In the 1970s, Violet Oaklander, PhD, was a classroom teacher of emotionally disturbed children while she trained to become a Gestalt therapist. She used creative modalities with her students, including clay, puppets, sand tray, drawing, to support greater awareness and integration. One of many originators of Gestalt Therapy, Frederick Perls, MD (1975), wrote, "The criterion of a successful treatment is the achievement of that amount of integration that leads to its own development" (pp. 52-53). In healthy growth and development, the child's behavior is purposeful, balanced, flowing from one experience to another. That is, it is integrated.


**Basic Tenets**

The principles of Gestalt play therapy are rooted in neuroscience, philosophy, organismic functioning, field theory, the arts, and knowledge of human development. Two major tenets that inform the therapy process are elaborated. Others are discussed throughout this article.

**Organismic Regulation**

Humans are organisms that strive for life and connection. The organism, using the functions of contact (e.g., senses, movement, emotion, and problem solving), directs its awareness towards identifying a need/want. With adequate self-support and environmental support, the need/want can be satisfied within given conditions. Yet, the child can interrupt this natural process to adapt to the demands of socialization, which can result in symptoms. The therapist attends to the child's adaptations of somatic states, emotional expression, and problem-solving skills. She provides support for him to re-experience his process of organismic regulation. As the therapy progresses, the child becomes more integrated with a greater sense of well-being and aliveness (Oaklander, 1978, 2006).

**Dialogic Process**

Gestalt play therapy is a mutually engaging relationship. The dialogic process (Carroll, 2009b; Oaklander, 1978, 2006) involves a relationship where child and therapist are impacted by each other. This relationship looks like an improvisational dance—spontaneous, interchanging roles, responsiveness. It requires the fully engaged presence of the therapist and the capacity to respond to her felt sense of the child's experience as expressed in language, creative modalities, and body tone. When the therapist and child confirm the meaning of these experiences together, the therapy process deepens.

**Psychopathology and Client Dysfunction**

The Gestalt play therapist observes and learns how the child attempts to get relational, emotional, physical, social, and intellectual needs/wants met. The child's developmental history is needed to understand the context and progression of the child's symptoms (Siegel, 1999, 2011). Current relational and self-supports are assessed. From the Gestalt perspective, the symptoms that bring a child into therapy are indications of the child's unfulfilled attempts for self-regulation and in being supported in his worlds of family, school, and community.
and the child makes adaptations. The energy that the child would use for functional life activities is blocked, misdirected, or even denied expression. Behavioral, relational, emotional, and even physical symptoms can result. Some symptoms may be indications of neurodevelopmental or medical issues that must be carefully assessed for needed adjunctive specialized treatment (Grant, 2018).

**Treatment Description**

The Gestalt play therapist is responsive to the child’s therapeutic core issues. Throughout the therapy process, the therapist focuses on the child’s supports and how the child organizes his experiences and gives them meaning. There are certain elements that serve to guide the therapist through her reflections on the needs of the child and making decisions about effective interventions (Oaklander, 1978, 2006).

The most essential element is the necessity of sustaining the child and his parents’ trust and promoting safety and security in the relationship. The child learns why he is brought to therapy so that he can participate in establishing consent, goals, expectations, and interventions.

Oaklander (1978, 2006) identified additional elements of the Gestalt therapy process. These are areas to explore, usually non-sequentially, to co-create experiences that support the child’s ability to use his contact functions in order to strengthen his sense of self and support integration (see table, next column).

**Elements of Therapy**  
<table>
<thead>
<tr>
<th>Possible Modalities</th>
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</thead>
<tbody>
<tr>
<td>Sensory/body activities</td>
</tr>
<tr>
<td>Sand tray, drawings, games</td>
</tr>
<tr>
<td>Books, music, role play, clay</td>
</tr>
<tr>
<td>Puppets, drawings</td>
</tr>
<tr>
<td>Roleplay, homework</td>
</tr>
<tr>
<td>Parent consultations</td>
</tr>
<tr>
<td>Family involvement, acknowledgements</td>
</tr>
</tbody>
</table>

The therapist uses clinical judgment, therapeutic skills, and play therapy to provide enjoyment, interest, and depth to this process (Carroll, 2009b; Oaklander, 1978, 2006). Gestalt play therapy is grounded in an awareness of the culture of childhood and is informed by areas of diversity in planning clinical interventions.

**Therapy Goals and Progress Measurement**

The goal of Gestalt play therapy is integrated aliveness – the networking of all organismic functions so that the child’s basic physical, developmental, social, emotional, and intellectual needs/wants are understood and organized. Integration is an emergence that is not easily measured but is experienced.

The child who is integrated is very different from the symptomatic child whom the therapist meets initially. He is spontaneous and curious, playful and compassionate, energetic and responsive, active and quiet. He understands the meanings of emotions and how to regulate them. He allows himself to learn to the best of his abilities. He loves and allows himself to be loved. He is discriminate in relationships. He possesses a cohesive narrative of his lived experience that addresses the difficult and traumatic experiences of his life (Carroll, 2013). When the integrated aliveness of the child is present and daily life becomes easier, the readiness for therapeutic closure develops (Landreth, 2012).

**Powers of Play**

From the Gestalt perspective, play is essential for integration. A playful attitude is necessary for curiosity and learning and is basic to social learning and problem solving (American Journal of Play, 2010; Panksepp, 1998; Schaefer & Drewes, 2014). The therapist heightens the child’s awareness of the issues in his life through processing the creative modalities of play (Oaklander, 1978, 2006). In therapy, a child learns who he is and who he is not, what he wants and what he does not want. He develops mastery in many areas including emotional expression and social relationships. He learns to cope with frustration and learns from mistakes and losses. Play ties the experience of the child and therapist together and allows for the emergence of an awareness of possibilities that are novel and interesting.

**Summary**

The Gestalt play therapist is especially interested in how the child attempts to meet his needs/wants in conditions of non-support. The Gestalt approach provides a way for the therapist to understand the adaptive patterns and core issues that underlie a child’s way of being in the world that cause him to need therapy. The process of Gestalt
play therapy is a relational, creative, playful endeavor that results in the natural organismic integration of the child and a playful attitude in his life.

References


ABOUT THE AUTHORS
Felicia Carroll, LMFT and RPT-S, is the Director-Faculty of the West Coast Institute for Gestalt Therapy with Children and Adolescents, LLC. She publishes and teaches internationally and is often a guest lecturer at conferences on Gestalt Play Therapy. She has been a friend of Violet Oaklander’s for 40 years.

Valente Orozco, LCSW, PPS, RPT-S, is a Certified Gestalt Therapist with adults, children and adolescents. Mr. Orozco works in private practice in Clovis, CA and is Core Faculty with the West Coast Institute for Gestalt Therapy with Children and Adolescents.


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