

Explanatory Notes for “Gestalt Process Diagnosis”

From a scientific point of view Diagnosis as it is done currently is delineated by the American Psychiatric Association's *Diagnostic and Statistical Manual (DSM)* and its international counterpart *ICD10* are sorely lacking. These systems have been severely and justly criticized for sacrificing validity for reliability, ignoring the individual's social and cultural ecosystem, reliance on artificial categories rather than continua, and the gross heterogeneity of its diagnostic entities. As a result the system has been useful to communicate generalities about groups of persons but is inadequate when applied to individual persons and their behavior. Where it has been used slavishly, it has led to treatments that often are not tailored to the individual and as a consequence treatment outcomes that are less positive than need be and at times have led to iatrogenic consequences.


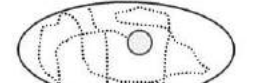



While retaining some of the common names applied to various groups of people with some shared psychological characteristics, we have attempted to move away from static entities toward a *Process Diagnosis*. In other words we are not interested in traits or states but rather the process or the psychological person in action. Thus we do not subscribe to the view that the term *schizophrenia* is an actual grouping of people who share an etiology, rather we are using this term to describe processes that are common to individuals who behave in ways that are considered bizarre but whose etiologies are indeed disparate. It is our view that

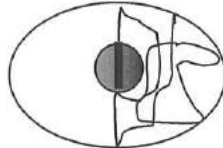
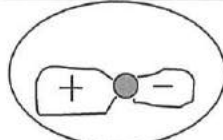
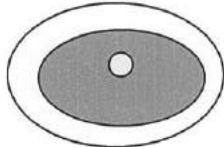
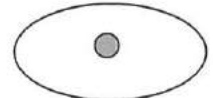
adequate treatment requires first adequate description of process engaged in by the individual.

The process of Gestalt Formation and Resolution which we have used parallels specific cortical and sub-cortical activities and has been designed specifically with that in mind. We have used this cycle because it more closely describes psychological function and drive theories than do other available cycles. In this cycle it is understood that biologically based needs trigger the polarization of the phenomenal field (not to be confused with the “Field” described in Field Theory) into Figure which organizes Ground much as described by Spreading Activation theory and research, and Ground which gives meaning to the Figure. In deriving this theoretical model we have attempted to integrate Gestalt Theory with current cognitive and affective research associated with contemporary understandings of psychological process and function. While the configuration of the phenomenal field is constantly changing as it travels in time from the stage of Figure Formation to Assimilation, we have attempted to draw rough schematics of its probable configuration at the time of the interruption that disrupts the smooth and adaptive flow of Gestalt Formation and Resolution.

Gestalt Process Diagnosis


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Time →							
Disorder	Figure Formation >	Figure Sharpening >	Self/Environment Scan >	Resolution °Intending °Planning °Executing °Verifying >	Assimilation >	Undiff. Field.... >>>>	Phenomenological Field Configuration At point of interruption
Depression	Figures fail to form because of introjects, hopelessness and helplessness		May be out of practice or not have learned adequately	May be out of practice or not have learned adequately			
Hysterical Pers.		Figure remains vague and there is an immediate skip to stereotypical Resolution		Stereotypical action	Dissatisfaction		
Obsessive-Compulsive*		Clear Figure Formation	Aspects of Ground aroused in Scan replace Figure over time and there is a loss of drive to completion in the absence of figure	Unable to act.	Low level dissatisfaction		
Anti-Social*		Figure exceedingly sharp	Inoperative or operative only in self interest.	Effective Resolution	Disrupted when in conflict with other/community		
Schizophrenia*	Organismic figure not visible but organized ground is present						

<p>Borderline</p>	<p>Both Figure and ground are split. Two mutually exclusive phenomenologies evoked by issues of NUTURANCE and REJECTION produce repeatedly similar figure/ground configurations.</p>					
<p>Narcissistic</p>		<p>Meaning of all figures are affected by dichotomous self-evaluation.</p>			<p>Distorted by embarrassment and shame.</p>	
<p>Post Traumatic Stress Dis.</p>		<p>Figure usurped by unassimilable events.</p>			<p>Stimuli and events are too overwhelming to assimilate. Result is oscillation between numbing and intrusive experiences</p>	
<p>Anxiety Based Disorders</p>		<p>Meaning is distorted by ground.</p>	<p>Self/Environmental scan is usurped by teleologic fantasy</p>		<p>Illusory avoidance is reinforcing.</p>	

General Principles:

1. Following initial disruption all further processes are distorted.
2. Interruptions are based upon Procedural Memory.
3. All ground is memory based.

 Denotes point of interruption

Principle I: Integration through inhibitory control
 Principle II: Functional dominance of lower structures by higher structures

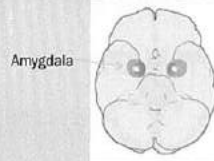
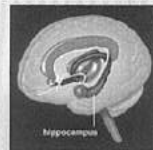
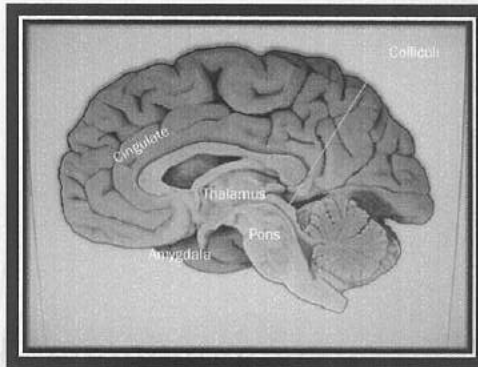
Frontal Cortex: Higher order processing

Cingulate Gyrus: Social attachment and play
 Hypocampus: Procedural, reference, & associative memory. Memory for context. Anticipatory

Amygdala: Integrates rewarding vs. aversive events with exteroceptive events. Working, declarative, and configural memory. Anticipatory

Hypothalamus: Defensive aggression / Inhibited for play and social purposes.

Pons: Primitive brain with fixed responses. Defensive re pain. Defensive aggression. Flight



HIERARCHICAL ORGANIZATION OF ANXIETY

TWO BASIC NEUROPSYCHOLOGICAL CONFIGURATIONS

Left Hemisphere

Anxious Apprehension:

Time: Future (immediate or distant)

Worry
 Cognitive Anxiety
 Anticipatory Anxiety
 Rumination about negative expectations and fears of future

Body Manifestations:

Muscle Tension, restlessness and Fatigue

Prominent in GAT and OCD

Treatment more cognitive/experiential

Right Hemisphere

Anxious Arousal:

Time: Present (immediate)

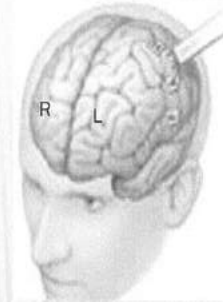
Panic
 Intense Fear
 Somatic Anxiety

Body Manifestations:

Heart pounding
 Dizziness
 Shortness of breath
 Sweating
 Feeling of choking

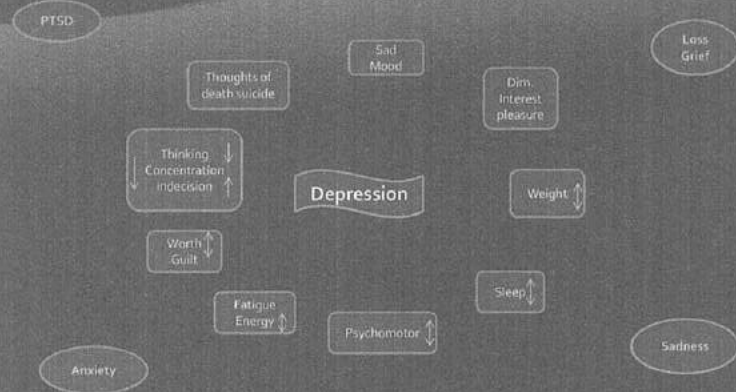
Prominent in Panic Dis. & PTSD

Treatment more experiential/desensitizing



Depression as example:

Depression: Diagnosis by outcome, side-effect & Problem of Co-morbidity



There is nothing here describing what the person *does* only how s/he *seems* as a result of what the person does.

Depression as a Process

PROCESS DESCRIPTION

- Etiology
 - Negative Introjects
 - Learned Helplessness
 - Hopelessness
 - Procedural Memory
- Figure fails to form or forms weakly and is unable to drive the gestalt to resolution
 - Attentional system not easily aroused either in *collicular & midbrain circuit* or *frontal lobe circuit*.
 - Not aware of needs without prompting
- Self/Environmental Scan not adequately aroused and dampened by introjects
- Resolution unlearned if depressive process starts early or loses skill if inactive. Skills deteriorate or extinguish over time.
- Assimilation confirms Helplessness and hopelessness

TREATMENT IMPLICATIONS

- Identify procedural memory
 - Identify early learning experiences
 - Note current assimilation process
- Help use attentional system to identify needs and interests > *Figure*
 - Track and bring to awareness process which prevents proceeding on figure
- Use attentional system > create awareness of self/environmental support & options
- Teach action if needed
- Train assimilation sensitivity using sensations, emotions, interoception