Instructor’s Manual
for
ERVING POLSTER ON
GESTALT THERAPY

with
ERVING POLSTER, PHD, AND
RAFAŁ MIĘTKIEWICZ, PHD

Manual by
Ali Miller, MFT

psychotherapy.net
The Instructor’s Manual accompanies the DVD Erving Polster on Gestalt Therapy, with Erving Polster, PhD, and Rafal Miętkiewicz, PhD (Institutional/Instructor’s Version). Video available at www.psychotherapy.net.

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150 Shoreline Highway, Building A, Suite 1
Mill Valley, CA 94941
Email: contact@psychotherapy.net
Phone: (800) 577-4762 (US & Canada)/(415) 332-3232

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Miller, Ali, MFT
Instructor’s Manual for Erving Polster on Gestalt Therapy, with Erving Polster, PhD, and Rafal Miętkiewicz, PhD

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# Instructor’s Manual for

**ERVING POLSTER ON GESTALT THERAPY WITH ERVING POLSTER, PHD, AND Rafał Miętkiewicz, PHD**

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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS
Make notes in the video Transcript for future reference; the next time you show the video, you will have them available. Highlight or notate key moments in the video to better facilitate discussion during and after the video.

2. FACILITATE DISCUSSION
Pause the video at different points to elicit viewers’ observations and reactions to the concepts presented. The Discussion Questions section suggests key points that can stimulate rich discussions and learning.

3. ENCOURAGE SHARING OF OPINIONS
Encourage viewers to voice their opinions; no therapy or consultation is perfect! What are viewers’ impressions of what was discussed in the video? We learn as much from our mistakes as our successes; it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

4. SUGGEST READINGS TO ENRICH VIDEO MATERIAL
Assign readings from Related Websites, Videos, and Further Reading prior to or after viewing.

5. ASSIGN A REACTION PAPER
See suggestions in the Reaction Paper section.
PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

The personal style of therapists is often as important as their techniques and theories. Therapists are usually drawn to approaches that mesh well with their own personalities. Thus, while we can certainly pick up ideas from master therapists, students and trainees must make the best use of relevant theory, technique, and research that fits their own personal styles and the needs of their clients.
Summary of the Gestalt Therapy Approach*

Overview
Gestalt therapy is a phenomenological-existential therapy developed by Frederick (Fritz) and Laura Perls in the 1940s. It teaches therapists and patients the phenomenological method of awareness, in which perceiving, feeling, and acting are distinguished from interpreting and reshuffling preexisting attitudes. The goal is for clients to become aware of what they are doing, how they are doing it, and how they can change themselves, and, at the same time, to learn to accept and value themselves.

How is Gestalt Therapy Done?
Gestalt therapy is an exploration rather than a direct modification of behavior. The goal is growth and autonomy through an increase in awareness. Rather than maintaining distance and interpreting, the Gestalt therapist meets patients and guides active awareness work. The therapist’s active presence is alive and excited, honest and direct. Patients learn how they are seen and how their awareness processes are limited, not primarily by talking about their problems, but by how they and the therapist engage each other.

The Therapeutic Relationship
The Gestalt therapist works by engaging in dialogue rather than by manipulating the patient toward some therapeutic goal. Such contact is marked by straightforward caring, warmth, acceptance, and self-responsibility. The Gestalt therapist says what he or she means and encourages the patient to do the same. Gestalt dialogue embodies authenticity and responsibility.

Integration
Successful psychotherapy achieves integration. Integration requires identification with all vital functions—not with only some of the patient’s ideas, emotions and actions. Any rejection of one’s own ideas, emotions, or actions results in alienation. Re-owning allows the person to be whole. The task in therapy is to have the person become
aware of previously alienated parts and taste them, consider them, and assimilate them if they are ego-syntonic, or reject them if they prove to be ego-alien.

The Awareness of What and How

In Gestalt therapy, there is a constant and careful emphasis on what the patient does and how it is done. Direct experience is the tool, and it is expanded beyond what is at first experienced by continuing to focus more deeply and broadly.

Here and Now

In a phenomenological therapy, “now” starts with the present awareness of the patient. What happens first is not childhood, but what is experienced now. Awareness takes place now. Prior events may be the object of present awareness, but the awareness process (e.g., remembering) is now. Gestalt therapists support patients in moving from talking about to directly experiencing.

Techniques in Gestalt Therapy

All techniques of patient focusing are elaborations of the question, “What are you aware of (experiencing) now?” and the instruction, “Try this experiment and see what you become aware of (experience) or learn.” Many interventions are as simple as asking what the patient is aware of, or, more narrowly, “What are you feeling?” or, “What are you thinking?”

“Stay with it.” A frequent technique is to follow an awareness report with the instruction, “Stay with it,” or “Feel it out.” “Stay with it” encourages the patient to continue with the feeling that is being reported, which builds the patient’s capacity to deepen and work a feeling through to completion.

Enactment. Here the patient is asked to put feelings or thoughts into action. For example, the therapist may encourage the patient to “say it to the person” (if present) or use some kind of role playing (such as speaking to an empty chair if the person is not present). Exaggeration
is a special form of enactment. A person is asked to exaggerate some feeling, thought, movement, etc., in order to feel the more intense (albeit artificial) enacted or fantasied vision.

**Loosening and integrating techniques.** Often the patient is so fettered by the bonds of the usual ways of thinking that alternative possibilities are not allowed into awareness. This includes traditional mechanisms, such as denial or repression, but also cultural and learning factors affecting the patient’s way of thinking. One technique is just to ask the patient to imagine the opposite of whatever is believed to be true.

Integrating techniques bring together processes the patient doesn’t bring together or actively keeps apart (splitting). The patient might be asked to put words to a negative process, such as tensing, crying, or twitching. Or when the patient verbally reports an emotion, she might be asked to locate it in her body. Another example is asking a patient to express positive and negative feelings about the same person.

**Body techniques.** These include any technique that brings patients’ awareness to their body functioning or helps them to be aware of how they can use their bodies to support excitement, awareness, and contact.

**Therapist disclosures.** The Gestalt therapist is encouraged to make “I” statements. Such statements facilitate both the therapeutic contact and the patient’s focusing and are to be made discriminatingly and judiciously. Therapists may share what they see, hear or smell. They can share how they are affected.

**Basic Gestalt Concepts**

Following are some of the concepts that make up Gestalt theory, many of which were discussed in the interview with Polster:

**Disturbances of the Contact Boundary:** When the boundary between self and other becomes unclear, lost or impermeable, this results in a disturbance of the distinction between self and other, a disturbance of both contact and awareness (see Perls, 1973; Polster and Polster,
1973). In good boundary functioning, people alternate between connecting and separating, between being in contact with the current environment and withdrawing attention from the environment. In *confluence* and *isolation*, the contact boundary is lost in polar opposite ways.

- In *confluence* (fusion), the distinction between self and other becomes so unclear that the boundary is lost.

- In *isolation*, the boundary becomes so impermeable that connectedness is lost, i.e., the importance of others for the self is lost from awareness.

- *Retroflection* is a split within the self, a resisting of aspects of the self by the self. This substitutes self for environment, as in the patient doing to himself what he wants to do to someone else, or doing for himself what he wants someone else to do for him. This mechanism leads to isolation.

- Through *introjection*, foreign material is absorbed without discriminating or assimilating. Swallowing whole creates an “as if” personality and rigid character. Introjected values and behavior are imposed on self. As in all contact boundary disturbances, swallowing whole can be healthy or pathological, depending on the circumstances and degree of awareness.

- *Projection* is a confusion of self and other that results from attributing to the outside something that is truly self.

- *Deflection* is the avoidance of contact or of awareness by turning aside, as when one is polite instead of direct. Deflection can be accomplished by not expressing directly or by not receiving. In the latter case, the person usually feels “untouched”; in the former case, the person is often ineffective and baffled about not getting what is wanted.

*Awareness*
Awareness and dialogue are the two primary therapeutic tools in Gestalt therapy. Awareness is a form of experience that may be loosely defined as being in touch with one’s own existence, with what is.

Full awareness is the process of being in vigilant contact with the most important events in the individual/environment field with full sensorimotor, emotional, cognitive, and energetic support. Aware contact creates new, meaningful wholes and thus is in itself an integration of a problem.

Awareness is accompanied by owning, that is, the process of knowing one’s control over, choice of, and responsibility for one’s own behavior and feelings. Without this, the person may be vigilant to experience and life space, but not to what power he or she has and does not have. Awareness is cognitive, sensory, and affective. The person who verbally acknowledges his situation but does not really see it, know it, react to it, and feel in response to it is not fully aware and is not in full contact. The person who is aware knows what he does, how he does it, that he has alternatives, and that he chooses to be as he is.

**Responsibility**

According to Gestalt therapy, people are responsible (response-able); that is, they are the primary agents in determining their own behavior. When people confuse responsibility with blaming and “shoulds,” they pressure and manipulate themselves; they “try” and are not integrated and spontaneous. In such instances, their true wants, needs, and responses to the environment and choices in the situation are ignored, and they overcomply or rebel against shoulds.

**Paradoxical Theory of Change**

A key Gestalt therapy notion is that awareness (including owning, choice, and responsibility) and contact bring natural and spontaneous change. Forced change is an attempt to actualize an image rather than to actualize the self. With awareness, self-acceptance, and the right to exist as is, the organism can grow.

The Gestalt psychology principle of *Prägnanz* states that the field
will form itself into the best Gestalt that global conditions will allow. So, too, Gestalt therapists believe that people have an innate drive to health.

**No “Shoulds”**

Although some therapists may disagree, many Gestalt therapists believe that there are no “shoulds” in Gestalt therapy. In Gestalt therapy, a higher value is placed on the autonomy and the self-determination for the patient than on other values. The no-should ethic takes precedence over the therapist’s goals for the patient and leaves the responsibility and sanctioning of the patient’s behavior to the patient (of course, the injunctions and requirements of society are not suspended just because the patient is in Gestalt therapy).

**Organismic Self-Regulation**

Human regulation is to varying degrees either (a) organismic, that is, based on a relatively full and accurate acknowledgment of what is, or (b) “shouldistic,” based on the arbitrary imposition of what some controller thinks should or should not be. This applies to intrapsychic regulation, to the regulation of interpersonal relations, and to the regulation of social groups.

In organismic self-regulation, choosing and learning happen holistically, with a natural integration of mind and body, thought and feeling, spontaneity and deliberateness. In shouldistic regulation, cognition reigns and there is no felt, holistic sense.

Organismic self-regulation requires that the habitual become fully aware as needed. When awareness does not emerge as needed and/or does not organize the necessary motor activity, psychotherapy is a method of increasing awareness and gaining meaningful choice and responsibility.

**Conclusion**

Patients in Gestalt therapy are in charge of their lives. The therapist facilitates attention to opening restricted awareness and areas of
constricted contact boundaries; the therapist brings firmness and limits to areas with poor boundaries. As sensing increases in accuracy and vividness, as breathing becomes fuller and more relaxed, and as patients make better contact, they bring the skills of therapy into their lives.

Gestalt therapy has pioneered many useful and creative innovations in psychotherapy theory and practice. These have been incorporated into general practice, usually without credit. Now Gestalt therapy is moving into further elaboration and refinement of these principles. Regardless of label, the principles of existential dialogue, the use of the direct phenomenological experience of patient and therapist, the trust of organismic self-regulation, the emphasis on experimentation and awareness, the “no shoulds” attitude by the therapist, and the responsibility of the patient and therapist for their own choices all form a model of psychotherapy that will continue to be used by Gestalt therapists and others.

Reaction Paper for Classes and Training

Video: *Erving Polster on Gestalt Therapy with Erving Polster, PhD, and Rafał Miętkiewicz, PhD*

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.
- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards. Respond to each question below.
- **Length and Style:** 2 to 4 pages, double-spaced. Be concise. Do NOT provide a full synopsis of the video. This is meant to be a brief paper that you write soon after watching the video—we want your ideas and reactions.

**What to Write:** Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about Erving Polster’s approach to Gestalt therapy? What stands out to you about how Polster works?

2. **What I found most helpful:** As a therapist, what was most beneficial to you about the model presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?

3. **What does not make sense:** What principles/techniques/interventions did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working?

4. **How I would do it differently:** What might you do differently from what Polster described or demonstrated in the video? Be specific about what different approaches, interventions, and techniques you might have applied.

5. **Other questions/reactions:** What questions or reactions did you have as you viewed the video? Other comments, thoughts, or feelings?
Related Websites, Videos and Further Reading

**Web Resources**

The Gestalt Therapy Page  
www.gestalt.org

The Association for the Advancement of Gestalt Therapy  
www.aagt.org

Gestalt Press (part of the Gestalt Institute of Cleveland)  
www.gestaltcleveland.org/bookstore

The Gestalt Journal Press  
www.gjpstore.com

The International Gestalt Journal  
www.igjournal.org

**Related Videos Available at www.psychotherapy.net**

Psychotherapy with the Unmotivated Patient, with Erving Polster  
Gestalt Therapy with Children, with Violet Oaklander  
Child Therapy Case Consultation, with Violet Oaklander  
Transactional Analysis, with Mary Goulding

**Recommended Readings**


Discussion Questions

Professors, training directors, and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

FORMATIVE EXPERIENCES

1. Fritz Perls: If you are familiar with the work and style of Fritz Perls, the founder of Gestalt therapy, what are your impressions of him? What came up for you when Polster shared about the time Perls cut him off and said to him, “I’m not interested in your past”? Do you think you would feel enraged, like Polster did, if a therapist said that to you? Why or why not?

TECHNIQUES AS SCAFFOLDING

2. Resistance: What did you think of Polster’s comment that the term “resistance” is not a part of his vocabulary anymore? What do you think he meant by this? Why do you think he does not use the term “resistance” anymore? What are your thoughts on the term and when might you use it?

3. Imprisoned: What do you think of Polster’s comment that “therapeutic principles are paradoxically enabling and imprisoning”? Do you agree with him that it can be problematic to focus too much on principles? How do you maintain attention to the immediate experience while also trying to be guided by theory? Do you ever experience yourself as imprisoned by any of the theoretical concepts you are learning?

THE PRESENT DOESN’T EXIST

4. Here and now: Were you surprised to hear Polster say that he does not concentrate on the here and now? What reactions did you have as he talked about the here and now, time and space, past and present? Did this make sense to you? Do you work in the here and now? How much attention do you give to the past when working with clients? How do you decide how much to focus on the past versus the present?
5. **Meaning and experience:** What did you think of Polster’s comments about Perls prioritizing experience over meaning, as a reaction to psychoanalysis, which prioritized meaning over experience? Do you agree with Polster that the balance of meaning and experience is what counts, or do you tend to favor interventions that focus on one or the other when you are working with clients?

**I WANT TO DISCOVER YOU**

6. **The past:** If Polster were working with someone who told him the same story over and over again, he said he might say something like, “You told me this story before, and I have the feeling that you may not know that I heard you. Is that possible that you don’t know that I heard you?” What do you think of that response? Can you see yourself responding similarly, or would you have a different kind of response? What might you say, or what have you said, to patients who repeat their stories or who are “living in the past”?

7. **Role-play:** What did you think of the role-play Polster and Miętkiewicz enacted? What did you like and dislike about the way Polster engaged with the client? Was there anything he said or did that you found particularly effective or ineffective?

8. **Paradoxical theory of change:** Do you agree with the Gestalt principle of the paradoxical theory of change, which says that in order to change, you have to be what you are? Given that many or most clients come to therapy because they want to change, what do you think the risks might be of telling a client you’re not interested in changing anything? If you were a client and your therapist told you s/he was more interested in discovery than change, how do you think you would react?

9. **Fresh:** Polster tries to make the experiences with clients fresh, as opposed to stale. What did you see him do in the role-play that kept their interaction fresh? How do you keep your client sessions fresh? What do you do when they are stale?
MASTERS OF CAMOUFLAGE

10. **Diagnosis:** What reactions did you have as Polster talked about the benefits and limitations of diagnosing patients? Some therapists are opposed to diagnosing people at all, some find diagnosing very useful, and others have mixed feelings about diagnoses. What are your thoughts and feelings on diagnosing your clients?

CREATING CONFLICTS

11. **Attention:** Polster stated that he pays attention to everything his attention range can incorporate, including but not limited to facial expressions and contradictions. What would you say are the top three things you pay attention to when you are working with clients? Where do you naturally find your attention going? Where is it more of a challenge for you to bring your attention?

12. **Create conflicts:** What came up for you when Polster said, “Most of us think the therapists are there to solve conflicts. I think I am there to create conflicts”? What do you think he meant by this? Do you see your role similarly? Why or why not?

13. **Don’t just imitate the master:** Polster shared that he worked with dreams differently from Perls, stating that “we have to find ways that we are not just imitating the master, because the master can do things magnificently which maybe nobody else can do.” What reactions do you have to this? Is there a master therapist you try to emulate? What do you think are the benefits and risks of imitating another therapist you admire?

14. **Dreams:** What do you think of Polster’s way of working with dreams? Do you have a preferred way of working with dreams? Talk about a dream one of your clients presented and how you worked with it.

TRANSFERENCE IN REVERSE

15. **The relationship:** What were your reactions as Polster spoke about the importance of the therapeutic relationship and how his approach differs from the psychoanalytic conceptualization of
transference? How would you describe the differing approaches, and which one makes more sense to you? Why?

16. Advice: What do you think of Polster’s encouragement to therapists to use common sense and good judgment, and to not get too attached to the principles of any one theory? How did you react to his advice for new therapists to “drink in and know how to spit out and wish for good luck”? What are some examples of things you have learned that you have “spit out”? Did you find his advice helpful? How so? Based on your own wisdom and experience, what advice might you give to yourself or other therapists?

GETTING OUT OF THE OFFICE

17. Community: Do you agree with Polster that the field of psychotherapy does not pay enough attention to the role of community in our work? Are you interested in Polster’s current project of exploring life in “large groups for a lifetime”? Do you agree that there is too much emphasis in psychotherapy on cure or growth and not enough emphasis on just paying attention to how we live our lives? Do you, like Polster, find working in the office confining? If so, what are some ways you might “get out of the office” with your work?

18. The approach: What are your overall thoughts on Polster’s approach to therapy? What aspects of his approach can you see yourself incorporating into your work? Are there some components of this approach that seem incompatible with how you work?

19. Personal Reactions: Was there anything that Polster said that particularly surprised or inspired you? Any other reactions to the interview that you haven’t shared yet? How would you feel about having Polster as your therapist? Do you think he could build a solid therapeutic alliance with you? Would he be effective with you? Why or why not?
Complete Transcript of
*Erving Polster on Gestalt Therapy*
*with Erving Polster, PhD, and Rafał Miętkiewicz, PhD*

**FORMATIVE EXPERIENCES**

Rafał Miętkiewicz: Hello. I’m Rafał Miętkiewicz, and I’m delighted to have the opportunity to talk with Erving Polster about Gestalt psychotherapy. Erving Polster has written many books on Gestalt therapy. He is a worldwide known teacher who keeps Gestalt up to date. Welcome.

Erving Polster: Thank you. Thank you. I look forward to talking with you.

Miętkiewicz: We all know that Fritz Perls developed Gestalt therapy, and I’m very curious to hear, how did it come about and how did you get involved?

Polster: Well, as far as Fritz was concerned, he had written a book called *Ego, Hunger, and Aggression* some years before he came to New York and before he started the organizational arrangements for Gestalt therapy. And I don’t think it was even named Gestalt therapy then. I think it was Concentration Therapy. But he came to New York, and it’s a story that others know a lot better than I do, but he got involved with certain people in New York like Paul Goodman and Paul Weiss, and they formed a group. And Fritz had wanted Paul to help him with the writing, the material he had.

Ralph Hefferline was also in New York, and he was at Columbia University and was teaching phenomenology. He was very interested in the phenomenological aspect of Gestalt therapy. So they collaborated on a book that they named Gestalt Therapy. And they had a group that met pretty regularly and—

Miętkiewicz: Four times a year?

Polster: No, I think they met probably more like every week. I’m not
sure. But they thrashed out issues, and they were a very bright and also exploratory of ideas group. Then in 1953, I was invited by one of my friends in Cleveland, Maury Creelman, to come to a workshop that Fritz and Paul Weiss were going to do.

**Miętkiewicz:** Paul Weiss?

**Polster:** Paul Weiss.

**Miętkiewicz:** He introduced Zen to Gestalt therapy?

**Polster:** Well, that would be putting it more strongly. He was interested in Zen, and he talked about it, but he was not a theory-building kind of person. He had interesting ideas, but I wouldn’t say that he pressed Zen. But he did talk about it. And he was very devoted to it, too.

**Miętkiewicz:** You had your first individual session with Laura Perls?

**Polster:** No. Well, maybe. There was a series of workshops. Laura was not there in the beginning. I think she was ill during that first period. But I do remember, when she came in to do a workshop, we also had some opportunity to have individual sessions. I had one individual session with her.

**Miętkiewicz:** In her hotel room?

**Polster:** Yes. How do you know that?

**Miętkiewicz:** I’ve read it in the oral history of Gestalt therapy.

**Polster:** Okay. Yes, it was a very interesting session. It is hard to remember much about it, but I do remember talking about my father. And she asked me to talk like my father. And my father, of course, had an accent from Czechoslovakia, and I didn’t. I came over when I was two years old. So I tried imitating him, and I couldn’t really do it. But I found it very absorbing to do something like that, which I would never have dreamed to do, because I didn’t think of myself as identifying with my father. So to speak like him was a totally novel experience for me.

[00:05:00]

And the idea of my father in my life as a model was new to me, because I didn’t think of my father that way. But to talk like him gave me some,
I don’t know whether to call it insight or understanding, of what is would be like to be like him from within, instead of from observation. It was a very interesting experience. I don’t remember anything else about it at the moment, but I do remember that.

*Miętkiewicz:* You wrote that Laura was quite an unusual woman—that she was beautiful but not seductive at all.

*Polster:* She was a natural woman. I came to know her better later on, but I didn’t know her then. And I knew something of her. I knew that she had been a pianist. She was very conversant towards the arts, very oriented toward artistry. And that was new to me, too, because I grew up pretty provincial. I had already been to graduate school, so it is not like I was altogether alien from the arts. But I only began to learn about the arts when I came into graduate school. And then this was after my graduate school by some four or five years. But I still was pretty naïve about art, only knowing it very roughly. But I was enthralled with the idea of coming face to face with people who really knew the arts.

*Miętkiewicz:* Talking about Perls, you said about him that he was the most cutting and tender person at the same time.

*Polster:* Not necessarily at the same time. No, not necessarily. He was never cutting with me, and there were occasions when he was extremely tender. I remember one time when he was doing therapy with me in a group. I don’t remember the experience except that I wound up crying deeply, and in such a way as to be so absorbed with crying that the world outside was not really very experience-able. And in the midst of all of this immersion in a kind of non-content emotion and feeling really isolated in a way, not seeking anything else, but still feeling that way, I felt his hand holding my hand. And it was such a beautiful moment to feel that kind of support from this realm of, I won’t call it emptiness because there was sort of a filled solitude, but still a solitude. And to feel the world out there in his hand was very beautiful.

So he was tender sometimes, and other times, too.

*Miętkiewicz:* But you said about him that workshops with Perls were
like going on an LSD trip.

Polster: Well, that experience that I’m just describing is a little like that.

Miętkiewicz: A little?

Polster: Yeah. I remember another time, though, when—I could be mixing up different experiences—in those days, he did “hot seat” work, so one person would come and do the work, and we had a particular chair that was inclined, sort of a semi-quasi-couch. And I went into that chair to do my work, and I closed my eyes. And I had this remarkable experience of what it was like when I was five years old, and I was put under ether in order to have my tonsils taken out. Nobody had told me anything. I remember the feeling of almost evaporating in my existence while under the ether. I couldn’t breathe, and it was very frightening.

[00:10:00]

In the middle of my starting to tell him that story, he says to me, “I’m not interested in your past.” And I was enraged. And then I realized, I said, “I don’t have to go there. But I want you to know that if you don’t know this about me, you are not going to know me as much as you could.” And he accepted that, but we went on. So in that instance, I wouldn’t say he was cutting with me, but he did cut me off in a moment of entering into a realm that didn’t fit his theory.

He was not interested in the past, although for me it was all present. I mean, I couldn’t believe he wouldn’t be wanting to know that. I myself only then thought about it. It just came to me. It wasn’t that I thought of it commonly. It was a very present experience for me. He accepted, but I don’t remember—that stands out. But remember, this is in 1953 or ’54. The first workshop was in ’53. So this is a long time ago, and I don’t remember the details. But I do remember that.

Miętkiewicz: Sounds like a deep experience.

Polster: But I think I got enraged with him and he accepted that.

TECHNIQUES AS SCAFFOLDING

Miętkiewicz: We started talking about some techniques of Gestalt
therapy. Let’s delve into basic concepts of Gestalt therapy, like contact, contact boundary, and its interferences, as I know you’ve developed one of the main five—deflection.

Polster: Well, I think deflection is a very prominent force in how we live our lives. And I think it fits the culture of the times when we wrote it. I thought it said some things more clearly in this direction than the other so-called “resistances.” I don’t even think of the term “resistance” as a part of my vocabulary anymore. In fact, I wrote an article called, “Therapy Without Resistance.” But in those days, there were presumably these five, these four—I don’t remember what it was—forms, and Miriam and I added deflection.

There’s been a lot of controversy about that, as though I were dishonoring the masters, the system. I didn’t see it that way at all. I thought it was an addition, a new way of seeing things. But everybody tried to show me how this really wasn’t new—that it was a part of a retroflection, it was a part of this and a part of that.

Miętkiewicz: Could you explain a little what are these mechanisms like deflection, retroflection?

Polster: Yeah, I could, if you like. Retroflection is when people do to themselves what they would otherwise do to somebody else.

Miętkiewicz: Okay. This is one of the mechanisms.

Polster: Yes, people do that thing—do to themselves what they would do to others. And I accept that as a phenomenon in working with people, but I don’t think of the term anymore. There are certain psychological terms which are magnificent scaffolds. When you build a building, you need scaffolds. When the building is built, you take the scaffold away. So sometimes you need to continue to have the scaffold, so each of us has to in our own way discover how the building is already built, and just assimilate it as part of our organismic reality. So I would never think—if you are doing something to yourself that you might want to do to me, I would not think that way. I would wonder what you are doing.

[00:15:00]

The concept would not be what would be in my mind, even though the
concept originally informed me. So I think it is true that therapeutic principles are paradoxically enabling and imprisoning. And I would like to keep the enablement and get rid of the prison.

Miętkiewicz: So don’t concentrate much on these?

Polster: I don’t concentrate at all on them. But I’m not saying people shouldn’t, because it is a part of me. I don’t think about it, but it is there. But I think that is one of the reasons why they have discovered that, over many years, people from different therapeutic theories wind up more and more alike than they were in the beginning, because in the beginning you are so focused on a particular principle that you can’t see the whole thing. You have to pay attention to the single principle. I’m not saying it is wrong. It is just human nature. But it is problematic.

I remember a time—the analogy I am reminded of is Miriam when she first learned how to drive. She was a very thorough and clear-minded person. And in those days we had—excuse me—gear shifts in automobiles. And not only did we have gear shifts, but to manage the gear shift, you had to do it just right, or the car would go like that. And learners generally went—when they tried to do the gearshift. Miriam was not going to do that. She was not going to bump like that. So she paid very close attention, doing everything that was required for the gearshift, and she did it beautifully and wound up on somebody’s lawn.

Miętkiewicz: So you concentrate most on—

Polster: You concentrate on those details and you lose the direction. You lose the whole of what you are dealing with. I’m not saying you can make a shortcut to that. You have to learn the lessons first. But you have to be careful not to become imprisoned by it.

THE PRESENT DOESN’T EXIST

Miętkiewicz: That’s a very good point. I guess you concentrate mostly on the here and now and contact with the person—

Polster: I don’t concentrate on the here and now.

Miętkiewicz: You are here.
Polster: I have written things on escape from the present. The present is the only thing that doesn’t exist. It is movement that we deal with.

Miętkiewicz: That’s interesting. Could you explain it?

Polster: Like, when is now? Is now the time when I said the word “now”? Or did that happen a moment ago? And now, we are talking now, so now is—we are talking and we are moving. There is fluidity. And we have to pay attention to the transition between now and next. So the movement forward is what we are interested in.

Now, what happened with the concept of the here and now is that it built on Perls's view of concentration. And in fact, as I said earlier, he called his therapy Concentration Therapy originally. So here and now is a very interesting device for enabling concentration but has nothing to do with space and time. The here and now is space and time. So the problem is, how can you allow this concept of here and now, space and time, to influence you to concentrate while not being caught in the dilemma of, “Everything has to be here and now”? How do we truly restore the whole context of living with the here and now as a figural phenomenon within that context?

It is true, when Gestalt therapy described the here and now, we said that remembering was a now experience, which is a little tricky.

Miętkiewicz: Is it?

Polster: Yeah, it is a now experience, but it is about the past. You are not cutting out the past—you are incorporating the past.

Miętkiewicz: That’s true.

[00:20:00]

Polster: It is true that Gestalt therapy always recognized that the past and future were important, but they recognize it as important within the functions of remembering and planning, which were immediacy, but they were about the past and the future.

Miętkiewicz: This seems like a complicated idea for me. Do you have any examples from your travels?

Polster: Well, yes, I told you a story about 1953 with Fritz. Well, I was telling you the story—
Miętkiewicz: Of he cut off the past.

Polster: It was about the past.

Miętkiewicz: He didn’t want to go there.

Polster: No, he didn’t want to go there. What I’m saying—you see, there are certain things—now, you can say nobody ever meant that the here and now orientation would exclude the past and the future. Nobody ever meant that. But the language does it. The language creates the setting, it creates the mentality, for excluding the past and the future, even though literally you may not be doing it. So his mode—he dealt with the past. He could evoke the most magnificent stories. And he could invoke the most magnificent experiments that were activations of the past.

But he was very wary about leaving direct immediate experience in the service of meaning. So he was reacting to psychoanalysis, itemizing, prioritizing meaning over experience so they almost didn’t care what you did in psychoanalysis as long as they could interpret and explain it, so that you would have some insight upon it. But they skipped over the—they didn’t all skip over it. The best never did. They never did. But the image was an image of meaning being more important than experience. And most of the young people who came into psychoanalysis in those days, they were not interested in the experience except as a means to get to meaning.

Well, Fritz was the other way around. My point is that they are both a part of human function. You can’t categorically get rid of either one. Human beings are beings of experience and meaning. And the balance is what counts. And the timing is what counts. And the impetus into the future, into what you do outside of therapy, is what counts.

I WANT TO DISCOVER YOU

Miętkiewicz: Let me ask you, how do you work with patients that are living in the past—that keep playing the same old tape all over again? Because for some of them it is very difficult to cut out the past.

Polster: I understand. We have a difficult task. I’m not pretending that it is easy. But what I am saying is that it is a fiction to think that you can cut out the past. But you can cut out stereotype, abstraction,
repetition. So I might say—I mean, I can’t tell you what I would do in the exact sequence, because that would take a long time, and I can’t remember, anyway. But I can tell you, someone tells me the same story over and over again, I might say to them, “You told me this story before, and I have the feeling that you may not know that I heard you. Is that possible that you don’t know that I heard you?”

Miętkiewicz: Oh, I guess someone could reply that, “Yes, I’ve heard you, but that doesn’t change my past.”

Polster: That’s right. And must you change your past?

Miętkiewicz: My past made me stupid and silly and unhappy.

Polster: Well, so you are silly and unhappy?

Miętkiewicz: Of course.

Polster: Well, then, that is what I am interested in. I’m interested in your silliness and in your unhappiness. I would like to know how you are silly and how you are unhappy. I would like to know that.

Miętkiewicz: We definitely can talk about my past, but it won’t change anything, so what good is it for?

[00:25:00]

Polster: I’m not interested in changing anything.

Miętkiewicz: So what for to talk about it? What can you tell me about it? I’m silly, what does that matter?

Polster: I enjoy talking with you. I don’t know whether you enjoy talking with me or not.

Miętkiewicz: Sometimes.

Polster: Okay, well, how much of the time?

Miętkiewicz: When you don’t ask me about my past.

Polster: I don’t ask you about your past.

Miętkiewicz: But whenever I say simple facts, that I am stupid or silly, you are interested in that.

Polster: I’m interested in your stupidity and in your silliness. Don’t you want me to be interested in the truth about you?
Miętkiewicz: There’s nothing interesting in it.
Polster: To you. There’s nothing interesting to you in it. But to me, it is very interesting. Do you know the difference between you and me?
Miętkiewicz: Not really.
Polster: Look how you are smiling now. You think that is silly? It’s beautiful.
Miętkiewicz: I’m smiling for a second, so what? I’m still silly, stupid, and depressed.
Polster: You are so ambitious. You want some second to become a minute and a minute to become an hour, and you haven’t even let the second happen.

You won’t even join me in the fact that you smiled beautifully.

Miętkiewicz: It doesn’t change—
Polster: No, it won’t change anything. I’m not interested in changing you. I’m interested in knowing you. I’m interested in being with you. I’m not interested in changing you. I want to discover you.

Miętkiewicz: There’s nothing in me that can be discovered. You know all. You know my grades from high school—very poor performance.
Polster: Tell me what courses you took in high school.
Miętkiewicz: I went to the university, I finished medicine with very low grades. I have nothing to be proud of. I think my grades—
Polster: Who is asking you to be proud?
Miętkiewicz: I’m surprised.
Polster: At?
Miętkiewicz: I would like personally to be proud of myself, but I can’t.
Polster: Well, if you like to be proud, I wish you the best, but I’m not asking you to be proud.
Miętkiewicz: But I’m asking myself to be proud.
Polster: Okay, well, then you can disappoint yourself.
Miętkiewicz: And I will.
Polster: You will. Look at you. You are laughing about yourself now. What made you laugh then?

Miętkiewicz: I just saw that I am valuing very much, very high, keeping on disappointing myself. It’s a funny idea.

Polster: Yeah, it’s a wonderful insight, and really looks like it is fun, too.

Miętkiewicz: So we can laugh together that I am stupid.

Polster: That’s right. Me, too.

Miętkiewicz: Yes, you are the therapist, you are better than me. You can laugh at me.

Polster: I’m not laughing at you, I’m laughing with you.

You made me laugh with your laughter. You created laughter in me.

Miętkiewicz: So I am a stupid, funny guy. So what?

Polster: Well, it’s nice to broaden your range. Congratulations.

Miętkiewicz: Thank you.

It was pretty amazing to see that you didn’t quarrel with the client, and didn’t say, “Oh, look, you have so many interesting parts in you,” but you joined him with his feeling stupid.

Polster: Yes. But it is my job as a therapist to transcend the stereotypes which the patient has— not to ignore them or to dismiss them, but to transcend them, to go beyond them into something that is fresh. So the basic thing is how do you make the experience a fresh experience when the patient is insistent on making it a stale experience?

Miętkiewicz: And you use a lot of humor?

Polster: Well, I mean, there are some things that are funny.

Miętkiewicz: It was really helpful, I think. Many clients could take benefit from this approach. I felt it was very relieving that I don’t have to change—that you accept and don’t want anything from me—just to be with me.

Polster: Yes. Of course, one of the fundamental principles in Gestalt therapy is the paradoxical theory of change, named that way by Arnie
Beisser.

[00:30:00]

Miętkiewicz: Can you explain?

Polster: It says in order to change, you have to be what you are.

Miętkiewicz: This is like Popeye’s song.

Polster: “I am what I am.” That’s right. How do you be as you are while still becoming what you will be?

Miętkiewicz: Okay, this is very different to psychoanalysis. And Fritz Perls, was he influenced by Karen Horney, his psychoanalyst? Did he make any use of psychoanalytic theories?

Polster: Yes. I think his major contribution, perhaps, if you think in general terms, was as an integrator of the psychoanalytic dissidents. He took people like Rank and Adler and Jung and Ferenczi and Reich and Horney, and he integrated them into a unity, for which he is given very little credit, but which, I think, was a prodigious natural organizing. He didn’t do it intellectually much, but he soaked it up, and came out with something that included so much of what these guys had left Freud about.

MASTERS OF CAMOUFLAGE

Miętkiewicz: Do you diagnose your patients?

Polster: Yes. I haven’t had a private practice now for over ten years, because I retired before Miriam died. I came out of retirement after she died, but I didn’t go back into private practice. So I can’t tell you about patients I have now. But what was your question again?

Miętkiewicz: Did you diagnose your patients?

Polster: My diagnoses of my patients were usually technical to satisfy insurance requirements.

Miętkiewicz: For your private use?

Polster: For my private use, I tried to understand rather than diagnose. So I am not saying I didn’t take into account whether somebody was psychotic or narcissistic or any one of a number of other things—anxiety disorder. I had those somewhere in my being.
but I didn’t make a formal diagnosis of it. And in fact, the diagnoses are very mixed bags. I never saw a hysterical who wasn’t obsessive. So how do you—?

We’re everything, and certain things stand out. And they are worth differentiating through diagnostic means, as long as we don’t fall in love with the diagnosis as though that is the person. Diagnosis is the convenient highlighting of certain key things, but it is not the person—the range of the person. In Gestalt therapy, we have long said that the way to cure depression is to restore sadness. So where does that fit into a diagnostic category?

Miętkiewicz: You’ve referred to clients that keep hiding interesting parts of themselves as “masters of camouflage.” How do you help them open up?

Polster: For example, let’s say—I can’t tell you about a specific client, because I don’t have them now, although I do therapy in workshops and conferences and things like that. So I’m still doing therapy, but not in an office setting. But let’s say a person comes to me, and he is a tough guy, and he is having a hard time in his marriage. His family finds him to be very harsh. And it is a serious problem, because nobody can get along with him. And this harshness is like a reflex.

[00:35:00]

So I’m talking with him, let’s say. And we have a series of conversational exchanges. And each conversational exchange takes him further along the pathway of his story. And then, on that pathway, he begins to tell me about how his mother was violated by his father, abused, brutalized, and how disdainful—he hated how his mother reacted, and disgusted with her dependency and her helplessness.

And as he is telling the story, there gets to be something in his face that gets soft. And I say, “Do you feel something happening here on your face? It’s like a swelling there.” And he says, “I do feel something, but I don’t know what it is.” I said, “Well, just pay attention to it for me.” And his eyes begin to moisten. “Can you feel the tears? What’s this like for you?” “Well, it feels OK. I never experienced anything like
this.”

So, in that respect, that softness in him, I am getting past the camouflage, because he begins to show something that I can see. And then when I can see it and relate to it, it begins to have a greater reality than in its hidden position. We all have that quality of not being everything that we are in any particular time. And the problem in therapy is how to discover—let me back up a little bit.

Everybody has to coordinate the variety of what they are, all the various characteristics, ways of being in the world, and so on. We have an integration requirement. Our minds do it. Whether we like it or not, we are always integrating. The only trouble is some things, the way we see them, don’t fit together, and they result in a configurational failure because they don’t fit together. So you keep your integrity by cutting out what doesn’t fit. And then if you can find something that didn’t fit and now it is okay, then the configurational reflex has a chance to bring it into the whole person. So now the toughness and the softness can be organized, can be coordinated, can be joined.

Miętkiewicz: Can you call it a betrayed part?

Polster: In a sense you could, a betrayed part. Set aside. Dismissed. “Get away—I don’t know where to put you. I don’t know where to put that quality in my mind and my integrity. The only way I can keep my integrity is to keep out that which contradicts it.”

Miętkiewicz: So this is one goal of Gestalt therapy?

Polster: To reintegrate. To restore what is minimized and what is still necessary. And for this man, his softness is necessary, because in his family, the harshness is not working.

CREATING CONFLICTS

Miętkiewicz: Do you usually pay so much attention to the client’s face, expressions, small gestures?

Polster: I pay attention to everything my attention range can incorporate, as much as I can. So it is not just facial. It is also ideation. People say contradictory things. They say things which suddenly—they say something which they don’t even know that it doesn’t fit with everything they are saying.
Miętkiewicz: Can you think about an example?

Polster: Well let’s say—I hope I can, but I’m not optimistic. I’ll start talking and maybe it will come. Sometimes I do that and it comes, and sometimes I do that and think, “I have to give up the whole thing because I can’t think of it.”

[00:40:00]

But let me think of a person who is talking about—he’s working in a company that sells carpets. And he is a salesman. And he is not doing very well. He is not selling enough carpets. And he is wondering what is it that he is missing as a salesperson in selling carpets. So I go, “How do you sell the carpets?” “I don’t know.” “Who sells them well at your place?”

So he tells me who sells them well. “Well, what does he do?” “He is such a phony. He is telling jokes when he doesn’t mean them at all. I just can’t do that.” So I say, “So your trait is honesty, right, rather than humor? Well, how do you fit honesty with humor? Let’s see if we can have a dialogue between the honest person in you and the humorous person.”

Miętkiewicz: And you proceed with two chairs?

Polster: I might. Or I might go with just one side. But there already, I’ve got—what I’m trying to do in therapy is, most of us think the therapists are there to solve conflicts. I think I am there to create conflicts. Not in the usual sense, but to create—less than monologue, I want to make a trialogue or a quadrilogue or a quintologue. I want to expand the person to include more than one thing. This man thinks honesty requires being sober—you can’t be honest and be funny. So I try to bring in how he can be both.

Miętkiewicz: But you don’t work using five chairs?

Polster: Well, no, I have never used five chairs. I do use two chairs sometimes. But I don’t always use two chairs, because the two-chair thing has special qualities of accentuation of the characteristics, but it loses touch with the therapist. So it is weighing which is more important—the relationship or the dialogue within the two-chair system. And I am very careful about which one I do. And sometimes I
just want to keep talking to the person.

Miętkiewicz: Not to lose the contact.

Polster: Not to lose the—if we are in a role in our relationship, in our conversation, I may not want to interrupt it for a dialogue that is somewhere else. But sometimes I would. It depends. Sometimes that dialogue would add to the engagement, and sometimes it would detract from it. It’s a judgment call on my part as to which one I will do. A long time ago, I would always do the dialogue.

Miętkiewicz: This is one very interesting technique. And talking about techniques, I am wondering if you worked with dreams during private practice?

Polster: I have worked with dreams. It was never one of my favorite things to do, but I have worked a lot with dreams. And I tended, when working with dreams—see, the way Perls worked with a dream, and he did it magnificently—we have to find ways that we are not just imitating the master. Because the master can do things magnificently, which maybe nobody else can do. And to be imitating the exceptional is not a high-percentage deal. So my way of working with dreams has always been tying together the dreamwork with the relationship.

Miętkiewicz: With the relationship?

Polster: With me. And with the situation of everyday life. So I might go into the dream and have a person play a certain part. Maybe even have a dialogue among the parts.

Miętkiewicz: As a psychodrama?

Polster: Yeah, but I would be more likely to find a way of relating it back to the real situation. I can’t give you an example right now, because I am not thinking of one.

Miętkiewicz: So you don’t—

[00:45:00]

Polster: Sometimes in a dream, the dream reveals something about the person, which I will then carry into the relationship. “This dream shows you what it is like to be a tiger. How could you be a tiger with me? Or how could you be a tiger with your boss? Or how could you be
“a tiger with the person you are selling carpets to?”

Miętkiewicz: So it is very important for you to make the connections to the external real world?

Polster: Yes.

TRANSFERENCE IN REVERSE

Miętkiewicz: It seems to me that you pay a lot of attention to the relationship between patient and therapist, but not in terms of analyzing transference and countertransference, but as a human relationship between two humans. How is it different from classical psychoanalysis?

Polster: Well, classical psychoanalysis, with the concept of transference, showed us how to make the relationship important. So with the importance of the therapy relationship, there is a chance for having it as a microcosmic experience—more than itself, more than an ordinary conversation. Transference, they did it by incorporating the parents into the psychoanalytic session. So you are not talking to me—you are talking to your father, and that kind of thing, which is a big stretch and quite distorted. But it did emphasize the importance of the therapeutic relationship.

And we do it in other ways. We accentuated with the directness, we accentuated with joining awareness with it, and awareness is a large amplification process. We do it by thinking of it as a safe emergency. We do it by setting up experiments. We make the immediate situation very prominent. And in that prominence, I think we exercise a kind of reverse transference, which means to say that what you learn in the therapy session, you are going to apply elsewhere—which is hardly the same as transference, because it is not like you are doing it in a phony way outside, as though you were doing it with a therapist. But you learn how to be in the world by the relationship and the things you do in a therapy session. And hopefully, that will transfer into relationships with family members, with colleagues—whoever is relevant for a person’s life.

So, while I don’t think in terms of transference, I do think in terms of amplification and of the importance of the relationship. But I don’t
emphasize—the relationship is empty if it doesn’t have some kind of content, something that you are doing in the relationship. You can’t just have a relationship—there is no relationship that exists without some content, without doing something.

So we are always dealing with storyline, with setting up experiments, and with expanding awarenesses, things of that sort.

Miętkiewicz: So if I understand you well, the therapist expresses his or her own feelings and emotions and thoughts directly to patients?

Polster: The therapist does not have that luxury. That would be—what’s the word?—self-indulgent. Therapy is not there for the therapist. Therapy is there for the patient. Now, if some particular emotion you have feels like it is relevant to that person’s developing their own mind, then of course it is important to be able to enter it into the relationship.

Miętkiewicz: So patient’s advantage is something you judge about which emotions to share and thoughts to share?

[00:50:00]

Polster: That’s right. Sometimes for the patient to tell about their emotions would be an interruption, not an enhancement of what is happening with the relationship. It’s a judgment call. But the important thing about any theory, no matter how good the theory is, it requires good judgment. No theory can eliminate the need for good judgment.

Miętkiewicz: So I think it needs a good training for therapists to distinguish and to make the correct judgments.

Polster: Well, yes, it requires a good training, and it requires development of one’s own life. It involves reading novels, seeing paintings, having good conversations with colleagues. It involves having attention to the marriage, to the children.

Miętkiewicz: So what do you think is the most important thing in training Gestalt therapists?

Polster: The most important thing—I don’t know how to say what that would be.
Miętkiewicz: A few important things?

Polster: An important thing is to present principles with humility, not requiring people to be robots, to inculcate the idea of being devoted to this system and the principles and such as that, with a grain of salt. I don’t know if that is an expression—it might not translate into other languages. But a certain amount of combination of devotion and cynicism is a good idea, because none of us is really as good as we pretend to be or know as much as we pretend to know. And still, we have to do it that way because otherwise we will fall flat on our face. But it is important to have some humility about it so that people don’t think that they are getting the word of the Lord and begin imitating everything that you do and losing common sense.

Gestalt therapy has been as much victimized by that as any other theory, but they are all victimized by it. Common sense is necessary to include within the technology.

Miętkiewicz: So what is your advice to young therapists that are still in training?

Polster: Keep devoted and pay attention. And drink in and know how to spit out. And wish for good luck.

Miętkiewicz: Let me ask you, what did you learn since you have been doing therapy for 50 years? What did you learn during this time?

GETTING OUT OF THE OFFICE

Polster: Well I don’t know how to say it in terms of what I have learned, but where I have gone with it is, when I was in Cleveland a long time ago, I wanted to get out of the office. I was doing therapy in the office for a lot of hours. And it was very confining.

So I asked a clergyman whom I knew whether he had anything for me to do in his church. And he said he had a coffeehouse. “That’s terrific.” So he said, “You come into the coffeehouse and just sit at the table, and people will gather around, and you can talk with them about whatever they want to talk about,” which I did. Then he moved into a larger place where there was a stage. So I began to work with large groups, trying to create situations where we could examine the issues that were important to them in their lives.
And that was very exciting. I also then began to teach courses in a school of theology, trying to examine the interface between religion and psychology, because they are both somewhat common purposes in terms of orienting people about living and guiding them in a way. So I was very fascinated with that whole process.

And then we left Cleveland and moved to California, and I didn’t do it again until recent years. I have begun to think in terms of the formation of congregations of people operating, not with familiar religious principles, but with psychotherapy principles.

Miętkiewicz: This is what you are involved in?

Polster: That’s what I am involved with writing about now. I’ve written a book on that recently. It’s called Uncommon Ground. And it is a story about how psychotherapy can take a lesson from religion while being faithful to its own principles. We don’t deal with supernatural things, but we deal with relationships. But what we don’t do is take it out of the office into the community. And what we don’t do is have continuing groups, like a large group that would continue indefinitely, where you could feel a sense of belonging. I think we miss the role of community in our work.

I remember even in my own training, one of the big things for me in my early years in Gestalt therapy was that we, in Cleveland, had brought in the people from New York for workshops. Well, they lived a long way off. We formed our own group, so we explored on a weekly basis for a couple of years, leaderless, our own personal experiences. And I learned so much from that.

Miętkiewicz: So this is how we are seeing psychotherapy evolve during these years?

Polster: I think the next step for psychotherapy is large groups for a lifetime, and orienting not only to cure and personal growth, but also to life focus. We have tended to ignore the importance—not ignore, because life focus is the root of everything we do. But we emphasize either cure or growth. We don’t emphasize just paying attention to how you live your life, as artists do and as religionists do and as philosophers do. They want to know what life is all about. And we
are missing that in therapy. I think Gestalt therapy is especially well situated conceptually to produce these kinds of groups.

So that is what I am involved with. I’m not doing it, because it is past my years for actually leading such groups, although I would be glad to consult about it. But I am not at a time in my life when I want to start one.

Miętkiewicz: It was great pleasure talking to you and seeing that you continue your work on psychotherapy now in the evolved form of working with communities.

Polster: Well, I think that is an incredible thing. I’m glad you said that, because at 87 years old, one doesn’t usually start doing something new. And I feel like I am as much interested in these developments that I am talking about as I was in the beginning. And I was very, very excited in the beginning.

Miętkiewicz: Thank you very much. It has been great talking to you today.

Polster: Pleasure.
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**Producer:** Victor Yalom  
**Interviewer:** Rafał Miętkiewicz  
**Director of Photography:** Corryn Cue  
**Post-Production & DVD Authoring:** John Welch  
**DVD Artwork:** Julie Giles  
**Still Photography:** Rafał Miętkiewicz

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About the Contributors

VIDEO PARTICIPANTS

Erving Polster, PhD, is the former Director of The Gestalt Training Center in San Diego and former Associate Clinical Professor in the Department of Psychiatry, School of Medicine, at the University of California, San Diego. He is the author of several important books, including *Gestalt Therapy Integrated* and *From the Radical Center: The Heart of Gestalt Therapy*, as well as dozens of articles and chapters.

Rafał Miętkiewicz, PhD, is a clinical psychologist working in private practice in Gdańsk, Poland. He is trained as a Gestalt psychotherapist, and includes an existential approach in his work. Apart from classical psychological knowledge, he takes a lot of inspiration from literature, art and philosophy. If you’d like to contact him, please visit his website www.psychoterapia-egzystencjalna.pl.

MANUAL AUTHORS

Ali Miller, MA, MFT, is a psychotherapist in private practice in San Francisco and Berkeley, CA. She works with individuals and couples and facilitates therapy groups for women. You can learn more about her practice at www.AliMillerMFT.com.
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Experts
Ellyn Bader
Judith Beck
Insoo Kim Berg
James Bugental
Albert Ellis
Kenneth Hardy
Sue Johnson
Jeffrey Kottler
Monica McGoldrick
Donald Meichenbaum
Scott Miller
William Miller
Jacob & Zerka Moreno
Violet Oaklander
Ernest Rossi
David & Jill Scharff
Arnold Lazarus  Martin Seligman
Peter Levine  Irvin Yalom
Rollo May  ...and more

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- Anger Management  Happiness
- Alcoholism  Infertility
- ADD/ADHD  Intellectualizing
- Anxiety  Law & Ethics
- Beginning Therapists  Medical Illness
- Child Abuse  Parenting
- Culture & Diversity  PTSD
- Death & Dying  Relationships
- Depression  Sexuality
- Dissociation  Suicidality
- Divorce  Trauma
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