two models by viewing deficits as a more primitive level of pathology and conflicts as a more advanced level of pathology (i.e., such clients already have well-developed psychic structures that are in conflict with each other). Traditional psychoanalytic theory is associated with the conflict model. Object relations theory is generally associated with the deficit model.

IMPAIRMENTS IN SELF-DEVELOPMENT: AN OBJECT RELATIONS PERSPECTIVE

Self-disorders include not having any sense of identity (or having a false, grandiose, compensatory sense of identity), fragmenting off (i.e., not usually being consciously aware of) unacceptable but important parts of the self, and an inability to separate the self from internal objects. Self disorders can be found across the spectrum of psychopathology. However, the most severe disturbances are found in individuals with narcissistic and borderline personality disorders.

When mothers fail to be attuned to their children's needs, are unempathic with their children's feelings and require their children to be attuned to their needs, children may experience difficulty in maintaining an authentic, integrated sense of self. As a result, the child's sense of self may fragment (i.e., aspects of a child's self that are rejected by caretakers become supressed into what Sullivan (1959) referred to as the "not-me" part of the personality). The child, thus, develops what Winnicott (1960) referred to as a false self (i.e., a self that is molded to parental expectations and needs). The false self or persona camouflages, and thus protects, the aspects of the child's real self that were criticized and ignored (and are now associated with shame or guilt). To the extent that the individual operates from and identifies with the false self, feelings and needs inconsistent with that self remain unconscious (Horner, 1984). Adults who did not have sufficiently attuned and empathic caretakers may manifest disturbances in identity, an inability to integrate the good and bad qualities of self and others and problems with reality testing, impulse control, self-soothing, and self-esteem regulation (Goldstein, 1990). However, as is often the case with high functioning narcissistic personality disorders, this compensatory false self structure may achieve relative stability. What is missing is a sense of personal meaning, authenticity, integrity, and intrinsic satisfaction in life.

Another manifestation of self-impairment that is, perhaps, more pathological than fragmentation or suppression of unaccepted needs and emotions is when one's sense of self is so undefined as to exist only through a sort of symbiosis or fusion with another. Here, a child is discouraged or

even punished for appropriate autonomy during the separation-individuation phase or, worse, builds a self on the basis of role assignment (i.e., "You are the helpful child") in the family of origin (Goldstein, 1990).

In the latter configuration, the self is based on identifications with parental projections or misperceptions (i.e., "my child is bad, fat, always happy, stupid, never angry, likes sports, doesn't like the color red"). Rather than having no mirror, children view themselves in a distorted mirror. Their sense of identity is thus even more alien from their true nature as it is based upon parents' innaccurate judgments about or needs from their children. These children are, in a sense, living out a rejected or wished for portion of the parent's self (Horner, 1984). Here, even compensatory false-self structures have failed to develop, leaving the individual prone to chronic and overwhelming anxiety and dread, resulting in a loss of the abilities for self-regulation, self-control, self-soothing, and self-esteem maintenance (Goldstein, 1990; Kohut, 1971).

Such disorders are more often found in borderline clients. A difference in the etiology of self disorders in borderlines and narcissists is that parents of borderlines are generally more impaired, and have even less ability to allow separation-individuation than parents of narcissists. Parents of narcissists are less likely to use severe punishing withdrawal with children in response to their attempts to separate and individuate than are parents of borderlines. As a result, borderline clients have an even less developed sense of self (than the narcissist), more impaired ego functions (e.g. reality testing), and greater feelings of separation-anxiety (i.e. a terror of feeling like a small child who is all alone in the world).

TREATMENT GOALS

Thus, object relations theory offers a comprehensive theory of self-development and self disorders, as well as some psychotherapeutic approaches for remediating self pathology, such as mirroring (i.e., reflecting back the client's experience) and empathy (Kohut, 1977). This type of treatment requires a solid therapeutic relationship that provides a safe, corrective environment allowing for the gradual collapse of unauthentic, defensive, and compensatory self-presentations in order for the development of the client's true self to resume (Mitchell, 1988). This contrasts with the more traditional psychoanalytic view of treatment that emphasizes the therapist (in the role of objective, neutral expert) whose therapeutic goals are to modify the client's defenses through the use of interpretation of transference and unconscious conflicts, clarification and confrontation (Goldstein, 1990).

Development of the self involves an awareness of one's current needs, feelings, and aims, and learning to differentiate the self from real others as well as parental introjects. This is also the essence of gestalt therapy. As a result, an object relations approach to treating self disorders can be significantly enhanced by the judicious incorporation of gestalt techniques. Since an object relations approach does not advocate traditional analytic concepts, such as abstinence and neutrality, does not view interpretation as the sole curative experience, and places greater emphasis on the real relationship between therapist and client, the possibilities for incorporating gestalt techniques are markedly increased. Furthermore, both current object relations therapies and gestalt therapies are moving in the direction of making therapy an interpersonal as well as intrapsychic phenomenon (Cashdan, 1988; Glickauf-Hughes & Wells, 1995; Kohut, 1977; Yontef, 1988).

The underlying premises of gestalt and object relations therapy appear compatible enough to integrate the two theories for specific treatment goals. In the remainder of the paper, several treatment goals will be presented along with descriptions of integrated ways to attain them. These include the therapist's (a) helping clients develop a healthy, authentic sense of self, (b) helping clients with unclear boundaries to separate their self from internal objects and real other people, and (c) integration of clients' fragmented (unaccepted, suppressed) aspects of their self.

HELPING CLIENTS DEVELOP A HEALTHY, AUTHENTIC SENSE OF SELF

Some theorists think of a healthy, authentic sense of self as a hallmark of mental health. Since part of the definition of self is the awareness of patterns of feelings and desires at the moment and over time (separate from the expectations of other people), several gestalt techniques are suggested as potential strategies for accomplishing this therapeutic goal. They include (a) emphasis on the here-and-now, (b) saying "no," and (c) awareness exercises.

Emphasis on the Here-and-Now

In gestalt, the emphasis is frequently on helping clients experience themselves in the present without overattending to social norms. Such an emphasis encourages clients to discover what they actually feel, think, and wish to do apart from others' expectations. Such self-awareness can ultimately facilitate development through defining parameters of the self both

internally and in relation to others. This is particularly helpful with clients who are not fundamentally fragile, but who are conflicted and overcompliant at the expense of their own needs.

For example, one of the authors worked with a man who expressed great ambivalence about his upcoming marriage (e.g., he became very concerned that his marriage would become boring). After several sessions devoted to exploring this fear, the therapist asked how he was feeling toward his fiancee *right now*. The client became aware that he was already feeling bored and not very connected with her.

He began to realize that both he and his fiancee were consumed with making wedding plans to please their parents and, as a result, became more involved in worrying about displeasing their parents than enjoying one another. This made him cognizant of a chronic pattern of underattending to his own needs and overattending to his parents' needs, which he feared would become replicated in his marriage. He spoke with his fiancee and realized that he had a strong preference for a smaller, less elaborate wedding, and she agreed. They planned a wedding with a small group of family and friends in Yosemite park. After becoming aware of and asserting his own wishes, he felt enthusiastic rather than bored and no longer felt ambivalent about getting married.

In general, many clients are helped by focusing on their experience in the moment. However, some clients, particularly those who have both narcissistic and obsessive proclivities, may feel controlled by this and experience the therapist as interfering with their telling the details of their whole story.

Saying No

In early developmental stages, often referred to in popular culture as "the terrible twos," a child begins to feel a sense of self by saying "no" to others. Children do not yet know what they want, but they know that they do not want what their parents want them to want. Some parents are threatened by oppositional behavior and do not celebrate the child's resistance as a beginning of self-expression and self-definition. This can lead to overt compliance and covert defiance rather than a sense of self with concomitant values and direction (i.e., what Kohut referred to as the self as the center of initiative).

Thus, one important gestalt technique is encouraging the client to "say no." Polster and Polster (1973) emphasize that it is important to help clients truly know that they can choose to say "no," even to suggestions by the therapist. They believe it is important to respect a client's choices and

think it is possible to deal with a client's objections or resistance to a particular action, without even returning to discuss the behavior. What is crucial here is the client's growing awareness and conscious expression of a sense of will. Glickauf-Hughes and Wells (1995) believe this process is facilitated by providing clients with a corrective relationship in which saying "no" is accepted as the blossoming of autonomy.

For example, a client was having difficulty being direct with her roommate. The roommate wanted to ask a friend to spend the weekend at the house. While the client wanted to say "no," she agreed to her roommate's request. She disliked having an extra person in the house and found herself spending much of the time in her room alone. The therapist explored the client's feelings about saying no to the therapist. When she asked the client if she would be able to say no to her if it was important, the client said that she thought she would be unable to do so. The therapist then asked the client what would be difficult about saying no to the therapist. The client said that she was afraid that the therapist would criticize and reject her if she did not comply with her wishes. The therapist empathized with her bind.

In a later session, the therapist asked the client a question and the client changed the subject. The therapist said to the client, "I noticed that when I asked you that last question, you changed the subject. My hunch is that you really didn't want to answer that question. Can you say to me 'No. I don't want to answer that question right now." The client laughed and said, "No. I don't want to answer that question. That wasn't what I wanted to talk about today." At this point, the therapist simply smiled to support the client's self-assertion and the client moved on to discuss the topic that she wished to talk about. This exercise was used on several occasions when the therapist noted that the client was saying no indirectly. As it was done somewhat playfully, the client did not experience the therapist as critical or rejecting, and she eventually began to say no to the therapist without the therapist's assistance. Over time, her newfound ability to set limits helped her feel more separate and autonomous and she began to generalize this by saying no to other people.

In another case, the therapist encouraged an experiment in the session in which the client was instructed to say goodbye to her previous partner. Rather than following the therapist's instructions, the client stated, "I don't want to say goodbye. I want him to return." The therapist then shifted the focus accordingly. In saying "no" to the therapist by expressing what she truly wanted at that moment, she practiced saying "yes" to her true experience rather than simply following the direction of another. In another session when the client brought the incident up and how important it was

for her, the therapist said that "we can't truly say yes, unless we can say no."

Encouraging saying no is useful with many clients. However, for narcissistic clients, in particular, the therapist must be careful that they are not just going through the motions of the exercise. Furthermore, for some narcissistic clients, it is often more important to help them learn to say "yes" without feeling as though they are losing themselves to the other. In other words, it is important to help these clients describe what their own true response would be without automatically complying or defying the therapist's wishes. Finally, with borderline clients, the therapist must address the client's fear of total abandonment by the therapist for self-assertion before proceeding with the exercise (which the client might do if they are currently perceiving the therapist as an "all good" person).

Awareness Exercises

Awareness of Sensations

Narcissism is a complex and commonly misunderstood disorder of the self. The popular notion is that narcissistic individuals are generally arrogant, overconcerned with what they want and oblivious to other people. Lasch (1970) thinks that narcissism has erroneously remained as a synonym for selfishness. He believes that narcissists are underconcerned with their real needs (e.g., for love, acceptance, intrinsically satisfying activities) and overconcerned with the opinions of others. He maintains that "narcissism has more in common with self-hate than self-admiration" (p. 3). Kernberg (1975) believes that for narcissistic individuals, love rejected turns back to the self as hatred. Thus, as narcissists hate themselves, they overrely on the constant admiration of others for elevating their self-esteem.

In recent years, other forms of narcissism with similar underlying dynamics but different behavioral presentations have been described (Johnson, 1987; Kohut, 1971; Masterson, 1996; Miller, 1979; Willi, 1982). In particular, Johnson and Miller describe a type of narcissistic presentation in which clients are overattuned to the needs of others as a means of getting approval and admiration, lack awareness of their true self (including sensory based awareness), are very perfectionistic, and have great difficulty experiencing anything that was not approved of by parents. Narcissistic issues are more subtle in these clients and not immediately apparent as they appear to be so giving and concerned about others.

Johnson (1987) believes another reason for the outer-directed focus of narcissistic clients is their lack of a real sensory-based sense of self. Most

have experienced parents who were profoundly and chronically unattuned to their physical as well as psychological needs (e.g., babies were fed at the parents' convenience or on a schedule rather than when they were hungry and were fed when they were not hungry to satisfy another need). It follows that narcissistic individuals would be particularly impaired in this area. Narcissists learn to be unattuned to their own physiological cues such as hunger-satiation signals or awareness of being hot, cold, or tired. Thus, the popular notion that narcissists are highly self-focused is in some ways misguided. In reality, they are extremely other-oriented and, while self-indulgent and hedonistic, they generally indulge the wrong needs (Lasch, 1979).

A primary treatment goal for individuals with self disorders (in which lack of sensory awareness is a symptom) is increasing their awareness of physical sensations rather than overrelying on intellectual impressions. For example, one narcissistic client with a deficient sense of self had difficulty experiencing sexual pleasure because his concentration was intensely focused upon impressing his date with his proficient skills as a lover. He also received weekly massages (during which he tended to dissociate), frequented the best restaurants, had fine wine, facials, herbal wraps, frequent sexual partners, and listened to his voluminous collection of classical music. He just did not particularly enjoy any of these activities. The problem for this client was that he did these things because they were trendy (and thus enhanced his self-esteem) rather than because they fulfilled a sensory based need at the time. This client was extremely unaware of the needs beneath his actions such as his need for love, affection, and acceptance.

The first gestalt task in developing self-awareness is learning to identify basic sensations and actions. An important technique for recovery of sensory-based experience is concentration. This technique was used with this client, who often moved his arms and legs, fidgeted in his chair, and visually scanned the room during his therapy sessions. The therapist requested that he experiment by sitting very still during the session, concentrating on any sensations in his body as he talked. The client stated, "I hear my heart pounding and my muscles feel squirmy. My head hurts, too." The therapist asked what he made of this. He replied, "I don't know. I'm really keyed up inside. I have been all day."

Over time, he began to pay greater attention to the experiences in his body. He became more attuned to his body movements and sensations, and learned to use them as a signal to provide him with potential information about what he was feeling and thinking. As he became more comfortable experiencing and using bodily sensations to understand his emotions, his constant movement, which distracted him from his feelings,

significantly diminished. He also began to pay attention to sensations that were truly pleasurable.

Awareness of sensations can be useful to clients with self-disorders, especially with narcissistic clients whose primary caretakers were unattuned to their sensory-based needs (Miller, 1981; Winnicott, 1965). Exercises that facilitate awareness of bodily sensations can also be a grounding experience for borderline clients since it teaches them to focus on specific internal experiences. Eventually, as these clients learn to identify bodily sensations at earlier, less intense levels of experience, they may be less likely to become overwhelmed by an incomprehensible mass of feelings, sensations, and ideas.

Awareness of Affect

The second gestalt task in self-awareness is learning to identify emotions. While feelings or emotions are related to sensations, they "have a quality which goes beyond the range of rudimentary sensation" (Polster & Polster, 1973, p. 22). Rather, feelings include an evaluation of one's sensations and an attempt to fit these evaluations into a larger scheme of experience. In gestalt therapy, attention is called to feelings in the same way as to sensations. Individuals are asked to become aware of their actions, feelings, and expressions, and to move back and forth between them.

For example, the client discussed above began to notice his pounding heartbeat, dry lips, and sweaty hands, and began to experience his fear. Gradually he began to recognize his fear as a feeling. As a result he was increasingly able to experience, observe, and use his sensations and behavior to increase self-understanding. During one therapy session, he began to experience and express his anxiety, and made the connection, "When I don't want to know I'm afraid, I fidget and move my attention from one object to another."

There are several useful methods for increasing clients' awareness of emotions. These include (a) empathizing with nonverbal manifestations of affect, and (b) expressing current feelings. In empathizing with the nonverbal manifestations of affect, the therapist helps clients develop empathy for themselves and to more fully understand their own reactions. For example, with the previous client, as he discussed his lack of pleasure with his partner, the therapist said, "As you were talking, your face looked very sad." As a result of the therapist's attunement to and feedback about his feelings, he began to experience and express his inner longings for deeper and more genuine relationships with people. These methods (i.e., empathy with nonverbal expressions of affect) are very much akin to what Kohut

(1971, 1977) and Winnicott (1965) believe the "good-enough parent" does to promote healthy self-development in the child, and to what Kohut (1977) believes the therapist does to remedy self-deficits in clients.

It is important to help clients to express their feelings as they become aware of them. Sometimes, asking clients to repeat something again, or confronting the lack of affect expressed in their statements, can enable them to express their feelings more fully. For example, a client discussing problems in her career stated rather casually and with little apparent feeling, "I don't want to let my father off the hook." The therapist said, "What you're saying seems very important but your voice doesn't convey to me what you feel." The client said "I know, and I do feel strongly about not wanting to let him off the hook but I'm afraid to make him angry at me so I can't get mad at him." In subsequent sessions, she became aware of how it was acceptable in her family for her father to be angry but no one else was allowed to be angry. Rather, the other family members were more frightened of than angry at her father. At this point, the therapist asked her to try saying "I don't want to let my father off the hook" again. When she did so the second time, she began to actually experience and express her anger rather than merely saying words.

In subsequent sessions, this client began to more clearly understand that she, in part, wanted to fail in her career so that her father would know that he failed as a father with her. If she succeeded in her work, she believed he would be "off the hook" (i.e., be able to rationalize to himself that he, in fact, had been a good father as his daughter was so successful). Over time, she became aware that she indirectly expressed her anger toward him by failing in her career, and slowly began to find less self-sabotaging and more productive ways to express her feelings.

While developing awareness of affects is crucial in clients with borderline and narcisstic disorders, the therapist should pursue this goal slowly and cautiously. As borderline clients have inadequate ego functions (e.g., reality testing, ability to self-observe), difficulty in self-soothing, and a predominance of primitive affects (e.g. rage, terror), the therapist must be sure not to open "Pandora's box." Unless the client and therapist have established a therapeutic alliance and the patient has developed sufficient capacity for objective self-observation, the therapist is advised to empathize with and/or contain the client's feelings as they arise, rather than using evocative techniques. Failure to do so can, at times, lead to an unconstructive regression in the client (i.e., one that is not easily reversible and from which the client has not learned anything about him or herself).

Some narcissistic clients may experience therapists who seem to be pushing clients too hard to make them acknowledge feelings in themselves as impinging on them and may become angry or resistant. If this occurs,

it is useful to encourage clients to talk about their reactions to the therapist's behavior and to empathize with and understand their experience of impingement. This type of processing is, of course, a powerful awareness technique in and of itself.

Awareness of Wants

The third gestalt technique for increasing self-awareness is helping clients to become more aware of what they want. Wants integrate present experience, with future gratification. "Awareness of wants, like awareness of experience, is an orienting function. It directs, it mobilizes, it channels, it focuses. A want is a blip into the future" (Polster & Polster, 1973, p. 227). Thus, helping clients to become more aware of what they truly want can, over time, help them to solidify the self as a center of goals and initiative.

One client who had difficulty making decisions would agonize for hours over minor daily issues. As a child, her mother made most of the decisions and told her what she should or should not do. When she acted independently, her mother criticized her actions vehemently. Her mother's lack of attunement and criticism not only left her unable to make decisions but unable to identify her own wishes and needs. As the therapist realized that this client could not make decisions because she had no idea of what she wanted in her life, she suggested that the client spend the next weekend attending more closely to what she wanted to do. As a result, the client began to feel sad because she realized that she did not know what she wanted.

Gradually, this client began to experiment with trying different activities in order to learn what she liked and did not like. She discovered, for example, that she loved the outdoors and canoeing, and that she was much happier when active and outside. After a year of treatment, she decided to leave a teaching job to work as a staff person at a nature center and, over time, became increasingly able to recognize and act on her preferences and needs.

It is important for therapists to recognize when a client's wants are too global or grandiose to be realistically attainable, as is often the case with narcissistic clients. A related treatment goal is to help clients translate global wants (e.g., "I want success") into specific ones (e.g., "I want to get an A or B on my next economics examination") or grandiose wants into attainable ones (e.g., "I want to write the 'great American Novel' " to "I'd like to write a good short story"). Furthermore, with borderline and narcissistic clients, it is also important to develop frustration tolerance for situations in which they are unable to get what they want.

Awareness of Values

A final area of awareness, similar to those already described, is helping clients to become aware of their values and assessments. This goal is congruent with Moore and Fine's (1990) definition of the self, and is particularly important with narcissistic clients who have values that are easily corruptible. Polster and Polster (1973) describe becoming aware of one's values as a unifying (and thus self-enhancing) activity that helps individuals summarize their prior life experiences and their reactions to these experiences. As clients begin to experience their sense of self as continuous over time, such review and self-reflection allows for further self-development.

In becoming more cognizant of her wishes and desires, the previously discussed client (who left her teaching job to work at a nature center) was able to assess her life and her values and to make more satisfying choices. She chose a job that paid less but offered much greater intrinsic satisfaction. In clarifying her wants, she also was able to clarify her values concerning her life work and was increasingly able to acknowledge and act upon these and other values. She began to understand that her opinionated, controlling mother had undermined her ability to self-reflect, to self-assess, and to decide. She began to assess her mother's values and beliefs and contrasted them with her own views about critical issues in her life. She realized that, in contrast to her mother's beliefs, she did not believe the status of her job made her a worthy person.

In sum, from the perspective of object relations theory, there are several reasons that suggested gestalt techniques have the potential to facilitate self-development. Winnicott (1965) discussed the importance of parental attunement to the infant's needs and experiences. He suggested that lack of attunement to childrens' needs and feelings causes children to lose awareness of their needs, feelings and eventually, their authentic sense of self. Since the gestalt therapist is trained to be attuned to nonverbal manifestations of clients' needs and feelings, these experiences can be validated and awareness of them increased. This creates an environment in which clients can learn to experience and identify their sensations, feelings, needs, and wants. Over time, disparate experiences are integrated into a cohesive pattern of subjective experience.

Winnicott (1965) also maintained that impinging on infants when they are not in need causes them to become prematurely attuned to the needs of others, ultimately contributing to the development of a false self. It is

important for therapists to remain neutral and carefully time their interventions when helping clients with false selves to become aware of what they feel and need. Furthermore, gently encouraging clients not to overfocus on others' expectations (including the therapist's) can, over time, diminish clients' false self experience. This, in turn, diminishes the resulting fragmentation (i.e., denial, rejection) of self experiences for which they had been previously rejected or shamed.

SEPARATION OF SELF FROM INTERNAL OBJECTS

Mahler and her colleagues (1975) depict the process of maturation as one in which the child moves from a position of symbiotic attachment to the maternal object (i.e., feeling fused or one with the object) to a position of experiencing oneself as psychologically separate from the object. Kernberg (1976) and Masterson (1976) further contend that when the maternal object does not appropriately foster the separation-individuation process, the individual enters adulthood without a clear set of psychological boundaries between self and others. This type of boundary disturbance is particularly evident in individuals with more severe disorders of the self. Several gestalt techniques can potentially facilitate the separation-individuation process in individuals when the self–object distinction is unclear.

Undoing Introjection

Internalization refers to the processes by which individuals make need gratifying relationships with other people into a part of themselves (Hartmann, Kris, & Lowenstein, 1949). During the time of life when the boundary between self and others is indistinct, the child internalizes the expectations and demands of his or her parents as though they were his or her own. Gestalt therapists refer to these internalized images that are "swallowed whole" but not "chewed up" (i.e., assimilated into the self) as introjects (Perls *et al.,* 1951; Perls, 1969; Yontef, 1988).

A variety of gestalt techniques were designed to undo introjection (Perls, 1969; Yontef, 988). The goals of several of the techniques described in this section are to make clients' introjects more conscious, so that they can reconsider whether the introjected idea fits with their current self concept.

One simple way to make introjects more conscious is for therapists to comment on them. For example, clients frequently make statements in sessions in a rote manner. A client may say, for example, "maybe I'm just

overreacting." One of the authors regularly asks her clients the question "Whose voice is that?" in order to identify the source of the introjected opinion. Another way to achieve this goal is for therapists to share their experience with the client by simply stating: "When you said that, it was almost as if your (mother, father, brother, etc.) were in the room with us. Is that an attitude that he or she commonly expressed?" At this point, the therapist and client may examine the history of the attitude, after which the client can be encouraged to reconsider if the attitude still fits.

These techniques are especially useful for narcissistic clients. While theoretically important for borderline clients, they should be introduced slowly and consciously. Otherwise, borderline clients can become overwhelmed by feelings of separation-anxiety induced by the process of differentiating from the internal object. This is particularly the case early in treatment, when the client has not yet developed a sufficient alliance with the therapist that permits an internalization of the therapist as a comforting object.

The Two Chairs Technique

A more dramatic technique for separating self from internalized others is the empty chair technique in which a client is asked to put one part of him or herself in a chair and an opposing part in another chair and to begin a dialogue between them. The same technique can be used by symbolically putting another person in the chair and carrying on a "live" dialogue in the present. In the empty chair technique, the therapist helps clients to distinguish between their own beliefs from the introjected beliefs of others.

The therapist can facilitate learning to distinguish self from internalized others by recognizing and noting when there is a significant difference in behavior when the client changes chairs. If the therapist observes that when the client switches chairs, he or she behaves like his or her description of a significant other, when the client returns to the original chair (i.e., the self chair), the therapist can ask the client, "Who was just sitting in that chair?" In helping clients differentiate self from introjects, they become more free to make conscious choices about which attitudes, values, and beliefs of parents and other important people to retain and which to discard. The following example demonstrates the use of the empty chair technique to separate self from introjects and to resolve "unfinished business" (see Perls *et al.,* 1951).

One of the authors treated a client who had been very nurturing and loving to her husband as he struggled with cancer. Over many months, she

nursed him, talked with him, and cried with him as he faced his death. At the very end of his life, she briefly left the hospital, assured by hospital staff that he would be fine until her return. Before she returned, he died unexpectedly. She felt angry with herself and feared that he had died without knowing the extent of her love for him. She was also concerned that he had been angry and hurt about her leaving. The therapist told her, "Put your husband in that chair and tell him what you're feeling." Tearfully and with much emotion, she stated, "I'm so sorry that I left you alone to die. You seemed to be resting and comfortable when I left. I can't believe I didn't stay."

The therapist asked her to sit in the other chair and be her husband who said, "I know. But remember, you stayed all day and you held my hand and told me how you loved me. I remember how close we were." By carrying on the dialogue, the client was able to recognize that her husband knew she had loved him. In fact, by enacting her husband, she was better able to empathize with him. She realized that her husband (who was very sensitive to her feelings) may have even chosen to die while she was away because he disliked seeing her in pain. After the dialogue, the client could acknowledge her own feelings of anger and sadness, and she grieved her loss without projecting her anger unto her husband. In so doing, she took a first step in forgiving herself.

As a next step, the therapist asked the client to put the "part of herself that believed that she had failed her husband" into another chair. She then carried on a dialogue between "the part of herself that believed that she had been a good wife" and "the part that still judged herself." In this exercise, she identified the source of her guilt as her own introjected father. The client described her father as demanding to be waited on "hand and foot" by her mother. This exercise allowed the client to distinguish the introject (i.e., her father) from both her "self" and her deceased husband, and gave her an opportunity to truly reevaluate what she believed a good enough wife to be.

The empty chair technique can occasionally be useful with narcissistic clients as a means of separating their self experience from introjected experiences of others. However, it is very important for therapists to observe these patients during this process to ensure that they are not going through the motions of the exercise only to comply with the therapist. The best indicator of this is when the therapist experiences feeling unconnected to the client due to the client's unauthentic participation in this experience (particularly if the therapist has felt connected with other clients during the day).

The authors advise against using the empty chair technique with clients who have severe borderline personality disorders. Due to being infantalized as well as used and abused by their parents, these clients have a severe lack of basic trust and deficient ego functions. Borderline clients are quite vulnerable to experiencing unhealthy regressions due to their frequent inability to distinguish between reality and fantasy, and their extreme difficulties with the separation-individuation process.

Developing Awareness of Contact Boundaries

Perls (1988) states that when boundaries come into existence in relationships, they are experienced both as contact and isolation. Contact is the point at which the self encounters the environment, which may include another person, an action, a value, belief, or an object. For example, when one person touches another, that person becomes aware of both a feeling of relatedness and separateness. As opposed to symbiotic experiences, during which individuals lose a sense of where one person ends and the other begins, the contact boundary is that point of the relationship where an individual experiences the self in relationship to but separate from the object, creating what Buber (1958) refers to as an "I–Thou" relationship.

Many individuals with self disorders have distorted contact boundaries. Sometimes calling attention to or increasing awareness of the contact boundary may facilitate separation (i.e., beginning to point out where one person's skin ends and the other's begins). Developing awareness of contact boundaries is also a way of recognizing the limits that one wishes to maintain between self and others. Contact boundaries may be made evident by techniques that emphasize the "I boundary." Exercises may be designed to help clients vocalize truths about themselves that may be different from truths about the other, including the therapist.

One of the authors conducted an "I-boundary" experiment with a client who was particularly drawn to the use of metaphors by playing the following game with him. The therapist asked the client to respond with whatever images came to his mind to questions such as the following: (a) If you were an animal, what kind of animal would you be? How about me? (b) What colors would we each be? (c) What cities are each of us most like? In this exercise, the client was able to metaphorically communicate the perceived differences between himself and the therapist. When appropriate, the therapist and client interpreted the meaning of the images to clarify the client's self concept and perception of the therapist.

A second way to establish self–other differentiation through use of contact boundaries includes facilitating awareness of body boundaries. The

I-boundary separates conscious physical sensations that are defined as part of one's sense of self from unconscious sensations that are not regarded as part of one's self-concept (e.g., a pounding heart, sexual feelings) due to parental criticism.

One client with narcissistic issues experienced strong tension and often suffered from severe headaches. As a child, he was criticized by both parents whenever he was ill. As a result, illness was excluded from his self-concept, and he experienced his headaches as something from the outside that was happening to him, rather than a part of himself. The therapist began to work toward increasing this client's awareness of his body boundary and physical sensations by having him exaggerate his tension. He was gradually able to voluntarily make his body very tight and tense. After many repetitions of this exercise, he was surprised to recognize his control over his muscles. Over time, he began to recognize how and when he tightened his body, and learned to experience himself as the originator of his own needs, feelings, and bodily expressions. He slowly began to experience his body as his own and his tension as self-created. He felt some shame about this as well as some relief at the possibility of having more control. The therapist empathized with the client's feelings of shame over having any physical or psychological weakness.

The use of undoing introjection and the two chairs technique can enable individuals to become more aware of their internalized relationships with other people (i.e., an object relations concept). Exercises can then be used to help clients consciously change a mental template when it is not serving their interests. This can help them increase the psychological separation between themselves and mental representations of significant others. Due to their potential for facilitating increased self-other differentiation, these techniques can be particularly useful with narcissistic clients who are concerned about becoming engulfed by the other. However, as with other experiential exercises, therapists need to be alert for these clients' false self participation. Furthermore, therapists must closely monitor for shame reactions as the client becomes aware that a problem is partially self-induced. Particular cautions are encouraged if therapists are considering using these techniques with borderline clients. While accomplishing this goal is crucial to their self-development, it may arouse primitive anxieties about separation and abandonment. This is especially the case before a sense of trust is securely established with the therapist.

INTEGRATION OF REJECTED ASPECTS OF THE SELF

Sullivan (1954) believed the parts of the child's self that elicit anxiety in the mother (and thus in the child through empathic linkage) become experienced as the "bad me" and the "not me" parts of the personality.

Kohut (1971) concurred and suggested that those aspects of a child's self that are not responded to with empathy and acceptance become fragmented from the conscious self (i.e., suppressed, rejected, and denied). Similarly, Perls *et al.* (1951) emphasized helping individuals identify and "own" the "disowned" elements of themselves. Thus, a final goal in self-development that gestalt techniques can facilitate is reintegrating the projected and denied parts of the self. For example, Horner (1984) told one of her patients after a breakthrough in treatment that "You began to feel your sexuality as integrated into your self. When it wasn't integrated, it had no existence" (p. 331).

Playing the Projection

Projection is a process by which an unacceptable idea or impulse is attributed to the world (Moore & Fine, 1990). Polster and Polster (1973) believe "the projector is an individual who cannot accept his feelings and actions because he 'shouldn't' feel or act that way" (p. 79), leading to a split between a person's real self and the self that the individual allows into awareness. Thus, in gestalt therapy, the client is helped to become aware of and reown projections. This can eventually lead to higher levels of self-integration.

One client expressed feeling quite upset about his partner's unhappiness. He believed life would be much better if only his partner were happy. With great intensity, he stated, "I hate that he's unhappy. It's really hard living with someone who always has such negative energy." The client had little awareness of his own unhappiness. The therapist first empathized with the difficulty of living with an unhappy partner, and explored whether his partner's unhappiness made it difficult for him to have his own feelings.

The therapist asked if he would be willing to "act out" his partner's unhappiness in an exaggerated way. As he played this role, the therapist asked the client whether any of those feelings also belonged to him. At this point, he began to acknowledge his own feelings of unhappiness and shame about these feelings. He began to become more cognizant of how he projected these "shameful feelings" onto his partner. He also realized that while projecting his sad feelings served to suppress his shame, it also prevented him from getting his needs met. The therapist began to help him become more aware of what he needed to feel happier in his own life, processing the client's resistances (e.g., shame and hopelessnes) as they emerged.

The technique of playing the projection is generally useful to most clients struggling with fragmentation. The only exception is when the thera-

pist notices that the client's projected feeling is overwhelmingly shameful. Under these circumstances, the therapist is advised to stop encouraging the experiencing and expression of the projected feeling, and to begin processing the patient's feelings about his or her projected emotions.

Gestalt Dreamwork

In gestalt dreamwork, dreamers are encouraged to play out components of their dreams as representations of aspects of the self (Perls, 1988). In so doing, individuals are potentially able to become aware of repressed or denied parts of themselves that continue to push to become more conscious. As clients become more aware of these disowned aspects of self, they are better able to consciously choose whether to reintegrate those parts.

One of the authors worked with a client who had the role of "mother's helper" in her family of origin. In the middle phase of treatment, she reported a dream in which she was walking in a field. She saw her mother walking ahead of her but was unable to reach her. The client reported that a large bird of prey (that she later identified as a hawk) was stalking her mother, and that she was unable to stop it or warn her mother. The therapist asked the client to play the part of the hawk in the dream and to talk about herself. The client described wanting to track down her mother and kill her. She described feeling very powerful, being able to identify exactly what she wanted and "going after it without any reservation or permission."

By taking the part of the hawk in the dream, the client was able to identify ways that she was angry at her mother. In addition, she was able to separate the part of her internal experience that was like her mother from the part that was unlike her (e.g., knows what she wants and can go after it without reservation and without asking permission). Perhaps the most important part of the dream was the simple experience of being "powerful," which this client rarely allowed into self awareness. In processing this dream in this way, the client began to experience her projected aggression as a powerful and important part of herself.

Enactment of Polarities

Enactment in gestalt therapy is the intentional dramatization within therapy of some aspect of the client's behavior and experience for treatment purposes. It may begin with a gesture or comment. One form of enactment that can be useful for furthering self-integration is the enactment

of polarities. In this technique, the client is asked not only to dramatize a conscious self characteristic but to also dramatize the polar opposite of this characteristic.

For example, one client viewed himself as an imposter among other bright people in a university setting. He was doubtful about his abilities and competencies. The therapist asked him to enact the behavior of an extremely accomplished, confident person, boasting about his intelligence and talents. He had difficulty doing so, although he recognized a longing to be seen as special and superior to others, particularly in regard to his intelligence. Although this exercise was difficult for the client, he also seemed to enjoy it (e.g., he laughed out loud as he played the part).

Eventually, as he recognized his underlying wish to be important and gain the recognition of others, he realized that although he was not as brilliant as he wished he were, neither was he an imposter. The therapist explored both his wish and fear of being special and helped him learn how he negated his strengths and emphasized his weaknesses. As he did so, he began to more realistically assess areas of real strengths and difficulty.

With playing the projection, gestalt dreamwork, and enactment of polarities, the therapist must assess the client's ego strength before using these techniques. Cautions for working with borderline clients are obvious in regard to the enactment of polarities. While higher functioning clients are able to utilize exercises such as these to fully experience and then integrate polarities, the borderline client is more susceptible to using defensive splitting (*i.e.,* seeing oneself and the other as all good and feeling blissful, or seeing the self and other as all bad and feeling rage). Hence, the more important work with borderline clients involves repeatedly confronting splitting (Kernberg, 1975) or polarities as they occur in order to strengthen the client's ability to use integration. The authors particularly caution therapists against using enactment exercises with clients who are prone to frequently experience primitive feelings such as terror or rage.

The therapist is advised to monitor his or her feelings of relatedness with clients (particularly narcissistic clients) as an indicator of whether the client is participating in an exercise authentically or complying to please the therapist. For example, one graduate student with narcissistic issues who was receiving training in gestalt therapy would often come to his session and request doing a gestalt exercise that he learned. The therapist noticed while the student was talking to his father in an empty chair and expressing what appeared to be intense emotions (e.g., anger, crying), she felt unrelated to him. She gently stopped the client and asked him to tell her what he was feeling inside. The client grinned. At this point, the therapist revealed to the client that she was having difficulty feeling connected to and remaining engaged with him while he was working, and that she

wondered if he might be feeling disconnected from himself. The client smiled and said "maybe" and then almost laughed. The therapist suggested that it might be important for them to understand this experience together. She said that she knew how important it was for him to get people's approval and asked him if he thought it might be possible that he suggested doing this exercise because he very much wanted to be a good student and client, rather than because he was currently upset with his father. The client smiled again and said, "How did you know?" When the therapist asked him what struck him as amusing, the client expressed relief that "she was onto him when he was acting and that maybe it was possible for him to be able to be himself with her."

CAUTIONS IN USING GESTALT THERAPY TO REMEDIATE SELF-DEFICITS

Gestalt techniques can be useful in promoting structuralization of the self in clients with self-deficits. However, gestalt therapy does not specifically direct therapists regarding when they are advised to be cautious about using specific techniques with particular clients. In this area, object relations theory can be helpful. While this has been addressed throughout the article, a summary will be provided here as a means of underscoring these points. Potential concerns include (a) mechanical use of techniques, (b) potential promotion of false self behavior, and (c) promotion of unconstructive regressions.

The first principle is that the therapist must resist the temptation to pull tricks out of a bag. While tactful authenticity and attunement are certainly important with all clients, they are particularly essential in the reparative experience of individuals with disorders of the self (particularly narcissistic disorders as these clients are highly sensitive to being manipulated).

Lasch (1979) hypothesized that one factor contributing to the prevalence of narcissistic or self-pathology in contemporary American culture was a trend in the late thirties and forties toward an overemphasis on parent education. Bruch (1952) wrote that "the common error of psychological advice is teaching parents techniques of conveying to the child a sense of being loved instead of relying on their innate true feelings of love" (p. 57). Thus, unattuned use of gestalt techniques could promote compliance and false self expressions if the therapist does not use them in a sensitive manner, watching for subtle signs of clients going through the motions rather than truly emotionally engaging in the exercises. It should be emphasized

that gestalt experiments "must not become palliative or a substitute for valid engagement" (Polster & Polster, 1973, p. 235).

Finally, it is important to note that gestalt techniques can be very powerful in their potential to arouse strong affect. From an object relations perspective, it is important for therapists to carefully assess their clients' level of ego development to determine if they have sufficient reality testing, capacity for self observation, and ability to self-soothe so that clients can benefit from these interventions.

Caution is particularly advised when self disorders are part of a borderline rather than narcissistic personality organization, the latter having better developed ego functions. With a borderline client who appears to be high functioning, but frequently struggles with primitive affects and defenses, techniques that facilitate catharsis or lowering of defenses can lead to psychotic episodes and self-injurious behavior. Borderline patients are more likely to feel rage rather than anger, due to their proclivity to use defensive splitting (i.e., viewing the self and others [including the therapist] as all good or all bad, contingent upon the client's momentary affect state). Furthermore, borderline clients' lack of frustration tolerance makes them prone to act out against themselves or others.

In conclusion, it is suggested that object relations theories of self-development and some object relations techniques can complement and enhance the use of gestalt techniques to treat clients with disorders of the self. This is particularly the case when clinicians are guided in the use of these techniques by object relations principles such as understanding (a) which clients are able to benefit from using gestalt techniques due to their sufficient ego strength, which helps regressions to be constructive; and (b) which clients do not benefit (and can be hurt) by the use of gestalt techniques, due to the fragility of their ego functions.

The authors believe many gestalt techniques, when used in the context of a long-term therapeutic alliance, help the building of a healthy sense of self (e.g., awareness of feelings, ambitions, and talents, experiencing oneself as having a center of initiative, feeling an integration between disparate aspects of the self). The authors think that the potential benefit of using object relations theory to guide therapists in their use of particular gestalt techniques can enhance clients' self-development, differentiation of self from others, and integration of previously rejected aspects of the self. Therapeutic gains are most likely to be noted where gestalt techniques are used in tandem with techniques recommended by object relations theorists (Kohut, 1977; Winnicott, 1960) such as empathy with the clients' feelings and attunement to their needs.

REFERENCES

Alexander, F., & French, T. M. (1946). *Psychoanalytic therapy*. New York: Ronald Press.

Bruch, J. (1952). *Don't be afraid of your child*. New York: Farrar, Strauss, and Young.

Buber, M. (1958). *I and thou*. New York: Charles Scribner.

Cashdan, S. (1988). *Object relations therapy: Using the relationship*. New York: W. W. Norton.

Fairbairn, W. R. D. (1954). *An object relations theory of the personality*. New York: W. W. Norton.

Freud, S. (1923). The ego and the id. In J. Strachey (Ed.), *Standard Edition* (Vol. 19, pp. 3-66), London: Hogarth.

Gabbard, G. O. (1990). *Psychodynamic psychiatry in clinical practice*. Washington, DC: American Psychiatric Press.

Glickauf-Hughes, C., & Wells, M. (1995). *Treatment of the masochistic personality: An interactional object relations approach to psychotherapy*. Northvale, NJ: Jason Aronson.

Goldstein, E. (1990). *Borderline disorders: Clinical models & techniques*. New York: Guilford Press.

Guntrip, H. (1971). *Psychoanalytic theory: Therapy and the self*. New York: Basic Books.

Hamilton, G. (1988). *Self and others: Object relations theory in practice*. Northvale, NJ: Jason Aronson.

Hartmann, H., Kris, E., & Lowenstein, R. M. (1949). Notes on the theory of aggression. *The Psychoanalytic Study of the Child, 3*, 49-56.

Horner, A. (1984). *Object relations and the developing ego in therapy*. New York: Jason Aronson.

Horner, A. (1991). *Psychoanalytic object relations theory*. Northvale, NJ: Jason Aronson.

Jacobson, H. (1964). *The self and the object world*. New York: International Universities Press.

Johnson, S. (1987). *Humanizing the narcissistic style*. New York: W. W. Norton.

Kernberg, O. (1975). *Borderline conditions and pathological narcissism*. New York: Jason Aronson.

Kernberg, O. (1976). *Object relations theory and clinical psychoanalysis*. New York: Jason Aronson.

Klein, M. (1975). *Envy and gratitude and other works, 1946-1963*. New York: The Free Press.

Kohut, H. (1971). *Analysis of the self*. New York: International Universities Press.

Kohut, H. (1977). *The restoration of the self*. New York: International Universities Press.

Korb, M. P., Gorrell, J., & Van De Riet, V. (1989). *Gestalt therapy: Practice and theory* (2nd ed.). New York: Pergamon Press.

Lasch, C. (1979). *The culture of narcissism*. New York: W. W. Norton.

Latner, J. (1992).The theory of gestalt therapy. In E. C. Nevis (Ed.), *Gestalt therapy: Perspectives and applications*. (pp. 13-56). New York: Gardner Press.

Lazarus, A. (1993). Tailoring the therapeutic relationship or being an authentic chamelion. *Psychotherapy, 30*, 404-407.

Levitsky, A., & Perls, F. (1970). The rules and games of gestalt therapy. In J. Fagan & I. Shepard (eds.), *Gestalt therapy now* (pp. 140-149). New York: Harper & Row.

Mahler, M., Pine, F., & Bergman, A. (1975). *The psychological birth of the human infant*. New York: Basic Books.

Mahrer, A. (1993). The experiential relationship: Is it all purpose or tailored to the client? *Psychotherapy, 30*, 415-416.

Masterson, J. (1976). *Psychotherapy of the borderline adult*. New York: Brunner/Mazel.

Miller, A. (1981). *Drama of the gifted child*. New York: Basic Books.

Mitchell, S. A. (1988). *Relational concepts in psychoanalysis: An integration*. Cambridge, MA: Harvard University Press.

Moore, B., & Fine, B. (1990). *Psychoanalytic terms and concepts*. New Haven, CT: Yale University Press.

Norcross, J. (1993). Tailoring relationship stances to client's needs: An introduction. *Psychotherapy, 30*, 402-403.

Perls, F. S. (1969). *Ego, hunger and aggression*. New York: Random House.

Perls, F. S. (1988). *Gestalt therapy verbatim*. New York: The Center for Gestalt Development.

Perls, F. S., Hefferline, R. F., & Goodman, P. (1951). *Gestalt therapy*. New York: Crown Publishers.

Perls, L. (1992). *Living at the boundary*. New York: Gestalt Therapy Press.

Polster, E., & Polster, M. (1973). *Gestalt therapy integrated: Contours of theory and practice*. New York: Vintage Books.

Polster, E. (1985). Imprisoned in the present. *The Gestalt Journal, 8*, 5-22.

Renik, O. (1993). Countertransference enactment and the psychoanalytic process. In M. Horowitz, O. Kernberg, & E. Weinshel (Eds.), *Psychic structures and psychic change*, New York: International Universities Press.

Scharff, J., & Scharff, D. (1994). *Scharff notes: A primer of object relations therapy*. Northvale, NJ: Jason Aronson.

Sullivan, H. S. (1940) *Concepts of modern Psychiatry*, New York: W. W. Norton.

Sullivan, H. S. (1954). *The interpersonal theory of psychiatry*. New York: W. W. Norton.

Weiss, J. (1933). *How psychotherapy works*. New York: Guilford.

Wheeler, G. (1991). *Gestalt reconsidered: A new approach to contact and resistance*. New York: Gardner Press.

Willi, J. (1982). *Couples in collusion*. New York: Jason Aronson.

Winnicott, D. W. (1965). *The maturational process and the facilitating environment*. New York: International Universities Press.

Yontef, G. (1988). Assimilating diagnostic and psychoanalytic perspectives into gestalt therapy. *The Gestalt Journal, XI*, 5-23.

Zinker, J. (1977). *Creative process in gestalt therapy*. New York: Vintage Books.