CHARACTER STRUCTURE:
A GESTALT-COGNITIVE THEORY

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Most theories of behavior and therapy have tended to focus on why *behaviors are present. By contrast, the theory and practice of Gestalt therapy have focused primarily on* how *behaviors are present. This article describes a Gestalt model of character structure and function from the point of view of Gestalt process theory in coordination with E. Tulving' s (1985) concept of procedural memory from cognitive and developmental psychology. Current developmental research is used to clarify how character as an operating system is developed. This conceptual framework permits a description of how character functions and has implications for creating change in psychotherapy. Examples of the application of this formulation are provided.*

The explosive growth in research in cognitive psychology and its relationship to experience, emotion, and behavior has in many ways confirmed many of the basic assumptions of Gestalt

therapy. While Gestalt therapy has been justly criticized for not having made an adequate effort to research its underlying theory and efficacy, the information from these areas can be useful in enhancing the quality of clinical work in Gestalt therapy as well as psychotherapy in its more generic sense.

The genius of the work of Fritz and Laura Perls lay, not in their original ideas, but in the brilliant way in which they went about selecting the concepts from fields as diverse as philosophy to the nascent neurosciences of the time-ideas that would eventually prove useful and effective. So it is no surprise that their concept of character, which for the time was novel, would fit well with research data and theory in cognitive psychology. Their carefully intuited and thought out positions are a good guide to searching the current research literature, and, in turn, the current research is helpful in facilitating our clinical understanding and therapeutic work. For example, Perls, Hefferline, and Goodman (1951, p. 69) would fit quite well into the discussion of current cognitive literature when they write of "fixed forms, made relatively stationary in order that something else may move more efficiently." They did not assume that fixedness was unhealthy. To quote Perls et aI., "Many such fixed forms are healthy, mobilizable for the ongoing process, for instance a useful habit, an art, a particular memory that now serves for comparison with another particular to yield an abstraction." Greenberg (1999) reiterated this perspective in her recent commentary on character. Alternately, "some fixed forms" have been referred to by Perls, Hefferline, and Goodman as "character" in its neurotic sense.

The notion of character is a broad one and requires clarification. If you were asked to write an essay on how to tie one's shoes, you would probably produce a confused and useless document. After all, do you know which lace to start

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with? Which goes under or over and through? It is highly probable that you do not. However, if you were asked to tie your shoes, you could do it with little effort and no thought, and you could probably carry on a conversation about Picasso at the same time! Why the difference? The answer is, that what was once a procedure that you learned with a fair bit of conscious awareness and effort, and for which you were praised by those who were delighted to be relieved of the job, has become so second nature to you that you now do it without conscious awareness. Indeed, if you try to be aware of the process of tying your shoes, you will probably have a good deal of trouble carrying out the task. The example used is simple but describes a significant building block of what we call "character" -- or how we do what we characteristically do.

In this article, it is our intent to join together some of the current concepts in Gestalt therapy with relevant research literature in cognitive and developmental psychology to elucidate what character structure is and how it is developed. This joining of concepts will be used to assist us in arriving at recommendations about treatment that are more specific and theory based. We begin by recapitulating and noting recent advances in Gestalt concepts of character structure. We then introduce our current understanding of cognitive and memory systems relevant to character structure. Next, we review current research on how experience in infancy results in rapidly evolving ways of perceiving, contacting, and behaving in the external and internal worlds so that these become adult character structure. We then discuss how this process works outside of awareness and yet guides our daily behavior. Lastly, we address the implications that this concept has for making the therapeutic process more effective and efficient.

We wish to present a model of character structure that is dynamic rather than fixed in nature. It is based upon the concept that the basic Gestalt formation and resolution process works in concert with procedural memory to produce a dynamic and nonfixed operating system that describes how character functions. From this conceptual framework, the operating system *is* the character structure. It is a system of responsiveness rather than a fixed system. Although much of character is formed in a preverbal state, most psychotherapy is a verbal process. Understanding character as a process (rather than a set of traits)

that has its roots in early experience that partially determines current responses allows us to see and intervene in character issues as they unfold.

The Concept of Character

Character has a number of connotations both in psychology as well as in our culture. We can speak of character the following ways:

1. Attributes that can be relied upon;

2. one who stands out as interesting and idiosyncratic;

3. a set of predictable ways of coping with relationships;

4. character as used in psychology to denote a personality disorder;

5. the Gestalt definition of character, which denotes invariant and fixed ways of behaving without taking into account the present configuration of the field and not having a flexible array of available responses.

Perls et al. (1951, p. 13) saw the primary work of psychotherapy as analyzing character structure. While they equated rigidity with character, they did not necessarily see character as unhealthy. They saw character as something that had a healthy aspect in that it allowed for smooth connections and interactions with others in the process of carrying out tasks that tend to be repetitive.

From the perspective of Gestalt therapy, the work of therapy is raising to awareness the process of interruption of the gestalt formation and resolution or destruction process. The gestalt therapist would postulate that the patient's personal methods of interrupting this process are a habit that one brings to a situation regardless of the content of the moment, in short, character structure. For example, one may interrupt contact with a lover, or perhaps more likely, a parent, in much the same way that one will interrupt contact with a supervisor. Shub (1999) has described well such aspects of character structure in his article on the treatment of character disorders. If this process of interruption is a realistic description of what occurs naturally in one's life, then there are several important questions that follow:

I. What is the nature of the mechanism for this interruption and manner of function?

2. What are the ways in which this unique interruption pattern at a particular stage of the process is learned, when is it learned, and how does it become a part of my character?

3. How is this unique interruption pattern adapted and maintained throughout adult life?

4. Lastly, how does understanding this huge set of patterns help the therapist to conduct therapy in such a way as to restore flexibility and responsiveness to the current field? Is that an attainable goal?

Gestalt Formation and Resolution Process

Figure formation and resolution is the basic phenomenological unit in Gestalt theory (Burley, 1981). It assumes that what is figural in the person's awareness at any moment is based upon a biologically rooted need or interest (see Figure 1). This interest or need polarizes the phenomenological field into figure and ground. Obviously, this does not always take place immediately; rather, there are several stages that begin with *figure formation* followed by *figure sharpening.* Once the figure is clear, the person engages in a *self and environmental scan* for the most appropriate means of bringing the figure to resolution. Then, figure resolution is carried out, followed by *assimilation of the outcome of the resolution.* Those familiar with the *Gestalt contact cycle* (sometimes mislabeled *experience cycle)* will see some similarities. The differences are practically and theoretically significant and important but are not seen as germane to this article.

Normally, there is a relatively smooth flow as the person moves from one figure and its resolution to another figure and its resolution. However, at times, this cycle is interrupted in such a manner that resolution is prevented or is distorted so that the resolution does not respond adequately to the need that initiated the original figure. The lack of appropriate need satisfaction is obviously problematic to the person in question. This interruption tends to be unique to the individual both in the place where the interruption occurs along

the continuum as well as the method or process of interruption. Thus, character as noted above is the individual's characteristic place and method for interrupting this smooth flow. Adaptive and flexible character allows one to adequately meet one's needs in a way that is mutually adaptive with the ecosystem within which one functions. Failure to meet one's needs in such a mutually adaptive fashion is what is often termed *psychopathology.*

Procedural Memory and Its Relationship to Character

In a frequently referenced and seminal article, Tulving (1985) theorized, after examining the research literature on memory, that there are three types of memory upon which we rely in our day-to-day interactions with the rest of the world. These three types of memory are *episodic, semantic,* and *procedural memories.*

Episodic memory is the memory for the episodes that occur moment-to-moment as we go through our lives and collect a set of events that we consider memorable for one reason or another. Episodic memory allows one to acquire and retain knowledge based upon individual events that one has experienced and to recall or, more accurately, reconstruct temporal 'relationships in subjective time, so that one can recall events or '"travel back in time" as Tulving (1985) put it. *Episodic memory operates within awareness.* To illustrate with a personal example, I (Todd Burley) remember distinctly an episode in which I learned about distances and concreteness when I was between 2 and 3 years old and my family had flown from Miami to Cali, Colombia, where my father was to work for a couple of years. My parents had explained to me that my grandmothers, who were very important in my young life, were "across the water," the Caribbean Sea. Imagine my frustration when at a picnic outing, I spied a small stream at the bottom of the hill we were on. My parents "unreasonably" would not allow me to go cross the stream to see my grandmothers, who quite obviously to me, were "across the water."

Semantic memory is the result of abstracting

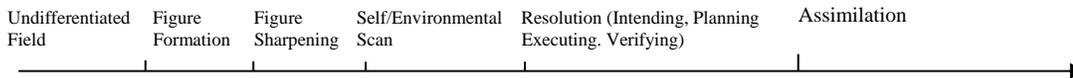| Undifferentiated Field | Figure Formation | Figure Sharpening | Self/Environmental Scan | Resolution (Intending, Planning Executing. Verifying) | Assimilation |

FIGURE I. Gestalt formation and resolution process.

and synthesizing what one has learned on the basis of a number of events or episodes that have some similarity. Semantic memory is responsible for "internally representing" states of one's experience that are not perceptually present. Thus, it allows the person to create representations of the world that can be manipulated without any overt behavior. *Semantic memory operates within awareness.* One might, for example, conclude on the basis of a number of observations or "episodes" that used car salesmen are apt to exaggerate the positive aspects of a used car while at the same time minimize or hide the negative aspects of a particular car. One has come to a generalized conclusion and will not reexamine it. Thus, if one hears of an excellent used car, one might jump thoughtlessly to a conclusion without learning more about the situation, perhaps missing an excellent opportunity.

Procedural memory, the form of memory that is most important in psychotherapy, is the memory for "how things go" or "how I do things" in certain situations, "how the world works," and "what is related to what." Procedural memory enables the person to hold and retain learned connections between stimuli and responses as well as complex stimulus pattern and response chains so that the person can respond adaptively to the field. It is in a sense a memory about the "how" of the phenomenologist's "doing and being." *Procedural memory operates outside of awareness.* When I (Todd Burley) was a child and early adolescent, my family greatly enjoyed my responsiveness and enthusiasm about surprises and upcoming events that were special to me. Being observed in this way became increasingly uncomfortable to me until I learned to hide my reactions. As a tribute to my success, I spent a considerable amount of time in therapy learning to "show" reactions once again when the situation was compatible with such a response. The reason that it was so difficult to reverse the process is that I had learned so well the response of hiding from contact at those special moments that I no longer had awareness of hiding and did it "automatically."

The brain is designed to automate such behaviors and cognitive processes because of the brain's inefficiency and inability to regard every situation as fresh and new. It must reserve its processing resources for that which is unusual and has not been encountered before. Yet it requires efficiency and speed to deal with many

seemingly spontaneous situations. If a present situation is similar enough to an older situation, procedural memory will drive the new situation.

In the midst of this process, the brain is doing what cognitive psychologists call *parallel distributed processing* in order to organize and plan, draw upon memory for past events that have been represented in a verbal or experiential manner, access procedural memory, and execute the actions.

The relationship between the three types of memory becomes obvious when one realizes that semantic and episodic memory are the building blocks of procedural memory. Episodic memory, then, is related to the accretion mode of learning, semantic memory is related to restructuring, and procedural memory is related to the learning that is related to the fine-tuning and automatizing of behavior. Procedural memory requires an overt response while semantic and episodic memory may be based simply upon observation.

Other researchers and theoreticians have arrived at similar conclusions. For example, Squire (1986) divided memory systems into *declarative* (episodic and semantic) memory, or things that can be told, and *nondeclarative* (procedural) memory, or things that cannot be told. Schacter (1995) spoke of *implicit memory* to discuss the same process of procedural memory. What is of interest here is that while different researchers may come to slightly different configurations of what memory is or how it should be described, each arrives at the same conclusions regarding the nature of a kind of memory that is not held in awareness and yet seems to be available to guide our behavior when situations arise that are similar to previously encountered and "mastered" situations. The nature of consciousness is different in each. Episodic memory is based on a self-knowledge of self-consciousness. Semantic memory is based upon knowledge of a verbalizable thing or idea. Procedural memory is without consciousness. One simply is not aware of processing one's response at a conscious level. For example, when one acts obsessively, one acts without awareness of what one is doing. One carries out the obsessive process without reflection-automatically and without planning or forethought. Table I elucidates some of these relationships clearly.

Having described the Gestalt concept of process and the importance of procedural memory, we believe it is important to discuss how proce-

TABLE 1. Memory Characteristics According to Tulving (1985)

Memory	Basis	Learning	Consciousness	Expression
Episodic Declarative	Observation	Accretion	Autonoetic aware	Flexible
Semantic Declarative	Observation	Restructuring	Noetic aware	Flexible
Procedural Nondeclarative implicit	Overt response noticing and observing	Tuning	Anoetic not aware	Direct, determined at time of learning

Note. This material is in part based on Tulving's (1985) work, but not organized in this manner.

dural memory relevant to character structure appears to be acquired.

The Development of the Characterological Process: How It Is Learned and Adapted in the Field Through the Contact Process

It is necessary to reckon with infancy and early childhood in any serious discourse on memory and the characterological process. Studies on infants are very challenging, owing to the speed of developmental change and the variability between individual infants. Research has, however, been able to provide evidence for infant memory and learning that may be instructive to understanding in terms of how the foundations for character structure are developed. Theory suggests that character is fully formed by age 5 or 7. This early timing makes learning and memory in infancy through young childhood extremely important to future relationships and behaviors. Furthermore, this learning early in life can be adaptive to the environment at the time but may be "unhealthy" or maladaptive in terms of other relationships or environments later in life.

The immense amount of developmental growth during infancy and early childhood also results in the fact that a considerable amount of procedural memory is encoded. As mentioned above, procedural memories laid down in infancy and early childhood are significant through life as they direct and influence the behaviors, cognitions, and emotions of the child, thus forming the manner or characterological way of responding as an adult. This is most specifically seen in how these early experiences of procedural memory form the structure of interpersonal attachments and relationships. Paley and Alpert (2003) elucidated this in their review article of infant trauma. The authors of that article encouraged clinicians to consider more seriously the significance of infant trauma, while attending to potential memory presentations in the form of behavioral, somatic, kinesthetic, and verbal patterns in their patients. Thus, it is important to be aware of the tasks of infant learning and memory in order to better understand and relate to the adult client. We must keep in mind, however, that procedural memory laid down in infancy, or the preverbal period, may be the most difficult to bring into awareness given that verbal language is our typical mode of psychotherapy. Verbally, we have a difficult time tapping into our preverbal experiences (Balint, 1968). It has been the question of knowing how and what to measure in infants that has plagued research in this area and has made it difficult to realize the full capabilities of infants and how their learning affects the development of character throughout life. Some of difficulty with this research is that memory work with infants and toddlers---children under the age of 3--must deal with preverbal memory. Verbal language allows for us to share the experience, raise it into our awareness, and come to terms with our social situation and selfhood. While language makes awareness more accessible to communication with others, language itself is not necessary for learning or memory, nor is the social interaction in and of itself causal. It is the significance of the events determined by our place and role in these events that establishes memorability (Nelson, 1994).

It is well documented that the more an adult is exposed to an event, the more likely that event is learned and retained in memory (Underwood, 1969). Research with infants and toddlers underscores this and indicates that training or physically repeating an event strengthens memories (Rovee-Collier, Evancio, & Earley, 1995). In contrast to Piaget's (1952) early model of development, in which the child is described as incapable of retaining mental representations, more recent research has demonstrated that infants as

young as 3 months old are capable of encoding, storing, and retrieving memories (Rovee-Collier, 1996). By the second half of the 1st year of life, infants not only evidence the influence of prior experiences through behaviors such as looking longer or kicking harder to familiar objects but also demonstrate the capacity to recall specific past events or episodes (Rovee-Collier, 1997). This research reveals that the more experience an infant or child has with an event, the stronger the memory for the event. Thus, adults will frequently encounter experiences or even fragments of experiences that will directly or indirectly re-activate memories from infancy and childhood. Further, these memories which will affect behavior, can occur with or without awareness on the part of the adult since it is a repetitive or habitual response (procedural memory) to the field. Thus, the adult may or may not be aware of his or her pattern of responding (Sheffield & Hudson, 1994).

When working with infants and their caregiver, we find that patterns of interaction that allow for the prediction of relationship patterns are evident at the beginnings of the relationship. These interactions, whether positive or difficult, will affect future interpersonal relationships. In effect, these interactions in infancy are crucial and foundational because they serve as the first learning of the infant and they set up 'reflexive-like' interactions by means of procedural memory that will affect interpersonal relationships throughout life. Moreover, these reflexive interactions operate outside of awareness (in procedural memory), thereby making them difficult to acknowledge and change.

An important factor for learning and creating memory is the state or level of arousal in which learning happens and how we regulate that state. As infants, we have six states available to us: deep sleep, active sleep, drowsy, alert, active alert, and crying. The alert stage is the optimal stage for effective interaction, learning, and encoding (Gunzenhauser, 1987). Thus, infants who have difficulty attaining and maintaining a good alert state may also exhibit less learning with fluctuations in what is encoded and how it will make sense or play itself out later in life. For example, the infant with poor regulation and very limited alertness often exhibits a response that is significantly less than or greater than what the environment requires. This can translate into having a low threshold for stimulation or the need for

overstimulation as adults. This difficulty with state regulation and sustaining alertness often translates into problematic interpersonal relationships, owing to communication and attachment or intimacy problems, which often lead to self-medicating or other strategies to cover these difficulties.

The argument has been made that it may be that we experience and have short-term recall of events during infancy but that we do not retain this in long-term or procedural memory. Recent studies, however, have demonstrated that events in infancy are recalled in toddler-hood and beyond (Boyer, Barron, & Farrar, 1994). One such study (Bauer, Hertsgaard, & Dow, 1994) found that novel events were significant for long-term recall by 1- and 2-year-olds from learning at 8 months of age. This finding suggests that infant memory is enduring and accessible over time (Bauer, 1996). McDonough and Mandler (1994) did a study with 22-23-month-olds who after a year delay were able to recall familiar actions but not novel events.

Sheffield and Hudson (1994) further emphasized the impact of memory and learning. They studied 14- and 18-month-old toddlers who were shown to associatively encode components of an event. Their memories at this age are seen to be associative in that they did not require further experience doing the task, but if it was modeled to them, they were able to remember seemingly forgotten components through passive reexposure to other components of the event. Thus, context alone can elicit the procedural memory. This suggests that these early life experiences may be reflected in the adult's semantic, context-independent knowledge of the world (Hayne & Findlay, 1995).

How does this, then, relate to our character structure as adults? An important link between infant learning and adult character structure is evident in the study of attachment processes and interruptions as well as the development of the self. In order for the infant to develop, he or she must be able to attain connection with and reflection from an adult, most often the mother. Further, our attachments in infancy are important determinants of our attachment skills later in life. These early attachments are significant in the task of the development of the self and character structure and process. On the basis of Piaget's model (1952), it has been held that the development of the self occurs at around ages 6 or 7. On

the basis of more current research, we now project this to occur in the 2nd year of life, and there are some indications that it begins early in the 1st year of life with the differentiation of self from others and the beginnings of object permanence. (Gestalt theory would predict that a sense of self begins to be established as soon as discriminations and differences are present.) We know that infants root or turn to our touch when we stimulate their cheek, but it is surprising that, as early as within the first 2 weeks of life, infants do not root to their own touch (Rochat & Hesbos, 1997). While it may at first not seem significant to be aware of when the concept of self forms, this does, in fact, impact our work with the adult client. Our clients may, in fact, be dealing with interruptions in the process of gestalt formation and resolution developed in infancy and early childhood as many of them are.

Infant Relationships, Synchronicity, and Character

Intuitively, we are aware of the importance of the caregiver and, more specifically, the mother in terms of child development. As a result of research, we now understand the more profound impact of this relationship on long-term development and adult functioning.

We know that in utero, the fetus responds to the mother's movements, diet, voice, and so forth. It is also well known that infants respond reflexively to their mothers from birth. For example, an infant will favor the mother's voice over any other voice and will turn and suck toward the mother's voice. Infants will also root to the smell of their mother's breast milk over other women's breast milk. Larson (1998, pp. 213-214) gave reports of the native tribe of the Lakota Indians in which, if within the 1st hour of life the mother holds her hand over the child's mouth until the infant stops crying or begins to smother the infant, the infant will never cry again. This procedure is done due to the need for silence during hunting, which is necessary for survival. This custom, however, teaches the child--and, consequently, the adult-the ultimate value of silence and reduces open communication and expression of feeling. These forms of learning are powerful illustrations of procedural memory.

The "first" relationship is important given that patterns of interaction between the infant and the caregiver form early interactional structures. or

procedures that provide an important basis for the emerging self and object representations. In essence, it determines how we will see the world or the field. Infant learning by means of caregiver interaction organizes our arousal, affect, and expectations of experience (Beebe, Lachmann, & Jaffe, 1997).

Bowlby (1969), the father of attachment, stated that "attachment characterizes us from the cradle to the grave." His theory of attachment holds the view that secure and insecure children actively and differentially filter information. As a result, they selectively evoke responses from other people and select niches in a manner consistent with their insecure or secure attachment relationships in early life. The early caregiver-infant interactions then influence the perception of the world throughout life. Bowlby (1980) described this in his "internal working model," in which a set of expectations is derived from early caregiving experiences concerning the availability of attachment figures and their likelihood of providing support during times of stress. This internal model becomes a guide for all future close relationships. Thus, our earliest interactions determine the course of interpersonal relationships and, in general, the developmental trajectory or choices for our life journey. Belsky, Spritz, and Crnic (1996) studied children with secure attachment and children with insecure attachment and looked at their attention to and memory of positive versus negative events. At 12 months of age, children were assessed for secure attachment or insecure attachment and attention to and remembering of positive versus negative events. The study found that attention to events was the same for securely and insecurely attached children. However, in terms of memory, it was found that securely attached infants remembered more positive events and insecurely attached children remembered more negative events. It is clear that even if children with different attachment histories have the same objective experiences, they may experience them quite differently. In effect, children who are primed to experience pain and displeasure as a result of their rearing, and who selectively remember experiences that are negative relative to those that are more positive, would be likely to behave in ways that are consistent with such expectations. The reverse would be true of children whose experiences prime them to selectively remember experiences that are positive.

Gaensbauer (1995) reported on his work with five children who were victims of trauma during their preverbal development. He described that these children had the capacity to encode and retain meaningful internal representations of the salient elements of the traumatic experience as early as the second half of the 1st year of life. This indicates that even prior to the onset of language fluency, symptomatology consistent with traditional posttraumatic diagnostic criteria can be observed.

Adults can and do remember or act on what was experienced early in life. They may have lost access to the origin, but the memory is encoded procedurally and without awareness. The question is not so much what the experience was, but how was the behavior adaptive to the field at the time of infancy or childhood and how is that behavior adaptive or not adaptive to the field as an adult. Often, individuals come for psychotherapy because the procedural memory developed earlier in life does not work well in the current field.

The importance of the concepts and research noted thus far is that they describe both the development and operational function of character as a dynamic responsive system modified by procedural memory, which has an impact on current process.

Clinical Application

Let us now turn to actual clinical vignettes to get a sense of how the above concepts are played out in real life. Real names and some circumstances have been changed in order to protect confidentiality.

Mrs. Blake, who had suffered from depressive and anxiety symptoms, was nearing the end of treatment when she came in for a session, plopped down on the couch, and said, "I just am selfish, uncaring, and self-centered." Through the course of therapy, I (Todd Burley) had come to know this person quite well, so when these words came from her mouth, I was startled and somewhat taken aback, as I had never heard her describe herself in that way, nor had anything she had done or reported led me to think of her in those ways. I told her of my surprise and asked her in whose voice she heard the expression she had just used. After the shortest of pauses, she told me that her mother had frequently used that verbatim expression in describing her when she was a young child. The evening prior, she had gotten

into an unresolved fight with her husband. Clearly, the phrase, "I just am selfish, uncaring, and self-centered," had become a part of procedural memory operating outside of awareness and brought up under conditions of stress. The phrase had been repeated to her so often that she had essentially adopted it as a self-definition that was ordinarily unspoken because it was so automatic. By bringing this automatic process or enactment of procedural memory into awareness, the client had the opportunity to reexamine both the content and the fit to her present self.

In another case example, the patient spoke about her constant discomfort in the presence of others and her sadness regarding her experience of being not liked but sort of tolerated. As a young girl, the mirroring that she had received from her family was that she was ugly; further, although she was musically talented (in a family of musicians), it had been drilled into her that she should not let the applause and appreciation that she received from audiences go to her head. Her talent as a classical singer really belonged to "God" and was not her at all. The patient's mother, a woman with characteristics that might be described as reflective of a borderline personality, was frequently depressed and distracted during the time she was raising the client and probably did not mirror much that was positive. The client's self-concept seemed quite at odds with the therapist's experience, as well as being at odds with what could be gleaned from the client's reports of interactions with others. Nevertheless, this self-concept seemed unyielding. Assuming that her self-concept was based largely upon procedural memory that was constantly and uncritically reactivated, the therapist gave the following homework. The client was to deliberately observe and note the faces and eyes of people she met on campus as they approached, thus bringing the reactions into the client's awareness. The following week, the client started the session by saying, "People brighten up when they see me. They smile and they walk towards me and their gait picks up. People like me! I never knew that before." As frequently occurs with procedural memory, once the person feels that he or she has mastered a task or percept, the person tends not to revisit the actual pertinent information associated with the interaction.

Contact styles and processes, including those involved in narcissistic, paranoid, and borderline personality disorders, are developed early in

childhood; they become deeply embedded in procedural memory and consequently become very difficult to alter. If the therapist is more dynamically oriented, he or she focuses on the stories and events of the person's life-episodic memory--or, if the therapist is more cognitively oriented, he or she focuses on the semantic aspects of the patient's memory. Considering procedural memory and how it functions supports the Gestalt approach of focusing on procedural memory that is responsible for much of one's daily process. Access to procedural memory is frequently made through the stories and world understandings made available through episodic and semantic memory, hence their supportive but not central value in psychotherapy.

Implications for the Nature of "Pathology" and Treatment

One of the most important implications of this model is that it makes clear that pathology is actually an expression of health and creativity based upon the particular idiosyncrasies in the field in which the person developed. Pathology is, in a sense, evidence of effective learning and memory storage. Put paradoxically, to be abnormal is normal. To paraphrase Szasz (1981), insanity is a sane response to an insane society. More to the point, to respond from experience or procedural memory and without awareness is normal and functions intuitively as Kahneman (2002) has so convincingly shown. Our inability to change readily need not, and perhaps should not, be seen as the effect of a "mental disease" but rather "mental design." In this context, the three major traditional goals of Gestalt therapy are tremendously important: (a) to raise procedural memory to awareness, (b) to allow or help develop new procedural and behavioral options, and (c) to create an opportunity to lay new procedural memory down into unawareness.

This analysis of character structure suggests that there is an optimal level of emotion that facilitates the process of awareness of procedural memory and, consequently, change. If the level of arousal is too low, then learning and change tend not to occur because there is little awareness of the procedural aspects of what the person is doing. If the level of arousal is too high, then the same is true. One of the early failures of some of the early branches of Gestalt therapy, which misinterpreted some of Perls' concepts, was the high value placed

on high levels of experienced and expressed emotion. This approach produced a "lot of heat but very little light" (R. W. Resnick, personal communication, 2001) because patients were at times traumatized and left unchanged by iterations of Gestalt therapy that favored confrontational, evocative, and manipulative approaches.

Further, as implied above, the focus of therapy is often misplaced onto the content of experience because it is fascinating to the therapist who is acting out of curiosity. Yet most character or personality disorders are based upon procedural memory, as are mood disorders, obsessive-compulsive disorders, and anxieties and phobias.

The model proposed in this article is also useful when thinking about anxiety disorders such as posttraumatic stress disorder (PTSD), which is related to the inability to assimilate a traumatic experience (an episodic memory) while the procedures of disrupting the assimilation process are deeply imbedded as part of our procedural memory. Thus, we would expect what the research literature reports (Davis & Breslau, 1994; Tedstone & Tarrier, 2003)--that some persons will be more susceptible than others to the effects of trauma. It is interesting to note that current research (Jones, Griffiths, Humphris, & Skirrow, 2001) reveals that lucid and more accurate memory of factual events, even unpleasant ones, serves to protect individuals from the development of PTSD, as they can reality test their experiences and memories. This reiterates what we previously discussed regarding the importance of the "state" in which learning and memory are occurring.

With the perspective that the client's "symptoms" are derived from the natural interaction of the organisms' best attempt to adapt to an environment that is not ideal, the therapist has greater latitude or a wider perspective from which to intervene. Rather than looking at the traditional therapeutic question of "why" the patient does what he or she does, the therapist will be more interested in "what" the client thinks, feels, and does, as well as "how" the patient accomplishes what he or she does. The question of how a procedure came to be and what purpose it served and serves assumes central importance (as suggested by Adlerian theory). The therapist is looking for the repetitive procedural patterns (behavioral, cognitive, or affective) that occur over time.

The therapist is now looking for ways to raise what was "out of awareness" into awareness in

such a manner that the process will at least temporarily stay in awareness and be noticeable to the client as the process is occurring. This is, consistent with the basic definition of awareness in Gestalt therapy, knowing and owning what one is doing as one is doing it. This therapeutic process requires that the therapist underscore and make explicit what the process is, from the perspective of the clients' own experience, listening and observing carefully in order to provide noticeable feedback to the client on that which he or she may do outside of explicit (episodic and semantic) memory with full awareness and control. One way to do this is to provide the client with a bit of surprise in order to make the learning more explicit and effective. For example, the therapist might make sure that he or she registers a reaction fitting to the emotion of the situation or respond with a reaction that brings the situation into sharp focus instead of letting the story go by in consonance with the client's procedural acceptance of aspects of the story that might in fact be shocking to most people. The application of Rescorla and Wagner's (1972) well-documented finding that learning increases in proportion to the size of the difference between what one expects and what actually occurs can be useful. If the therapist is too confluent and responds in a manner that the patient expects (feelings similar to those of the client, for example), then the client will pass over important aspects of the situation with the usual ineffective procedurally learned perception or response.

At times the therapist may need to help educate as well as provide and/or identify new episodic memory. This in turn will lead to new semantic memory, which can lead to new procedural memory, which is "out of awareness."

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