

Aswe said in Chapter One, creativity is one of the four fundamental characteristics of the Gestalt practitioner. This is nowhere better exemplified than by the design and co-creation of experiments where the therapist offers the client the opportunity to experiment with new ways of behaving and being. It is most useful where the presenting problems of the client are fixed gestalts or creative adjustments that are now no longer appropriate. The experiment is a way of loosening these fixed processes, expanding choice and possibility. Recent research findings also have identified that the opportunity to try new ways of being is one of the major healing factors in: counseling and psychotherapy (see, for example, Shrnukler, 999).

Experiments are used:

+ To explore new ways of being and behaving.

+ To heighten awareness.

+ To energize self-support.

+ To express what is unexpressed or on the edge of awareness.

+ To re-own the disowned aspects of self.

+ To complete unfinished business.

+ To rehearse and practice options for new behaviour.

A good experiment emerges naturally from the counseling work with which therapist and client are engaged. An unexplored theme emerges, a persistent impasse reveals itself, or the client seems to be unable to see different options to a problem. The client seems interested in new possibilities or asks for help in his stuckness. The therapist contributes her creativity, imagination and intuition to offer a new possibility for exploration.

**The sequence of the experiment**

Experiments can be broken down into a series of overlapping stages, which can occur in any order but commonly follow the same sequence:

+ Identifying the emerging figure;

+ Suggesting an experiment;

+ Grading the experiment for 'risk' and challenge;

+ Developing the experiment;

+ Completing the work;

+ Assimilating and integrating the learning.

**Identifying the emerging theme or figure**

As the client talks you may start to see a theme or figure emerging, especially one which seems unfinished, problematic, repetitive or stuck. The theme may *be* something small like the way he tenses his body every time he talks about a particular subject, or a certain drop in energy whenever he remembers a particular person. Or it may be a story that always ends in the same way.

Example

Beverley was talking about how nothing ever seemed to go right in her life. She felt despondent and hopeless as if she had no power. As she told this story she frequently referred to situations where her husband criticized her over something she had done and took charge himself. She would intersperse these stories with 'There is nothing I can do'.

At this stage you can see a theme emerging - in this case, the unsatisfactory relationship with Beverley's husband in which a particular example or cameo exemplifies the general problem, 'It seems like your husband is always putting you down'. Alternatively, you may have a strong reaction, image or fantasy. For example, there may be an image you could share with her; 'I have this picture of you being pushed aside as if you were helpless'. In this case you have articulated for the client an emerging figure. The response of the client in terms of increased energy or interest will show you how accurate you have been in highlighting or uncovering something that has importance and meaning for them.

**Suggesting the experiment**

It is difficult to lay down guidelines about when it is appropriate to suggest an experiment. On the one hand, an experiment can free up an interrupted process or introduce the client to new options. On the other hand, it can be used as a deflection from the discomfort of 'what is' by going straight to action, or as a way of ignoring an issue in the relationship between therapist and client. Most Gestaltists seem to trust their intuition at this point, their sense that something else is needed, some new input of their energy. Often a simple experiment of heightening awareness is enough to shift the client's energy so that she naturally moves into new ways of being with herself or in the world. However, sometimes the client remains stuck despite knowing that there is something she wants to be different. Although she has new awareness or insight, she remains fixed within her old paradigm of thinking, feeling and behaving.

However, in order to make this shift, the client has to face the possible anxiety of new and uncertain explorations. Perls et al. (1989 [1951]) talked about therapy being a 'safe emergency' where the client has enough support and safety to face the risk of change. The first step is to negotiate whether the client is pre­ pared to try something new. When you are offering an experiment for the first time it is useful to make an explicit verbal contract. For example:

'Your relationship with your husband seems very important and difficult for you. I have a suggestion to make about how we could explore this in a new way. It might involve me asking you to try imagining or acting out something you have not tried before. Are you interested in exploring this?'

It is vital that the client knows that she can refuse your suggestion. An experiment conducted by a client who is adapting to her counselor is not only doomed to failure; it risks repeating and reinforcing old fixed gestalts and self-limiting patterns. The client's power to refuse should be stated explicitly, as in: 'It's fine for you to say no'. This should be combined with careful attention to body signals and other signs of adaptation. This is not to say that the client needs to be feeling *totally* committed; however, her anxiety should clearly be balanced by energy and interest (see Grading below).

With more experienced clients who are familiar with experiments, we would probably only make an implicit contract by saying 'I have a suggestion, are you interested?', 'Do you want to experiment with that?' Despite this more casual approach, it is still important that the client really does understand he has a choice in refusing (even when you are very enthusiastic about your brilliant idea for an experiment!).

**Grading**

The next step is to find the amount of challenge that will be most productive. What is difficult for one client is easy for the next. The task is to find the level of risk that will create the safe emergency, one in which the client feels stretched but still competent. Too much risk and the client will feel re-traumatized or hopeless, too little risk and the client will learn nothing. Each client will have a different sensitivity or risk threshold. Also, different activities will be challenging for different people. Some clients will find it most difficult to move physically, for example, to get out of the chair, whereas others will find it more difficult to express emotions or talk in a loud voice. It is very easy to induce shame in some clients and the therapist needs great awareness at these moments. Even the initial suggestion 'I would like to suggest an experiment to explore this difficulty' can produce unproductive distress or shame. The reaction of the client to your initial suggestion both verbal and bodily will give you some indication of the risk they may perceive.

'I would like to suggest that you talk to your husband about his criticism. Could you imagine him in this room with us now sitting in that chair opposite?' Beverley looked nervous at this suggestion but said, 'I think I can do that, I feel scared but I'm prepared to give it a try'.

Had Beverley found this suggestion too difficult we might have negotiated an alternative experiment with a similar process. For example, we might have asked her to remember a real episode where he criticized her and then imagine talking to him in that memory. *As* the experiment progresses you need to monitor the risk at all times and be prepared to grade the risk up or down, with more or less intensity depending on the changing self-support of the client.

There are several ways you can adjust the level of risk as you make the suggestion - from the least possible challenge of, say, thinking or talking about a new way of behaving, through to putting it into practice outside the consulting room. For example, the following experiments are listed in order of increasing challenge for Beverley:

+ Talking *about* how she might act differently in the situation.

+ Visualizing the experiment happening in her imagination.

+ Telling the therapist out loud how she imagined acting differently.

+ Tentatively practising the behaviour in the therapy room.

+ Wholeheartedly embodying what emerges in the experiment.

+ Practising the new behaviour in the real situation after she has left therapy.

In addition, there are several ways you can adjust the risk as the experiment proceeds:

+ Ask her to stop for a moment and breathe.

+ Suggest that she pauses and takes stock of what she is experiencing.

+ Remind her that you are there as a support.

+ Move closer or further away from her.

+ Change the situation. For example the counselor might say 'I want you to imagine that your husband cannot speak for the moment and just has to listen to what you have to say'.

+ Suggest she imagines someone to support her - 'Can you imagine someone strong standing next to you?'

The overall rule of thumb is that you should convey a non-judgmental attitude to the experiment and you must avoid being invested in any particular direction. Be prepared to stop, change direction or reverse, there is no *right* outcome. It is exactly what it says - an *experiment* to see what will emerge.

**Developing the experiment**

An experiment starts with a simple figure, an image or theme. As the experiment develops, it will take on more form and structure. It is in this phase that the therapist is at her most creative. She needs to be able to respond empathically and intuitively to her client as the experiment unfolds, being ready to offer suggestions where appropriate, being willing to let go of one direction and adopt another as she tracks her client's movement. She will use skills of observation, imagination and her own counter-transference in addition to the feedback from the client in assessing the direction of the work and gauge the level of her own involvement.

At this point, we will expand on two of the most widely used methods of Gestalt experiment.

*Amplification and moderation*

An effective technique for raising awareness is to invite a client to exaggerate *how* they are behaving. The rationale behind this is that our inner experience often shows itself in our body language and behaviour. Thus, a chance gesture such as a frown or a smile, a shrug or a pointing finger, if it is attended to, exaggerated or enacted, can be a powerful indicator of what is on the edge of the client's experience. Equally, the casual use of a verbal expression or the particular tone of voice can reveal feelings that a person may be disallowing or ignoring.

Example

In a couple's session Natasha tilted her head and seemed to jut her jaw out as she said, 'I wouldn't know about that.' She was asked to exaggerate both the gesture and the words. She did so, experimenting with different tones of voice as she did so. As she thrust her chin forward further and raised her voice, a triumphant tone crept into her voice and she realized how powerful she felt in her position of 'not knowing'.

Eventually she said rebelliously '. . . and you can't make me'. Her husband Hari was also invited to exaggerate by simply repeating his words 'I feel pissed off', speaking more loudly until he felt in contact with himself. They both realized how much they avoided being honest with each other about their anger.

Alternatively, you might find that, far from needing to amplify the energy in his communication, your client avoids his experience with the use of exaggeration or speed. Racing through the communication and using extreme language can both be ways of appearing to be quite expressive while staying out of touch with one's true feelings and thoughts. One client said that she felt so confused that 'my head was literally spinning. I simply couldn't bear it. I thought I would explode.' An experiment was offered to breathe evenly and focus on the tension in her body, as she slowed down, she began to cry. 'I was really scared', she said, 'and I was angry'.

*The empty chair*

The 'empty chair' is perhaps the best known of the Gestalt techniques for experimenting. This technique is a way of amplifying what is on the edge of awareness, of exploring polarities, projections, and introjections. It offers a voice to the client's experience and is a way of recognizing and re-owning alienated qualities. The empty chair is also excellent for exploring interpersonal dynamics and 'trying on' new behaviour. As this is such a well-known and well-used technique, we will explore it in detail. ·

The 'empty chair' experiment involves, as the name implies, the use of another chair in the consulting room - one that is not commonly used by either therapist or client. A very simple form of the empty chair is to invite the client to imagine someone in his current or historical life sitting on the chair. He then talks to him or her, without censoring his words. It is a good way of surfacing all aspects of a situation and bringing them into awareness. It also has the effect of making experience more immediate. The empty chair can be used to give a voice to all the different parts.

Example

Hikaro talks in a flat and depressed tone about his cancelled dinner date. His therapist asks him how he feels about it. At first he does not seem able to say - a rather sulky

'Well, I suppose she had no choice', is the clue to the therapist that there may be more going on. She invites him to speak his 'She had no choice' wholeheartedly. This he does and starts to access more energy. The therapist suggests that he moves to another seat in the consulting room to give it full rein. It is anger. As he gets into the swing of the exercise, Hikaro moves strongly between three positions. He feels sympathetic with his friend for being ill and having to cancel the evening out, and yet he feels angry with her for spoiling the plans. Then he feels guilty at being angry and goes back to feeling sorry for her again. Very soon he starts to recognize what a common pattern this is for him, and how often he ends up just acting sulky and depressed.

The empty chair is also the traditional way of exploring and amplifying the impasse in a 'topdog-underdog' conflict (a metaphor for the typical internal struggle between an introject and the resistance to it). The 'oughts and shoulds' of the topdog are expressed from one chair and the wants and needs of the underdog are spoken from another. With the support of the therapist, the 'timid' underdog is encouraged to take his power and stand up to the bullying of the introjected topdog. A useful outcome is a mutual softening of the two positions - each one acknowledging the usefulness of the other; in this way, he can discover, own and reconcile conflicting parts of his experience.

At the beginning of therapy, when the client is unfamiliar with this sort of imaginative work, it is especially important to spend time setting the scene and engaging the client's energy and interest in the experiment. In any case, when set­ ting up an experiment, for example a role-play involving talking to another person, allow the client to choose as much of the imagery as possible. A typical induction might be as follows:

'If you were to imagine your husband in the room, where would he be? Would he be standing or sitting? How far away from you would he be?' (Note: this helps to create a scenario that is 'realistic' - the distant and unloving father, for example, would never be sitting in a cosy threesome with his son and the therapist. He would, at best, be sitting in a far corner of the room, half turned away, reading a newspaper. It also allows the client to grade the risk straightaway with a person whom he might perceive as threatening.)

'Now close your eyes and imagine what clothes he is wearing, the look on his face, the way he is sitting or standing.' (Note: this can access the most important aspect for the client in relation to the person.) 'Slowly open your eyes and look at him. What do you feel? What do you think? What is he saying to you, is there anything you want to say to him?' (Note: at this point you will often access the difficulty the client has in this situation. For example 'He is criticizing me' or '! can't look him in the face'.)

You may now need to re-contract and re-grade the experiment. 'Are you interested in finding a way to face your husband without collapsing . . . how risky would it be to tell him to stop?' The empty chair technique is easy to grade from a very simple here and now to a complex, active exploration of parts of self For example, to a new client the therapist might say:

*Therapist:* If he were here now, what would you like to say to him, if you didn't have to watch your words?

*Beverley:* I'd tell him I'm absolutely fed up with his constant criticizing.

(This might be enough, and therapist and client could continue to *talk about* the client's difficulty with her husband, exploring her feelings in the here and now. A slightly 'higher' grade of risk might be:)

*T* So imagine that he is here now - would you be willing to say that straight to him?

*Beverley:* Er . . . Yes. Do you mean . . .?

*T* It can sometimes be useful to bring the conflicts right into the room here.

*Beverley:* OK, I see.

*T* If he were in the room with us now, where do you imagine that he would be? *Beverley:* Oh that's easy - behind that desk - only it would be much bigger and his chair would be higher than mine.

*T:* Keep imagining him sitting at that desk - how does he look *[and so on] .* . . What do you want to say?

*Beverley:* You bastard *[she shouts]* you absolute bastard. Who do you think you are? What do you think I am?

*T* Tell him who you are Beverley.

*Beverley:* I'm . . . I'm Beverley - I'm Beverley . . . I'm not your . . . *[Beverley tails off and turns to the therapist]* I was just about to say 'I'm not your special little girl'. I've just realized something. Do you know who he reminds me of?

*T [disingenuously!]* Who?

In this example the empty chair was used to heighten Beverley's awareness of how she put her step-father's face on her somewhat controlling and smothering partner. Another grade of risk might be to have the client express her most vulnerable feelings and wants to the imagined person. Yet another would be to switch chairs and talk from the other position or to involve physical expression such as cathartic release or experimenting with movement.

*Caveats*

When the opportunity for empty chair work arises (or indeed any experiment of this nature), the therapist has a significant choice to make. Will the client benefit most from engaging in a dialogue with parts of himself or will here-and-now con­ tact with the counselor in the room be more therapeutic? Clients who make contact easily with other people often benefit from exploring contact with aspects of their selves in the empathic presence of the therapist. *AB* a client talks about a dilemma or a person with whom he is having difficulty, it is clear that the energy for that figure is growing and deepening so that it can feel suddenly as if there is a third person in the room. The shift to dialogue with that third person or part of self is a natural one. There are clients, however, for whom making real contact with another human being is paramount, (for example, those who are socially isolated or who are very withdrawn). It is indeed the crux of the healing. For these individuals, a dialogue with themselves can be a further avoidance of contact with the 'real other'. Therapists will notice that the experiment quickly begins to feel empty and uninteresting. The therapist herself feels as if her presence is required simply as an audience or she may even feel irrelevant. In situations such as these, the client will be helped to be in contact with himself in a more real way by staying in contact with the therapist, telling his story, endeavoring to convey his experience to her, seeing and feeling her response, responding to that response . . . and so on.

There is one other caveat we wish to mention before going on to explore the many options for experiment. If your client's self-process is very fragile (for example, he has a tendency to fragmenting, borderline or psychotic process) it is a good rule of thumb to avoid two-chair dialogue with different parts of self. These clients need the stability of the therapeutic relationship to act as a boundary and container for the work. If they immerse themselves in an inner conflict, the polarities will probably be extreme and the likelihood of integration becomes less rather than stronger. Empty chair dialogues with these clients should be initially limited to a here-and-now exploration of an interaction with a real person in their lives, where the aim is to practise new ways of communicating or better self-management strategies.

*The focus of the experiment*

Ideally, as we have said, the experiment will be co-created by the counselor and client together. It will not take a predetermined form. However, we include here a list of ideas that may stimulate your own imagination. They are all vehicles for an experiment. Some clients will find it easier to experiment with visualization, others with kinesthetic or auditory awareness, others with actions. Bear in mind (and ask) what modalities are available to the client. 'Can you visualize people easily, can you sense the energy or emotions in your body?' etc.

Amongst a wealth of possibilities, there are major general categories of experiment.

*Staying at the impasse:* Suggesting that the client do nothing can also be a fruitful experiment! Usually clients will try to avoid facing the difficult place by various means (for example, modifications to contact etc.). Suggesting that the client stays with his experience of feeling stuck or impotent can be quite profound (see Chapter Three, where we discuss the paradoxical principle of change).

*Directing or raising awareness:* Focussing on internal experience: different body positions, noticing sensations in the body or feelings, paying attention to what he is thinking, increasing awareness of tension or relaxation, all raise awareness of physical process and invite the client to notice how his thoughts and feelings are manifested in his body. Encouraging him to examine his inner experiences and name them aloud also raises awareness.

*Guided visualizations*: The client closes his eyes and explores (with the guidance of the counselor) some scene from his past that he might change in his imagination or some potential future for himself. The client imagines in as much detail as possible, using all his senses.

*Using art materials:* The client represents his inner or outer world using crayons, paints, plasticine, etc. Normally, this is carried out on a single large sheet of paper that provides the container and boundary for the experiment.

*Reversing, exaggerating or minimizing the habitual response* (or inventing a new response): When the client presents a situation where they are stuck, see if you can identify a central quality or attitude such as stubbornness, guilt or perfection­ ism. Then imagine what continuum this quality might fall into. For example, what would be the opposite of this quality - the other q1d of this polarity? Or is this quality in the middle of two possible extremes? Is the client restricting him­ self to just one position on this continuum. This can lead you into suggestions for widening his repertoire of response. In effect, the options are: do the opposite, do more, do less.

*Enactment:* There are two types of enactment or role-playing. One is when the client engages in some communication with his image of real people in his life - either historical or current. This is a particularly useful experiment because it pro­ vides direct access in the therapy room to co-created situations outside. The other is when the client embodies disowned or marginalized aspects of him or herself that are not in full awareness. (See 'the empty chair' above). Here, the client is able to have a dialogue with these different qualities or parts of himself. It is often used in exploring polarities. For example, a client who is habitually kind to everybody and feels exhausted, may be asked to imagine a cruel part of himself, imagine it in the chair opposite to him, and engage it in dialogue. The client can also explore his inner dialogue, listen and give voice to different 'parts' of himself, perhaps arguments or conflicts - often moving seats in order to do so. In short, enactments are useful for completing gestalts (expressing unexpressed feelings and thoughts), clarifying core beliefs or introjects, owning disowned aspects of self and practising new behaviour.

**Group experiments**

*Sculpts:* The client uses other group members to represent his family members or work group. He positions the members around the room in relation to one another. Time is spent exploring how he and the others feel in their various positions. Characters may experiment with moving to other positions and so on.

*Practising:* A group is an ideal forum in which to practise new interpersonal behaviours and ways of being with another person (for example, saying 'no' or expressing affection).

*Doubling:* Other group members take on the roles of people about whom the client is talking. The role is 'doubled in' by the client standing behind the group member with hands on her shoulders and briefly describing the person - 'I am a thirty-year-old woman. I am married and tired. I wish I could stop working.' The client can, if he wishes, ask a group member to play him as well.

*Reversal of positions:* An issue between two group members can be explored by having them switch seats and each take on the attitude of the other one.

*Psychodrama:* The group is used to enact a full 'drama' from the client's life. The client may watch (choosing another to play him) or join the enactment in order to do something differently, speak to one of the characters and so on.

Do not forget to include in your repertoire the whole area of the therapist-client relationship. Invite your client to explore the relationship with you. For example, 'Is there anything you have held back from saying to me?' 'Perhaps there is some­ thing you didn't like about what I have said or done?' Or 'Could you imagine being angry with me?'

With Beverley we might have simply suggested that she look at her husband and sense where she was tense or collapsed. We might have encouraged her to sit in a different way, look at what she was feeling, see what messages she was telling herself or see if she could get in touch with her courageous energy. We might have suggested she imagine or enact taking the opposite polarity, that she stand up for herself and deny that she had got it wrong and refuse to let him take charge. She might have experimented with telling him that she felt bullied by him or alternatively, exaggerating her compliant and helpless position.

Remember that experiments can range from the simple direction of awareness, for example, to 'pay attention to your breathing', to a complex role-play, involving several historical figures. In the early stages, the therapist will be more active, encouraging, suggesting, and putting in her own energy. In a very real sense, *any* intervention the therapist makes in therapy is an experiment of some sort. It can be useful to wonder to yourself 'What is missing in this situation, what if I were to change one element, what would make a significant difference. Is there some quality the client never expresses that would make a big difference here?'

However, if the experiment is well designed, the client will gradually take over and often start to make his own adjustments to the direction of the experiment: 'No, there's something else I need to say to him.' Or, 'I've just realized something I never knew before.' The therapist then sees an increase in sustained energy, as the experiment seems to take on a life of its own. Although the therapist has an idea of what might be a beneficial outcome, she has only *process* goals, such as that the client expresses appropriate emotion, experiences better support, completes unfinished business, feels satisfied, re-owns alienated parts. However, the therapist does not have a particular ending in mind or a particular result, she has no *content* goals. That should be entirely in the hands of the client. The therapist needs to embrace the attitude of creative indifference where anything is possible and there is no such thing as a right or wrong outcome.

**Completion**

There will be times (for example in a role-play) when the client suddenly drops out of role and appears to have stopped the experiment. You may need to verbalize at this point 'You seem to have come out of role/stopped this experiment' and check whether he wants to pause, stop, or move in a different direction. However, there will usually be a point when the experiment seems to reach a conclusion. This should generally be when the client shows signs of closure. It could be when he comes out of role, turns to you to reflect on what has happened, gains sudden insight, or when his change of energy shows he has moved to a different place. It is very easy at this point in the experiment for the therapist to be seduced by her own view of a suitable conclusion and encourage the client to continue the experiment. It sometimes takes a lot of discipline to hold to the principle of creative indifference and allow the client to reach whatever end he chooses.

In the light of this, it is impossible to say 'This is the right place to stop', only that an interesting new place has been reached. However, it is always prudent to bring the experiment to a dose at least ten minutes before the end of the session, to allow time for re-establishing connection with the counselor, debriefing, and to prepare to leave the session. This can be as simple as a reminder that he has to stop in a moment as the session is almost over or it may need a more active request that the experiment is temporarily suspended (for example) until another time. The counselor will sometimes need to be sensitive and creative in finding ways to help the client to close down the experiment and return to the present relationship.

Example

Beverley was enacting a heated argument with her imagined husband and was trembling with emotion. The counselor realized there was only fifteen minutes of the session left and decided to interrupt. He told Beverley that the session was coming to a close and she needed to find a way to end this confrontation for the time being. He suggested that she tell the husband she was stopping for now but was not finished with him and would return. She imagined sending him to a safe place where he would wait until she next recalled him. The counselor then asked Beverley to focus on her breathing, pay attention to her contact functions, reorient herself to the room and the presence of the counselor and check if she needed to do anything before the session ended.

**Assimilation**

After the experiment reaches its completion, it is often a fruitful time to debrief. Here, the client can discuss and make sense of the meaning of what happened both cognitively and in terms of the implications for his life in general. It also can be a profound moment when he sees how much his belief system has limited his choices and possibilities. It may be necessary to plan with the client how to take this new learning into his life. This is where the interdependence between individual and environmental resources becomes key. The new insights, awareness and increased choices will probably need some time before they are integrated fully. Sometimes the client will achieve an obvious 'aha' experience where he suddenly sees the possibility of a different way of behaving. At other times the experiment will be the first step in an exploration or completion of a larger difficulty or gestalt.

Example

After Beverley had expressed her anger, found better self-support and was able to stand up to the image of her husband, she realized that she had always avoided conflict with her stepfather. This led to a new phase in her therapy where she began to explore the historical roots of her current difficulties. Beverley made a decision to behave in a different way outside the therapy room and confront her stepfather about a past event.

If the client interrupts the experiment in the middle, suddenly returning to the pre­ sent moment, it is still important to debrief. The counselor should verbalize that the experiment has stopped for the moment and invite the client to be aware of what precipitated the interruption, what significance that might have and what might need to happen at this point in order for him to feel sufficiently completed.

We offer the following two suggestions for you to design an experiment for yourself in order to have an experience of how it might unfold.

Suggestions: Think of something that would be desirable but seems like a completely impossible task. (We don't mean physically impossible!) Why is it difficult? What would be the real 'stretch' for you in doing that -or anything like it? When you have identified the change you would have to make in order to achieve the task, scale it down in level of risk until you have identified a very tiny but manageable step towards the outcome. Experiment with taking that small step. Notice how you feel and what you think.

Think over the range of interventions that are a legitimate part of counseling. Is there anything that you have never done, a risk you have never taken? What would be the most risky thing you could do as a counselor? Design an experiment that would enable you to take a manageable first step.

**Recommended reading**

Perls, F. (1975) *Legacy from Fritz.* (see Chapter 2) Palo Alto, CA: Science and Behavior Books.

Polster, E. and Polster, M. (1973) *Gestalt Therapy Integrated.* (see Chapter 9) New York: Vintage Books.

Sills, C., Fish, S. and Lapworth, P. (1995) *Gestalt Counselling.* (see Chapters 12 and 13) Oxon: Winslow Press.

Smith, E. (1986) 'Retroflection: the forms of non-enactment', Gestalt *Journal,* 9 (1): 63-4.

Zinker, J. (1978) *Creative Process in Gestalt Psychotherapy.* New York: Vintage Books.