

Editorial

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WE ARE PLEASED TO BEGIN OUR SECOND ISSUE of *Gestalt Review* with an edited translation of Bertram Muller's "The Total Therapeutic Context—The Craft of Gestalt Therapy: Theory and Practice," which first appeared in the German journal *Gestalttherapie* in 1989. The editorial board of *Gestalttherapie* recommended this article, along with six others, for translated publication in *Gestalt Review*.

Gestalt therapy has a long and important history in Germany. Gestalt psychology, which provides much of the scientific grounding for our approach, was founded and developed there. As Gestalt therapists know, it was also the birthplace of Fritz and Laura Perls (Clarkson and Mackewn, 1993; Perls, 1969), and both were influenced heavily by its rich tradition of philosophy, literature and the arts. One can certainly make a legitimate case that it was the birthplace of Gestalt therapy.

The importance of Germany to the Gestalt tradition does not rest solely on its early influence. In fact, Gestalt therapy is very much alive and flourishing in today's Germany. This community has recently published sixteen original books on Gestalt therapy, and a number of edited books. In addition to *Gestalttherapie*, some five institute journals devoted partially or solely to the Gestalt approach are published in German. Last, nearly all of the important Gestalt books originally written in English have been translated into German. (Unfortunately, none of the German books have been translated into English at this time.)

At the end of his article Muller refers to the DVG, which is the German Association for Gestalt Therapy, founded in 1986. It, along with the Fritz Perls Institute, the first to bring Gestalt therapy to Germany on a broad scale, are umbrella organizations. The DVG consists of nine training institutes and 1100 members, and the umbrella organization of the Fritz Perls Institute (DGIK) contains some 600 members throughout the German-speaking world. In addition, there are ten other training institutes that are not members of the DVG or the DGIK. All of these organizations offer training for psychologists, physicians, social workers, and academicians.

Dr. Melnick has been practicing, teaching, and writing about Gestalt therapy for over 20 years. He is the editor of *Gestalt Review*.

In his lead article Muller argues passionately for a Gestalt therapy aligned with the tradition of Perls, Hefferline, and Goodman (1951) and with the teaching of Isadore From about whom he has written extensively (1995, 1996). Muller highlights the difference between practice and abstract theory, between explanation and healing. He argues convincingly for a Gestalt theory grounded not only in good sense and a relationship with a patient but also on sound theory.

The next two articles, "Gestalt Therapy and Organizational Development: A Historical Perspective," by Edwin Nevis, and "A Gestalt Therapy Theory Application to the Practice of Group Leadership," by Jon Frew, owe a debt to another German and one of the grandfathers of the Gestalt approach, Kurt Lewin. Lewin's contributions to psychology in general and Gestalt theory in particular are immeasurable (see Parlett, 1993). Of most importance was his development of the field perspective, which is fundamental to the Gestalt approach. In addition to his application of field theory to social phenomena, Lewin also fathered the field of group dynamics. This theoretical perspective is fundamental to both of these articles, which discuss organizational development and group leadership.

In his article, Nevis details the history of the field of organizational development (OD). He describes how both OD and Gestalt therapy grew out of very specific sociopolitical cultures, providing both with a similar values base. In his insightful analysis one can conjure up the writings of Lewin, that we are always "of" the field; an interactive relationship always exists between theories of therapy, organizational structure, social change, and the dominant political and social values of the times.

Also drawing from Lewin and group dynamics, Frew argues that Gestalt therapy is ideally suited for working with groups. He develops a model and guidelines to help group leaders decide when, where, and how to intervene as a function of the group's purpose and developmental stage. Last, utilizing the concept of contact boundary (intrapersonal, interpersonal, and group: see Kepner, 1980, and Melnick, 1980, for a more detailed discussion), he helps guide leaders in assessing where, when, and how to intervene and integrate interventions.

Johnson and Smith's paper, "Gestalt Empty-Chair Dialogue Versus Systematic Desensitization in the Treatment of a Phobia," describes the historical emphasis of the Gestalt approach on "avoidance between" as a core characteristic of neurosis. It provides data to show that a Gestalt therapy technique is as effective as systematic desensitization in treating snake phobias. It is one of a growing body of studies that are helping to establish Gestalt therapy as a data-oriented approach founded on a broad research base (e.g., see Paivio and Greenberg, 1995).

As the authors point out, whether it is a function of the complexity of our theory or an unwillingness to reduce our theory to techniques or to

trivialize it through oversimplification, we have, historically, deemphasized research. *Gestalt Review* is committed to publishing research either in the form of articles such as Johnson and Smith's or in briefer forms.

We are especially pleased to conclude our second issue with Ansel Woldt and Steven Stein's article "Gestalt Therapy with the Elderly: On the 'Coming of Age' and 'Completing Gestalts.'" After first reviewing the geriatric literature, Woldt and Stein present a model of mental health services that rest solidly on a Gestalt therapy foundation and that have been developed through years of painstaking practice. Gestalt concepts such as withdrawal and closure, and themes such as the completion of unfinished business and the power of incomplete gestalts, provide the basis for their touching and impactful work with the elderly.

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