# A Gestalt Perspective on Working with People with HIV Disease

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Images of the "empty chair" or the "hot seat" come to mind when the uninitiated hear the words "Gestalt therapy." This was the focus of much of Fritz Perls's work in the 1960s and 1970s, but, with the contributions of newer Gestalt and other "process/experiential" theorists, Gestalt has become a rich and multifaceted therapy. Four aspects of Gestalt practice are particularly relevant to HIV-related therapy and are covered in this article: the client-therapist relationship, the "phenomenological method," awareness as the goal of therapy, and "experiments" and role playing.

The "Gestalt experience cycle"—a model of how people get their needs met—defines healthy psychological functioning and is a useful paradigm for HIV-related therapy.[1] The cycle begins when a person experiences the sensation of an emerging need and develops a cognitive awareness of the need. The individual then surveys the environment for possibilities available to meet that need. From these options, the individual makes a choice, mobilizes energy, makes contact with a person, place, or thing in the environment to implement that choice, and takes action. At that point, the need is either satisfied or, if the choice is found to be unavailable, inappropriate or unnourishing, the need remains unmet. If unmet, the need recedes from being the focus of the person's awareness, but may remain in the background of the person's awareness and feelings as unfinished business.

A simple example of this is a person noticing a dry feeling in the mouth, becoming aware of thirst, looking for a drink, finding water and milk, choosing the water, pouring a drink, drinking it, and satisfying the thirst. If the person were distracted and unaware of his thirst or bedridden and unable to go get a drink, or if no drinks were available, then the need for a drink would remain unmet. The person might ignore or suppress the need for the moment, but it would remain in the background of his or her awareness until it could be met.

In the context of this cycle, healthy functioning means being able to become aware of one's emotions, needs, and desires, and to move freely—with feelings of entitlement and competence—through this cycle. It means being able to express emotions and to act to meet needs in order to grow and fully be oneself. Pathology, in Gestalt terms, does not have to do with diagnostic labels of disorders, but rather with interruption of this process of self-regulation. An interruption might occur when a person, feeling a lack of entitlement, does not allow his or her needs to come into awareness; when he or she gets stuck at the point of contact or action, due to undeveloped social skills or fear of other people's reactions; or looks in the wrong places for the satisfaction of needs, for example, by turning to addictive substances for soothing or nurturance.

## Client-Therapist Relationship

Gestalt theory sees the relationship between client and therapist as an existential connection between two human beings in the here and now, a dialogue between equals. The Gestalt therapist's "presence"[2] is felt to be a powerful force, a conscious turning toward and attending to the client's unique personhood with care and acceptance, an approach that seeks to be an antidote to the objectification, ostracism, stigma, and shame that can accompany HIV disease.[3] This relationship develops the client's feeling of self-worth, supporting his or her confident movement through the "Gestalt experience cycle."

Gestalt theory holds that the therapist's appropriate self-disclosure can strengthen the therapeutic bond and furthers the goals of therapy. A tear in the eye or a hug after a particularly moving session may help the client know that the therapist has been genuinely touched.

In one case, a client with HIV disease was berating himself for his imperfections, as he had started drinking again after years of sobriety. After finding him drunk on a home visit, I told him I would only continue to see him on the condition that he not be intoxicated during our sessions. A few visits later, I detected alcohol on his breath, but somehow didn't say anything, because he was not acting drunk, and I wanted to work with him towards enrolling in an alcohol treatment program. On a later visit I confessed that I had smelled the alcohol, but had decided nonetheless not to leave, because I wanted to be there with him. I said, "I guess I'm not perfect either, I didn't follow my rule about leaving." The client was totally relieved by my admission, both because he realized he had been testing my unconditional acceptance of him, and because I joined him in being imperfect, so he didn't have to be perfect himself.

Gestalt theory does not suggest that therapists should disclose every experience to clients. For instance, it would not further therapy for a therapist to reveal that he or she was overwhelmed by what a client was going through, since the client, fearing that the therapist could not handle further revelations, might close up or withdraw from the process.

**Phenomenological Method**

The Gestalt therapist observes and describes, rather than interprets, a client's behavior, expression, and experience, minimizing assumptions and preconceptions. This process is called the "phenomenological method,"[4] and communicates trust in the validity and authority of the client's subjective experience. This method is extremely important in working with people with HIV disease, particularly regarding medical treatment decision-making and issues around quality of life, where there are no clear objective criteria and decisions are based on the individual's personal perspective.

Honoring the client's defenses and resistances is essential to the phenomenological method.[5] It means understanding and respecting what the client says or does, even when it appears to be unhelpful in meeting his or her needs. The Gestalt approach sees client defenses as adaptations or "creative adjustments" for self-protection.[6] Once client and therapist accept such actions as valid in the context of the client's past experience, then the client can evaluate whether this way of being serves him or her now.

Resistance within the therapeutic relationship needs to be supported as well. Some clinicians believe clients must "face reality" and may push HIV-infected clients to look at their pain and loss, when they are not ready to do so. A Gestalt therapist supports the resistance, acknowledging the difficulty of exploring such issues, but letting the client know that the therapist is open to such discussions when the client is ready. Forcing the issue can result in the client feeling, at best, not understood and, at worst, great anxiety.

**Awareness**

Awareness, not change, is the goal of Gestalt therapy. According to "the paradoxical theory of change," "Change occurs when one becomes what he is, not when he tries to become what he is not."[7] With this in mind, the client's first task in adjusting to HIV disease is to incorporate the awareness that he or she is HIV-infected. Only when this is integrated can a person go on with life without going to the extremes of either denial of living ("I'll die tomorrow") or denial of dying ("I feel fine, so nothing's wrong"). The cognitive dissonance between direct experience and biological reality can make integrating this awareness particularly difficult for an asymptomatic person, who must balance

the knowledge that he or she feels well with the reality that a viral invader is destroying his or her body's defenses.

An area of awareness of particular interest to Gestalt therapists is the client's "process," how a person moves or interrupts movement through the experience cycle.[6] What does a person do to open up or close off awareness of experiences, feelings, and needs? How does he or she think, act or react? How does a person make or interrupt contact with others? In what ways does a client accept or reject help or support offered by others? Since therapy cannot change the content of the problem, in this case, being HIV-infected, looking at the way a client responds to this reality is more useful. With this awareness, clients can evaluate whether their process helps them meet their needs and if not, can experiment with other ways of thinking and acting.

For instance, therapy can encourage a lonely client to look at what he or she is doing to cut off contact with others. This behavior may be based on distorted assumptions that the client can check out when they are brought to his or her awareness. A closer look might reveal that this client has failed to return phone calls because he or she has mistakenly assumed that friends do not want to see him or her in a deteriorated state.

**Experiments and Role-Play**

"Experiments" and role play are distinctive components of Gestalt therapy. In the safe environment of the therapy setting, the client is encouraged to "try a behavior on for size"[6] or to experience an unfamiliar or uncomfortable feeling or way of being. Such experiments can open up a deeper awareness and offer alternative ways of being and responding, so that a person can discover more effective ways to move through the experience cycle. The therapist might ask a timid person to walk across the room like a fearless warrior and then explore what that experience revealed to him or her.

This approach is also useful in working with dreams. A client with HIV disease dreamed he was on a desert island facing a frightening hurricane with a grass hut as his only protection. Asking him sequentially to enact the storm, the grass hut, and himself would comprise a Gestalt experiment. Out of this might come clarity about his fear and vulnerability in facing AIDS and his feeling of the meager resources available for self-protection.

Two particularly effective Gestalt experiments are the two-chair and empty-chair role-plays. The two-chair role-play is a tool to resolve the "self-evaluative split," a conflict between "shoulds" and "wants."[8] The "shoulds" can be personalized as negatively evaluating internal critics, representative of parental or societal demands. The "wants" are emotional reactions, needs, and desires of the inner self. To resolve this conflict, the therapist might ask the client to play both roles, moving back and forth between two chairs, expressing each point of view out loud in a dialogue, until there is understanding, resolution, and synthesis between the two polarities. This might be helpful for an HIV-infected person who is having difficulty deciding whether to go on disability. On one hand, he or she might feel pressure to work and be self-supporting, reflecting a societal value as expressed by the internal critic. On the other hand, his or her inner personal experience of physical illness and fatigue might urge removing him or herself from the stress of work.

Empty-chair work can help resolve "unfinished business"—an "unmet need" from the past that is "interfering with the person's ability to respond adaptively to current situations."[8] For example, an HIV-infected client full of resentment and frustration over a parent's failure to support him or her through the illness might imagine that parent in the empty chair. The client would tell the parent everything the client expected from the parent and everything the parent failed to deliver. The client would then express the sadness or anger that the betrayal evokes. When such an exercise is effective,

the client resolves the unfinished business "either by forgiving the other or holding the other accountable."[8] In terms of the goal of completing the experience cycle, the empty-chair work allows the client to let go of the unmet need that has disturbed him or her, attain closure, and return to a state of rest.

**Conclusion**

Applying the Gestalt ideals of self-regulation, wholeness, and growth to a person with HIV disease might seem an exercise in futility. The virus destroys the body's most basic process of self-regulation, the immune system. Loss, contraction, and deterioration oppose expectations of growth. Yet, the wise use of "creative adjustment" makes possible the synthesis of incompleteness and wholeness, contraction and expansion, deterioration and growth. This process implies taking into consideration "what is," the demands and limitations of illness and disability.

Yet equally apparent is the opportunity to learn, from the awareness of "what is," and to imagine a way to go beyond adversity to grow in emotional maturity, spiritual awareness, and sensitivity and connection to others' pain and suffering. These qualities may then come full circle to nurture and sustain the person in facing misfortune in a more fully supported way.

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