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Towards a More Deeply Embodied Approach in Gestalt Therapy¹

This article critiques and assesses the development of body-oriented work in gestalt therapy. Strengths of the gestalt therapy approach are highlighted as work with the “actual,” and holding an integral viewpoint. The author critiques limitations in the field involving a narrow epistemology of the founding perspective, the inadequacy of awareness alone for psychophysical change, the inclusion of structural concepts, and the need for physical methodology including touch and movement and other somatic methods. A brief model is offered for appreciating the multi-level complexity of a more fully embodied approach.

Key words: Body-oriented work, gestalt therapy, epistemology, gestalt therapy training, non-dualistic approach, self, organism/environment field, figure/ground, structured ground, awareness, patterns and organization, developmental theory.

Body Process: A Gestalt Approach to Working With the Body in Psychotherapy (Kepner, 1987) was published 21 years ago. The book was my attempt to articulate a fuller body-oriented psychotherapy from the gestalt therapy approach. Gestalt therapy certainly had interest in body process and experience but, up to that time, the actual methodology for body-oriented practice was very limited. I found the ways in which gestalt therapists utilized more intensive body therapeutic techniques to be a kind of grafting of often incompatible methods or approaches onto gestalt therapy technique. This often resulted in an unintegrated hodge-podge. As a “Young Turk” at the brash age of 34, I also had the motivation to “correct” my elders and teachers in the gestalt therapy world who, I thought, did not go far enough in working with the body. My training in hands-on body methods, as well as my more intensive study of processes such as posture, body structure, and breathing, gave me a perspective, and a belief that I had something to say.

¹ This section was edited by Neil Harris.

Still, it was in many ways only the articulation of a starting point for a gestalt therapy body-oriented approach. Only now, after many years of practice, am I more fully encompassing what a deeply embodied approach really is. I am grateful nonetheless for the continued place *Body Process* has in the gestalt therapy literature as a foundational text for many training programs. Given a world where most books come and go within a year or so, being seen as relevant 21 years into publication says something — but what is it saying?

While I would like to think that the durability of this text is due to my great erudition, I'm afraid that it may more likely represent how little we've advanced in formulating a more rich body-oriented approach in gestalt therapy. That *Body Process* has not been superseded is perhaps an implicit critique of the state of gestalt therapy in regards to working with one's embodied reality.

There are some truly important things the gestalt therapy orientation to body process and somatic experience has to say. And at the same time, there are some areas in which our theory has severely limited our creativity and thinking. The gestalt therapy approach has some particular strengths in terms of understanding and working with body process and experience therapeutically, and simultaneously some critical lacks in this regard. There have been what I believe to be some artificial restrictions in the way that we view our approach, which have limited some important areas of development and which leave us handicapped in formulating a more complete body-based therapeutic approach.

It's the Real Thing . . .

Body process and experience are so useful in therapy because they have such immediacy and actuality in our experience. What is happening physically, somatically, is given in our experience, and often readily observed as well. Tightening of shoulders, stopping of breathing, the emergent internal sensations of warmth or discomfort are all definite occurrences rather than thoughts about, abstractions from, or representations of experience.

Most therapists, if they attend to the body at all, tend to take body process and body experience as “nonverbal communication” or as something symbolic, metaphorical, or representational in nature. This is a remnant of psychoanalysis and the distinctness therein of psychological and somatic

worlds. Body process is no sooner observed or reported than there is an attempt to assign it meaning in some way. A client has an internal sensation and the therapist asks, “So what is it *like*?” Or one interprets body process metaphorically, e. g., chest pains are obviously wounds of the heart. Or one sees it as representational of a larger story, much as dream images are seen as condensed images describing a larger and more complex narrative.

In a non-dualistic, holistic, integral approach, however, we view the body as *intrinsic* to the person-as-embodied, rather than as an epiphenomenon through which we interpret a separate “psyche.” By attending to, and enhancing actual body process and experience, without jumping to the representational, meaning emerges naturally from it as more complexly organized figures are formed. Working with body experience in a way that stays closer to the actual sensations, actual movements, actual process, is more “experience-near,” compared to abstracted interpretations of body experience. When we move too readily to the representational, to what body experience *means* rather than what it is as an actual process in-and-of-itself, we end up many steps removed from real, concrete experience of embodiment.

By staying close to the actual, body experience and process as it is experienced, we can put together a whole sequence that tends to speak for itself: a more complete figure/ground that maps more closely onto the emergent process, and which moves clients closer to an *integral* relationship with their being. Their body process and experience makes sense not because *we* symbolize or interpret it, but because it becomes given as intrinsic to *their* self-experience.

This understanding of the body-as-actual is essential because it provides a ground and reference point that counterbalances much of where both clients and therapists get themselves into trouble: by imagining things that are not real. While one's imagination can fabricate notions that *appear* real, interpretive theories included, these are not necessarily what is actual and true in our experience and contacting. One can generate feelings of fear by imagining scary things, but the present, embodied experience of one's feet on the floor, one's legs as support, one's dorsal strength and capacity and internal flow of breathing, generate a very different sense of self, grounded in what is immediate, real and demanding. This is importantly different from what is generated in the virtual world of one's imagination.

Body Process: Sequence Is Not "Conversion"

Another strength of the integral approach to body-as-self intrinsic to gestalt therapy is the way we look at somatic symptoms. In traditional therapies, bodily symptoms have been seen as a kind of "conversion" of psychological distress into the somatic realm. The very notion of conversion rests on the erroneous notion that the "psychological" occupies a related but entirely separate sphere of reality from the somatic. But in an integral view many somatic symptoms like pains, tensions, even changes in function, are not *conversions* from the psychological to the somatic but rather embodied processes that appear mysterious only because they have been disconnected from their *sequence* or context.

For example, a client's report of a history of restricted breathing does not need to be interpreted as "repressed sadness," sadness being seen as a "psychological" tension. Gestalt therapy methodology gives us experiential ways to explore these tensions and discover from experience that they are an isolated part of *the natural sequence of crying movements and holding against these movements*. What started as symptom becomes restored to its context as a part of natural, sequential movement: flow from the abdomen through the chest, which forms the *activity of sobbing* along with the activity of controlling sobbing.

This is the natural sequence of how grief is felt and expressed in the body, and what we have here is not "repressed grief", nor the "somatic conversion" of sadness, because sadness is *intrinsically* somatic in nature and cannot be converted into something it already is. What we have is the action of crying and holding against crying isolated into sensation in such a way to obscure its sequence and context as movement. Although it may seem to gestalt therapy readers that I am underscoring an obvious point, my experience is that this insight from the gestalt therapy approach is not at all obvious to many therapists. It is often lost as well to gestalt therapists whose work with the body tends to be more cursory in nature. The notion that bodily process and experience is *intrinsic* to self process and experience, what I refer to as "the intrinsic embodiment of human reality," and that all contact is bodily in nature, is more often espoused than practiced.

Missing Pieces

As a writer whose topic has always been fundamentally integrative in nature, I have frequently objected to narrow and overly purist definitions of gestalt therapy. Revolutionary as the holistic view of gestalt therapy was at its outset, this narrowness of focus in gestalt therapy created significant roadblocks to developing a more widely applicable and relevant way of working in gestalt therapy, and especially in body-oriented work. This narrowness included an ideological allegiance to certain epistemological and theoretical notions and a general attitude of abhorrence of content knowledge and structural theories, as if they are somehow inappropriate to be integrated with the "pure process" orientation of gestalt therapy. This attitude generally has hamstrung the development and advancement of the gestalt therapy.

Since my suggestions represent a plea to broaden our epistemology in gestalt therapy, I hope the reader will allow a brief divergence while I discuss this and how it applies to working with the body.

Undoing Gestalt Therapy's Narrow Epistemology²

Perls, Hefferline, and Goodman (1951) argued that, from a field perspective, "body," "mind," and other reductions are not separate entities but rather abstractions from the field of organism and environment (the O/E field).

From the point of view of psychotherapy, when there is good contact — e. g., a clear bright figure freely energized from an empty background — then there is no peculiar problem concerning the relations of "mind" and "body" or "self" and "external world." (p. 255)

In experience, from this perspective, these aspects of the field appear to be seamless unless adjustment was problematic in some way. "The body" only becomes abstracted when some experience of distress or deliberateness makes that aspect of our experience figural, or when body process is felt to be an interference with some other important figure, thus interfering with contact. By "abstracted" they mean rendered in experience as separate from the more seamless whole of the field. The "body" is some selected aspects of

² This topic deserves a much longer discussion than the aims of this paper can encompass. My comments are intended to set the context for viewing body-oriented work rather than to be a complete discussion.

our bodily sensation, movement, and functioning which is felt to be more “it” and less “I” than other aspects of our bodily sensation, movement, and functioning. This is not an objective reality, but a subjective one.

Basic splits of this kind are never simple errors that may be corrected by adducing new evidence, but they are themselves *given* in the evidence of experience. (p. 256)

Therapy, therefore, is the experiment with conditions that might engender a different kind of experience:

For how to learn . . . against the evidence of one’s senses? . . . It is a process of experimental life-situations that are venturesome as explorations of the dark and disconnected, yet are at the same time safe, so that the deliberate attitude may be relaxed. (p. 266)

This argument circumvented the claim to objective authority by the therapist in favor of orientation centered on the client’s experience. Having somewhat conveniently narrowed the scope of “psychology” to subjective experience and carved out the work for gestalt therapy as that of contact and subjective experience, gestalt therapy developed a rather marvelous array of techniques for experimenting with experience. However, this narrowing of subject matter and epistemology to the subjective, has left us with a focus functionally severed from the larger fields of psychology, neuroscience, developmental psychology, and other areas of science and discourse.

Thus we are left with an exquisite methodology for working with experience, but we are terribly uninformed by objective perspectives and concepts. Nor does our theory articulate an integral way of relating theory and concepts from the sciences to our method. If gestalt therapy is not to become (or, perhaps, it already is) irrelevant to the larger world of psychotherapy except as a set of techniques, then we must articulate a broader epistemology that does not exclude important areas of knowledge as if they are not relevant to gestalt therapy.

Another way of saying this, as Wheeler (1996) noted, is that *there is no empty background*. The notion is illusory. The ground is not only populated but also structured in nature. It is actually full of all sorts of things that influence, shape, foster, and constrain our figure-formation at the contact-boundary.

Structured ground means that we cannot assume that critical awareness will necessarily emerge naturally from fostering awareness in the present, precise-

ly because the structured nature of ground may prevent it. We therefore need structural theories and objective fields of knowledge to give us maps for the possibilities of ground structures, so that our experiments may be informed by these possibilities and underlying frameworks. An example of this is the structured ground of trauma response that gets patterned into nervous system organization. Much in contact is impossible to address so long as the therapy does not deal with the neurobiological responses conditioned by trauma.

Similarly, much of what is intrinsic to our bodily reality and life is critically influenced by structures of ground such as body structure, nervous system response patterns, movement patterns laid down by early developmental processes, and so on. It is impossible to work cogently and completely as a body-oriented therapist without appreciating these underlying biological and developmental psychological realities and having a conceptual map outside of gestalt therapy itself in order to see how they might influence present experience.

With our fine methodology for process, and belief in the transformative powers of awareness, it is sometimes difficult for gestalt therapists to appreciate how exclusion of this important scientific knowledge has narrowed our field’s focus. Process does not in and of itself inform us about the underlying structures and mechanisms that are intrinsic to embodied experience, and are critical in guiding useful interventions. There has been a spirit of ideological purity in gestalt therapy, which has limited our drawing on realms outside of our practice that are critical to a more cogent practice. This spirit has insisted that it is inappropriate to utilize any concepts that are structural in nature or that do not emerge from process and awareness. This purist spirit sometimes objects to objective scientific frames of reference, as if they all are somehow violations of gestalt therapy precepts, which are in the creative and artistic realm. In fact, this spirit has, in my mind, actually limited our creativity and narrowed our appreciation of the complexity of human experience. Nowhere is this more apparent to me than in body-oriented practice.

The usefulness of character structure theories and understanding of the underlying neurobiology of experience are just two examples. Having an understanding of the patterns of body structure and how they precondition contact and body experience allows us to develop directions for experiments that simply won’t otherwise present themselves to awareness because they

are fixed ground conditions. As well, any life events, such as trauma reactions, are as much neurobiological events as they are “meaning” events. Embodied intervention must knowledgeably work to actively alter neurobiological conditions or healing will not happen. Reworking figure/ground, unfolding meaning, and contact will not change the trauma response in the nervous system. Similarly, gestalt therapy does not have a methodology for touch intervention, which is an important embodied mode of contact and communication. Continuing to look only to our own theory will keep us narrow in this regard.

What follows are some of the areas we must broaden, reaching beyond what has been given in the initial formulation of gestalt therapy to make a more complete body-oriented approach possible.

Awareness Is Not Sufficient for Psychophysical Change

Being a therapy of awareness, gestalt therapy has a bias that awareness alone is the agent of change. If, however, our physical nature is intrinsic to how we are, then the realities of embodied life have to be considered in the process of change. To change anything that involves our motor (muscular) functioning requires practice and repetition. Simply being aware of what is and what is needed is insufficient for change. This is true whether we are trying to change our golf swing, our grounding, or our tightening against tears. Awareness alone does not produce change without repeated bodily action and movement.

Habits of adaptation, tension, and movement also can become literally structured and rigidified into our physical tissue. Changing the embodied nature of such processes requires doing physical things that actually change the tissue. That is to say, direct physical intervention must be used in order to affect body tissue, movement organization, and neurological organization.

Awareness itself may be an interactive phenomenon of the subtle energy within the nervous system rather than only a cognitive or psychological phenomenon. Body awareness itself appears to be importantly dependent on the flow of subtle energy through the nervous system. In this way, one’s capacity to be aware of body process and experience depends on the degree to which one’s nervous system is available to energy flow. Methodology that opens the pathways of energy through the nervous system engenders a much higher degree of body awareness in a way that mere attention and concentration,

the “Concentration Therapy” of Fritz Perls, for example (Perls, 1969), does not (Kepner, 2003).

Physical Methods for Body Therapy

All this underlines the importance of developing a repertoire of interventions in body process and experience that are grounded in physicality. These include the use of touch, movement work that cover the range from supportive and developmental movement to expressive movement, work with body energy and flow, breathing and so on. I see gestalt therapy’s utility in its syncretic capacity (Kepner, 2000b). Ironically, it is our theoretical looseness, not our theoretical rigor, that is our strength as it allows us to draw from methodologies outside our given approach. Since these are only developed rudimentarily within the traditional gestalt therapy approach, we must reach outside gestalt therapy to acquire more specific, knowledgeable, and detailed physical interventions.

This may be one of the reasons why development of more deeply body-oriented gestalt work has been slow: to learn additional body approaches takes time and dedication. It is like having to learn two or three professional fields rather than only one. Without it, though, little new can be contributed to the limited existing framework of embodied work in gestalt therapy. Ilana Rubinfeld (2000) studied Feldenkrais and Alexander Technique to acquire a more deeply somatic methodology. Years of study were required for Ruella Frank (2001) to master the developmental movement theory and framework of Body-Mind Centering (Bainbridge-Cohen, Nelson, and Smith, 1993) while also learning gestalt therapy, and to integrate them. My own studies of energy work, neurobiology, body structure and developmental movement, and finding ways to bring these procedures and theories into gestalt therapy experiments and organization of experience, have been a continuous and long-term project.

Where We Are and What Is Needed

It might be helpful to have a framework to understand what needs to be added to gestalt therapy in order to elaborate a more deeply embodied approach. One framework is to see how our therapeutic framework orients from a “level of view,” or scale of focus. A present-centered, here-and-now focus on process is a very close-in viewpoint and, in a way, a narrow frame

of reference. Our view may stay very close to what is happening and what is observed, or we may “step back” and look at things from a bit further away, in a way that abstracts the particulars and relates them to a larger framework. Each level of stepping back (or, alternatively, moving further above) is suggested by additional meters of distance in this metaphor. I will frame them specifically in terms of body therapy concerns.

Gestalt therapists traditionally work from a very close-in viewpoint that we can call the *0.5 meter and 1 meter view*. I describe it as follows:

0.5 Meter (1:1 scale) View: Here and Now Body Process

At this close-in view we focus on the clients’ emergent body sensation, movement, and gesture in the therapeutic moment.

To see more than each moment one at a time we have to step back and see how emergent processes form patterns.

1 Meter (2:1 scale) View: Patterns of Body Process.

Over time we can see repetitive patterns of body process, over the length of a therapeutic encounter or even over many encounters, such as the repetitive way a client minimizes his/her breathing to control the intensity of his/her bodily and emotional experience, or the characteristic way a client restrains his/her right arm when approaching issues involving aggression.

Within these levels of view, we need make no assumptions about or generalizations beyond this individual. Observing and putting together patterns of process does not *per se* require a theoretical structure that likens this individual’s process to those of others. Thus the client’s meaning need only be derived from that individual’s experience.

Gestalt therapists tend to resist going beyond these levels of view because of their emphasis on the individual person as implicitly creative. With apologies to fans of Otto Rank, the truth is that most of our adjustment *is simply not all that creative in nature*³. The human organism is really more similar, one to the other, than different. As embodied beings especially, the ways we can

manage contact and experience are *not* creatively unlimited but very much given in our common biology, our somatic coping equipment. From this perspective it is not the creativity of our adjustment but the somatic commonality of human adjustment possibilities that makes body-oriented therapy so useful because they pre-organize individual experience.

These patterns influence functioning and experience in generalizable ways, which means that therapists can be assisted by *general* principles of bodily organization that apply across individuals, even though they may experienced differently in a subjective sense. There are two ways to look at these cross-individual patterns, slightly different levels of view or abstraction:

5 Meter (5:1 scale) View: Inherently (across Individuals) Organized Patterns

If you step back metaphorically another couple of meters you see that there are groupings of bodily form and function. One set of patterns is that of body structure. People with thin, taut, body organization and narrowed body volumes will tend to be asthenic and intellectual with a tendency to disconnect from their bodily life in favor of cooler logic and thought. People with thickened and dense musculature and barrel-like body volumes will tend to set themselves into place, both physically and emotionally, and organize towards difficulty from an attitude of enduring suffering. In other words, those with similar shaping and bodily organization will tend to share common (but not all) features of adaptation, defense, and experience. It is precisely because these set patterns influence experience but are not given in the person’s experience (structure is, to use Gordon Wheeler’s phrase, structured into the ground) that body therapists need to be able to see these patterns — because the client will not.

And these patterns of bodily form and organization also can be seen to have implications as well when seen as part of a developmental sequence.

20 Meter (20:1 scale) View: Developmental Body Patterns

Standing back a bit further, and abstracting a bit more, we gain enough distance to see that these patterns are part of developmental processes over time and are rooted in early developmental growth and adaptation. Body patterns of movement and

³ One of my teachers was asked by a New Age believer, “Well, don’t we create our own illness?” She responded with Churchillian raised eyebrow, “You are not *that* creative!”

structure are not just meaningful because individuals share them with others of “like body” but also because they are theoretically or scientifically related to a developmental context. Certain body structures may be adaptations from earlier phases in infant and child development, and carry implicit in them the concerns of those particular developmental periods. Adult difficulties with physical support for contact may rest on missing steps in developmental movement sequences from earlier periods.

Having a developmental context to body process and organization makes a tremendous difference for a body therapist. Developmental theory helps us identify the bodily resources and supports needed for contact, and the developmental sequence helps us understand the order and hierarchy of experiments: what needs to be attended to first, and what body process is built upon what other body process. You have to crawl before you can walk, and walk before you can run. The choice of experiment in body therapy is governed not just by the “emergent figure,” but also by an understanding of what is developmentally *required* in the sequence from less complexly organized contact to more complexly organized contact. Without an understanding of development, including the development of bodily capacities and organizations, our determination of what interventions are useful and appropriate for a particular client at this particular time rests purely on whim or intuition.

Gestalt therapy itself has little to say about the sequence of development and growth, although there have been some laudable attempts at correcting this (Wheeler and McConville, 2002 & 2003) — and this is just as true in the realm of embodiment. “Oral aggression” as a developmental theory, in a modern context where so much more about child development is known, is an absurd lens through which to understand development. It is as embarrassingly limited and reductionist as the monotonic lens of classical psychoanalysis which reduced all development to the expression of sexuality (libido).

We have confused a limited metaphor about engaged contact with actual psychobiological processes. One has only to participate in infant feeding to recognize that there many different forms of movement engaged in this process well beyond chewing. Embodiment is intrinsically bound to mutual, body-to-body social interaction and contact, such as bonding through han-

dling and skin contact, mother–infant gaze, mutual regulation of parasympathetic states and feelings, mutual regulation of arousal and emotional states, and so forth.

Towards an Embodied Future

If I have been a bit peevish in my critique of our limitations here, it is because I so fervently wish to see gestalt therapy occupy a greater place in the field of body therapy than we have. Body psychotherapy has been dominated in Europe by Reichian and Reichian-derived schools, and in the United States by bioenergetics and a plethora of newer approaches, which incorporate much of gestalt therapy without recognition or credit to its origins. But this failure of recognition is our own failure as gestalt therapists to take advantage of our methodology and to rigorously integrate new ideas and content theories into the loose schema we have. We ourselves have not broken free of our exciting but limited origins. There is so much wonderful work to be done and gestalt therapy has much that would allow creative synthesis, if practitioners can immerse themselves in, and draw from, the body arts and sciences that have been available to us since the inception of gestalt therapy.

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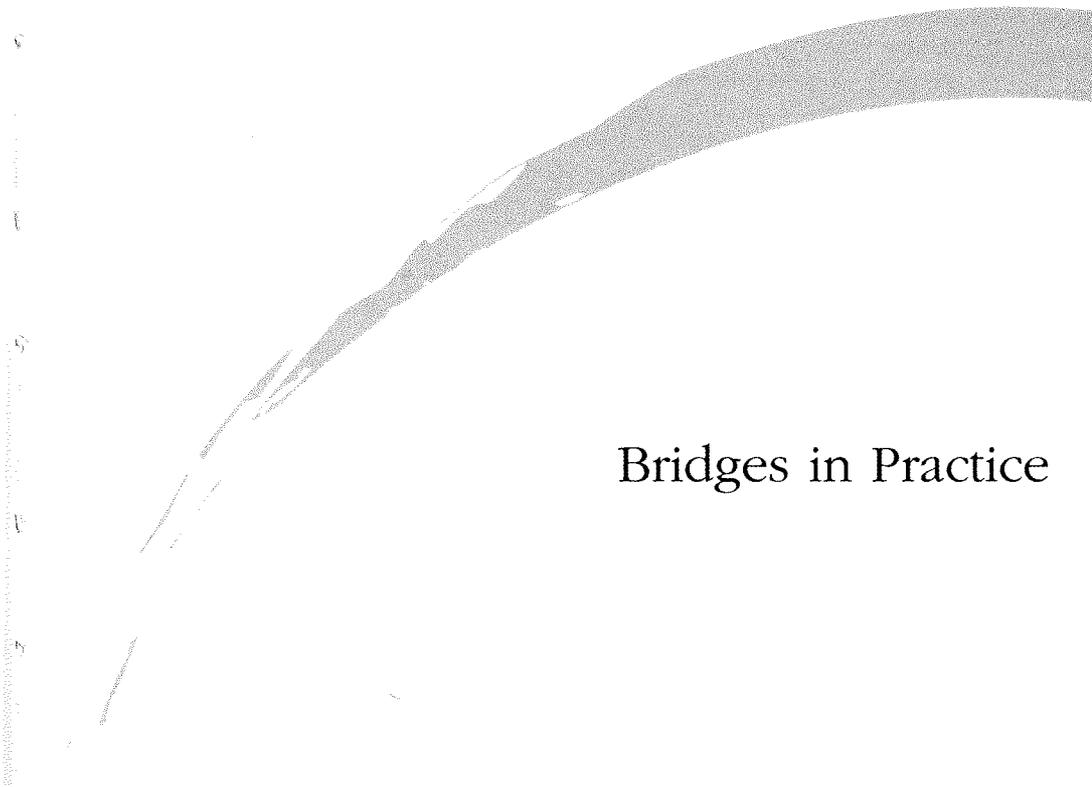
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