

A GESTALT APPROACH TO SEXUAL COMPULSIVITY

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Gestalt therapy is a natural fit for the treatment of sexual compulsivity, because the sine qua non of gestalt theory is awareness or connection, whereas the hallmark of sexual compulsivity is a lack of awareness or disconnection. This article provides an overview of gestalt therapy and demonstrates how it can be an effective tool in the treatment of sexual compulsivity. The gestalt concepts of awareness, perception, experiment, and polarity are discussed. A case study illustrates their practical application: Using gestalt methods, a breakthrough was achieved.

Contrary to what the popular media would have us believe, individuals who are sexually compulsive are treatable. However, change is neither easy nor simple. A full armory of effective treatment tools is required. This article describes a gestalt approach to treating sexual compulsivity.

Gestalt therapy is a natural fit. This is because the sine qua non of gestalt theory is awareness: being tuned in and connected to inner experience. In contrast, the hallmark of sexual compulsivity is a lack of awareness: being tuned out and disconnected. Sexual compulsivity has been linked with dissociation (Friedman, 1988; Griffin-Shelley, Benjamin, & Benjamin, 1995; Schwartz, 1996). As described by Carnes (1983), sexual compulsivity is

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about achieving mood alteration. Sexual behavior, or simply the preoccupation and rituals that precede it, is used as a "fix" to relieve psychological pain. The mood-altering sexual experience serves to block painful realities and, at the same time, to give them expression—to reenact what is unresolved (Friedman, 1988). If the painful experience were already worked through and integrated, it would not keep rising to the surface and need to be anesthetized. Unresolved issues, therefore, must be worked through, so that they become integrated with the rest of experience and personality. If sexual compulsivity is about disconnection and shunting awareness of inner realities, then healing involves the reverse process, which is connection and awareness.

The reverse of the process involved in sexual compulsivity is at the core of gestalt therapy. The goals of gestalt therapy are to become aware of experience, sensations, emotions, and needs; to be able to act on these; and to deal with the environment so that needs are met. Gestalt therapy emphasizes living *in* the moment—as opposed to *for* the moment, where nothing else matters. The fundamental goal of gestalt therapy is awareness of, and the ability to operate from, all aspects of the self, in order to function as an integrated, whole person.

This article describes basic concepts of gestalt therapy¹ and then illustrates their practical application with a case study.

GESTALT CONCEPTS

Awareness

A basic tenet of gestalt therapy is that without awareness there can be no change. When confronted with a problem, it is human nature to want to change the situation or the other person, when really we need to figure out, or become aware of, our own part in order to be able to do something different. More specifically, we need to know what we do, how we do it, when it works, and when it does not, in order to have the choicefulness to keep doing what we are doing or to do something different.

Awareness is in the present, the here-and-now. It is noticing what is happening as it happens. To get at this, the gestalt therapist asks questions like the following: "What stands out for you now?"; "What are you thinking (or feeling) now?"; "What are you aware of now?". The therapist facilitates

¹This information was obtained from Edwin S. Harris, Ph.D., during gestalt therapy training in St. Louis, Missouri, 1981–1984.

awareness by saying what the therapist is aware of or noticing, such as the client's breathing, body movement, changes in color, or voice. In this way, the client learns to stay in the moment and connect with experience, so that change is possible.

Perception

The concept of awareness relates to a second aspect of gestalt theory: perception. Perception includes figure and ground. A classic example is the picture that sometimes looks like a vase and sometimes looks like two faces. The part that stands out is figural. The other is ground. The therapist looks at what is figural for the client and for the self. This involves getting a figure of interest, losing interest, and shifting to another figure. Staying with the moment-to-moment figure, some unresolved issue emerges, because "unfinished business" tends to hang around. The task for the therapist, then, is the same as the one for the client: to be aware of moment-to-moment experience. Being aware of a figure that kept emerging in a session with "Brian," the subject of the case study below, led me to focus on it and to suggest doing an experiment that became a turning point in our work.

Experiment

Research experiments assess something's effectiveness or impact. Gestalt experiments serve a similar purpose. The therapist has the client take some action to see if it makes a difference—for instance, to see if it helps end unfinished business. While for choice we need awareness, for change we need two things: awareness and experiment (or action). In gestalt therapy, the client can experiment with different behaviors during the session, to determine if it changes anything.

This is the exciting, lively aspect of gestalt therapy. It is an opportunity for creativity. Instead of simply talking about something, the client does it. For example, the therapist might have a client *be* a part of the self that is conflicted or unexplored (e.g., sexuality, shame, anger) and speak from that part. This kind of activity separates gestalt therapy from other therapies. When we *do* something, we get new information, different from what is spoken. It has more staying power than a solely cognitive experience. Experiments interrupt the usual pattern of intellectualizing and facilitate connecting on a deeper level.

It is in the area of experiment that people often confuse technique with theory. In gestalt therapy, there is no list of techniques or exercises. Experiments are not canned, with desired outcomes. They arise from the moment, the here-and-now, and are sensitively tailored to the individual.

There are two kinds of experiments: awareness and thematic. Awareness experiments help the client to notice something, to stay with it, or to accentuate part of what is happening, in order to get to know it better. For example, a client with a twitch might be asked to *be* the twitch—to exaggerate it and talk from it. With a client whose hand is clenched into a fist, the therapist might mirror this action in order to bring it to the client's awareness. The therapist might then ask the client to further tighten the fist to see what comes up. The following example occurred with Brian. He was talking about feeling cheated and angry with his father. I asked him to say it like he meant it, to *be* with his anger. He replied that he was unable to do this, because at that moment he identified more with his father's feelings than with his own. Going with that, I asked him to pick a spot to go to, to *be* his father and speak to Brian. He complied. Doing this experiment heightened Brian's awareness that it was easier to talk from his father's viewpoint than to feel for himself. This reflected a lifelong pattern of disconnecting from his own experience, and instead focusing on his parents' wishes. What began as an awareness experiment turned into a thematic experiment.

Thematic experiments deal with a pattern of behavior (e.g., a wall coming up, passivity, sexually acting out) or with a polarity (e.g., sometimes being angry, aggressive, or violent and other times being passive, obedient, or overly nice—and not being able to bridge the two). This kind of experiment explores the theme more fully, in order to direct it to a possible solution.

Polarity

The definition of a polarity is opposites, the yin and the yang. Things usually exist in the context of their opposites, such as cruel/kind, hard/soft, and dull/brilliant. To illustrate, in order to know courage, we must know fear; for without fear we cannot experience courage. Sometimes we have trouble accepting one or the other part of ourselves. With sexual compulsivity, not only may one part not be accepted, but also polarized parts may actually be split off from one another. The individual may deny responsibility for the sexually compulsive behavior, claim a lack of control, or assert that the behavior was not "like me." The *me* and the *not me* become polarities. This splitting is used to deal with tremendous ambivalence, conflict, and shame. In Brian's case, the following polarity existed: On one side was his public self—the perfect choirboy, who sang and played piano in church; on the other side was his secret life as a sex addict—the exhibitionist and voyeur arrested three times in 14 months.

In gestalt therapy, experiments are designed to help integrate polarities. Integration involves awareness and acceptance of both sides of the polarity. The ability to operate from both paradoxically changes each one. Still in

therapy at the time of this writing, Brian was gradually getting to know and accept both his addict and his goodness. This in turn was redefining each one.

CASE STUDY

Brian, a sexually compulsive man in his mid-20s, was referred to me following his second arrest for exhibitionism and voyeurism. He still lived with his parents, religious people who had raised him to be seen and not heard. Brian related that he had decided at a young age that if he did whatever his parents told him to do, then he would be perfect. He initially reported a happy childhood, which I find common among sex addicts at the start of treatment.

During the first months of therapy, Brian was passive, emotionally flat, and looked to me to tell him the step-by-step road to recovery, so that he could then obediently follow the plan. I did not comply. Rather than set the agenda for him, as he repeatedly requested that I do, I asked him to tune into his own awareness to determine the content of each session. This was hard work for Brian, given his family injunction: Do not think for yourself—do what I tell you to do. It was also difficult because he was depressed and fearful that he would never change. A breakthrough was achieved through the use of gestalt therapy.

Experiment 1: Be Your Sexuality

Six months into our work, Brian talked about his disappointment in himself and in his sexual acting out. He described his behavior as “ugly” and “distorted.” He wondered if he had a “bad gene,” stating that lots of parents restrict their sons from romance novels, car magazines with bathing suit covers, and posters of bikini-clad women and those sons do not become sexually compulsive. Brian’s parents had treated his sexual interest as if it were bad; so, to be the perfect son, he had tried to banish it. I assured him that his interest in these things was normal—it was his parents’ reaction that was not. I told him, “You need to make friends with your sexuality.” I heard myself say it a second time, when I came up with an idea for an experiment.

Since we had never done a gestalt experiment before, I briefly explained what they are and asked Brian if he would be willing to do one. He agreed. I then asked him to pick a spot in the room where he would go to *be* his sexuality. The reasoning behind this was that where he was currently sitting represented all of him, whereas his sexuality was only one part. He moved to a comfortable chair. I asked him to start by saying out loud, “I’m Brian’s sexuality,” and then, as his sexuality, to describe himself, saying whatever

came to his mind, without censoring or filtering. Neither one of us knew what to expect. Would this be an ugly, raving, raging part of himself? Here is what happened:

He began,

I'm Brian's sexuality. I'm loose and free. I like to have fun. . . . I'm horny. I'm liberated. I have all these ideas. . . . I like to feel good. I'm very creative. I'm warm. I'm comfortable. I don't want to feel shameful or shamed. I want . . . somebody who understands, who doesn't think I'm weird, who accepts me, who likes the things I like to do.

I asked, "Sexuality, are you here to help or hurt Brian?" The response was "to help him." I then requested that he tell Brian how he felt about him and what he was willing to do for him. He first responded, "He's had to hide me." Then, turning to the spot where Brian had been sitting, he said, "I want to help you. I can embrace you. We can be friends. I'm a good part of who you are—just a part. . . . I hope we can be friends."

Processing it afterwards is part of doing a gestalt experiment. I had Brian return to his original seat and asked him what stood out to him from this experiment. He replied, "I can separate myself into parts. . . . [My sexuality is] not all of me. It's a part of me. I can have a relationship with my sexuality. It doesn't have to control me. It doesn't have to be bad." He became teary and then asked, "Why'd I cry?" I replied, "Maybe your sexuality's own beautiful nature had been betrayed." I told Brian that I had never seen him so alive. When he spoke as his sexuality, his eyes sparkled, he was exuberant. In contrast, so long as he was shunting this aspect of himself, he was drained and listless. I told him that I was struck by the beauty of this part of him and began to refer to it as his "beautiful sexuality."

Brian began the following session by saying, "I would like to do that again!" He stated that he had thought that his sexuality would be "ugly" and "offensive." I replied that his parents treated it like it was, so it offended. He said, "In the past while offending, I wished that I could redirect this energy into something positive." I said, "You can. *Into* your sexuality, not away from it." Brian described a polarity: He felt aggressive when exposing himself and passive when being sexual with two female friends, who were the initiators. With a new perspective on his sexuality, he arrived at a solution: "I want it to be mutual. . . . Maybe I can be more verbal. . . . [And say things like,] 'Your beauty goes beyond your physical beauty. Looking at you makes me dizzy.'" By experimenting with ideas out loud in the session, he was able to receive feedback. I told him that his words were very romantic, very nice, and that his sexuality was connected to his spirit. He was shocked. He had

never thought of his sexuality as spiritual, or that those two words could even be uttered in the same breath. Prior to the gestalt experiment, he had never linked his sexuality with his creativity, either. Doing this experiment was a turning point. For the first time, he began to see that maybe his sexuality *was* beautiful.

Over the next months, whenever Brian doubted the beautiful nature of his sexuality, I would read to him what he had said as his sexuality during this first experiment. During gestalt experiments, I take prolific notes, writing verbatim almost everything that the client says. Nothing is more compelling than the client's own words.

Experiment 2: Be Your Shame

Brian liked the gestalt experiment so much that two sessions later he suggested that we do another one. Earlier that week, his parents had been seriously injured in a car accident. He reported feeling guilt, anxiety, and shame for the emotional and financial burden placed on his family, due to the legal and treatment costs of his sexual compulsivity. He asked to do a gestalt experiment to deal with these feelings. Because he was most with his feelings of shame, we focused on that emotion. I had him pick a spot in the room to *be* his shame. This time he put himself in the corner. I then gave him instructions similar to those given in the first experiment: to begin by saying, "I'm Brian's shame," and then, as his shame, to describe himself without censoring or filtering. It went as follows:

He started,

I'm Brian's shame. I feel black. I feel creepy. People give me looks. They know what I'm up to. I cry a lot. I can't really be who I am. I let everybody down. People think I'm one way. I'm another. I'm living a lie. I'm going to destroy Brian. He has a deep desire to be destroyed. . . . I'm going to put him in risky situations—the riskier the situation, the higher the adrenaline. I have to make him doubt himself. . . . I try to connive and cajole. Tricks and deceit are my specialty. . . . I'm a murderer. I want to destroy him. He never ever should have had those [sexual] thoughts. He never ever should have wanted to look at beautiful women in magazines. His parents didn't want him to and they know what's right.

I asked, "So where did you come from, Shame?" He replied, "I came from his parents. My job is to make sure he either straightens up and doesn't ever express his beautiful sexuality, or he shuts down so much that he reveals himself to everybody. . . . [So] his true nature can be revealed. I would be revealed." I asked, "Why did you come to Brian?" He answered,

I came to Brian because I wanted him to conform to what his parents said. I thought they were right. I'd like Brian to be able to resolve those incidents in his mind and heart—the romance novels, the bikini posters, the message to go into the other room or to turn his head when something sexual was on TV.

I instructed him to give Brian a message to help resolve this. He responded,

I came from your parents, because shame came from their parents to them. You're not at fault for the feelings, the interest, the curiosity you had. It was normal. It was the way you grow, the way you bud. I wish I could have influenced your life in a good way more, instead of influencing it in a negative way. . . . I'll help you to see when what you're thinking and doing betray other people's trust, deny, ignore their beauty and your own, our own.

Taking what he said a step further, I spoke as his shame and said, "I'll help you see your own good true nature. I'll help you see the true beauty in your sexuality, instead of making it something to be reviled." I then had him return to his seat to process this experiment.

What stood out to Brian was that "shame can be positive, but I'm letting it run my life." Where did it come from? "My parents. They wanted to shield my eyes and my inquisitive nature. They pounced on this. I learned that sexuality is shameful. Maybe my parents experienced preoccupation with their sexuality." This was a new awareness for Brian. During a subsequent session, he stated, "I realize something made my parents so focused on my sexuality. I don't know what. . . . Now, instead of getting caught up in a cycle of self-blame, I can detach and take a look."

Experiment 3: Talk to Your Addict

Brian was making great progress; yet several months after this last experiment, he engaged in risky acting out behavior that could have resulted in additional arrests. I said to him, "You need to tell your addict, 'You're needing something, and I'd like to find a more direct way to meet your needs. This doesn't really do it.'" I suggested a gestalt experiment: to talk to his addict. I asked him where in the room his addict would be. He answered, "He's sitting on the floor (pointing to a spot in front of my chair), trying to peek up your dress, and exposing himself to you." I then asked Brian to talk to his addict:

He began sharply, "Addict, we both have needs. The ways you have had me meet them aren't good for me. Do you realize how hard. . . ." I sat down on the floor in his addict's place, put my hands over my ears, and

said, "I won't listen to you, because you just berate me." I then instructed Brian to be more vulnerable, to speak from his heart, so that his addict would be more likely to listen. In a softer tone, Brian said to his addict, "You've been there for me. I've hated and loved you at the same time. I want to embrace you."

I then had him *be* his addict and talk to Brian. He moved to his addict's spot on the floor and said,

First of all, I feel like garbage. I'm an addict. You call me 'addict.' How am I supposed to feel? People with addictions are the scum of the earth. I'm the one . . . [with] all these problems. I feel like such a scapegoat. I wanted to get out and do the things you were afraid to do. I feel repressed. I feel resentful of you. You sound almost pompous.

I asked his addict, "Who repressed you?" He answered, "This guy Brian repressed me. I was initially repressed by his parents. He followed what they wanted him to do."

I asked his addict to talk to Brian's parents. He put them in a spot on the couch and said,

F— you guys! The reason I've grown is because you've tried to control so much. . . . I can't be perfect. You did a lot that was great, but you did mess up. . . . Just as I need to be responsible for the legal charges in my life, I need to hold you accountable for trying to mold me into this perfect guy. But I'm my own person. . . . You never had a down-to-earth conversation with me about your sexuality. My sexuality is looking pretty bad, because I'm out on 'Front Street.' But I'm good! I'm good! What I've done has come out in a distorted way. . . . I want to be known. . . . I want to show my discontent. I've had to repress any ill feelings toward you. . . . I do feel like garbage, but I need to be loved. Brian just told me he's willing to love me and to be there with me. I feel crazy right now. I could be nonexistent. Maybe that would be best for Brian.

I moved to Brian's seat and, speaking as if I were Brian, said, "No, I don't want you to be nonexistent. Without you, I'd be the hollow shell they wanted me to be. I'll always need you to tell me what I feel. You're a part of me that won't be denied." I then returned to my own seat and said to his addict, "You'll never be nonexistent. If you and Brian work things out, you'll be a treasured part of him, a part that helps him connect to his truth."

During the following sessions we processed this experiment. Brian stated,

It's a revelation that my addict has needs. . . . It's a revelation that I can cooperate with my addict and not beat him up. . . . He is very confused about the mixed messages he got. He has good natural feelings about sexuality . . . [but he was] told, asked, exhorted to repress them throughout his life. I have so much empathy for my addict. I didn't before. I see him as a needful being.

I added, "And you need him." He replied, "Thank you. It's a revelation: I need my addict." He continued tearfully, "I wouldn't have been able to survive without my addict. My addict can help me. When my addict wants to act out, it means something's wrong. Rather than slapping him . . . I can say, 'Thank you for that sign.' . . . [This] goes against my past beliefs." I added, "It was too much to ask of you to kill off a part of yourself, to be your parents' perfect boy. . . . Your addict was there to say, 'Hey, listen up, you are sexual. I won't let you forget this part of you.' Because your sexuality couldn't be experienced straight out, it found indirect, devious ways to show itself—like exhibitionism. Now, if you *own* your sexuality, it won't need to come out in those ways."

After doing this experiment, Brian started talking with his addict on his own, outside of sessions. He decided to give this part of himself a name. He came up with "B.S." for beautiful sexuality. However, after hearing my concern that B.S. could be confused with something negative, he decided to use the nickname "Beau" instead. Brian used to think that his addict was bad, with "no redeeming virtues." He stated, "Now I say, 'I love you, self, addict, Beau, beautiful sexuality, my buddy, my little guy.'" Brian began to move out of self-loathing to self-acceptance and self-love.

Speaking Up

In addition to the theme of compulsive sexual behavior, addressed in the three experiments above, another theme emerged: Brian's not speaking up. Brian entered therapy quiet, passive, and monotone. His voicemail messages were barely audible. His job included public speaking; he noted that the audience looked sleepy when he spoke. To address this, I reminded him of how alive he was during the gestalt experiment in which he spoke as his sexuality. I suggested that he *own* his sexuality, his spirit, and let it into his voice. I recommended that he exaggerate his liveliness, turn up the volume, and make eye contact. With practice, his face and voice became more expressive, his voicemail messages were loud and clear, and he even received rave reviews for his public speaking.

Therapy required Brian to look inside of himself and to say out loud his awareness. By learning to speak up in therapy, he became more able to

do this in the rest of his life—with friends, people at work, and, most importantly, family. He told his parents, “I want you to know my sexuality is very good.” One of his most difficult and courageous acts of speaking up was asking his parents if anyone else in the family had ever struggled with their sexuality. This required courage because Brian had tremendous fear and ambivalence. For 4 months, we rehearsed how to approach his parents—one at a time—in a way that would increase the likelihood of an honest response. We developed the following script:

Mom (Dad), I appreciate all that you’ve done for me: hiring and paying for lawyers, paying for therapy, praying for me. I know that you love me. And I believe that you would do anything to help me heal. Is that true? (Wait for the answer, most likely “yes.”) Well, what I need from you now is something that is so important that it feels like a key to my healing. I’m asking you to give me the hardest thing of all, which is more of yourself. What I really need from you is very hard for me to ask, as I’m sure it’ll be hard for you to answer. And if you could give me this, it would be the greatest gift in the world that you could ever give me (by this time it was December, before Christmas). May I ask you? (Wait for the answer.) What I so need from you is to know if you or anybody in the family has ever done anything remotely like what I did, or struggled with sexual behavior in any way at all. (If the parent denied any family history of this kind, he would say, “Please think about this. It would be the greatest gift you could ever give me.”)

Brian asked his father first. His father answered that nobody in the family had done anything like what Brian did. Brian’s father said that he had not struggled with anything, although he did admit to looking at pornography while he was in graduate school; masturbation, which he said was “normal”; and “perhaps” touching women in ways that might be considered inappropriate. Brian then asked his mother. She replied that she knew of nothing except for one thing, which, as Brian put it, was “my own father!” Brian’s father had been arrested for exposing himself at ages 22 and 25 and had received a suspended imposition of sentence—just like Brian. Following this conversation with each parent, the subject was dropped like a hot potato. I encouraged Brian to keep this topic open, to continue to ask questions, and to urge his mother to tell his father what she had disclosed. Brian eventually did this, despite his parents’ reluctance and also his own.

Brian’s initial reaction to the news about his father was a mixture of shock and relief. He remarked, “All along he did what I did, and I felt like the black sheep of the family!” Brian had considered himself to be a disgrace

to his family; but the truth was that he was the one who had the courage to do the work—the healing—that no one else in the family had done before him. By continuing to speak up in a wise and respectful way to his family on this important topic, Brian was changing not only his life, but also the life of his family. Remember the gestalt concept of polarity: things exist in the context of their opposites. On one side was the black sheep; this was the part that Brian knew. On the other side, previously unexperienced by him, was the shining star, shedding light on a problem that, as it turned out, spanned multiple generations in his family. As Brian put it, "I never realized what a great role I could play in my family." Now, perhaps, the buck could stop here.

SUMMARY AND DISCUSSION

Gestalt therapy helped Brian toward resolution of his sexual compulsivity. As this case study illustrates, the gestalt approach is more than symptom management. It involves getting underneath the behavior to address the underlying issues. Connecting to inner experience and inner truths concomitantly entails gaining a more accurate picture of outside relationships. Through gestalt experiments, Brian was able to better understand the positive nature of his sexuality and to integrate it with the rest of his experience—rather than subverting it because of the fears and prohibitions of his parents, due to their own unresolved issues. Brian realized that he was carrying his parents' shame.

Gestalt therapy was not the only treatment modality used with Brian. My theoretical orientation is eclectic, including gestalt, family systems, cognitive, behavioral, and psychodynamic approaches. However, it was through gestalt work that a breakthrough occurred. As opposed to simply talking about something, gestalt processes provide an experiential aspect to therapy. This can be quite powerful. Through gestalt experiments, both client and therapist gain new information. I had shared cognitive insights with Brian, but they were not meaningful until he made the connections for himself.

Gestalt experiments are never imposed on the client. The therapist suggests an experiment and the client may decline. Then the figure of interest becomes the client's reluctance. This becomes more important than the original experiment. On the other hand, sometimes a client is willing to do an experiment but is unable to do it, such as when Brian found it too hard to *be* with his anger at his father. This, too, provides useful information.

The same experiment done with different clients will yield different results. For instance, when Brian spoke as his sexuality, he looked alive, his

eyes sparkled, and he had more energy. Although this experiment was created for Brian, it felt appropriate to do during a session with another sexually compulsive client. "Danny" talked fast, stumbling over his words. His mind seemed to race a mile a minute. Asked to *be* his sexuality, Danny chose a reclining position on the couch; he lay still and spoke slowly, clearly, and calmly. In short, he slowed down. His response was the opposite of Brian's. With both clients, the behavior demonstrated during the experiment was the very behavior that needed to be integrated into the rest of the client's life.

The therapist plays an active role during gestalt experiments. First, the therapist devises an experiment, which the client may modify. Then the therapist helps direct it, asking questions and making suggestions as the process unfolds. The therapist may assume the client's role, that of the part of the self that is being explored, or that of another person who is in the client's life and is named in the experiment. Afterwards, the therapist gives the client feedback, stating what stood out or was figural. If notes were taken, feedback may include reading the client's own words back to the client.

During gestalt experiments, clients often appear to go into an altered state. Unlike the trance associated with sexual compulsivity, this is a state of deep connection and focused attention to the self. I go into a similar state along with the client. It is a creative state, one of joining in with the client's experience and with what is unfolding before me, in order to help direct it to a possible solution. Successful treatment of sexual compulsivity requires both therapist and client to be tuned into their sensibilities and aware of their experience. Gestalt therapy promotes this.

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