

**RESISTANCE TO AWARENESS:
A GESTALT THERAPY PERSPECTIVE**

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In the Landscape of Spring there is neither
better nor worse;
The flowering branches grow naturally, some
long, some short.

— Alan Watts

In this article I will be presenting an approach to working with resistance in psychotherapy which frames resistance as a necessary aspect of human functioning that carries with it both self-protective and self-limiting aspects. I will first contrast the Gestalt therapy approach with a traditional Psychoanalytic approach. Next, I will present a theory of the etiology of resistance derived from the work of Philip Lichtenberg of the Gestalt Therapy Institute of Philadelphia which places resistance in its developmental psychosocial context in family relations. I will argue also that resistance

to awareness is born in the childhood experience of intolerable anxiety in the interpersonal context of pain and frustration. I will argue that therapy rooted in the principles of I-Thou, Dialogue, and Here & Now experience and self-acceptance creates an interpersonal experience of satisfaction which makes possible the mastery of intolerable anxiety and opens the door to expanded awareness of self and other. Lastly, I will present two clinical vignettes. My hope is that this paper will be useful for Gestalt therapy trainees.

Resistance as Viewed from Traditional Psychoanalysis and Gestalt Therapy

In traditional conflict psychoanalysis, the concept of resistance has been used differently than in Gestalt therapy. While psychoanalysts such as Otto Fenichel (1941) have conceived of resistance as resistance to unconscious, instinctual material, in Gestalt therapy we are primarily concerned with resistance to contact with emerging processes of the self and contact with others. The method of traditional psychoanalysis is to dissolve the resistances; in contrast, the method of Gestalt therapy is to enliven the resistances to awareness, so as to give them new flexibility and contact with the realities of the self and the social world.

Passages from leading voices in Psychoanalysis and Gestalt therapy illustrate how each approach resistance differently. First, from Fenichel's *Problems of Psychoanalytic Technique* (1941):

The unconscious impulse which pushes toward consciousness and motility is our ally, the defensive ego our enemy. But we are in the situation of a commander whose troops are separated from his allies by the enemy's

front. In order to unite our forces with those of our ally, the warded off instinct, we must first break through to him, and for that we need another ally accessible to us, the reasonable ego which must be detached from the defensive ego. To remain in the metaphor, we must first disintegrate the enemy's ranks with propaganda and win over large portions of his forces. (p. 37)

As Fenichel's metaphor suggests, his goal is to dissolve resistance to insight into instinctual conflict. His method is to defeat the resistant, harsh aspects of the ego and prepare the "reasonable" ego for insight into intrapsychic conflict. For the traditional analyst, what is being defended against is primarily intrapsychic conflict around instinctual material. The method is one in which the therapist must defeat certain aspects of the patient's personality for the patient's own good.

One of the major difficulties with this approach is that it establishes an authoritarian relationship between therapist and client wherein the therapist believes she knows better than the client what is good for her. Certain aspects of the client's character are cast in a negative light and are seen as the enemy of the client and the therapist. The polarity between change and resistance to change is no longer appreciated as the client's own polarity. Instead, it is all too often played out between therapist and client: the part of the client that wants change is embodied by the therapist and the part of the client that wants stasis is embodied by the client.

In contrast, the Gestalt therapy approach honors both the client's desire for change and her need for stasis. The goal of Gestalt therapy is not behavior change, but awareness (Breshgold, 1989, p.91); therefore the therapist need

not go to war with the client's defensive ego. Instead she attempts to help the client become increasingly aware of the polarities within herself. As the client grows in awareness of both her desire for change and her resistance to change; she may find that the energy locked up in these conflicts is becoming freed for more creative living.

To illustrate the Gestalt approach to resistance, I have chosen two passages from Joseph Zinker's *Creative Process in Gestalt Therapy* (1977):

Every person enters therapy with a unique personal integrity. This means that he has developed, over a span of many years, modes of moving in the world which have structural and functional unity for him. This unity also includes his "symptoms," complaints and behaviors which, in the therapist's view, hamper the client's capacity to change. This whole bundle of feelings, physical stances and verbal styles comprise the person's integrity, and he comes to a group or into individual therapy not so much to change his sense of being himself as to exercise it. (p. 21)

A resistance is what the therapist experiences. The client is merely the person he thinks himself to be; his experience is that of taking care of himself. (p. 24) We see from Zinker's perspective that resistance may be experienced by the client as self-support. On one hand, resistance protects us from gestalten which we cannot support (gestalten that evoke intolerable anxiety); on the other hand, resistance interrupts contact with self and other, and lends an anachronistic quality to behavior. In this view, the quantity and quality

of resistance to awareness plays a major role in defining the "personal integrity" of the client. This quality of "structural and functional unity" that the client brings to the therapy is deeply respected by the Gestalt therapist, for this in large measure is who the client experiences herself to be.

Perls, Hefferline, and Goodman's (1951/1980) discussion of neurotic self-regulation may help to clarify the Gestalt approach to resistance. In neurotic self-regulation, the individual cannot safely relax with regard to the actual situation she is faced with. Her view of the current situation and her place in it are heavily influenced by the unfinished business she carries within her. This causes disturbance in her contact with the current situation as well as disturbance in her self-contact.

Further, the "neurotic" does not find an optimal solution to the current problem due to these contact disturbances. When the client meets the current situation with neurotic self-regulation, the therapist may well view as resistance her incapacity to see and affect what the therapist views as the obvious resolution to the problem. Perls et al. (1951/1958) address this disparity of views between therapist and client in such situations. They state that it is important for the therapist not to view the client's perception of the situation as mistaken:

If the therapist regards the therapeutic situation in this light, as a part of the on-going unfinished situation of the patient, which the patient is meeting with his own self-regulation, he is more likely to be helpful than if he regards the patient as mistaken [or] sick. (p.323)

The therapist accepts the subjective validity of the resistance for the client and helps the client focus on it in order to bring it out of the dark. Erving and Miriam Polster (1974) state "the only course open to the therapist is to take the person as he is, accentuating what exists so that it becomes an energized part of his character rather than a depersonalized weight" (p. 53). The process of energizing resistances frequently involves the undoing of retroflected material. The material was retroflected in the first place because of the anxiety it evoked in the original traumatic situation; undoing the retroflection is therefore achieved in the interpersonal context of safety and satisfaction in which such anxiety can be contained.

The Etiology of Resistance Lies in Intolerable Anxiety

The etiology of resistances to awareness can be found in the developmental history of each individual and the unique interpersonal environment in which they developed. When rising needs in the infant such as the need to be held and fed are met with satisfaction, then these conditions are conducive to developing awareness of self and of the social world. However, when the rising needs in the infant are received with less than satisfactory meeting of those needs, the infant will develop resistance to awareness of self and other in direct relation to the degree and quality of disturbance in the caretaking of the infant. These patterns of resistance then become rigidified in the child and eventually the adult. It would not be possible for the infant to do otherwise; in her state of total dependence, the infant must mobilize her defense against the intolerable anxiety of inadequate caregiving. Since the child is in a state of total dependence on the environment, the defense against inadequate caregiving must involve reduction of awareness of the

needs arising within herself as well as distortion of the realities of the inadequate caregiving.

In his discussion of anxiety and satisfaction, Philip Lichtenberg (1978) describes the early processes by which contact with self and other are either facilitated or thwarted:

We may compare anxiety in the contexts of the Experience of Satisfaction and the Experience of Pain in order that we draw out the implications for the role of anxiety and its conscious expression in the life of the individual. If the excitement of the rising tension is associated with mobilization of the self, as when the infant cries out, and alerting of the world, as when the mother hears the baby and comes to attend it, such that an experience of satisfaction is reached, then the infant is able to tolerate and tame that excitement, that anxiety. The infant will become capable of maintaining an awareness of that excitement because it is embedded in the context of fulfillment. It will be the conscious reflection of a high arousal state that is associated with a happy result.

Because the anxiety will be borne in consciousness, the infant will be helped to delineate what was within (its effort at communication, its crying) and what was without (its mother's breast) and what action connected these forces into a productive bond.

Consciousness is maximized and, with consciousness, the capability of distinguishing between self and other and the capability of differentiating further the various components of these separate realities. (p.58)

Excitement in the interpersonal context of satisfaction is conducive to contact with self and other. The rising tension is reduced, the need satisfied and anxiety minimized. Gestalt therapist Jim Doak (1987) discusses the subtle dance between infant and responsive mother:

it is particularly with our mother in infancy that we begin to develop an orientation toward our desire or need and its resolution. A loving mother honors our rhythms around hunger, elimination, warmth, touch, continuity and connection in such a way that we begin to trust the world (and eventually ourselves) in a very deep way. We incorporate our mother's acceptance of our needs into a lifelong pattern of seeing need and nature in us and naturally responding to desire in a way which fulfills. Eventually ... we will extend this orientation to those around us. (p. 40)

In contrast, when the child's need is met with frustration and pain, excitement is transformed into intolerable anxiety. D.W. Winnicott (1970/1987) addresses this level of infantile anxiety:

.... babies are liable to the most severe anxieties that can be imagined. If left for too long (hours, minutes) without familiar and human contact they have experiences which we can only describe by such words as:

going to pieces
falling for ever
dying and dying and dying
losing all vestige of hope of the
renewal of contacts. (p.86)

I find the image of "falling forever" helpful in capturing the feeling of uncontainable anxiety brought on by the reality of total dependence upon a "not good enough" caregiver. These traumata occur in the subjective experience of the forming consciousness of the young child. Consciousness itself is deeply affected by such trauma.

The Rise of Contact Disturbances.

The child must mobilize defense against intolerable anxiety. Consequently, her experience of self and other becomes distorted. First, because it is not tolerable to be entirely dependent upon a caregiver who does not meet her needs, she distorts her perception of the caregiver to "good enough" when the caregiving may not be "good enough." Secondly, she distorts her perception of her own needs as they create intolerable anxiety in the interpersonal context of pain and frustration. In other words, her perception of her needs is organized in relation to her caregiver's ability to give. She becomes able to not feel her own needs as an adaptation to the lack of having them met in her environment. Thirdly, since behavior such as crying out is met with unsatisfactory response, the child's behavior becomes "disturbed" in that it cannot fulfill its function of unifying her inner needs with the outer world.

Winnicott's concept of the False Self describes the characterological organization of personality which develops in the context of pain and frustration. In the False Self contact with self and other, and behavior as a means of unifying the self and the environment are all organized around adaption to frustration and pain rather than satisfaction. Winnicott (1960/1965) states:

Through this False Self the infant builds up a false set of relationships, and by means of introjections even attains a show of being real

.... In this way it is possible to trace the point of origin of the False Self, which can now be seen to be a defense against that which is unthinkable, the exploitation of the True Self, which would result in its annihilation. (pp. 146, 147)

The Gestalt approach to resistance is rooted in an orientation to human development in which the interpersonal, social factors are considered essential (Perls, Hefferline, & Goodman 1951/1980, p.389). The elegance of Lichtenberg's analysis of excitement/anxiety in the context of pain or in the context of satisfaction is that it presents a holistic biopsychosocial approach to the development of resistance to awareness. Winnicott's concept of the false self is then useful as a way of conceptualizing that the organism develops structural and functional integrity organized in part around the interpersonal experience of frustration and pain.

The Relationship As the Road to Mastery of Intolerable Anxiety

The principles of self-acceptance, I-Thou relationship, Dialogue and honoring of the Here and Now experience of both client and therapist are the cornerstones of a therapy that facilitates the client's emerging awareness of her own processes including her resistances. The therapist works from the I-Thou position to create an interpersonal experience of satisfaction and self-acceptance. The therapist's acceptance of the client and of herself plays the decisive role in facilitating the client's unfolding awareness. The therapist's acceptance of the client must include acceptance of those aspects of the client that the therapist experiences as resistant. The therapist's self-acceptance allows her to own

the feelings and images that come up for her in relation to the client.

In my supervision of beginning therapists, the trainee's difficulties with resistance sometimes come up as questions such as "when do I confront?" and "how do I confront without wounding the client?" My general approach to these difficulties is that they arise out of thinking that something needs to change. In Gestalt work, our goal is not change but awareness: the therapist appreciates the client as a unified whole without criticism. Light and dark, pain and pleasure, conscious and unconscious, awareness and resistance to awareness are all indispensable aspects of the whole. As therapist I am not the client's "fixer" but one who meets the client as a fellow human being. My task is to help my client know and accept her own process. Change will take care of itself, for everything in life is dynamic and changing whether I set out to change it or not. There is no need to "push the river;" it is always flowing. When I appreciate that the client's resistances are as indispensable to her whole self as a shell is indispensable to the integrity of a crab or the protective ozone layer is indispensable to life on earth, then I can join with the client in highlighting those areas of her functioning without judgment and help her to know these aspects of her own process. The resistance simply is — it is neither good nor bad.

In the therapeutic relationship we work "I and Thou, Here and Now." To explore the second half of this first, Here and Now refers to an orientation to time in which all that exists is the present. The past exists in the present as a product of memory and history. The lasting contact disturbances and resistances that originated in the environmental failures of the past are the work of therapy because they create difficulty for the client in the "Now."

Fritz Perls (1969) describes this orientation to time poetically:

... time is called eternity-

If we don't cut it in pieces

A clock restricted chunk of it

To measure its duration (p.27)

It is important to explore what working in the Here and Now means and what it does not mean — many misunderstandings about Gestalt therapy are encountered in this subtle area. Working in the Here and Now does *not* mean:

The therapist has no need to work diagnostically.

The therapist does not work with historical material.

The therapist encourages catharsis and abreaction before it is clinically appropriate.

The therapist does not follow gestalten over time.

The work is haphazard.

Working in the Here and Now does mean that the relationship between therapist and client is of primary importance — because in the Here and Now of the therapy hour the therapist and client are together and because the relationship is the most powerful means of working through the client's issues. Working on issues in a way that is integrated with present somatic experience is generally encouraged. In the Here and Now we help our clients to grade the intensity of their exploration of self (Kepner, 1992) so that their experience is one of interpersonal support, self-support and safety.

Working in the Here and Now requires empathy. The therapist attunes herself to the degree and quality of self support that the client is manifesting in the present moment. Now we see the wisdom in the formulation I and Thou, Here and Now. For the therapist works from the I-Thou position in order to attune herself to the points of self support and the points of resistance in the client. This requires Presence on the part of the therapist; Presence is a quality of being in which the therapist is invested in her own authenticity and process rather than in wanting to be viewed by the client in any particular way (Jacobs, 1989). It requires empathic attunement to the client. It requires ongoing commitment on the part of the therapist to attempt to feel life from the perspective of the client (Hycner, 1991). It requires commitment on the part of the therapist to the task of the therapy: the client's growth. It also requires openness on the part of the therapist to her own process: her own inner images and feeling states that emerge in relation to the client.

Working in the "I-Thou" is a commitment to be fully present to the Dialogue that emerges in the Here and Now; to the process of contact. Lynne Jacobs (1989) states that "the interhuman contacting process is the process by which we come to know ourselves and others, to apprehend our human existence and that of others" (p.33). It is through the therapeutic Dialogue that the client's capacity for fresh contact with self and other is restored. Further, Dialogue between an I and a Thou may illuminate the very meaning of our human existence.

The therapy relationship is a Dialogic encounter anchored in the present experience of both therapist and client and dedicated to the client's growth. As therapist, I seek to be attentive to the full range of my own experience while in the presence of my client. I then choose to express those aspects of my "self in relation" to the client which in

my *clinical judgment* facilitate the client's growth. My empathic attunement to the client is an ongoing factor in forming my clinical judgments. My sense of the client's affective experience, the quality of her self-support, and my sense of her experience of me, significantly influence my choices during the therapy hour.

Stolorow points out that the client comes into therapy expecting that her needs will meet the same traumatic fate in the hands of the therapist that they were met with in the client's childhood (Stolorow, Brandchaft and Atwood, 1987, p.14). The Dialogic I-Thou stance of the therapist chips away at the client's expectation of trauma in the therapy relationship, creating an interpersonal context of satisfaction wherein the client is seen and accepted. Within the context of satisfaction, anxiety that was initially intolerable becomes containable. Gestalten that are increasingly intimate and interpersonally risky are explored in the therapeutic dialogue. Intolerable anxiety is explored and diminished as the client makes fresh contact with herself and her therapist in a context of safety, support, and satisfaction.

The term "satisfaction" does not refer to direct gratification of Id-like material by the therapist; instead it refers to the client's feeling of being seen and accepted that the therapist's dialogic I-Thou stance promotes. This stance fosters an interpersonal experience of trust, understanding, and shared humanity. It can create a relationship wherein the client's gestalten which originally met with traumatic response on the part of the caregiver are revisited and met in the "Now" with the acceptance of the therapist. Intolerable anxiety is slowly contained and awareness expanded. Winnicott writes about the therapist creating a "holding" environment for the client (Winnicott, 1986). I use the image of "holding" in relation to Winnicott's image of Falling Forever, which refers to unbounded anxiety. The holding environment is the relationship wherein that anxiety is contained;

within a Dialogic I-Thou relationship wherein satisfaction outweighs frustration. This relationship facilitates the client's exploration of gestalten which have been out of awareness due to intolerable anxiety and its resultant interruptions of awareness.

For me, the I-Thou dialogue also promotes a sense of spiritual commonality with my client. We are both on a journey of expanding awareness. Perls (1969) spoke to this poetically:

... you and I, and I and Thou
Are more than deadly matter;
Participating, we exist
In truly Buddha-nature. (p.27)

Our task is the *client's* growth. However, I may also grow by playing my part in the performance of our task.

Two Clinical Vignettes

David. This vignette illustrates how a creative adaption in childhood may become an anachronistic coping style in the present. David's creative adaption in childhood was to respond to people and events by putting forth a great deal of effort. In the present, his "efforting" has created interpersonal difficulties in his relationship with his wife, children, and his professional relationships; it also gets enacted in his relationship with me.

David is a 45-year-old African-American man who is a public official; he has the highest position of any African American in his large public agency. He entered therapy with a great deal of stress on the job and depression. He has a wife and three children. I have been working with David for two years. David is the only member of his family to

experience success in his career. Both of his brothers are in and out of jail. One brother is a heroin addict. David's father and mother were remote during his childhood. He got no support from them around his successes in school or career. Instead, their attention went to the other children as they were frequently in trouble and David was always "doing fine." David's grandmother attended to him and was a loving presence in his childhood. She died when he was age ten. He felt alone in the world after her death.

In the therapy session David relates that he feels like not dealing with things anymore. He states that he feels tired. I am following his process and ask him if he is aware of what it is that he does not want to deal with anymore. He shrugs his shoulders and says "it's just everything." He closes his eyes.

Th: You withdraw, go inside yourself.

Cl: (more energized, opening his eyes) Yeah, its the only place I can go. Everyone has so many expectations of me. The young Blacks in the agency; they look up to me, which I enjoy, but they are always wanting my time and advice; I really feel drained. Judy (his wife) and the kids always want things from me. I feel like I'm letting them all down, but I just feel drained.

Th: I am aware in our discussions about Judy that you describe her as very demanding; you find her draining. Yet in our couples sessions, I experience her as more open to you than you experience her as being.

Cl: Yeah, Judy really does love me, I know that, but it feels like so much work to live up to her expectations, and the kids' expectations.

Th: And in relation to the young Black people in your agency who look up to you; you feel them as draining to you?

Cl: Yes, they always seem to need something from me; they expect a lot from me.

Th: David, more than anyone I know, you have raised yourself up by your own determination and effort. I want you to know how much I admire that in you; at the same time, my guess is that at age forty-five you are tired of "efforting" so much.

Cl: (smiling, sitting up) Yes.

Th: My guess is that it would feel very good to you to bask in the glow of your accomplishments, to allow the people in your life to love you without your needing to earn their love in any way.

Cl: (looking sad) You know Peter, I've never had that; I don't think I know what it would look like.

Th: I think you potentially have it in Judy and your children, but that it is hard for you to feel. When I am with you both together, I feel that she wants to learn how to support you, that she really loves you.

Cl: (smiling, looking relaxed) Yeah, you are right; she is open to me, she loves me.

Th: As we move through different life stages, we need to call upon different qualities in ourselves. You see the people in your life, and you feel that you need to put forth effort with them. That approach got you the success you enjoy now. But it also leaves you feeling drained.

Cl: Yes, I'm always trying so hard, and sometimes I just don't care anymore; I feel drained.

Th: How do you think it would feel to let others love you?

Cl: (sarcastically) Love me? You must be kidding!

Th: My guess is that those young Black people in your agency don't want your effort; instead they want to look up to you and have you as a mentor. The same is true for your children; they need to love you more than they need your effort. I'm imagining you taking in these people's love just as you might relax into the sunshine.

Cl: (smiling, looking relaxed) Yes, just soaking it in; that does sound nice. (looks at me, his affect changes suddenly to embarrassment) But I don't need to tell you that; you know that would be nice for me.

Th: Now I feel you efforting with me; you just said "I don't need to tell you that" as if what you say to me has to be just right.

Cl: Oh yeah, I guess I did.

Th: See how it feels when I say this: ... I feel you can be receptive to another's love for you, that you don't need to always work so hard.

Cl: (making eye contact) Okay, yeah, I hear you, it feels good. I guess I get stuck in thinking that I always have to perform, to do something.

Following this exchange we worked on the fact that David had canceled his previous therapy session. He shared with me that he had canceled because he felt that he needed to put out a lot of energy with me. In the context of our work on efforting, we both became more aware of the ways in which David experiences me as demanding and draining.

This awareness on both our parts has helped to strengthen the therapeutic relationship.

In this instance, the resistance was David's efforting. Like all resistances, its history is a noble one. Effort was all that David had to pull himself out of the poverty and oppression he found himself in as a child and young man. No one supported him emotionally after the death of his grandmother. Further, his self-esteem has been deeply wounded by the constant pressures and negative projections of a racist society. Effort was one thing David could call upon in himself which did not require the support of others. However, as in all resistances, the efforting lends an anachronistic quality to David's perceptions and behavior. He perceives that he needs to effort in all of his relationships, and therefore feels drained and unloved. He puts forth effort to please others and does not attend to his own needs. When he might be receptive to the love and acceptance of others, he experiences them as demanding and unforgiving.

My work with David on this day was to help him experience his efforting and also to begin lightly to play with the feelings involved in being more interpersonally receptive. His efforting emerged in our dialogue as a piece of his childhood, his present-day relationships, and as an interpersonal experience in the Here and Now between him and me.

Alice. The second therapy vignette I've chosen illustrates the method of working with a resistance by "staying with" it. I have been working with Alice for four years. She is discussing Christmas plans on the week prior to Christmas. She is going to get together with her parents for Christmas and feels very anxious about it. As we are talking about Christmas, I notice that she is rubbing her jaw and she notes as an aside that she has been clenching her teeth frequently this week. I ask her to pay attention to her

clenching in her jaw. As she does so, she says "OW! That hurts!" noticing that her jaw really hurts. As she moves into the clenched jaw as statement, she remembers how she always had to mirror her mother's needs during Christmas time. She felt invisible and she had to give her mother the reactions that her mother expected. She remembers getting a Christmas gift as a child from her mother which she disliked; she smiled and accepted the gift with great thanks in order to appease her. Memories also come up around Mother forcing her and her siblings to eat everything on their plates, even if the food was unappetizing to them. As she stays with the clenched jaw, a powerful feeling about her childhood comes up for her: *She Was Totally Under Her Mother's Control*. She now relates that she has felt "very oral this week ... I have been just shoveling food down." As she describes her mother and her eating she does the same hand motion: her hands are circling around each other, looking to me as if they are endlessly pushing stuff into her mouth. I bring the hand motion to her attention and ask her to articulate what her hands are saying. As we stay with the hand motion, she articulates that it is both a statement of what her mother did to her (shoveling stuff down her throat) and what she does to herself (shoveling food and "shoulds" down her own throat).

We return to her clenched jaw, but now put the focus on undoing the retroreflection by creating interpersonal boundaries. I affirm for Alice the possibility that she need not turn her energy against herself, but that she can assert herself and create boundaries between herself and her mother or herself and me. I share with her my sense that her clenched jaw is a remnant of a very healthy resistance to her mother's control, and that as a child she had little choice to but "swallow" her mother's control. I point out that now she has choice where none existed in childhood. It is

perfectly acceptable and necessary for her to say "no" to her mother, to me, or to anyone else.

Now the jaw relaxes and Alice is aware of the need to set some boundaries this Christmas with her mother. There are some specific areas in which she feels she can set limits. As she articulates these limits she is aware that both she and her mother will live through the experience of her boundary making. She is excited about being with her family and attending to her own needs simultaneously.

In this vignette, the resistance is the clenched jaw. The shoveling of food is "resistance against resistance" (Perls 1947/1969, p.114). The entire gestalt recreated a scenario in which intolerable anxiety was felt in relation to saying "no" to her mother. Alice's mother went into terrifying rages when Alice failed to mirror her. The gestalt of the clenched jaw and the shoveling of food represent a retroreflection of her boundary — making assertiveness. Undoing of the retroreflection requires mastering the anxiety that made the retroreflection necessary in the first place. Throughout our four years of therapy Alice has learned in many ways to manage the anxiety that gives rise to retroflected aggression and resistance to awareness. The key element in the therapy has been her growing experience of the genuineness of our dialogue. In my view, our dialogue has created an interpersonal experience of safety and satisfaction. As our therapeutic dialogue has deepened over the years, she has enlivened her boundary making in many ways; creating the safety for herself that has given rise to expanded awareness, better relationships, and new life options.

Summary

The holistic approach of Gestalt therapy places resistance to awareness in a new light. Resistance is treated not

as a negative but is accepted as "what is" for the client in the present moment. Resistance to awareness arises originally in the early experience of environmental failure. The infantile experience of the excitement of emerging need in the psychosocial context of frustration and pain transforms that excitement into intolerable anxiety. That anxiety gives rise to contact disturbance with self and other as well as "disturbed" behavior. These disturbances of contact become a significant part of the characterological structure of the adult.

The therapy relationship is the key to overcoming intolerable anxiety and its consequent contact disturbances. The Dialogic I-Thou stance of the therapist creates an interpersonal context of satisfaction in which the client may safely explore gestalten which in the past have been kept out of awareness due to intolerable anxiety. In the interpersonal context of satisfaction, anxiety is contained and transformed into awareness of excitement of emerging needs and preferences of the self. Retroflected aggression is turned outward and experienced as self-assertion and self-care. Behavior is creatively adapted to maximizing satisfaction of emerging needs of the self and contact with others.

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