

Gestalt Therapy in Clinical Practice: From Psychopathology to the Aesthetics of Contact
(Gestalt Therapy Book Series 2)

Gianni Francesetti, Michela Gecele, Jan Roubal, and Leslie Greenberg

- loc: 8,854 People who develop addictions often grow up in families where self-medicating is an element in one's early coping strategy.
- loc: 8,855 in dependent process people are used to obtain substances and people are pawns in self-medicating behaviors.
- loc: 8,875 The primary relationship becomes the substance or behavior that soothes and the people become the secondary relationship serving the first.
- loc: 8,879 Addictive experience is the retreat from novel stimuli, from contact in the current field and a desire for repetition of previous experience – the field that was. It is a fixed Gestalt. As such, there is a delusional character to dependence. That is, the person deludes him or herself, and it is as if he or she is perceiving something that is not actually there. In speaking about such "hallucination", Perls, Hefferline and Goodman (1951) stated something helpful in understanding addiction and self-medication from a Gestalt perspective. They indicated that the appetite is
- loc: 8,885 usually vague «until it finds some object to work on; it is the work of creative adjustment that heightens awareness of what one wants. But in cases of extreme need, extreme physiological deficit or surfeit, the spontaneous appetite may make itself definite, bright, and sharply delineated to the point of hallucination. In the defect of an object it makes an object, largely out of the fragments of memory. (This occurs, of course, in the neurotic "repetition", when the need is so overpowering in its influence and the means of approach are so archaic and irrelevant than an ordinary creative adjustment, assimilating a real novelty, is impossible.)» (p. 404).
- loc: 8,887 the addict's cycle of experience.
- loc: 8,890 sensation, bypassing the natural emergence of an intentional object, and instead "hallucinates", or substitutes an old and fixed Gestalt – using or engaging in some self-medicating behavior – and goes straight to action.
- loc: 8,899 It is the substituting of a previous figure, a figure formed from contact in the field of some bygone time, but in the current field
- loc: 8,911 the person's contacting has become muted and self-delusional
- loc: 8,912 the id function in which the addict is stuck.

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- loc: 8,914 | there is vague awareness of sensory data, but the stuckness is that a person does not truly pay attention to that in regards to its novelty
- loc: 8,915 | contact has been broken at id functioning
- loc: 8,915 | There is sensation and neurotic anxiety.
- loc: 9,037 | ego functioning that “chooses” a fixed Gestalt, made possible by first a retroflexion and then a confluence
- loc: 9,039 | Gestalt Therapeutic Process in Working with Dependent Clients
- loc: 9,047 | Gestalt therapeutic process involves the phenomenological, dialogical, field, and experimental elements of the overall Gestalt approach (Brownell, 2010a). This is true as well for its application to working with dependent clients. When Gestalt therapy is practiced, there is a fluid movement from the exploration and development of capacities in the client’s cycle of experience, his or her contacting and self-regulation[150], the quality of the relationship between client and therapist, and by extension that of relationships outside therapy, an appreciation of developmental and other elements of the field exerting an influence on outcomes[151], and all is done tolerating the anxiety that contacting and experiential work creates.
- loc: 9,069 | Psychotherapy affects the abilities of the client, as described by Malcolm Parlett (2000): (1) try new things and to become more creative in meeting his or her needs (referred to as experimenting); (2) develop the ability to be more in touch with his or her body (referred to as embodying) and the senses that inform about contacting in the environment; (3) expand upon abilities to recognize (referred to as self-recognizing) and appreciate his or her experience of self; (4) the capacity for relationship (referred to as inter-relating), and (5) the ability to take responsibility for his or her own experience, including the choices the client makes and the natural consequences of making those choices (referred to as self-responsibility).
- loc: 9,083 | Gestalt process has long been associated with awareness and tracking of the client’s phenomenal field, claiming that everything having effect is relevant to the current situation. Gestalt therapists working with dependent clients need to not only understand field effects, they also need to deliberately and strategically intercede at the level of the field to provide support and influence while working in a multi-systemic fashion to expand the attitudes, horizons, and worlds of their clients and provide multiple pro-recovery resources. As such they might need to consult with

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loc: 9,205

other service providers in order to secure services in the best interest of their clients.

Therapy with addicted persons has to be multidimensional and multimodal. It has to include the therapy of body, soul, spirit and the social environment.

As with many issues in current mental health, substance dependence treatment is ruled by the cognitive-behavioral perspective in psychotherapy. It need not be that way. Gestalt therapy is an effective approach that assimilates and organizes nicely many of the salient features in addictions work. This chapter has been offered as an alternative and as a suggestion. We have used Gestalt therapy for years on the intensive care unit of a co-occurring disorders treatment facility and in outpatient practice when working with people who are self-medicating and have become dependent on drugs or alcohol. Gestalt therapy is a consistent and satisfying way to work, and it allows for a deepening of the supportive relationship between therapists and clients who struggle while feeling out of control and desperate for change.