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## **From Free Association to Concentration: About Alienation, Ferenczi's "Forced Fantasies," and "the Third" in Gestalt Therapy**

Translated from German by Frank-M. Staemmler

This paper describes Perls's revision of Freud's technique of free association as part of a tradition that started with Breuer and Freud, continued with Ferenczi and the Berlin character analysts, and then led to their student Fritz Perls. In this context, Perls's "dramatizing techniques" that the authors call "the third" in gestalt therapy are seen as further developments of Ferenczi's work with "forced fantasies." In conclusion the author underlines that gestalt therapy picks up Freud's attempt at finding an emancipatory therapeutic answer to the problem that was essential for the philosophy of German idealism, the problem of the dialectics between alienation and reappropriation.

DRAMATIZING  
TECHNIQUES

Key words: Character analysis, concentration, free association, gestalt therapy, history of psychotherapy, psychoanalysis, therapeutic technique.

In this paper I would like to contribute to the understanding of the background of the topic of this issue of the *Studies in Gestalt Therapy: Dialogical Bridges*. Given the limited space of a journal article, I can only emphasize some aspects that I find important.

In the book *Gestalttherapie und Psychoanalyse* (Bocian & Staemmler 2000) as well as in my book about the forty years Fritz Perls spent in Berlin (Bocian 2010) I have tried to point out that many gestalt therapy concepts are essentially revisions of Freud's metatheory, therapeutic practice, and cultural critique. The majority of the revisions of orthodox analytic positions that gestalt therapy has proposed can be traced back to the dissidents of Freud's school. And since psychoanalysis, as Perls once said, is "a research project" (Perls 1969, p. 136) and „as a science of the human being cannot be monopolized“ (Cremerius 1992, p. 24), in my view gestalt therapy remains a figure in front of the background of psychoanalytic history, theory, and practice. It can particularly be characterized by the preservation and perpetuation of the radical elements in Freud's approach (see Bocian 2000,

p. 98f.) and, thereby, is “radical” in Lichtenberg’s (2005) sense.

With respect to the topic I discuss here, it is significant that the <sup>early</sup> Freud took a first step to give up the authoritarian attitude of the doctor, who already knows everything, and alluded to the option of changing the relationship between doctor and patient radically. In the practice of psychotherapy this is basically new compared to traditional hypnosis or Pierre Janet’s “psychological medicine” (Janet 1980). The patient leaves the status of an object of investigation and becomes a subject participating in a shared process. Freud began to listen to his first patients, learned from them, is prepared to be corrected by them; and it is Bertha Pappenheim (“Anna O.”) who, in a sense, teaches Breuer and Freud the “talking cure.”

Hypnosis:  
Patient as object  
of investigation  
↓  
Freud:  
Patient is part  
of the process.

Free Association

This is the context in which I see the introduction of free association that offered the possibility of uncensored expression to the patient. In the free space of the therapy room, step by step all social taboos that limited feeling, thinking, and speaking — and there were many of them in Freud’s times! — were to be lifted. As much as possible, anything should be voiced, and even the seemingly most incomprehensible or the most unethical impulses should be taken seriously and tried to be understood.

But  
↓  
resistance  
+  
transference

Among other purposes, the ultimate purpose was to explore the “internal abroad”, as Freud once called it, to find a meaning in one’s experience and behavior as well as to widen the scope of one’s internal and external capabilities. Moreover, the young Freud was interested, wherever possible, in changing the cultural conditions that contributed to neurotic suffering (see Freud 1908/1959). Of course it was not easy for the people on the couch to follow the “fundamental rule” and to “freely” communicate with their own psyche and with their analysts — which from early on in psychoanalytic discourse was a reason for addressing the questions of resistance and transference.

*On “Passive Technique” and “the Third” in Gestalt Therapy*

In the middle of the 1920s, when Perls began his training at the Berlin psychoanalytic institute, the psychoanalytic treatment that originally would last only a few months had turned into many years of associating and lying on the couch. In his memoirs Wilhelm Reich described the dominant opinion at that time, i.e.

Passive in -  
 focussed on words (Reich)  
 ↓  
 interpretation -  
 poor results ←

that the "passive technique" was the only correct one. Among themselves, colleagues joked about the temptation to sleep during analytic hours: if a patient failed to produce associations, they had to smoke a lot to keep awake. Some analysts even derived high-sounding theories from this. (Reich 1942, p. 64)

The characteristics of this analytic work were the extensive concentration on the verbal content and particularly on the reconstruction of the patient's childhood, the result of which was a collection of intellectual knowledge that, in Reich's words, produced "the typical hopeless picture of an analysis rich in interpretations and poor in results" (Reich 1949, p. 63).

Already in 1924 — the year in which Perls started his first analysis with Karen Horney — in their book *The Development of Psycho-Analysis*, Ferenczi and Rank (1924/1986) made this the starting-point from which they tried to evolve analysis and make it more effective. They especially advocated the great importance of the affects and of what happened in the current situation between patient and analyst. From then on, in principle, the development from the method of free association to the focus on the here and now was possible, and from here various traditions have emerged.

The predominant direction of this development was the one that was already embedded in the writing by Ferenczi and Rank and that increasingly related the patient's experience to the person of the analyst. On the one hand, this has led to attempts at investigating the relation between transference and counter-transference more thoroughly; on the other hand it has resulted in practices that relate any impulse of the patient to the analyst and may at times create a situation of persecution of the patient. In an "orthodox" analysis, for instance, the memories and fantasies of the patient regularly acquire their meanings in the context of unconscious transferences, since the conflictual scene that in the beginnings of Breuer's and Freud's work was used clinically as an externally enacted conflict, was soon returned to patient as an intrapsychic conflict (see Breuer & Freud 1895/1957). The drama would now only take place in the psyche and its unconscious relational fantasies and need only be uncovered by the analyst with his interpretations.

Since there is literally no third person, threatening internal scenes can frequently be staged, singly, within the only existing relationship in the therapy room. This is, I think, called transference neurosis. As is the case in

Focus on  
 what happens  
 in the  
 current  
 situation

Patient's  
 experience  
 analyst.  
 Transference  
 + C.tra →

No Third  
 person

any exclusive relationship between two people, the only two persons present have to represent everything for each other. This can swamp both of them, and the therapist as a positive other can get lost.

Another historical line leads from Ferenczi to the character analysts around Reich and from there to their student Frederick Perls (see Bocian 2007). In a similar way as Ferenczi and Rank, this tradition tries to actualize both internal and interpersonal conflicts and to let them become vivid in order to work them through and integrate them. One of its particularities I see is what I would like to call "the third" in gestalt therapy. For instance, I think of the option to externalize the destructively experienced representation of a parent, to let it become a virtually present third person, while the therapeutic relationship remains intact. Thereby, negative emotional states and memories from childhood can be transposed from the internal relational world to the therapy room and be worked through under the protection of the holding environment of the therapeutic dyad.

In his innovative work, Perls continued the early experiments of Breuer and Freud (1895/1957) — in a similar vein as the entire tradition of interactive psychoanalysis did. He would dramatize psychic conflicts on an "external stage" and would have the patient emotionally re-enliven and "act through" unfinished situations (Perls & Clements 1968). In this manner a scenic unity of content, action, affect, and language was achieved, as was also characteristic of the cathartic method of Freud and Breuer (see Lorenzer 1993, pp. 168f.) and as it was later picked up again by Ferenczi (1929/1994) in his "neocatharsis."

Psychoanalysts such as Tilmann Moser, who have experienced gestalt therapy themselves, acknowledge the value of this procedure, especially in the work with intra-psychic splits. A psychoanalytic setting that only focuses on the generation of a transference neurosis

. . . makes it difficult to reintegrate the denied parts that were split off under great danger; the exiled parts of the self . . . show themselves only very shyly because the ego is afraid of a repeated excommunication, depreciation, and mutilation. This is without any doubt a simplified formulation. In any case, only when I experienced and reflected on gestalt therapy it occurred to me for the first time that there are therapeutic approaches that offer different possibilities of making diagnostically visible and of enacting . . . divergent parts of the self. Under the threat of an

Externalize  
destructive  
voices

Dramatize  
psychic  
conflicts  
↓  
intra-psychic  
splits

accumulating negative transference, there [in gestalt therapy — B. B.] the therapist does not disappear in the swirl of negative experience, but stays available as an accessible auxiliary ego which can also establish contact with the split-off parts. (Moser 1990, p. 11)

*On "Performing" and the Significance of Ferenczi*

Karl Landauer, one of the important analytic teachers of Laura and Fritz Perls (see Bocian 1997) who was an analysand of Freud and friend of Max Horkheimer until his own death in a concentration camp, wrote: "One arrives at the unconscious through free association and through actions — the entire behavior of the patient, that is both through his communications in words and through his performances" (Landauer 1991, p. 144). Gestalt therapy has taken the "performances" literally. It appears appropriate to describe briefly, at which points gestalt therapy ties in with Ferenczi's experiments and innovations.<sup>1</sup>

In the historical context of the psychoanalytic movement Ferenczi was one of the few, who continuously adhered to the holistic approach of Breuer and Freud. In 1919 he advised his colleagues with respect to the fundamental rule that the patient "... must relate everything that goes on inside him, sensations ... as well as thoughts, feelings, and impulses" (Ferenczi 1919/1994, p. 179).

Already in 1912, in his paper on "Transitory Symptom-Formations During Analysis," he wrote:

It definitely looks as if one could never reach any real convictions at all through logical insight alone; one needs to have lived through an affective experience, to have — so to speak — felt it on one's own body, in order to gain that degree of certain insight which deserves the name of "conviction." (1912/1922, pp. 193f.)

Accordingly, Ferenczi was interested in the body language of his patients and would, in a similar fashion as Perls did some decades later, give space to anything that came up including physical expression. He would attend to the emerging figure carefully, which resulted in the reconstitution of the figure-ground rhythm and reestablished the patient's flow of gestalt formation.

Because of space limitations I will not elaborate on the several developmental phases of Ferenczi's therapeutic practice that ranged from "active" "to "elastic" technique (see Antonelli 1997).

Carefully attend to emerging figure.

Performing



Felt in the body

(conviction)

In order to find access to the meaning of a certain material, Ferenczi tried to help his patient to experience it with his senses and to express it in ways he then called "hallucinatory-symbolic expression" (1970, p. 110) — a method which gestalt therapists may find familiar. For instance, he reports on a patient who sometimes would not associate freely anymore, but "she sprang up, crouched in a corner of the room, and with signs of acute dread made convulsive movements of defence and protection, after which she soon got calm again" (1912/1922, p. 204). After this "acting through," as Perls may have called it, Ferenczi continued to work with what he thought the patient had experienced "in the form of dramatized or symbolized fantasies" (1970, p. 109).<sup>2</sup>

hallucinatory  
symbolic =  
expression

Enactment  
↓  
makes more  
alive.

In his paper on "The Further Development of an Active Therapy in Psycho-Analysis," Ferenczi (1920/1994) describes how he had his patients enact behaviors of which they were afraid in the therapy room: He had them sing, play the piano, conduct an orchestra, or write down poetic ideas. All of this supports the therapeutic process, makes it more alive, and stimulates the process of gestalt formation.

Towards 1930, during a time in which he experimented with the so-called "neocatharsis", Ferenczi leaves space for the "hysterical physical symptoms" (1929/1994, p. 118) to manifest themselves, since he interprets them as "physical memory symbols" (*ibid.*). And he observes that "in certain cases these hysterical attacks actually assumed the character of trances, in which fragments of the past were relived" (*ibid.*, p. 119). He asks his patients questions in order "to achieve direct contact with the repressed part of the personality" (*ibid.*, p. 122). Being many years ahead of his time, he recognizes that in such moments he deals with experiences that lead "... back to phases of development in which, since the organ of thought was not yet completely developed, physical memories alone were registered" (*ibid.*).

Neocatharsis.  
↓  
physical memory  
symbols

"Body keeps score"

In addition to Freud's persuasion that it is important to replace acting-out with pure remembering, Ferenczi holds that it might be helpful "... to secure important material in the shape of action which can then be transformed into recollection" (*ibid.*, 1931a/1994, p. 131). This position of 1931 would have been in line with the dawn of the Human Potential Movement at the West Coast of the United States of America and illustrates Perls's lineage. For

Translator's note: The quotes from the German book (Ferenczi 1970, pp. 109 and 110) are not included in the English translation of this paper (Ferenczi 1912/1922).

instance, Ferenczi reports about an event in the therapy of a male patient:

Thanks to the light analysis had already thrown on his early life, I was aware that in the scene revived by him, he was identifying me with his grandfather. Suddenly, in the midst of what he was saying, he threw his arms round my neck and whispered in my ear . . . Thereupon I had what seems to me a happy inspiration: I said nothing to him for the moment about transference, etc., but retorted, in a similar whisper. . . .

As you see, I was entering into a game, which we might call a game of questions and answers. This was perfectly analogous to the processes described to us by those who analyse children, and for some time this little device was quite successful. (*ibid.*, p. 128f.)

Obviously, Ferenczi engages in a dialogue suitable for children and enters the patient's emerging scene enacting, for the time being, the role of the grandfather.

In his early writings around 1925, Wilhelm Reich explicitly refers to the important work of Ferenczi and Rank. Reich felt encouraged to understand „the patient primarily through his actions“ — Reich 1925/1975, p. 239); however, he also underlines that acting-out and remembering are no alternatives, but belong together and complement each other.

The lacking acknowledgment of Ferenczi's therapeutic experiments and of other developments resulted in the marginalization of the dissidents to the effect that the psychoanalytic movement became partly oblivious of its own tradition. But this is also true for gestalt therapists who appear to ignore their provenance from the analytic dissidents to a large extent too: I think that for a long time, as gestalt therapists we have mistaken for our own invention, what already Ferenczi and Reich tried to achieve, that is the revitalization of a therapeutic practice which had become sterile and which was the “standard method” (Eissler 1965) of the medically oriented orthodoxy in the United States that Perls and Goodman came across. I suggest we should rather see ourselves proudly in the tradition of some of the most creative and courageous men and women in the psychoanalytic movement, particularly Gross, Ferenczi, Reich, and Horney.

In Ferenczi's late fragments and notes one can read that “the unpleasurable memories remain reverberating somewhere in the body (and emotions)” (1932/1994, p. 279 — original italics) and that an “analytical attack must bring it to a complete development” (*ibid.*, p. 261). Perls et al.

Acting out  
and  
remembering  
complement  
each other.



would call this “the active organizing force of meaningful wholes and the natural tendency toward simplicity of form; the tendency of unfinished situations to complete themselves” (1951, pp. 237f). Ferenczi has exactly described, how a significant gestalt can emerge from virtually any sensation.

During a “hysterical attack” for instance, “in which he acts out in word and gesture some inner or external experience” (1931b/1994, p. 233), Ferenczi seeks the immediate contact with the patient, and in reactions to his questions

an enveloping cloud, a weight pressing heavily on the chest, may gradually assume definite outlines; there may then be added to it the taut features of a man which, according to the patient’s feelings, express hatred or aggressiveness; the indistinct sensations of pain and congestion in the head may reveal themselves as remote consequences of a sexual (genital) trauma; when we then put all these formulations to the patient and urge him to combine them into a whole, we may experience the re-emergence of a traumatic scene with distinct indications of the time and place at which it occurred. (*ibid.*, p. 234)

Hysterical  
attack

In his paper on “Forced Fantasies: Activity in the Association-Technique,” Ferenczi mentions the “logorrhoea . . . of ‘talking past the point’” (1923/1994, p. 69), thereby alluding to something that has been an important motivation of Perls for his criticism of analytic practice. Ferenczi notes that if the analyst observes “. . . that rational associations of a painful character are being avoided with the help of free associations the patient must be induced to face the former” (1925/1994, p. 284). During the phase of his experiments with the “active technique,” he even recommended: “. . . by prohibiting elliptical associations (obtuse loquacity) we can bring patients to complete a painful train of thought, not, of course, without considerable resistance on their part” (*ibid.*). For instance, Ferenczi “repeated the sentence he [a patient — B. B.] had begun, and demanded forcibly that he should finish his sentence” (1920/1994, pp. 210). — In these quotes the sometimes somewhat impatient handling of resistances shines through which the “active” Ferenczi had in common with the Berlin character analysts (Reich, Fromm, Horney, etc.) as well as with Perls.

In the above mentioned paper on forced fantasies, Ferenczi clearly admits that in cases in which patients have memories without emotions and do not “discharge”



intense affects of anxiety (Angst), revenge, erotic excitement and so forth . . . through the pathways of deeds, volition, phantasies, or at least external and internal means of expression, . . . I now have no hesitation in forcing the patients to recover the adequate reactions, and if they still persist in saying that they have no ideas, I commission them to discover such reactions in phantasy. (*ibid.*, p. 70)

And he goes even further:

In special cases, if the patient in spite of the utmost pressure will produces nothing, I do not stop at laying before him wellnigh directly what he probably ought to have felt in the given situation, or thought or phantasied (*ibid.*, p. 71)

If we replace “ought to” with “might,” Ferenczi’s words have a tone similar to interventions as practiced in gestalt therapy or modern forms of psychoanalysis, in which the therapist is advised to exert functions such as the so-called “auxiliary ego” (see Heigl-Evers & Ott 1994, p. 218f.).

These interventions that were called “active” at the time, were meant to lead the patient from acting to remembering, that is to the actual focus of Freudian *analysis*. Thus, Laura and Frederick Perls antedated later developments within the psychoanalytic movement, when they regarded analysis only as one of the elements of therapeutic work. They added to it the **de-automatization of ego-dystonic** impulses that was typical of character analysis as well as the experimental transformation of behavior and experience that Goldstein (1939) called “**reorganization**.” All of these three elements were integrated into the so-called “experiment” in gestalt therapy (see Perls et al. 1951, pp. xii f.)

“ought to”  
↓  
“might”

Free Dissociation Versus Concentration

“Whatever is easier, whatever is conducive to greater concentration, is all right” (Horney 1987, p. 44).

I would like to comment briefly on Perls’s contribution to the discussion that Ferenczi and Rank had initiated: One of the most important reasons why Perls — as well as, for instance, Erich Fromm — began to search for his own way of changing analytic practice, were the many hours he felt were spent on or behind the couch to no avail. Fromm recalls that he himself as well as his teachers at the Berlin institute, which he and Perls visited, would snooze sometimes when they sat behind the patient — one of the reasons why Fromm changed his technique:

I know from my own experience during the years in which I analyzed according to the Freudian technique, how overwhelmingly tired I got in the position of sitting behind the analysand, having no contact with him or her and listening to the endlessly droning voice which I had no business to interrupt. In fact, it was this boredom which made the situation so unbearable that I began to change the technique. (1980, p. 40)

Perls’s starting point with respect to the revision of Freud’s fundamental technique is this: “Freud has the correct intuition in his belief that contact with the present is essential. He demands free-floating attention, which means awareness of all experiences” (1947, p. 92). The practice of “orthodox” analysis that Perls had experienced particularly in his Berlin years on Harnik’s couch may support the consciousness of thoughts and fantasies, “but will neglect . . . all the subtler expressions of the **body language**, the importance of which has been pointed out by W. Reich and G. Groddeck” (*ibid.*, p. 73). So

. . . what happens is that slowly but surely patient and analyst become conditioned to two things; firstly, to the technique of free associations, of the flight of ideas and, secondly, to a state in which analyst and patient form, as it were, a company fishing for memories, the free-floating attention floating away. (*ibid.*, p. 92)

In the orthodox procedure, technique and setting go together to the effect that the contact with the symptom, which is the superficial expression of the conflict, gets lost: “The technique of free-association becomes a training in free-dissociation. The therapist is led a merry chase” (Perls et al.

dissociation  
↓  
to concentration  
(attainment)

1951, p. 60). Based on his knowledge of both the “abstinent” technique and character analysis, Perls consequently introduced changes of the fundamental rule: “They . . . involve a switching over from the technique of ‘free associations’ to a ‘concentration therapy’ which has been inaugurated by W. Reich, and which I am trying to develop systematically” (1947, p. 79). Perls’s proposal was this:

What is necessary is for the therapist to find some definite *context*, and then, keeping always to this, to allow a freer play between figure and ground — avoiding staring at the resistances, yet not allowing the patient to wander everywhere. (Perls et al. 1951, p. 60 — original italics)

Instead of focusing on transference, Perls suggested to take “the experimental situation of the therapeutic session as the context” as well as the “actuality” in a more general sense, the “present-day situation, its needs and aims” in order to establish “felt-contact” (*ibid.*).

To Perls what he first called “concentration therapy” provided “. . . a shorter and superior way to ‘emotional revival’ than either ordinary conversational talk or the technique of free associations” (1947, p. 205). The examples Perls gave were similar to the “forced fantasies” that Ferenczi used: “A man who, for instance, speaks rather disparagingly of his father when asked to visualize him and to concentrate on the details of his appearance, might suddenly burst into tears” (*ibid.*).

Perls worked with very precise descriptions of the details of both the sensory experience and the content of the fantasies. He stimulated minute physical impulses, welcomed internal images, and would let the patient finish his action impulses in fantasy (see Perls 1947, pp. 245f.). In order to let internal images and fantasies become vivid, all senses were to be activated and

. . . you have to make your imaginary contact as complete as possible . . . If you visualize a landscape you can describe all the details. . . . Give free range to every possible impulse, chiefly those which . . . in reality would cause you embarrassment, but which occur to you in phantasy. (*ibid.*, p. 205)

Concentration, interest, attention, and fascination are the terms with which Perls uses in his first book in the attempt to approach what he finds valuable in therapy. Concentration is not understood as a purposeful effort, but as “a harmonious process of conscious and unconscious cooperation” (

Emotional  
Revival

The experimental  
situation  
↓  
bring it to the  
present ↓  
to achieve felt-  
contact

*ibid.*, p. 187). As an example he mentions children who merge into their games (*ibid.*).<sup>3</sup>

In my view, all of this is an important contribution to the development of the interactive tradition. In particular, Perls continues Ferenczi's efforts to "force" fantasies; however, he does not do this by means of prescriptions and prohibitions, as Ferenczi did during certain phases, but in a more dialogical manner. Certainly, some of Perls's intense experiences at Max Reinhard's theater have also had an influence here (see Bocian 2007, pp. 75f.).

What Freud in his drive theory had called the "repetition compulsion," Perls — drawing on the insights of the Berlin school of gestalt psychology — would see as the need of the organism of bringing the unsettled to a satisfying conclusion, of closing the incomplete gestalt. At this point gestalt psychology and psychoanalysis appeared compatible for Perls and Goodman:

It was the genius of psychoanalysis to show that the free-associations did not in fact follow merely by this law of piecemeal association; rather they had a tendency to organize themselves in meaningful wholes or clusters . . . The patient was not in fact "mechanically" producing the stream but was, though unaware of it, expressing certain tendencies, circling back to certain emotional needs, and trying to fill out an unfinished figure. (Perls et al. 1951, p. 327).

Perls et al. acknowledge that associating freely can disrupt the "frozen relation of figure and ground" (*ibid.*, p. 329) and let unfinished and unconscious material come to the foreground, for instance "the hidden impulses (the charged background)" (*ibid.*, p. 60). But because of the limited contact within the so-called "standard method" (Eissler 1965) that had been dominant for such a long time, there is the danger that associations "float away," that a "flight of ideas" takes place, and ". . . that rational associations of a painful character are being avoided with the help of free associations . . ." (Ferenczi 1925/1994, p. 284) Very much in the tradition of the Berlin character analysts Perls sums up his new approach as follows:

We must not lose the thread leading from the symptom to the hidden *gestalt*. The method of free associations is unreliable and lends itself easily to all kinds of avoidances. By concentration on the symptom were remain

These are the first attempts to characterize what Perls et al. (1951) would later call the "middle mode" (see Bocian 2000, pp. 35f.).

Freud's drive theory

Free association  
=> not only repetition but also filling in unfinished pieces

in the field (though on the periphery) of the repressed gestalt. By persevering with such concentration we work towards the centre of the field or “complex”; during this process we encounter and reorganize the specific avoidances, e.g. resistances. (1947, p. 89 — original italics)

Gestalt therapy has also enriched the interactive tradition with respect to interpretation and the work with resistances through the addition of a dialogical aspect. In psychoanalysis, even in some of its modern forms, it is still “the therapist [who — B. B.] is concentrating on the stream and creating whole figures in it (finding and making them)” (Perls et al. 1951, p. 327). The analyst guesses and concludes something that the client is not aware of; he interprets the relation between figure and ground and, thereby, suggests a closing of the gestalt. Here Perls et al. have a different point of view. For them,

the goal of psychotherapy is not for the therapist to become aware of something about the patient, but for the patient to become aware of himself. Therefore there must then begin the process by which the therapist explains to the patient what he (the T) now knows about him (the P). In this way the patient acquires much interesting knowledge about himself, there is no doubt of it; but it is a question whether or not he thereby increases his awareness of himself. For the knowledge-about has a certain abstractness, it is not concerned; and it occurs again in his customary context of introjecting the wisdom of an authority. (1951, p. 328)

In their view, however, therapy should not rely on external opinions that are imposed on the client — similar to the way the superego works. In addition, one has to recognize that the patient’s associations are never really “free,” but come up in a context, in which some “power of interpretation” (Pohlen & Bautz-Holzherr 1995) may be exerted by the analyst, and may lead to “free associations” of the patient that are oriented towards the expectations of the therapist (see Bauriedl 1994, pp. 74ff.).

In Perls’s et al. view, the patient in the “orthodox” setting is in too passive a position, and “the problem is that in the activity that he was engaged in, he had been verbalizing a stream of meaningless words” (1951, p. 328 — original italics), whereas „the therapist, the grown-up, knows everything; and oneself can never know the secret unless told“ ( *ibid.*, p. 330). Accordingly, Perls et al. try to reduce the therapist’s power of interpretation

Psychotherapy  
is for the  
client to know  
about himself.

and to incorporate the client as “an active experimental partner” (*ibid.*, p. 248), who

learns that something, not known as his, comes from his darkness and yet is meaningful; thereby perhaps *he* is encouraged to explore, to regard his unawareness as terra incognita but not chaos. From this point of view, he must of course be made a partner in the interpreting. (*ibid.*, pp. 329f. — original italics).

In consequence, Perls et al. suggest a transformation of the clinical situation into an experimental one:

We suggest graded experiments which — and this is of the uppermost importance — are not *tasks* to be completed as such. We explicitly ask: what is going on if you repeatedly try this or that? With this method we bring to the surface the difficulties of the patient. Not the task, but what interferes with the successful completion of the task becomes the center of our work. In Freudian terms, we bring out and work through the resistances themselves. *ibid.*, p. xii f. — original italics).

#### *Character Analysis as a Phase of Transition*

I think that within the context of psychoanalytic history, gestalt therapy can be seen as the legitimate pursuer of the interactive tradition that includes experiential, experimental, dialogical and contextual elements. The starting point with respect to practice is, most of all, the early cathartic method of Breuer and Freud, but also Ferenczi's experiments, which cannot be understood without his exchange with Georg Groddeck.

Wilhelm Reich who, besides Otto Fenichel, was the most important theoretician of the character analytic phase in this tradition, has made significant contributions to its development and has tried to systematize some of its insights. Perhaps because of the problems that were caused by the exclusion of the inconvenient communist and antifascist Reich from all psychoanalytic organizations in 1934 (see Nitzschke 2003), until today this character analytic phase is very much ignored both by the so-called orthodox as well as by more modern analysts. However, it is characteristic of gestalt therapy and contributes to its salient figure to draw on the psychoanalyst — or better: — character analyst Wilhelm Reich (see Bock 2000).

Client is active experimental partner

not clinical but experimental.

At that time, character analysis, which Perls studied for many years, <sup>4</sup> had little to do with Reich's later theory of muscular blocks and resistances, with which it is frequently confused by gestalt therapists today; instead, it was a current within the development of psychoanalytic ego-psychology. It is relevant for the history of gestalt therapy that at that time the first attempts were made to reintegrate the *splits* that psychoanalytic practice had established, in particular those between psyche and body as well as between individual and society.<sup>5</sup> These efforts were about an *extension* from the interest in the past to the present situation, from the symptom to the whole person, from the verbalized and fantasized content to the experienced and observed phenomena. The emphasis on the "how" led to a general focus on the bodily and emotional processes in the here and now, in particular on dissociated and ego-dystonic body-signals and emotions and on preconscious perceptions.

In other words, these analysts began to look at what Stern (2004) calls "implicit relational knowledge" today. However, the interest in the "what," the psychological content was never abandoned. Character analysis started with experience, moved from the phenomena to the structures, from the figure to the background. The basic formula of the therapeutic work was to start out from the "psychic surface" (Reich 1949, p. 29) — and: "*No interpretation of meaning when a resistance interpretation is needed*" (*ibid.*, p. 27 — original italics).

In her article "Two Instances of Gestalt Therapy," Laura Perls gives a good example for gestalt therapy's origin in character analysis; she underlines the importance of beginning the work at the client's present behavior:

Description prevails over explanation, experience and experiment over interpretation. Working strictly from the surface, e.g., from the actual awareness at any given moment, we avoid the mistake of *contacting depth material prematurely*, that in the first place was and had to be "repressed" because at a certain point in the patient's history it was unsupportable. (L.

The protocols of the Vienna Psychoanalytic Institute show that Perls did not only study with Reich in Berlin from 1930 to 1933, as is well known, but already when he stayed in Vienna in the winter of 1927/28 and participated in the early character analytic seminars at the Institute (see Bocian 2007, pp. 200f.).

When they developed their theory of the self, Perls and Goodman picked up some ideas of the Berlin Freudomarxists (Reich, Fenichel, Fromm, Bernfeld) and the character analysts, who tried to conceptualize the mutual interpenetration of individual and society in dialectical ways.



Perls 1992, pp. 95f. — italics added)

By the way, the confronting way in which Perls would sometimes work with resistances in his demonstration sessions is a direct descendant of Ferenczi's "active technique" that can be found in similar fashions in the work of Reich, Karen Horney, and Erich Fromm. For instance, still in 1974 Fromm used to respond forcefully when a patient turned "free association . . . into free chatter" (1994, p. 117); he held that

then it is in my opinion the task of the analyst to cut him off and to say: "Now, all you're telling me is only to fill out the time, and it has no purpose; I'm too bored, I'm not going to listen to this." ( *ibid.*).

*Alienation and Reappropriation*

In closing I would like to address another point I find interesting: It was Freud's intention to use free association as a means to make the unconscious motives of his patients comprehensible; seemingly meaningless suffering should become understandable and bearable. Additionally, the ego should find as much access as possible to the other sources of the psyche, whereby both the internal and the external scope of the patient should become larger. Perls maintained this starting point.

From the perspective of the history of philosophy, Odo Marquard (1987) has illuminated the background of Freud's project that goes back to Schelling's philosophy of nature. In my view, an important link between the two systems of thought is the fact that both Schelling and Freud were interested in the abolishment of self-deception, that is in making conscious the unconscious prehistory of the ego.

According to Dahmer, it follows that Freud's psychology of the neuroses can also be regarded as a therapeutic version of the central problem of German idealism, "the dialectics of alienation and reappropriation" (Dahmer 1973, p. 106). At this point, Hegel's dialectical system is also relevant, especially his theory of unconscious production and of alienation. I would like to remind the reader that around 1928 Perls intensely studied Georg Lukács's *History and Class Consciousness* (1923/1971), then one of the most important books within the Hegelian-Marxist domain in which the alienation of man within capitalist society plays an important part (see Bocian 2007, pp. 229ff.).

The resemblance between the ideas of Perls and Goodman on the one hand and the thoughts of Schelling and Freud about this topic on the other hand, can be found again in Dahmer's description of the therapeutic version of the theory of alienation, which he sums up as follows: "The weak ego splits off a part of itself under the pressure of conscience . . . and bans the experience of what is not identical. . . . The blind spot in self-perception corresponds with a perceptual distortion of external reality" (1973, p. 101). In Dahmer's view, the psychoanalytic theory of neurosis and therapy is essentially "a theory of the pressure that is imposed on the ego by involuntary and unconscious productions by itself" (*ibid.*, p. 105) as well as an attempt "to recognize the intrapsychic non-ego . . . as something that slipped from its own hands and, thereby, to make it available to itself again" (*ibid.*).

In Perls's first book his studies in dialectics reverberate: "Applying the dialectical terminology, we can describe the repression of a memory (isolated amnesia) as the negation of remembering. The treatment of such forgotten incidents requires the undoing of the negation — their return into the mental metabolism" (1947, p. 247).

In this context it can be stated that Perls and Goodman prove to be more radical and more holistic than Freud. This has to do with the fact that they hold on to a holistic-systemic notion of the organism as it had been developed by Schelling's philosophy of nature, in which spirit, body, and life space are seen as a dialectical unit. This tradition of thought runs from life philosophy and its notion of the "individual whole" (Ebrecht 1991) to Goldstein's (1939) organismic theory and to the Berlin character analysts. The left-wing Freudians looked at psyche and soma again as interconnected realms; for them, *both* were significant. Moreover, the person was understood as situated within the present social, societal, and political environment — a reality which Bernfeld (1925/1973) tried to reintroduce into the psychoanalytic discourse by the term of the "social place" (see Bocian 2007, pp. 246f.) The left-wing Freudians intended to address the analysis of the entire field; biology, psychology, and sociology were to be kept together — which was also the declared intent of Perls and Goodman.

In continuation of the experimental tradition of Groddeck, Ferenczi, and Reich, gestalt therapy aims at enlarging “the isolated deliberate ego” (Perls et al. 1951, p. 391) through the integration of its split-off parts. In contrast to Freud, who considered the split between ego and id as culturally necessary and accepted this split as unavoidable, as he aged, gestalt therapy wants to make the power of the id available to the ego (see *ibid.*, p. 411).

Freud’s famous dictum, “Where id was, there ego shall be,” seemed to advocate the colonizing of the “irrational underworld” through the use of reason; at least that was the way the analytic orthodoxy interpreted it. However, in gestalt therapy ego and id were seen as polarities that compliment and determine each other. This position was based on a critique of civilization and meant a return to an awareness of the rootedness of mankind in nature that also had an impact on the way the alienated body would be treated in therapeutic practice. This parallels the way in which the Frankfurt school (Horkheimer & Adorno 1972) criticized the dominance of the enlightened reason that had been instrumentalized and placed over internal and external nature. Frederick and Laura Perls recognized the divided reasonable human being in the story of Dr. Jekyll and Mr. Hyde (see Perls 1947, p. 272).

Perls and Goodman always wanted to overcome the split between spontaneity and rationality, to heal the separation of physical-animal existence from consciousness, and to reestablish a kind of *sensory reason* (see Bocian 2000, p. 52). To paraphrase Freud’s dictum and translate it into gestalt therapy’s view, one might say: Where id ego, and super-ego were, there the self shall be.

Working with awareness in gestalt therapy is meant to “let the light of consciousness flow into the body” (Böhme 1985, p. 137) so that the two can come together and the person can open herself up to her *Mitwelt* and life space. For Perls and Goodman the senses were organs for contact and dialogue. *Therefore* they insisted on the fundamental significance of the biological, sensory dimension of human life space. Concentration, the mindful abidance and immersion into the given moment, ultimately leads to an expansion of the self, to opening and connection.

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