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Study for the Hades' wind (Studio per Il vento di Ade)

INDEX

Editorial	pag.	9
In this issue	pag.	13
Research	pag.	17

Gestalt Therapy and its serious patients Valeria Conte

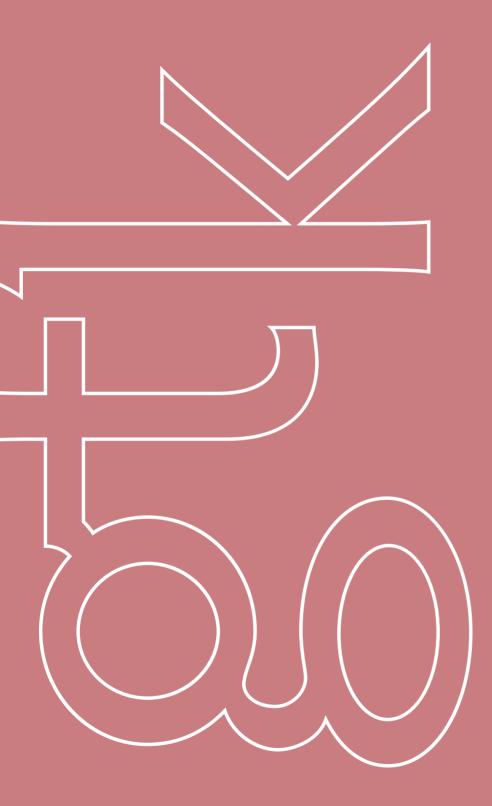
The Perls' Mistake

Perceptions and misunderstandings of the gestalt post-Freudianism Interview to Giovanni Salonia

By Piero A. Cavaleri

Art and Psychotherapypag. 75
 The recovered body.
 Writings and images of a therapy
 I can't write it...
 Eva Aster

Readingspag. 97 Aluette Merenda



EDITORIAL

The second GTK issue cannot but start in the feminine, with the colleague and friend that has been like a loving womb of GTK; she who welcomed and gave form to many seeds of thought brought out and dispersed in these years of research and common practice, supporting and taking care of them up to the goal of a joyful and fruitful creation: Giovanna. We (re)start with her to thank her for the gift she made us, to pledge fidelity to her creation (first) and (then) ours, trying to borrow some of the heart and passion from her rucksack of beautiful things and enviable quality that she put in to give birth to GKT and made it take its place, even if modest and discrete, in the Web.

We'll turn back to Giovanna. GTK will dedicate something important to Giovanna, like you do it for people that were important for many; not the empty and obliged importance of the powerful, but the importance you gain when you can 'move in' the others and things. Meanwhile, today we are going to present you this second stage of our trip; you'll see that all is meant to the proposal of a gestalt identity and thought, whereof the review is the space par excellence of culture and openness. First of all, because this periodical is not an undifferentiated gym of themes and essays, but an observatory from which you can look at the world according to the profile of a strong and helpful, fair and flexible, capable of autonomy, but aimed at doing agora anytime, at discussing and confronting with everybody.

That way, in this spirit of rigorous definition and inexhausted dialogue, GTK presents his contributions for the second time. It is precisely about two innovative theoretic edges and maybe even provocative: the first one – The mistake of Perls, an interview of Piero Cavaleri to Giovanni Salonia – lays the basis for a far-reaching rediscussion of the subject of aggressiveness in Gestalt Therapy; the second – Gestalt Therapy and its serious patients – by Valeria Conte, offers the ripe, tasty and innovative fruits of a twenty-year gestalt work with the most worrying and needy patients.

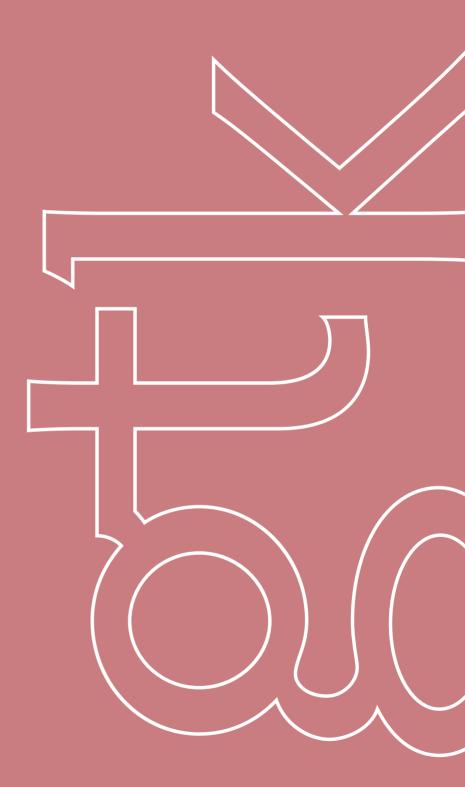
In this issue's section dedicated to Poetry and Therapy we will publish – between word and image - the touching and 'multimedia' story of a therapeutic adventure surrounded by the poetic expression of a patient of great linguistic and emotional impact.

Then, in the section "New clinical pathways", an intelligent and very enjoyable essay taken from the post-graduation thesis of Giovanna Silvestri, Gestaltist and film-maker that proposes a charming parallel between Gestalt Therapy and Bill Viola's Video Art.

The issue ends, as usual, with a number of aimed and very accurate reviews, among which we cannot but recommend the sharp and arduous one Bruno Callieri dedicates to the latter of Giovanni Salonia's "About happiness and surroundings". Both the reviewed book and the name and significance of the reviewer we boast to give hospitality. See you next time!

Ragusa, September 3rd, 2011







IN THIS ISSUE

Valeria Conte

Psychologist, executive of the Mental Health Department of the provincial ASP of Ragusa; psychotherapist and regular Supervising teacher recognized by the FISIG (Italian Federation of Schools and Institutes of Gestalt). Member of the scientific committee and teaching and clinic responsible of the Gestalt Therapy Institute HCC Kairòs.

Trained with the mayor national and international representatives of Psychotherapy of Gestalt, she has widened her specific background with specialization in family therapy and corporal therapy. She deepened the epistemological model of Gestalt Therapy in her work with psychiatric patients and in the work with couples and families, whereof publications in national and foreign journals.

Giovanni Salonia

Psychologist, already professor in Social Psychology at the LUMSA University in Palermo and at the Papal University Antonianum in Rome, Scientific Director of the Gestalt Therapy Postgraduate School of the Gestalt Therapy Institute HCC Kairòs (Venice, Rome, Ragusa) and of the Masters of II Level co-managed with the University Cattolica del Sacro Cuore in Rome, he is a world-wide known preceptor and a professor invited to many universities in Italy as well as abroad. Besides several articles published in foreign and national journals, he has written Comunicazione Interpersonale (Interpersonal communication), (with H. Franta), Kairòs, Sulla felicità e dintorni (About happiness and surroundings), (next re-edition) about anthropological as well as clinical themes. Director of GTK, online journal of psychotherapy. He has been President of the FISIG (Italian Federation of Schools and Institutes of Gestalt).

Piero Andrea Cavaleri

Piero Andrea Cavaleri, graduated in psychology and philosophy, is executive psychologist at the ASP 2 of Caltanissetta. Psychotherapist, teacher at the Postgraduate School of the Gestalt Psychotherapy GTK of Ragusa, he cooperates with specialized journals and has written books about the

pag. 51

pag. 17

pag. 51

hermeneutic basics and the clinical applications of the phenomenological and relational approach of Gestalt Therapy.

Giovanna Silvestri

pag. 83

Psychologist, psychotherapist, trained in Gestalt Psychotherapy at the Institute of Gestalt Therapy HCC Kairós. Works as a psychotherapist in Rome and collaborates as a trainer in public institutions and private companies. Video maker for many years, her short films have participated in national and international festivals. She is interested in video art.

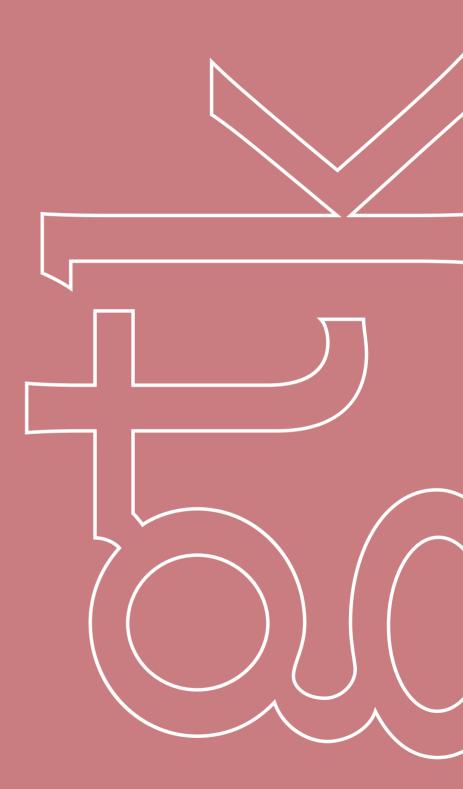
Aluette Merenda

pag. 97

Psychologist, psychotherapist, trained in Gestalt Psychotherapy at the Gestalt Institute HCC, University Researcher with the Education Faculty of Palermo University. She is substitute teacher of Developing Psychodynamics and Parental Relations at the Laurea degree courses in Psychology (V. O.), Educator of early childhood and intercultural Educator. She currently performs clinical activity as a teacher, is a member of the Gestalt Psychotherapy Postgraduate School staff of the Gestalt Institute HCC based in Palermo.

Agostino Arrivabene

Graduated at the Academy of Art of Brera, Agostino Arrivabene has been recognized among the most valued European engravers. Besides many young exhibitions, thanks to the close collaboration with V. Sgarbi, the artist took part in important exhibitions, among which II ritratto interiore. Da Lotto a Pirandello (2005) (The interior portrait. From Lotto to Pirandello); L'inquietudine del volto. Da Tiziano a De Chirico (2006) (The unease of the face. From Titian to De Chirico); Vade Retro. Arte e Omosessualità (2007) (Vade Retro. Art and Homosexuality), Metamorfosi (2009) (Metamorphosis), Deliri (2010) (Deliriums). Moreover, he interpreted works of literature and directed film sets.





GESTALT THERAPY AND SERIOUS PATIENTS

Valeria Conte

To you, Giovanna, an attentive, silent presence who nursed this passion together with me. Faithful to the task undertaken, to you I dedicate this part of life that we shared... I know that it will reach you where you are.

1. The many echoes of madness

You will never understand the silence of foreigners if you do not know their languages. Stanislaw J. Lec

Madness becomes attractive when it is read in the rhymes of a poem, in the story told by a novelist or in the heartfelt, concerned words of therapists and clinical practitioners who work with these patients. But our souls are still more touched when we personally listen to and experience the words of those patients who tell us of this suffering.

"Madness" is the word authors and poets use to speak of alienated, lost, fragile, vulnerable lives, yet lives that are profoundly close to the human soul: special, sensitive- 'different' - people. In other contexts, madness is spoken of as a 'sickness of the mind', a definition which - according to an organismic model - alludes to a form of dysfunction. Faced with madness, in every period and in every context, the same questions, the same queries are posed: What is its cause? What are the remedies? Whom should one go to? What, basically, does the word 'madness' mean, and even more, what do the words psychosis and schizophrenia mean?

Each of these words, when it becomes a diagnosis, generates confusion and numbness, echoes like an inescapable sentence, which the members of the family, within a course of assistance and inside the walls of an office, would certainly never wish to hear. The words that patients and their families are waiting for are very different: words of support for the profound sense of fear and numbness that are suddenly surging forth in their lives.

But our souls are still more touched when we personally listen to and experience the words of those patients who tell us of this suffering.



If, as Borgna says, words are stones, then the word 'schizophrenia' is a red-hot stone that burns all it touches even without being thrown, even when it is used cautiously. It is a word that stuns, confuses, generates dismay and fear in those to whom it is applied and above all in those who make use of it¹. But how should we regard madness? How can we remain in the limitation and the ambiguity that the term 'madness' evokes, together with its attraction and the inescapable fear it generates?

The understanding and treatment of serious suffering has made great progress in the past thirty years. There has certainly been a qualitative and quantitative development of psychiatric treatment, both in the structural sense (the places of treatment have been changed²) and in the methodological sense. In the therapeutic and clinical environment the courses of treatment and rehabilitation of chronic psychiatric pathology have been modified, in an attempt to counter, though with enormous difficulty, the stigma and social marginalization of the mad. My professional experience saw its birth in precisely those thirty years (from 1981), so at a time of great conflict and profound changes between old and new ways of understanding the treatment of the psychiatric patient. There have been many differences and conflicts in training and in the exercise of our profession in these years. Very different experiences have, however, enriched me personally and professionally, giving me important theoretical and clinical cues for a better understanding of the serious patient and leading me to work in psychiatry with trust and enthusiasm. I have learned in these years from the patients themselves that believing in the possibility of healing and of the gualitative recovery of their lives is a fundamental premise to fight presumed incurability and the establishment of a chronic condition. It is a change that must come about not only in the physical settings but also - I would say, above all - in mental

The word 'schizophrenia' is a red-hot stone that burns all it touches even without being thrown, even when it is used cautiously.

How can we remain in the limitation and the ambiguity that the term 'madness' evokes, together with its attraction and the inescapable fear it generates?

Believing in the possibility of healing and of the qualitative recovery of their lives is a fundamental premise to fight presumed incurability and the establishment of a chronic condition. It is a change that must come about not only in the physical settings but also – I would say, above all – in mental attitudes.

Cfr. E. Borgna (1995), Come se finisse il mondo. Il senso dell'esperienza schizofrenica, Feltrinelli, Milano.

² Cfr. Legge Basaglia (the Basaglia Law, n° 180, 13 May 1978).

A 'new' meeting with madness is possible if there is a direct contact with the patient, if words can be given to her/his suffering without losing sight of the uniqueness of her/ his story. attitudes. It is important to see the serious patient first and foremost as a person, and to give meaning and significance to the uniqueness of her/his suffering, in order to know her/ his intimate feelings even before labeling and diagnosing her/him. A 'new' meeting with madness is possible if there is a direct contact with the patient, if words can be given to her/his suffering without losing sight of the uniqueness of her/ his story. "A great big tall man walks brushing against the wall of the corridor on the way to the room of the therapy group, he says nothing, looks at nothing, but seems light, so light he could fly, as though he had small invisible feet": if we remain with the experience, he transmits to us and leave his diagnosis (schizophrenia) in the background, we will not be surprised to learn that Tommaso thinks he is a balloon, attached to a string. He stays close to the wall because he is afraid he may fly into the sky, so, when he breaks away from it, he will be able to do so because he is less troubled that this may happen, because he will feel that he is surrounded by the human environment that contains him and holds him up. Another important aspect that I have learned in clinical practice with serious pathology is the fruitful possibility that various kinds of knowledge can come together in a common objective. It is fundamental, if we are not to collude with the fragmentation and the lack of integrity which the serious patient is already experiencing, to promote a treatment that is integrated to support the patient's supervision as a whole. The supervision of the serious patient, more than others, demands a context and a climate of unitarity, of a group cooperating on treatment³ that works, in full respect of the various personal and professional styles, in synergy with a clear sense of direction and a precise intentionality. Psychotherapy, pharmacology, rehabilitation are all necessary paths of treatment that can thus contribute to the changing of the

³ Without a common understanding shared by the group of professionals who have the care of the patient, we run the risk that individual intervention (medication, psychotherapy, social, rehabilitation, etc.), during the different times of the disease expression (beginning, crisis, chronic stage, hospitalization), although technically correct, may prove fragmented and hence not be so effective.

patient and to the treatability of the sickness/symptomatology. What healing can there be, then, for the serious patient? The treatability of the symptomatology/sickness will allow the patient to go back over the fundamental stages of her/his life, to re-define her/himself in the limitation of existence, to recover some of what "nature gave her/him and life took from her/ him"⁴. It is a matter of treatment that demands a long time, and sometimes complete remission is not entirely possible.

2. The different face of madness in postmodernity

No individual is self-sufficient; the individual can only exist in an environmental field. The individual is inevitably, at every moment, a part of some field, which includes both him and his environment. The nature of the relationship between him and his environment determines the human being's behaviour. With this new outlook, the environment and the organism stand in a relationship of mutuality to one another. F. Perls

In post-modernity the face of madness has changed. Ever more frequently we read news of 'mad' acts: murders, suicides, violent acts, carried out by 'normal' people: "He seemed like a normal person, a bit reserved, we were surprised, what he did is disquieting". At other times the disturbing signs can be deciphered only after the event: "Yes, in fact he's been depressed recently", a posteriori explanations that tend to calm the anguish that is the result of violent, incomprehensible behavior. It is a fact that today acts of aggression against individuals are on the increase: at times they occur within the family, in intimate relationships, at other times they are directed at

In post-modernity the face of madness has changed.



⁴ V. Conte (1998/99), Il lavoro con un paziente seriamente disturbato in Psicoterapia della Gestalt. L'evoluzione di una relazione terapeutica, in «Quaderni di Gestalt», XIV- XV, 26/29, 66-74, 73.

One of the most significant challenges, with reference to the relational models of our time, is facing differentness, which has to do not only with madness, but with knowledge, culture, religion. unknown persons who, in some way, represent the countenance of someone important. These forms of madness send us back to the loss of bonds and relationships in the postmodern period⁵. The experts in human science tend to agree that human relation is the text in which to read and rewrite meanings and aspects of human growth, of its possible loss but also of the possibility of understanding and treating it. One of the most significant challenges, with reference to the relational models of our time, is facing differentness, which has to do not only with madness, but with knowledge, culture, religion. In this time of globalization and social fragmentation, facing up to differentness is something we must all do - it is an element with which all relationships, whether of parity or of disparity, must deal. The tools that have been useful thus far to improve relationships in general - dialog and understanding - are no longer sufficient. Relationships in post-modernity are challenged to find new ways of listening and of communicating with the other, and also new paths of understanding⁶, which include what is so far from us and so hard to understand, precisely because what is different from us represents our possibility to grow and change.

In this reading key, facing madness becomes an irreplaceable resource to learn what is apparently completely different from us, other than us.

In the Gestalt Therapy (GT)⁷ perspective, every epistemological model that is concerned with treatment must be renewed for a creative adjustment to its social context. Learning and questioning oneself about the meaning and the direction of cultural changes is important in order to find new ways of

- 5 On these topics, see: G. Salonia (2005). Social Changes and Psychological Disorders. Panic Attacks in postmodernity, in G. Francesetti (ed.), Panic Attacks and postmodernity, Franco Angeli, Milano, 46-63.
- 6 G. Salonia (1999), Dialogare nel tempo della frammentazione, in F. Armetta, M. Naro (ed.), Impense adlaboravit. Scritti in onore del Card. Salvatore Pappalardo, Pontificia Facoltà Teologica di Sicilia - S. Giovanni Evangelista, Palermo, 571-585.
- 7 Gestalt Therapy arose in the 1940s as reassessment of (and rebellion against) Psychoanalysis.

gtk

reading the development and growth of the individual and to find in the expression of the disturbance new reading keys and new meanings for prevention and treatment.

3. The paths of growth

In order to live in the world it is necessary to have lived in a house, to have built an inner house that helps each of us to bear open spaces and to become inhabitants of the world... this is even more valid in childhood which, if deprived of these experiences, is permanently exposed to the itself dispersion, because it is hindered in its reentry-identification with the most profound personal Ego, coldly alienated from itself and others. Giovanna Giordano

Talking today of the connection between evolutionary development and psychopathology may seem to be a return to intrapsychic or deterministic readings, which the most recent studies on Infant Research hold to be outmoded. But the serious nature of some pathologies sends us back to such precocious lacks in the child's development that the quality of development is itself seen to be compromised. In fact, as we know, this connection is neither determinable nor foreseeable, for it can only be discovered by reversing direction: going back from the disturbance in adulthood to the childhood event⁸.

Hence we learn in the primary relationships how and in what way to enter into contact with the other, and so with the world. The main developmental theories of Freud, Mahler, Stern and, for Gestalt Therapy, Salonia⁹ highlight – albeit But the serious nature of some pathologies sends us back to such precocious lacks in the child's development that the quality of development is itself seen to be compromised.



⁸ See, on these topics, G. Salonia (2010), The Anxiety of Acting between Excitement and Trasgression. Gestalt Therapy with the phobic-obsessive-compulsive relational styles, in «GTK Journal of Psychotherapy», 1, 21-59.

⁹ Cfr. G. Salonia (1989), Dal Noi all'Io-Tu: contributo per una teoria evolutiva del contatto, in «Quaderni di Gestalt», V, 8/9, 45-53; P. L. Righetti (2005), Ogni bambino merita un romanzo, Carocci Faber, Roma.

From the studies on childhood life, we know that from the start the child opens her/ his gaze to the world starting from what s/hehasexperienced personally from birth: together with milk s/he tastes acceptance, warmth, but sometimes rejection and indifference too. in differing terms - that the development of the child comes about in stages and the maturing of the Ego happens with the passage from a healthy nutritive and supportive belonging towards a subsequent separation and identification of the Self. This basic process of maturing is decisive for the structuring of the Self. Many share the theory that regards the family environment as the primary place for the constitution of the Self, for the growth and learning of both the intimate and the social relational modalities that will belong to the adult of tomorrow. From the studies on childhood life, we know that from the start the child opens her/his gaze to the world starting from what s/he has experienced personally from birth: together with milk s/he tastes acceptance, warmth, but sometimes rejection and indifference too. The mother and, from the most recent studies¹⁰, the father-mother-child triad experiences an intense, significant relationship which becomes the experience that structures the pre-personal relational modalities of the Self. The body of a mother who is breastfeeding cannot be fully dedicated to the feeding of the baby if she does not experience the closeness and support of her partner. In fact, the mother's body, with varying nuances, will transmit tensions and unease to the baby's body. In this way, there is a shift from dyadic to triadic viewing of growth, of disorder as well as disease.

We learn the models of being-with the other and with the world from the relational home in which we have lived, from the relational experiences that our body has had and from those that have been missing¹¹. Thus we learn to live in the body that will lead us to be there in the world.

¹⁰ On the primary Triangle see: G. Salonia (2010), Edipo dopo Freud. Una nuova gestalt per il triangolo primario, in D. Cavanna, A. Salvini (eds.), Per una psicologia dell'agire umano. Scritti in onore di Erminio Gius, Franco Angeli, Milano, 344-358; E. Fivaz, E. Depeursinge A. Corboz-Warnery (2000), Il triangolo primario, Raffaello Cortina, Milano.

¹¹ G. Salonia (2010), The Perls' mistake. Insights and misunderstandings in Gestalt post-Freudianis, in «GTK Journal of Psychotherapy», 2, 51-70.

These "intercorporeality" and relational contacts constitute the individual identity and are the ground of our taken-forgranted contacts, i.e. of those basic competences (breathing, eating, speaking, moving) that will constitute our ontological certainties. The taken-for-granted ground is built up within stable relationships where it is possible to experience and assimilate the various experiences. If this should be missing disturbed mothers do not transmit this certainty - experience must be continually updated/checked, as though having the around under our feet were not to be taken for granted. In fact, the serious patient has the precarious, discontinuous sensation of always being on subsiding ground: if we draw near to their bodies, we recognize the distressing experience of this lack. Control and rigidity become attitudes that are necessary to calm the anguish of collapsing or breaking up. Goodman affirms that if in the course of maturing these basic certainties are interrupted precociously, the individual does not reach the contact competences necessary to identification and to the sense of one's own integrity. In fact, what is lacking in the serious patient is the ground(ing) of the granted safety¹², of stable, safe contacts that allow her/him to build a ground from which new figures can emerge.

In fact, the serious patient has the precarious, discontinuous sensation of always being on subsiding ground: if we draw near to their bodies, we recognize the distressing experience of this lack.

4. The interrupted paths of growth

The mother's body first, and our own body after, has been the supporting base of our life giving us security, protection and boundaries, and the lack emerges with the fear of dying of a heartbreak, of being sick, of being breathless. Giovanna Giordano

The contacts and primary relationships are fundamental in the formation of identity, structure the relational modalities of the Self, the functional and dysfunctional manners of entering into relationship with the human and non-human world¹³.



¹² See G. Salonia (1989), Dal Noi all'Io-Tu: contributo per una teoria evolutiva del contatto, cit.

¹³ See H. F. Searles (1960), The non-human Environment, International Universities Press, New York.

For GT it is tundamental to rethink the developmental stages not as something that happens only to the child, but as something that happens and develops in the mother/ father/child relationship. In GT the various manners and times of fulfillment and failure of the primary relationships have been studied. For GT it is fundamental to rethink the developmental stages not as something that happens only to the child, but as something that happens and develops in the mother/father/child relationship. Relationship in GT is first and foremost bodily. We build up the Self from bodily experiences (Id function of the Self¹⁴). "Corporality" – the dimension that is constitutive of the body identity that we are - is the place where we experience our limitations, at the contact boundary¹⁵, and recognize the differentiation from the other. As Salonia writes, growth is regulated not only by the changes that come about in bodies (intrapsychic), but above all by the relational experiences that come about between bodies. Experiences change starting from that of bodies (intercorporeality), in the various stages of development¹⁶.

It is not unusual to hear, in the stories of serious patients, that being physically closer to or farther from the father or mother has influenced completely different experiences, in one or the other case, that are constitutive of the Self. The rhythm of breathing is changed with reference to which body we have, or have had, close to us. A mother and/or father who have loved their offspring looking at her/him from a distance have not allowed her/him to feel on her/his skin the warmth

- 14 In GT Self Theory: "The self is in Id-function when it focuses the bodily sensations that come from 'within the skin', from the history of the contacts and from reactions to environment stimuli; the question: 'what do you feel?' zeroes where and how the organism finds itself in relation to the environment (organismic intentionality)". See G. Salonia (2009), Letter to a young Gestalt therapist for a Gestalt therapy approach to family therapy, in The British Gestalt Journal, 18, 2, 39.
- 15 According to Goodman's definition, «When we say "boundary", we think of a "boundary between"; but, the contact boundary, where the experience occurs, does not separate the organism and its environment; rather it absolves the function of limiting the organism, to contain it, to protect it and at the same time keeps it in touch with the environment». Cfr. F. Perls, R. Hefferline, P. Goodman (1994) (or. ed. 1951), Gestalt Therapy: Excitement and growth in the Human Personality, cit, 5.
- 16 For study in-depth, see: G. Salonia (2010), Perls' mistake. Insights and misunderstandings in Gestalt post-Freudianis, cit.

and acceptance of being loved. This lack, which our body remembers, remains as an open Gestalt, which will always tend to seek completion and which will cause us to be in the world in a different way from someone who has had this experience¹⁷.

This kind of lack determines a quality of disturbance and of suffering which we find in various ways in the pathological picture of the neurotic type.

The generative ground of psychotic suffering is very different. The serious patient has, in fact, lacked a bodypresence/body-relationship in comparison with which to be experienced and from which to be identified. The Id function of the Self is thus primarily disturbed: a magma/ground that is undifferentiated, so that the sketch of the Self that is constituted does not achieve the quality of contact necessary for identification and separation. In the reality of facts, the serious patient has not built a boundary between her/himself and the world, between her/himself and the other, between home/body/cosmos.

All this is clear when we meet the serious patient: we can in fact see in her/him very rigid attitudes, stereotyped behaviors, impenetrable gazes. At the same time, we feel her/his fragility, the fear of being invaded, of not being able to set a limit/boundary between her/himself and the others: "Everybody on the street laughs at me. You see? They look at me and they know what I'm thinking, they see my thoughts...". The disorder of the Id function of the Self influences all the other functions of the Self which, in consequence are compromised. For instance, the Personality function of the Self (assimilation of what I have become) in the serious patient is The generative ground of psychotic suffering is very different. The sebody-presence/ body-relationship in comparison experienced and from which to be identified. The Id function of the Self disturbed: a magma/ground that is undifferentiated, so that the sketch of the Self that is constituted does not achieve the quality of contact necessary for identification and



^{17 «}When the figure is dull, confused, graceless, lacking in energy (a "weak gestalt"), we may be sure that there is a lack of contact, something in the environment is blocked out, some vital organic need is not being expressed; the person is not "all there" that is, his whole field cannot lend its urgency and resources to the completion of the figure» F. Perls, R. Hefferline, P. Goodman (1994) (or. ed. 1951), Gestalt Therapy: Excitement and growth in the Human Personality, cit, 8.

greatly disordered by the many uncompleted experiences – and these take away energies from the possibility of the present, hindering growth¹⁸. It is not unusual to perceive infantile attitudes and modalities in adult patients, who use childish words and behave as though time had stopped. "My mother says that I mustn't turn to anyone, people are bad and I can't defend myself"¹⁹. Too, the Ego function of the Self – knowing what you do and don't want – is alienated in its innumerable functions: "I don't know if I can come on the Center's trip, I'll call my mother... If I make up my own mind, she gets angry". Deciding what s/he likes or doesn't like, discriminating between what belongs to her/him and what belongs to the environment, for a serious patient, is not in the least taken for granted.

5. Hermeneutics of treatment

... Anyone without experience of warmth and intimacy, experienced primarily in the home, suffers a serious denial of the possibility and of the meaning of her/his being in the world, which will be experienced in an alienated and alienating manner. Giovanna Giordano

For the sicknesses of the soul it is necessary to think of a treatment of the soul and not only of the symptoms, a treatment of the social and family context and not only of the patient, a treatment, that is, that brings about a change of paradigm, that directs the attention and gives importance to the relational contexts as prevention and treatment of both the disturbance and the psychopathology.

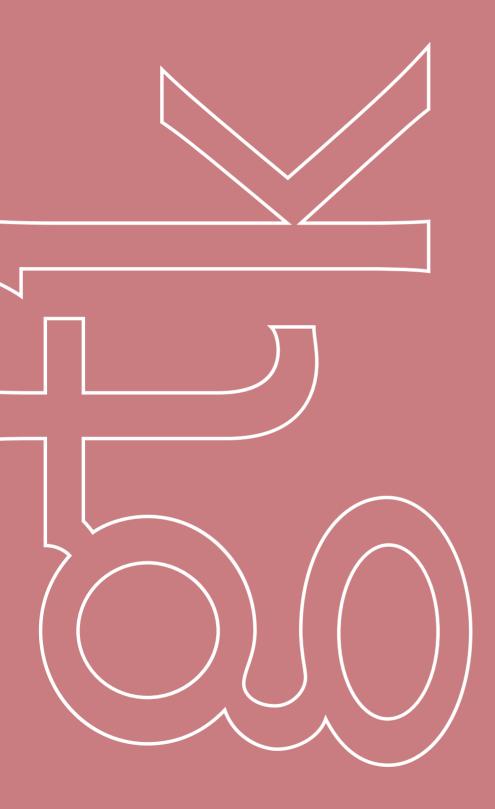
Giving a relational plot to the symptom²⁰ and to the pathology

a treatment of the oul and not only of the symptoms.

18 Ibid, 438.

- 19 The speaker is an adult male, aged 38.
- 20 For the symptom understood as «appeal to the relationship», cfr. A. Sichera (2001), A confronto con Gadamer: per una epistemologia ermeneutica della Gestalt, in M. Spagnuolo Lobb (ed.), La Psicoterapia della Gestalt. Ermeneutica e clinica, Franco Angeli, Milano, 17-41.





It is important not to lose sight of the uniqueness of the patient's suffering and to use the diagnosis as a further source of meaning and direction for the overall supervision of the patient and of her/his context of belonging.

GT is not interested in why things happened, but in how they still happen today.

In the present (now for next). I live through and experience the unfinished situation (what was lacking for me) and take into the new relational experience the ways I have learned to avoid pain. in its various declinations is the challenge for every Gestalt therapist, who must allow every patient to inscribe her/his unease in her/his relational history. It is important not to lose sight of the uniqueness of the patient's suffering and to use the diagnosis as a further source of meaning and direction for the overall supervision of the patient and of her/his context of belonging. Building up a broader ground of reference allows us to grasp the therapeutic direction necessary to restore the interrupted paths of existence.

GT goes beyond the humanistic concept of organismic selfregulation, carrying forward the concept of self-regulation of the relationship/contact in which the Organism is always and inevitably inserted. In GT the therapeutic path seeks the guiding thread, like Ariadne's, which makes it possible to resume interrupted paths of growth; it seeks and re-proposes, in the here and now of the therapeutic relationship, the relational nature of the symptom; this makes it possible to take the path in the opposite direction to the onset of the symptom/ pathology. GT is not interested in why things happened, but in how they still happen today - it is the present (what I am today and my way of relating to the world) that has in itself the past (what I learned in the primary relationships) and the future (the possibility of changing the dysfunctional relational models). In the present (now for next)²¹ I live through and experience the unfinished situation (what was lacking for me) and take into the new relational experience the ways I have learned to avoid pain.

The therapeutic relationship has the characteristics and the specificity of a primary relationship and itself becomes a tool of treatment: at the synchronic level, in the way of working from one session to another; and at the diachronic level, at what point of the session and of the therapeutic process one

²¹ Cfr. E. Polster, M. Polster (1973), Gestalt Therapy Integrated: Contours of Theory and Practice, Vintage Books, New York; G. Salonia (2001), Tempo e relazione. L'intenzionalità relazionale come orizzonte ermeneutico della Gestalt Terapia, in Spagnuolo Lobb M. (ed.), Psicoterapia della Gestalt. Ermeneutica e clinica, cit., 65-85.

intervenes.

It is precisely the presence of the therapist that makes it possible to (re)construct the ground of the basic certainties. Being a full presence in-front-of someone makes it possible to feel one's own uniqueness without merging or becoming rigid. For the serious patient, who has lacked a relationship/ presence from which to be differentiated, it is fundamental to have figures of reference. In particular, the treatment cannot remain closed in a professional office because of the stigma and incomprehension that are often present, but must dare to undertake paths of treatment that are gualitatively different, that open up to the infinite possibilities of an integrated treatment. In other words, it means 'being there' with the patient, sometimes for a long time, recognizing and letting oneself be traversed by pain, being humble and attentive before her/him, being there with constancy and lightness and, at times, with fear not of but for the patient. It is a treatment that leads us into new territories, that demands that we stay by the side of the one who is called 'mad' without those reassuring certainties of knowing and the 'do this' answers that calm, that puts the group of staff members inside the pain that catches us unprepared²², that demands that we do without the taken-for-granted certainties and risk feeling powerless, yet trustful despite relapses, crises and failures. This is why, in working with the serious patient priority must be given, in part because it is not taken for granted, to building a network of therapeutic relationships. Often, in fact, the group of workers is the sole reference and containment

t is a treatment hat leads us into new territories, hat demands that we stay by the side of the one who is called 'mad' wihout those reassuing certainties of anowing and the do this' answers hat calm, that puts he group of staff members inside the pain that catches us un prepared, hat demands that we do without the aken-for-granted certainties and risk eeling powerless, rettrustful despite reapses, crises and ailures

22 Cfr. E. Borgna (1995), Come se finisse il mondo. Il senso dell'esperienza schizofrenica, cit.

possible in order to begin to (re)build the boundaries of the Self, invaded and confused as they are, which were at the

root of the psychotic collapse²³.

30 gtk

23 V. Conte (1998/99), Il lavoro con un paziente seriamente disturbato in psicoterapia della Gestalt. L'evoluzione di una relazione terapeutica, cit., 66-74. The patient, immersed in anguish and pain, is waiting for understanding and, though s/he expresses her/himself incomprehensibly, nevertheless is waiting to be listened to in order to calm her/his suffering.

Words and attitudes invest the profound, intimate levels of feeling, even in the corridors of the Center for Mental Health: «How are you today?» I ask Francesco. «You tell me how I am, how do I know?» And I answer: «You're right... I just get the impression that things are better today. What do you say?». It is important to recognize the need to be contained and seen, though it is often not very apparent. Sometimes provocative, incapable of relaxing, serious patients put into effect a continuous control to contain the infinite anguish they experience: «All psychologists are ignorant, they don't understand a thing». It will be necessary to avoid being hooked by the projections, but instead to be a 'container' even for strong feelings of hatred, contempt and violence. This kind of containment allows the patient to reduce the inner tension and to confirm the stability of the relationship. It is as though they were saying: «Let's see if it'll last».

It is important to empathize with their need to project and not with the content of the projection: «You're very angry... You don't know that you can have faith». Like the child who is terrified when s/he does not find the adult who contains her/his fears, the serious patient is terrified when the environment grows afraid of her/him. For a serious patient it is fundamental to have before her/him someone to whom to tell the worst things s/he thinks and fears: «Come on, tell me if it's true. I think I did something terrible to somebody, I tore out his brain, is it possible that I don't remember? And that it's true, really?». It is important to be clear and direct, to be a respectful, attentive presence, one that can keep the right distance, neither too near nor too far away.

It is fundamental in a first stage of the construction of the therapeutic relationship not to work on awareness and not to investigate the contents in search of a presumed truth, but rather to calm the terror that 'drives one mad', trying to tune in to the experience that supports the projections. As we know, the person who projects always finds evidence that allows her/him to see as real the things s/he has only imagined, but, at the same time, it is not possible for the listener to say nothing or to play dumb, which in the patient would become 'details' that may increase her/his fear. It is important to verbalize the ground from which the figures emerge: «You're afraid because you don't know what's happening». An attentive, clear, secure tone will allow the patient to gradually bring out the experiences that support her/his projections.

Sometimes the content of what the patient brings us is incomprehensible, apparently distant from her/his suffering, but it must drive us to ask ourselves what it is that s/he wants to tell us, for instance when s/he states: «The indifferent masses disgust me, the masses are flocks of sheep... I don't give a damn about anybody». Perhaps it is easier to despise, rather than contact the experience of shame and humiliation that s/he feels when s/he is in the midst of people. In effect, in various forms, the symptom keeps the other at a distance, but at the same time alludes to the need of the other and speaks to us clearly of the kind of need the patient has of the other. The terror that the serious patient has of the relationship with the other determines the limit and, at the same time, the enormous resource for treatment:

Building the therapeutic relationship – becoming a significant presence in the immense solitude of the life of the serious patient – becomes a single, meaningful anchorage in order to be in existence with less drama. For the patient it becomes highly therapeutic to-be-in-front-of-someone to whom s/he can say words that are incomprehensible for others, and for the therapist to make the effort to become a person who will make her/his language utterable: «I was afraid, the psychiatrist asked me questions, what s/he said made sense. I understood where s/he was going».

Learning the patient's language is useful not only to understand her/him, but also in order to learn to speak with her/him in unthreatening, unhostile, undestructive words, that are not deaf to her/his fear and immense anguish. «The word that heals is not the right one, but the one that is spoken in the The terror that the serious patient has of the relationship with the other determines the limit and, at the same time, the enormous resource for treatment.

Building the therapeutic relationship – becoming a significant presence in the immense solitude of the life of the serious patient – becomes a single, meaningful anchorage in order to be in existence with less drama. Learning the patient's language is useful not only to understand her/ him, but also in order to learn to speak with her/him in unthreatening, unhostile, undestructive words, that are not deaf to her/ his fear and immense anguish. right way and at the right time»²⁴. The right time is the time of change: the figure reemerges only when the initial condition is re-presented to complete/close it. Only in a present that has the same context as the past, like the therapeutic relationship, are the energies brought into play – those energies necessary to complete the experience that was missing in the past. The therapeutic relationship that is attentive to this process rebuilds the relational ground that was missing, re-builds the basic ground necessary for the emergence of new figures.

6. The unbearable anguish of ... existing

We are in confluence with everything we are fundamentally, unproblematic ally or irremediably, dependent on: where there is no need or possibility of change. If one is forced to became aware of these grounds of ultimate security, the "bottom drops out", and anxiety that one feels is metaphysical Paul Goodmann

Massimo, aged 34, has for 17 years been living with a diagnosis of schizophrenia. His family (mother, father, a sister four years younger), of middling cultural level, has only very recently learned to live with a greater awareness of Massimo's sickness. The beginning (five years ago) was very hard: suddenly Massimo, who was in his last year of high school, stopped studying, began to behave strangely, to be frightened, to stay shut up at home and not to want to go to school anymore. Fear, confusion, shame and a feeling of impotence gave rise to a series of journeys in search of the best professionals in the field. Massimo refused to be put into any course of therapy and rehabilitation: «I'm not like them, if anything I could go to a psychologist». The staff at the Centro di Salute Mentale (Mental Health Center) decided to accept his request, the only glimmer of hope for a possible

24 G. Salonia (2011), Sulla Felicità e dintorni. Tra corpo, parola e tempo, Il pozzo di Giacobbe, Trapani, 71.

assumption of responsibility.

The psychotherapy session - a weekly appointment - became the sole occasion when Massimo would come to the Center on his own. Massimo was punctual, precise, he began to tell his story, to set a boundary between himself and his mother (meanwhile his father died and his sister married), to construct a boundary between himself and the world. For three years, psychotherapy remained the only treatment he accepted directly: it became an opportunity to go out alone, to take the bus (something he had never done before), to talk to other people (members of staff and patients at the Center), form relationships with other young people who were attending the Center. The staff lingered with him, talked with him of this and that, with ease, nobody asked him about his problems. Waiting a few minutes before his appointment became a new space around him where things were happening and he was calm, despite the fact that he was in a place that had caused him and his family anguish at other times.

In the background he felt the presence of a group of care providers, and knew that he had possibilities; sometimes he asked about the psychiatrist («I could talk to him to see if the treatment is all right, but I don't want to change it») or the nurse who was in charge of the outside activity - a five-a-side football team of staff and patients- («I can't play, but can people be spectators?»). In his story, what often emerged from the background was his family's silent discredit: «Nothing's changed... you tell me he's better, but it's not true, my son keeps on being angry with me». Frequently, family members do not recognize the signs of a change: it is not easy to explain to a mother that this is the son she has never wanted to see. Sometimes expecting a recovery that would allow Massimo to hold down a job, to marry, to live alone, to be as he used to be, did not allow the family to see Massimo as he really was. Recovery, in fact, is a course that is constructed around the real person, in the eyes of those who have succeeded/will succeed in seeing her/him for what s/he is, without distorting her/him and reshaping her/him to their own wishes.

One day, suddenly, a mail arrived from him in my email inbox, with a title and content. I wondered what to do, what a course that is constructed around the real person, in the eyes of those who have succeeded/will succeed in seeing her/him for what s/ he is, without distorting her/him and reshaping her/him to their own wishes.

Fortwo years, between one session and another, by means of a considerable number of emails (by day and night) he has been relating all his inmost feelings to me – feelings of hate, of love, of scorn, of tenderness - which are experiences too difficult to communicate in the limited time of the therapeutic session.

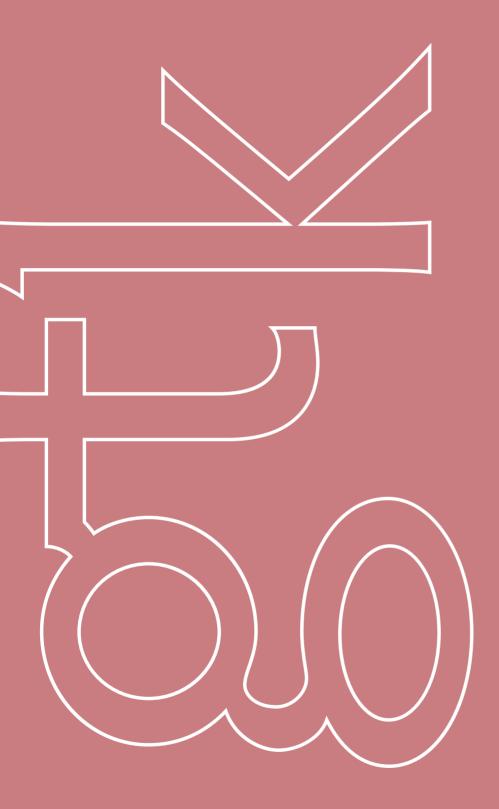
This unusual manner of communicating and of being in the therapeutic relationship has allowed him to arrive at two interrupted stages of his growth: the need for wholeness and the need for fullness/autonomy. Being able to count on my being-there, not only during the session but at any moment when his anguish overwhelms him, has allowed himtoassimilate and to re-construct the taken-for-granted ground of the basic certainties. it could mean for him, always keeping his distance, to reach me directly in this way. I decided to talk with him about it in therapy and in the mean time, I answered simply and generically, in perhaps too detached a manner.

Clearly, in addition to the content, my experience too crossed the virtual space and reached him, whereupon he answered naturally: «If you don't want to get emails from me you can just say so». I felt, though not clearly, that I had to trust his feeling, which was certainly unconscious, and my own instinctive, positive sensation: I felt that in any case it was a good thing for him to talk with me during the week, perhaps a way to bring together what was afar and what was near.

Since then, for two years, between one session and another, by means of a considerable number of emails (by day and night) he has been relating all his inmost feelings to me – feelings of hate, of love, of scorn, of tenderness – which are experiences too difficult to communicate in the limited time of the therapeutic session. In his emails, in fact, he uses significant, dramatic words and contents, experiences of suffering but also of rebirth and change. Being entirely himself before me brings out his most profound experiences, which – as he told me himself one day – I would never have heard in therapy because they are so intimate that he would be ashamed of them.

This unusual manner of communicating and of being in the therapeutic relationship has allowed him to arrive at two interrupted stages of his growth: the need for wholeness and the need for fullness/autonomy. Being able to count on my being-there, not only during the session but at any moment when his anguish overwhelms him, has allowed him to assimilate and to re-construct the taken-for-granted ground of the basic certainties.

One day, after reading an email he had written at three in the morning, full of aggressive, violent content, feeling small and powerless and not trusting my own being-there, I added to the usual reply («I've read your email, we'll talk about it in therapy»), a sentence to calm him (in order to calm myself?): «I understand that you're feeling very frightened...» In the session, a week later, he told me: «You mustn't worry about me when I say all these things to you, I calm down and



There is a computer between him and me, but it has become a meeting place where he can show himself without shame, a very unusual tool for narrating himself, for going back over his suffering, the abysses of his madness, his inescapable solitude and emptiness. feel better and that way I can get to sleep, I empty myself and free myself, handing over my garbage to you». Thus I learned that, through his emails, he was expecting just one answer: my being there always, no matter what, respectfully and attentively.

From the hundreds of emails sent to me over two years, I have extracted those which, in my view, are most significant for their highlighting the journey Massimo has made towards change and the present healing. There is a computer between him and me, but it has become a meeting place where he can show himself without shame, a very unusual tool for narrating himself, for going back over his suffering, the abysses of his madness, his inescapable solitude and emptiness. This long journey has allowed him to reopen himself to trust in a presence that, discreetly and constantly, accompanies him in the darkness of his days and sleepless nights. Every email has a title, which I have left, and which in my view is always meaningful and transcribed by Massimo himself, where there arrive his lucid madness, his tender need to be listened to, his immense emptiness, his acute intelligence and his intuition.

The sequence of texts given below highlights the most significant passages of the therapeutic path: from introducing himself – through his doubts and certainties – to new significations – in other words, existing in-front-of someone, going through fears and ambivalences to risk re-entrusting himself in an important relationship.

7. Massimo²⁵

I feel an unbearable emptiness, I think it's my rationalism that's made me this way. The cold arid sterile atmosphere like a laboratory of reason, you tell me if I'm wrong. I need a lot of madness, I need to rave, to get lost, but you can't understand. I need to follow enchanted pipes, magic philters, I need to believe in fairies, they are just metaphors. I need ecstasy, I need to wander around in a state of unconsciousness, to talk in delirium.

Ecce Homo

«I feel I'm going mad, in this period I feel sick, as if I had the devil inside me, it's as if I'd eaten meat that's gone bad and couldn't digest it. What do I do wrong? Maybe it's that I feel despised and derided when I'm good and so I play the bad guy and I can't be myself».

What awareness is there for the serious patient? Impracticable paths to reach her/himself: freeing her/himself from fusion with the other and from the truths that imprison in order to accept the dramatic solitude of one's uniqueness.

Communication

«I hear voices, they won't let me sleep... 24 hours a day, without a break. I feel my thoughts are being read. Everybody reads my thoughts. I'm distressed... I always feel violated... And I don't know why».

The day-to-day life of the serious patient is made up of distressing experiences: nothing is taken for granted, because beyond the walls of her/his home the world is threatening and invades her/him. The self is permeable by everything that happens.

25 The name and personal have been altered.



Everything continually happens at the contact boundary. From the distressing ground of which s/he is unaware, there emerge the continual figures that express suffering.

Communication 2

«I'm an exceptional case, I'm the persecuted one of the future, I'll be a legend... in the evening I suffer great anguish that paralyzes me, it stops my breath and they make me hear voices laughing at me, you haven't comforted me, comfort was feeling explicitly that they're sadistic, cruel and pitiless, anyone who remains silent is on their side».

The patient unconsciously protects himself from pain and distress by means of the symptom; at times it is necessary to rave in order to calm an extreme, indescribable pain. Paradoxically, in madness suffering takes on meaning and the distress is apparently calmed, he goes back to the ground of his existence.

Thank you

«I don't trust you, I don't trust people, I don't trust anyone, if I think freely you hate me, if you don't hate me yet it's because you don't see into my thoughts, it's enough to think freely to be hated. I've got an impression of you. You're wicked, selfish, most of you are bad, I know you despise me, I know you don't give a damn about me, you have a very low opinion of me...».

The terror of the relationship with the other becomes the cornerstone of treatment. The therapist's being-there allows him to be-there. Going back over the relational path that was fertile ground for the onset of the pathology makes it possible to rebuild a new ground.

l exist

«My feelings are not other people's feelings, my thoughts are not other people's thoughts, my aspirations are not other

I don't trust you, I don't trust people, most of you are bad, I know you despise me, I know you don't give a damn about me, you have a very low opinion of me...



people's aspirations, my faith is not other people's faith. I have an existential void that I can't fill, I have no reason to live... I feel alone in a meaningless universe, I don't know whether the universe exists or if it's all a dream... I don't know whether I exist or if I'm just a dream... Other people's certainties seem like smoke in the eyes to me...».

He is ready to undertake the difficult path of re-construction, he is ready to 'wake up', he is beginning to feel the anguish of his differentness, which is feared by others as madness.

God is dead

God is dead, I can't believe in something that's never given me any sign of its presence, gods are just a figment of the human imagination. The reality is appalling but true. I live aware of death, I live in the anguish of death. I feel lonely and lost in the world. I'm terrified all the time, I don't trust anybody. I live in chaos, I'm afraid of the future. What have I done wrong? ...I can't go on... people look at me in the street, the way they look at me is curious and indifferent at the same time. I'm sure I'm not wrong about that – apart from one or two sensitive people. People's indifference is total, nobody gives a damn about me».

The solitude and immense emptiness of his existence begins to emerge, an unbearable terror if there is nobody for him to tell about it. In the gaze of ordinary people he cannot re-find something he has always lacked, but which now he sees as possible in the relationship with me.

The unconscious and truth

«Set me free from belief in the unconscious and set me free from belief in the truth. Belief in the truth and belief in the unconscious are the two most oppressive beliefs in my life. The greatest liberation is liberation from the truth».

What am I really like? Am I good or bad? You never know the unconscious: it is like having a stranger inside you. It is possible for him to emerge from the psychotic fusion only if there is an external anchorage that accompanies him in the world; otherwise he has to go on coping alone.

I have to understand

«I want to free myself from all certainties, and I'm looking for a way to live without certainties. The only thing that satisfies me is that there are neither truths not certainties. But I have to understand. I can't be blind, and accept uncertainty as a dogma».

Novelty emerges in all its ambivalence: the need to be free and the anguish of being so. It is difficult to leave behind the rigidity and the control that direct his feeling, it is difficult to recover the freedom to be himself.

Questions

«Yesterday I had certainties, today I'm not sure of anything. That's why I ask you so many questions. It's not certainties I want, on the contrary, I want to free myself of all certainties. Only understanding that there are no truths and no certainties satisfies me, but I have to understand. It's unsettling to live without certainties...».

He feels the energy and the fear of the novelty: leaving behind the psychotic certainties in order to open up to new significations.

Doubts

«I don't believe in God and you know it. Tell me, what's the one thing that makes it worthwhile to live? If I don't understand that, I'll die really badly».

Opening up to diversity, experiencing difference and comparison is a necessary path for self-identification. Now he could feel less the fear that I might abandon him or swallow him up. Of me, so far from his world, he asks to be helped to set aside the psychotic certainties in order to open himself to a new truth, the truth of the relationship that is made up of risk but also of life and novelty.

«... I'll think about it, maybe it's like you say, but if it was really that way it would be so great».

Through my answers, session by session, his innumerable questions have emerged, allowing me to enter into his certainties and to instill doubt in him. In any case, it was important to use words that were not deaf to his fear and his immense anguish.

The meaning of life

«My life is empty, cold, sad. But I don't think it's because of persecutions, I think it's because it's meaningless. I don't have a strong reason for living, a reason for being. I'm approaching death without having achieved anything, and without knowing what's really worth achieving, what fills life. I don't see what can give meaning to my life... maybe knowledge... I need to understand what really counts in life, otherwise I'll go crazy».

Losing contact with the real world has protected him from an maddening solitude. This suffering recalls the origin of his madness. This certainly more comprehensible language reveals his soul which is waiting to be heard and to be saved from suffering. But is he ready for this awareness? Can he tolerate this earthquake without the risk of breaking in pieces again? This is a difficult, delicate moment in the therapeutic relationship in which we must be afraid for him, not of him.

Remorse

42 gt (

«I've been cruel... that's why I'm afraid of myself, remorse is sweet, it redeems sin. Only remorse can free me from fear, otherwise I'll go on hating myself».

Staying by him in the effort to be himself, to begin to know the abyss of his Ego, but this time face to face with the other.

Memento mori

«The days I come to you are the very best days of my life. Talking to you is liberating, some of the things you've said to me have made me enthusiastic. What I like about you is your free, good soul. But we have to die, I never forget that».

Reopening to the possibility of existing for someone is fundamental. Experiencing a certain closeness with me without feeling the violence of the relationship is new for him. Constructing "belongings" from which it is possible to separate oneself is liberating. It is important to begin to tell his story in front of someone: a long, important path of rebirth.

What would I do without you?

«... you're a powerful light in my life, a lighthouse, an aperture. I'm just afraid that you're bad. It would be so painful. You've rarely seemed bad to me, it's mostly that I'm afraid to trust anyone, I'm always scared that they might betray my trust if I let myself go. That's a fear I've always had: it's happened many times. But I'm loosening up with you, and I'm really starting to trust you. That scares me, I wouldn't like to get it wrong».

He is afraid of life without me... he wants to be reassured. Becoming so important for him is very dangerous. Trusting me means risking a new betrayal: the sole possibility in order to deliver himself as an adult to the world.

Love and Hate

«You make me angry and affectionate at the same time. I have great respect for you, anger because you know very important things that you never tell me, you seem to know everything that's important to know, but of course you don't have to speak. But I'm fond of you because you've always helped me, I have a love-hate relationship with you».

Being able to speak of his opposing/ambivalent feelings without being afraid for me or of me will allow him to emerge from the psychotic confluence, allowing him to trust without being con-fused with me.

Apologies

«I'm sorry for my anger but I'm terrified of life, society is violent and I need to be taught so as to learn how to defend myself...».

He is afraid of living in the real world.

You don't care about me

«Our relationship is played out, you don't care about me, I exploit you, that's all, what's the use of going on seeing each other? We have nothing in common, I don't give a damn about you».

He dismisses me, he does not know whether he can trust me, whether he is important for me.

Emptiness and distress

44 gt

«I suffered for what I wrote to you, it's not true at all, but sometimes I just can't go on, I need a strong reason to live ».

He moves away and towards me, the relationship with the therapist is never certain for him.

«You're my fairy godmother, the person I feel is closest to me. Thank you for taking care of me, without you it would have been so hard».

The therapist becomes the relationship-presence that was missing for him, on which he will experience and learn to move with his own rhythm – neither too close nor too distant. This is a new rhythm that will help him to define himself and face up to the effort of being oneself in the world. Feeling that he is understood by the therapist offers him a new experience: somebody, as he himself puts it, can «come inside him, can understand him, without invading and offending him». Thus he surrenders himself to the affective relationship, which is no

longer intrusive and violent.

Slow awakening

«I feel that it's only now that I'm realizing what's happening to me, I feel like I've been asleep till now or maybe I'm wrong... maybe I'm still sleeping. I've been living in unconsciousness, it was necessary if I was not to go crazy. Waking up is hard but I'm doing it... little by little... Maybe it's people's appalled expressions or the extreme cruelty of others that's wakened me from my long sleep. Nothing is the same, something deep has changed but I don't know what it is. I'm afraid to wake up».

The full contact of the relationship 'wakes him up': nothing is the same. The fear of putting on the light may return, but it is a fear that does not annihilate, a new fear.

Today Massimo has changed. Recomposing his identity and re-defining himself has been a long therapeutic path, a journey that has restored meaning to what has been so that... people can look at him in the street in a new way for what he is, without misinterpreting him. And thus he can come out and be in the world without his having been "crazy" being the only experience he can tell of.

Abstract

Starting from the new developments and in-depth studies of Gestalt therapy - the theory of the Self and "intercorporeality" - carried out by the Kairòs Institute of Gestalt Therapy, the author proposes an original rereading of serious pathologies. The various ways in which serious patients express suffering are described, starting from the various times and manners in which childhood development has been interrupted and compromised. The article lays particular stress on the importance of the therapeutic relationship in work with serious patients, which, by means of (re)construction of the ground of the basic certainties and the interrupted experiences, makes the psychotic suffering utterable. The article ends with the labor of a long, difficult therapeutic course which is presented, in its various phases, in a new way: through the emails sent by a psychotic patient. This is a journey into the psychotic experience within a virtual place that allowed the patient to assimilate and reconstruct the taken-for-granted ground of the basic certainties.

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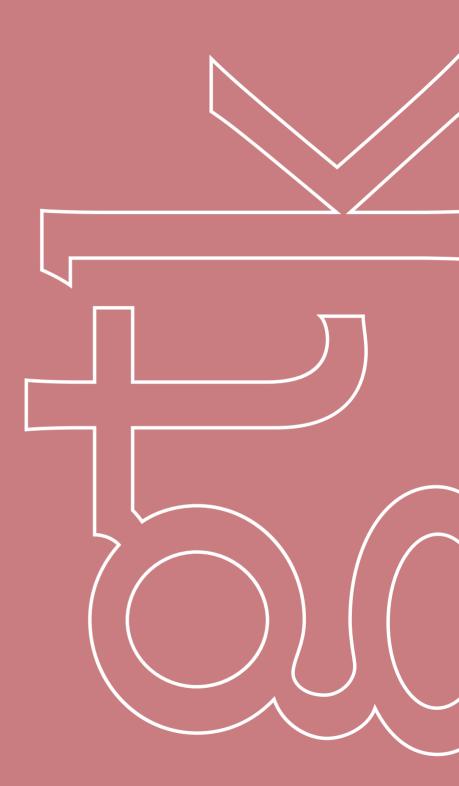
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THE PERLS' MISTAKE Perceptions and misunderstandings of the gestalt post-Freudianism

Interview to Giovanni Salonia By Piero A. Cavaleri

> Giovanni, in one of you recent essays about phobic-obsessivecompulsive relationship styles¹, I was surprised to read that you claim that there are two forms of energy, both mistaken for aggression up till now. One is linked to hunger and survival and the other is concerned with exercising power in relationships. According to the point of view you put forward, aggressive energy develops in children in two periods and in two distinct forms. Could you clarify this idea of yours which challenges the usual tenets of Gestalt Therapy? It seems to me that you are saying that the Perls, when theorising dental aggression, did not anticipate the emergence of aggression but they discovered another type of aggression instead, different from the one described by Freud. Am I right? It is an affirmation that challenges one of the first key ideas of Gestalt Therapy (GT), as well as our understanding of its relationship with psychoanalysis and its going beyond Freud's work.

> Yes. As you well know, since my first encounter with GT in 1979, I have always wondered why it lacked an articulated theory of development. I could not understand why an approach which grew out of a brilliant insight about developmental theory (the emergence of dental aggression in the oral phase²), had subsequently abandoned this line of research. The first Gestaltists' interest in developmental theory was, in fact, very scant and they wrote very little about it, both in terms of Gestalt work with children and a developmental model according to Gestalt theory. Isadore From used to recommend a text that he considered to be, we might infer, deeply gestaltic: The Lives of Children³. Other writings were not well received and only Oaklander's⁴ book about gestalt work with children got some recognition. I remember being at dinner in July 1993 with Isadore in

I could not understand why an approach which grew out of a brilliant insight about developmental theory (the emergence of dental aggression in the oral phase), had subsequently abandoned this line of research.



Souillac⁵, where he had a little house he was fond of. We talked about GT developmental theory and he said that we should refer to Freud's developmental theory; he considered it elegant and it only required modifying as far as dental aggression was concerned, in other words, according to F. Perls' brilliant insight. I won't repeat what he said, word for word, because Isadore did not like being quoted in terms of «From said this or that», but (as a consequence, I think, of his lengthy experience of working with borderline patients) he preferred, «This is what I have gathered, this is what I have understood».

As we know, even if Abraham had already mentioned a sadistic underlying phase in the oral stage⁶, it was Perls (particularly in Ego, hunger and aggression⁷) who recognized the importance of this new prospective and made it a cornerstone of decisive modifications in the paradigms of both therapy and learning.

What do you think caused this lack?

GT's lack of interest in developmental theory, if you think about it, was part of the Zeitgeist of humanistic therapies (I am thinking about its contemporary, CCT – Client Centered Therapy – which offers only a few pages of very sketchy developmental theory in the book by Rogers and Kinget⁸). They were approaches intent on promoting therapeutic applications of the 'here-and-now' and they feared that interest in developmental theory might dilute their novelty as well as being a useless theoretical and clinical reference to psychoanalysis, which they were moving away from. I'd like to remind you of Perls' famous pronouncement: «Nothing exists but the here and now»⁹.

However, as a result, humanistic approaches (admitting that GT is one, and I – as you well know – think that it is only partially so, precisely because of the link with Freud that From talked about) lost sight of the need to include in the construction of a psychotherapeutic approach not only a theory of personality (how the human animal organism functions), a theory of pathology (what happens when A model of growth, in fact, is not only needed for therapeutic work with children or for psychotherapy with a psychoanalytical matrix, but becomesaparadigm and a metaphor of the developmental path of the therapeutic relationship itself.

The inclusion of a developmental theory not only does not impede work on the present, but it positively facilitates understanding and enhances its significance.

A Gestalt developmental theory, in effect, has the function of answering the question of whether it is possible to draw an epigenetic picture of the various phases that contribute to the formation of contact and withdrawal competence. it doesn't work) and a theory of therapy (how to regain wellbeing), but also a developmental theory (how the human animal organism develops and is formed).

A model of growth, in fact, is not only needed for therapeutic work with children or for psychotherapy with a psychoanalytical matrix, but - given that it is intimately connected with the other key aspects – it becomes a paradiam and a metaphor of the developmental path of the therapeutic relationship itself, something that can be systematically observed in work with seriously ill patients¹⁰. I believe that for some time now in the Gestalt community there has been a readiness to recognize that the inclusion of a developmental theory not only does not impede work on the present, but it positively facilitates understanding and enhances its significance. This is a reflection that - as you so rightly said in your classic La Profondità della superficie¹¹ is particularly pertinent for Gestalt therapists. In fact, we do not work on the present but on the relational intentionality of the organism¹², that is, the 'now-for-next'.

A Gestalt developmental theory, in effect, has the function of answering the question of whether it is possible to draw an epigenetic picture of the various phases that contribute to the formation of contact and withdrawal competence. And if - as I recently wrote in an article about the contact boundary in GT - «The 'I' does not give itself immediately in that it is 'I', but must 'reach itself'»¹³, then contact competency is also formed through an initial developmental path.

Going back to my research, meeting the developmental theorist Stern¹⁴ was a decisive moment for me. Whilst Mahler¹⁵ elaborated a developmental theory model based on object relations, Stern proposed a developmental theory to theorists of the Self¹⁶, taking as his point of departure (like the Perls') not seriously ill patients but the 'phenomenological' observation of children. What struck me in Stern's developmental theory was how similar his terms were to those of GT: he spoke about experience, of development of the self, of schema of being-with, of motherchild contact. So, back in 1989 I wrote Dal Noi all'Io-tu¹⁷, which – although it created quite a stir back then because of its innovative nature¹⁸ – turned out to be a fruitful contribution on both a theoretical and clinical level.

Dal Noi all'Io-tu delineates a Gestalt developmental theory model (consolidated as well by synoptic comparisons with other pertinent models¹⁹), which not only outlines developmental stages (and pathologies) of the formation of contact competency in the child, but also functions as a key for interpreting serious pathologies and acts as a paradigm for the paths which emerge in the relationships between partners²⁰, groups²¹, students-teacher²² and patienttherapist²³.

In my teaching of Gestalt developmental theory – unconsciously accepting From's indications - I always start from a rereading of Freud's developmental theory. I say 'rereading' because it is not just a re-presentation (which is taken for granted, anyway) of the developmental stages, but an exploration of these stages in the light of GT's corporeal and relational hermeneutic: what bodily experience and what corresponding schema of 'betweenness'24 emerge in each phase. This method (relearning development by taking experience as the starting point) confirms the rightness of From's opinion: Freud's developmental theory is elegant and - I would add -intellectually brilliant²⁵. One characteristic that renders it a unique and fundamental theoretical contribution is the fact that it is based on the body and its vicissitudes²⁶. Perls' insight, also brilliant, reveals a moment of corporeal-relational development not identified by Freud²⁷ (the complex processes of mastication), but which, in turn, is the basis of a paradigm of learning and relationships which is profoundly new (from which GT emerged).

The special attention that you devote to the most archaic aggressive experiences that a child undergoes, through oral and anal orifices, is reminiscent both of classical Freudian psychoanalysis and Perls' 'contact boundary'. Which of the two most affected your reflections?

A good question because it opens up current themes of developmental theory. I can't detect any decisive opposition between the numerous intuitions of Freud's developmental Perls' insight, also brilliant, reveals a moment of corporeal-relational development not identified by Freud (the complex processes of mastication), but which, in turn, is the basis of a paradigm of learning and relationships which is profoundly new (from which GTemerged). theory and GT's. When you describe the development of a child within phenomenological horizon (and, in the end, the novelty of Infant Research from Stern onwards consisted precisely in that), differences are just enrichments.

Freud discovered that in a child's body there are changes in attention towards parts of the body which follow each other in an epigenetic sequence (the stages). The novel contribution of the Gestalt viewpoint consists in not seeing these changes merely as concerning the child and his body but also in the light of modifications in the corporeal and relationship modalities between the parent figure and the child. In other words, it is about describing how the child's self and how the parental figure's self develop when they meet at the contact boundary: a sort of developmental theory 'of selves at the contact boundary'.

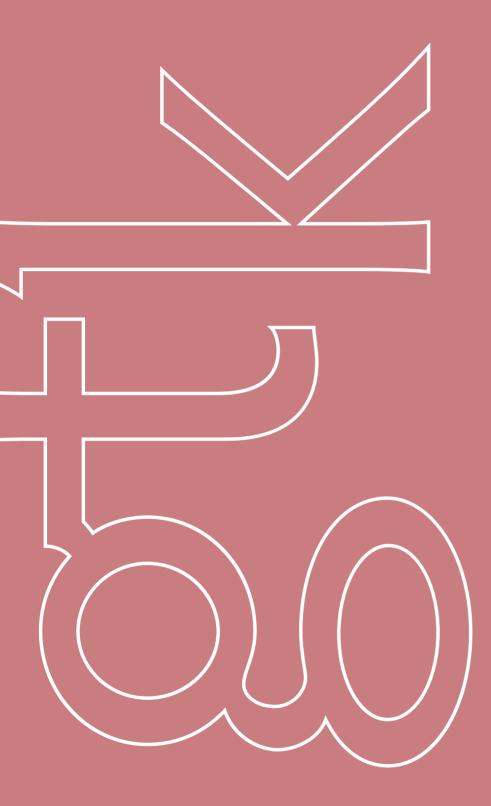
At this point, before carrying on, I have to refer to two particularly important themes in the debate about development nowadays.

The first concerns the necessity of upholding – as if it were something new – the lack of a relationship of cause-andeffect between infancy and adult pathology. Not only Perls, obviously, but also Freud asserted that while it is possible to talk about a retrospective chain of events when speaking about adult malaise, it is impossible to travel in the opposite direction from an event in infancy to malaise in adulthood. I think that this is – and has been for a long time! – a commonly held opinion that we must talk about a relationship of vulnerability between childhood and adulthood and, to be precise, about learning of relationship schemes that are functional or dysfunctional (and here, as you can see, we are beyond Freud).

The second concerns the debate between 'stages' and 'domains'. Many Gestalt thinkers and therapists have accepted Daniel Stern's 'domains theory'²⁸. Personally, after having talked at length with Daniel about this theme, I share his questions/needs (a developmental theory has to be flexible, not preordained or causal), but I remain unconvinced by the hypothesis that the concept of 'domains' could or should take the place of 'stages'. Referring to 'stages' or to 'domains' is, in fact, to look at two different

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types of learning: 'stages' refers to the steps required for the development of a flexible competence which is built up through an epigenetic sequence (the capacity for relationships)²⁹. The 'domains' refer to the acquisition of individual and less flexible competencies ('domains', in fact) which do not need pathways connected at a developmental level.

However, I intend to talk in greater detail about this and other developmental themes at greater length in another article I am preparing. For the moment, let's go back to our main theme.

If we reread Freud's developmental theory, we are struck by Freud's genius in having understood the centrality of the unmentionable sphincters in repressed Victorian culture. In every phase it is a sphincter or a part of the body which, through attention and pleasure, becomes sensitized and emerges as a figure in the totality of the body which constitutes the active ground. Every stage is thus intimately and profoundly bodily. If, then, we use the hermeneutical scheme proper to GT (the corporeal and relational perspective) we see in sphincters not only limits/boundaries between the organism and the environment, but also the paradiam of different contact models (which succeed each other) between the child's body and the body of his carer (hence, the post-Freudian element!). Every stage presents itself, at this point, as intimately corporeal and relational. In the oral stage what is interesting is 'what enters from the outside'; in the anal stage it is 'what is inside coming out'³⁰; in the gender stage³¹, then, both bodily independence and the direction taken towards another body are discovered; in the genital stage, at last, the fullness of the 'inside-outside' relationship is realised. And allow me to stress that the very fact that these stages (of corporeal-relational value) succeed each other spontaneously (no parent figure³² ever turns to a child and says: «And now you have got to progress to another stage!») is the demonstration - but Freud did not understand this - of the existence of an intimate self regulation of the relational and organism levels.

At the heart of this interpretation (which differentiates relational styles in different stages) Perls' mistake becomes

It, we use the hermeneutical scheme proper to GT (the corporeal and relational perspective) we see in sphincters not only limits/ boundaries betweenthe organism and the environment, but also the paradigm of different contact models (which succeed each other) between the child's body and the body of his carer (hence, the post-Freudian element!).

gtk 57

evident: it is wrong to affirm that by having discovered dental aggression during the oral stage, it coincides or brings about the anticipation of anal aggression in the oral stage.

We are talking about two different types of energy and two completely different relationship styles. As you are well aware, this error has been perpetuated by Perls and the Gestalt community. I'll quote you an authoritative text on the subject: «The shift from anal to oral refusal implies a different possibility. It lifts the capacity to no as freely as yes, to rebel as well as to accommodate, from where it lies buried in a lower chamber to the mouth, the locale of eating, chewing, tasting, but also of language and sometimes of loving»³³. These are the words with which Isadore From and Vincent Miller introduce the new edition of Gestalt Therapy. How sad I feel that I only spotted this mistake a few years back and so I never had the chance to talk it over with Isadore!

Explain what this error is in more detail.

You see, in this theoretical viewpoint the energy/natural agaression found in the oral stage gets confused with the energy/power of the anal stage. When the ability and the experience of biting emerge, the child expresses a healthy form of aggression towards food, that is, the 'outside-thatcomes-inside' (and Perls understood the fact that Freud had not seen that learning occurs immediately, even just biting)³⁴. However, the energy/dental aggression is radically different, on a bodily and relationship level, from what emerges in the anal stage. What the child's body experiences in the anal stage is, in fact, not an energy regarding the 'outside-thatcomes-inside' but rather the energy of a personal power which is expressed in the holding on/letting go of something 'from-inside-towards-the-outside'. The body's involvement is different as is the relational mode which begins and which is experienced in this stage.

The relational aspect will depend upon both the rules that the child receives to control this power and the fact that the parental figure 'waits' for the product of his body (so giving It is wrong to affirm that by having discovered dental aggression during the oral stage, it coincides or brings about the anticipation of anal aggression in the oral stage. We are talking about two different types of energy and two completely different relationship styles.

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And if the other's attitude changes, all of the relationship changes with it...

Exactly. That's another factor to take into consideration. It becomes a different relational situation in a different developmental stage and with different consequences for the child's growth and relationship style. It is a mistake to get them confused.

Right. But tell me this: if you affirm in the Gestalt field that two entirely different forms of energy exist, one being dental (and concerned with the environment) and the other anal (as a power of the self), what implications or changes in perspectives might this bring about on both practical and theoretical levels?

Having confused two types of power and two developmental stages has produced, in my opinion, in both Gestalt theory and practice, some omissions and some ambiguities. It might seem to be just a detail, it's true, but don't we say – we Gestalt therapists – that changing a detail can change the overall perception? We have to look for the fallout generated by this misunderstanding. I'll give you a few instances.

In the anal stage – as I said – one learns the autonomous ability to hold on/to let go: this is an experience which is felt as empowering. This power, however, is not to be confused with aggression tout court. To label the anal stage as 'opposition' is only the parental figure's interpretation of the situation when he isn't able to tune into the child. It is clear that if the adult initiates a power struggle, then the child will use his anal sphincter to conduct his war in the terms of obstinate opposition (holding in and dirtying).

We might think that the first effect of the confusion between energy/aggression and energy/power in GT has been the fact that in GT we don't often speak about power, even when we work with families or couples. When I asked my trainers the reason why they answered that the question

In the anal stage one learns the autonomous ability to hold on/to let go: this is an experience which is felt as empowering.

gtk 59

of power only emerges when there is no a full contact. Perhaps we might think that this was rather an inadequate answer. Power, in fact, does not come into the picture only when there is a fight for dominance, but principally as self definition and of one's ability to influence and modify the environment. Power, in other words, requires that we reexamine the personality-function of the self.

Here are a few examples from formative and clinical contexts. I remember lots of discussions with Richard Kitzler of NYIGT when we invited him³⁵ to take part in our training programmes and he maintained (like many others in his group) that the relationship between trainers and trainees is one of equality. Our discussions often ended with my provocative question: «Well, if you have an equal relationship with our students then why should we pay you?». To pretend that a form of power doesn't exist (which, in any case, does not coincide with aggression), to give the false impression that a relationship is one of parity (thus refusing to accept your responsibilities and that there are areas which depend on superior knowledge of content) just generates confusion and, sometimes, forms of manipulation. Only by starting from the category of personal power (and not aggression, even healthy aggression) is it possible to live clear relationships because they are defined within the asymmetry or symmetry of the relationship context.

The novelty of my Gestalt model of family therapy (which integrates the old model of the es-function of the self and the current one of the ego-function of the self)³⁶ lies precisely in the rediscovery of power in GT and, therefore, of the importance of the personality-function of the self in family therapy. If a mother confides to her twelve year-old daughter that: «I suffer because I feel sexually ignored by your father», if, on one hand, she seems to be correctly communicating her experience, on the other she is committing a serious act of abuse of power in education, which takes the form of a disruption of the personality-function of the self (a shift of context from asymmetrical to symmetrical).

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boundary activated by the oral sphincter and that activated by the anal sphincter, we can generate an important moment of progress in Gestalt theory, overcoming a real misunderstanding of its post Freudianism.

GT theory, in reality, if deeply studied and examined, shows how we don't need artificial aids or crutches taken from systemic theories to include, elegantly and coherently, differences in contexts and in therapeutic work.

I'll give you another clinical example. My cell phone rings during a sitting because I forgot to turn it off and my patient crossly tells me to turn it off. I answer, «You certainly have the right to ask me to turn off my phone, but I'd like to talk about the fact that I perceived anger in your voice when you asked me to do it. What were you feeling at that moment?». It was important in this verbal exchange to distinguish between the patient's power (he had the right to ask for my phone to be off) and the tone (scared? demanding?) of the request. In this case, not only did the patient feel respected and his power recognized but his fear/rage in asking for his dues also emerged and led to an increased awareness which helped the therapy on. If I had focused solely on his aggression without distinguishing the context of power in the relationship, I would have confused the patient. I'm understanding more and more why From continually repeated that we were to be careful not to confuse our patients. Coming back to our theme, my dear Piero, it's obvious that we are at the beginning of a reflection and new research.

That's true. Another thing: when talking about anal aggression Freud suggests that letting go of faeces might be seen as a primordial experience of giving, of self giving, on the child's part. What do you think about that?

Another theme linked to the anal stage – and of great importance to relationships and growth – is the relationship with shit. Becoming aware of and making the production of your own shit truly your own – Freud told us – represents a new milestone in a child's development. It means entering into a new personal and relational universe. The child discovers that while you eat in company, shitting is something you do on your own (and moreover concentrating on and in your own body). It is a turning point in which you experience solitude, the body and power in a new way. You learn a new sense of modesty, which is very different from what you need to preserve your intimacy/nudity. It is the modesty of limit: however beautiful and good we may be, we produce waste that disturbs other people and which needs to be dealt with in private and completely alone. I know that this might seem a rather inelegant argument, nevertheless I think that if there has always been a sort of natural embarrassment just think of the Greek etymology of the word itself: 'nasty things' - today it is made worse by the post modern/ narcissistic social context, which tries to deny this limit imposed on us by our being. Do you remember the chapter in the Unbearable Lightness of Being³⁷ in which Kundera recounts how Stalin's son kills himself rather than clean shit and concludes by affirming that God and shit cannot coexist? Anyone who thinks he's God refuses to accept his own shit, and by refusing it, makes it unacceptable even to himself.

In the anal stage, moreover, you learn the strict rule that you must shit in your potty. This is a delicate and decisive moment for the emergence of rules in relational contexts. A rule, in fact, may be experienced as an expression of personal power within a relationship (Perls would say: «You can clean yourself») or as a rule imposed despotically by a relationship which denies the other's power. From this lesson the division develops that separates learning rules that emerge from the self-regulation of the relationship and those which require the super-ego, in the logic of a diktat imposed from the outside. As you can see, we're talking about a very different relationship schema compared to the one experienced during the oral stage. It becomes clearer and clearer that it's a mistake to talk about an anticipation of anal aggression in the oral stage. Therefore, we're talking about taking up (again) themes and processes from this perspective (i.e. power, limits, rules) that can enrich many theoretical and clinical perspectives of GT. In my opinion this However beautitul and good we may be, we produce waste that disturbs other people and which needs to be dealt with in private and completely alone.

A rule, may be experienced as an expression of pera relationship or as a rule imposed despotically by a relationship which denies the other's power. From this develops that separates learning rules that emerge from the self-regulation of the relationship and those which require the super-ego, in the logic of a diktat imposed from the outside.

way would avoid – and here I'm referring to a great lesson we learnt from From³⁸ – having to turn to other approaches. There are juxtapositions that, in the long term, turn out to be rather clumsy on a theoretical level and largely ineffective in clinical practice³⁹.

In your most recent writing, you talk a lot about 'intercorporeity', particularly with regard to the es-function of the self. How do you think that this interesting theoretical and clinical paradigm, 'intercorporeity', can be re-examined in the light of two different types of aggression, or rather, in the distinction between aggression and power that you have brought to light? Moreover, your reflections on aggression would appear to delineate a developmental theory all centred on perceptive experience (hetero and proprioceptive). The child always experiences the first forms of recognition or disapproval from his mother through perception. Could you go into that in greater depth?

Human beings live in an inevitable 'betweenness' (traitàzwischenheit): for guite a time now I've avoided the term 'being-with-us' (despite its attractive heideggerian' echoes) and I normally prefer to speak about 'being-between-us'40. And 'betweenness' is always bodily and, in any case, intercorporeal. Intercorporeity is, in fact, a precise category on a theoretical level and effective on a clinical one exactly when it is viewed from a strictly Gestalt angle. For example, in GT we talk about interruptions in contact, but this concept becomes phenomenologically observable and reachable only if you capture it when its being - as Henry⁴¹ would say - is 'embodied' at the inter-corporeal level. Why do some parental introjections become inflexible (and strongly influence the functionality of the organism) whilst others don't? Because some introjections (the inflexible ones that are unaffected by any verbal arguments) have been transmitted not only verbally but also within an intense tension which has passed from the parental body to the child's. Without bearing in mind intercorporeity, then, work on interruptions becomes extremely slow and, frequently,

'Betweenness' isalways bodily and, in any case, intercorporeal. ineffective. Family therapy sittings are where attention focused on 'bodily betweenness' makes it particularly visible and of great (sometimes, immediate) efficacy. In my model of family therapy⁴² I lay great stress on the fact that every body belonging to a family member assumes a position and a form in relation to all the other bodies, from the one that is near it, from the one which is farthest away, from the one opposite (the relational proximity in the family, that is, determines the forming of bodily schema). In this sense and here I'm referring to the second part of your question it's useful to remember that in the body's enteroception we need to include not only proprioception (feeling my body), but also the perception of the body (or of the non-human environment)⁴³ near me⁴⁴. In my opinion, we also find this theory shared by an author you greatly admire, Damasio⁴⁵, when he confirms, on a neuroscientific level, the hypothesis (long advanced by various psychotherapeutic theories) of the central role played by background feelings in decisions and in interactions. We can state, at this juncture, that thoughts about oneself and relationships emerge from intercorporeity, that is, between the body interacting with other bodies. It is true, as some say, that thoughts themselves modify the body and give rise to a circular movement of body-thoughtbody, but the neurosciences seem to confirm more and more that the starting point of this circle is always the body or, I would like to add, the relationship between bodies. I think that the intrinsic Gestalt categories of intercorporeity and the correlated organism relational intentionality constitute brilliant hermeneutical and clinical insights, which have yet to be explored deeply, not only by other psychotherapies, but also, in part, by the Gestalt community.

More than a few Gestalt theorists⁴⁶, and for quite some time, have tried to juxtapose the concept of intersubjectivity⁴⁷ to the GT theoretical and clinical corpus, but some of these attempts, just as From predicted⁴⁸ have turned out to be merely cosmetic and useless.

Indeed, some people do not realise that the operation can

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Thoughts themselves modify the bod and give rise to a circular movement of body-thoughtbody, but the starting point of this circle is always the body or, I would like to add, the relationship between bodies. It is the concept of intersubjectivity that can (and must) enrich itself – as I have always maintained and Stern himself has recognized – with the Gestalt categories of intentionality (and, I say, of intercorporeity) to avoid remaining, in my opinion, at a merely descriptive level. be inverted: it is the concept of intersubjectivity that can (and must) enrich itself – as I have always maintained and Stern himself has recognized⁴⁹ – with the Gestalt categories of intentionality (and, I say, of intercorporeity) to avoid remaining, in my opinion, at a merely descriptive level.

Still, that's another question that, as I told you, I'm going to address systematically in a piece that I am finishing about GT's contribution to Infant Research.

For the time being, thanks for asking me such competent and finely nuanced questions, as always. Shall we end by agreeing that our next interview will be me asking Piero Cavalieri about his research on relationships?

Certainly! That appeals to me. Thanks, Giovanni. Until next time, then.

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66 gt

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- 2 Perls F. (1947) (or. ed. 1947/69), Ego, hunger and aggression. The Gestalt therapy of sensory awakening through spontaneous personal encounter, fantasy and contemplation, Vintage Books, New York.
- 3 G. Dennison (1969), The Lives of Children- the story of the first street school, Random House, New York.
- 4 V. Oaklander (2009), Il gioco che guarisce. La Psicoterapia della Gestalt con bambini e adolescenti, ed. EPC, Catania.
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- 6 K. Abraham (1985), Opere, Bollati Boringhieri, Torino.
- 7 F. Perls (1995) (ed. or. 1942), L'io, la fame e l'aggressività, cit; ivi, cfr. M. Spagnuolo Lobb, G. Salonia, Introduzione all'edizione italiana, 7-12.
- 8 C. R. Rogers, G. M. Kinget (1970), Psicoterapia e relazioni umane, Bollati Boringhieri, Torino.
- 9 F. Perls (1969), Gestalt Therapy Verbatim, Real People Press, Moab.
- 10 Cfr., following this line see: V. Conte (2001), Il lavoro con un paziente seriamente disturbato: l'evoluzione di una relazione terapeutica, in M. Spagnuolo Lobb (ed.), Psicoterapia della Gestalt. Ermeneutica e clinica, Franco Angeli, Milano, 111-119. Concerning object relations, see: F. Pine (1995) (ed. or. 1985), Teoria Evolutiva e processo clinico, Bollati Boringhieri, Torino.
- P. Cavaleri (2003), La Profondità della superficie, Franco Angeli, Milano.
- 12 For the Gestalt transition from 'here-and-now' to 'now-to-next' cfr. G. Salonia (1992), Tempo e Relazione. L'intenzionalità relazionale come orizzonte ermeneutico della Psicoterapia della Gestalt, in «Quaderni di Gestalt», VIII, 14, 7-21.
- 13 G. Salonia (2011), Il paradigma triadico della traità, Il Pozzo di Giacobbe, Trapani, printing.
- 14 D. Stern (1987) (ed. or. 1985), Il mondo interpersonale del bambino, Bollati Boringhieri, Torino.

- 15 M. S. Mahler, F. Pine, A. Bergman (1978) (ed. or. 1975), La nascita psicologica del bambino, Bollati Boringhieri, Torino.
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- 19 In the article there is a synopsis with the perspectives of: M. Mahler, F. Pine, A. Bergman (1978) (ed. or. 1975), La nascita psicologica del bambino, cit; D. Stern (1987) (ed. or. 1985) Il mondo interpersonale del bambino, cit; K. Wilber (1989), Lo spettro dello sviluppo, in K. Wilber, J. Engler, D. Brown, Le trasformazioni della coscienza, Astrolabio, Roma.
- 20 V. Conte (1998-99), Dalla appartenenza alla individuazione: come restare coppia, in «Quaderni di Gestalt», XIV-XV, 26-29, 134-136; V. Conte (2008), Essere coppia nella postmodernità, in A. Ferrara, M. Spagnuolo Lobb (eds.), Le voci della Gestalt. Sviluppi e innovazioni di una psicoterapia, Franco Angeli, Milano, 168-173.
- 21 G. Salonia (1994), Kairòs. Animazione comunitaria e direzione spirituale, EDB, Bologna.
- 22 P. Cavaleri, G. Lombardo, C. Usai (1993), Insegnante-allievo: una relazione nell'ottica della Gestalt Terapia, in «Quaderni di Gestalt», IX,16/17, 57-68.
- 23 G. Salonia (1992), Tempo e Relazione, cit.
- 24 I think that Stern's 'being-with' should be amended, on a phenomenological level, to 'being-with-us'.
- 25 In my opinion, this is one of the most original discoveries in all of Freud's works.
- 26 We know that initially Freud paid more attention towards and had greater contact with the patient's body. Cfr. G. Salonia (2008), La psicoterapia della Gestalt e il lavoro sul

gt (67

corpo. Per una rilettura del fitness, in S. Vero (ed.), Il corpo disabitato. Semiologia, fenomenologia e psicopatologia del fitness, Franco Angeli, Milano.

- 27 It is clear here what Freud offers up to the Zeitgesist.
- 28 E.g. M. Gillie (2000), D. Stern: una teoria evolutiva per la Gestalt?, in «Quaderni di Gestalt», XX, 30/31, 22-39; G. Weeler (2000), Per un modello di sviluppo in Psicoterapia della Gestalt, in «Quaderni di Gestalt», XX, 30/31, 40-57; N. Friedman (2000), La Ricerca di Daniel Stern e le sue implicazioni per la Psicoterapia della Gestalt, in «Quaderni di Gestalt», XX, 30/31, 150-155.
- 29 For a wide-spectrum presentation of infant learning (in addition to relationship competence) cfr., e.g., N. Dell'Agli (2000), Il Viaggio del bambino alla ricerca di sé e dell'altro. Intervista a Paola Molina, in «Quaderni di Gestalt», XX, 30/31, 86-92.
- 30 Experiences like vomiting, spitting etc. seem to move from 'inwards to outwards', but in reality they are refusals of what came 'inside from the outside'.
- 31 I totally agree with Irigary's point of view L. Irigary (1974), Viva la differenza sessuale!, in A. Cavarero, F. Restaino (eds.) (2002), Le filosofie femministe, Bruno Mondadori, Milano, 173-178 – which modifies the name and the perspective of the 'phallic stage' to 'gender stage'. Cfr., for more on this point, G. Salonia (2005), Introduzione, in P. L. Righetti, Ogni bambino merita un romanzo, Carocci Faber, Roma.
- 32 I prefer, for aesthetic reasons, his term to caregiver.
- From, M. V. Miller (1997) (or. ed. 1951), Introduction to the new edition of Gestalt Therapy, in F. Perls, R. Hefferline, P. Goodman, Gestalt Therapy. Excitement and growth in the human Personality, Gestalt Journal Press, Highland, NY, XIV.
- 34 Otto Rank was the first to see the positive value in the patient's will to offer opposition (Gegenwille). Cfr. O. Rank, (1976), Volonté et psychoterapie, Payot, Paris.
- 35 In contrast to Dan Bloom's opinion D. Bloom (2009), In memoriam: Richard Kitzler, in «Quaderni di Gestalt», XXII,
 1, 133-134 Richard was also invited by me as co-director of the Istituto di Gestalt HCC.
- 36 G. Salonia (2010), Lettera ad un giovane psicoterapeuta della Gestalt. Per un modello di Gestalt Therapy con la famiglia, in M. Menditto (ed.), Psicoterapia della Gestalt contemporanea.

68 gt K

Strumenti ed esperienze a confronto, Franco Angeli, Milano.

- 37 M. Kundera, (1985), L'insostenibile leggerezza dell'essere, Adelphi, Milano (cfr. chapter 7).
- 38 I. From (1985), 'Requiem for Gestalt', in «Quaderni di Gestalt», I, 1, 22-32. Cfr. also A. Sichera (1994), Per una rilettura di 'Requiem for Gestalt', in «Quaderni di Gestalt», X, 18/19, 81-90.
- 39 History has taught us that the various mixtures between GT and other approaches (transactional analysis, bioenergetics, CCT) have always led to a decreased understanding of what GT is.
- 40 G. Salonia (2011), Il paradigma triadico della traità, op. cit.
- 41 See M. Henry (2001), Incarnazione, SEI, Torino.
- 42 G. Salonia (2010), Lettera ad un giovane psicoterapeuta della Gestalt, op. cit.
- 43 See G. Giordano (2001), La casa, l'ambiente non umano e i pazienti gravi. Un contributo teorico-clinico nell'ottica della psicoterapia della Gestalt, in «Quaderni di Gestalt», XVII, 32/33, 70-79; H. F. Searles (1960), The non-human environment, International Universities Press, New York.
- 44 G. Salonia (2011), Il paradigma triadico della traità, op. cit.
- 45 A. R. Damasio (2000), Descartes' erroe. Emotion, Reason and the Human Brain, Quill, New York.
- 46 M. Gillie (2000), D. Stern: una teoria evolutiva per la Gestalt?, op. cit.; G. Weeler (2000), Per un modello di sviluppo in Psicoterapia della Gestalt, op. cit; N. Friedman (2000), La Ricerca di Daniel Stern e le sue implicazioni per la Psicoterapia della Gestalt, op. cit.
- 47 Recently rediscovered thanks to the studies of the Infant Research – see B. Beebe, F. M. Lachmann, J. Jaffe (1999), Le strutture di interazione madre-bambino e le rappresentazioni presimboliche del sé e dell'oggetto, in «Ricerca Psicoanalitica», X, 1 – and also to those of intersubjective psychoanalysis: D. M. Orange, G. E. Atwood, R. D. Stolorow (1999), Intersoggettività e lavoro clinico. Il contestualismo nella pratica psicanalitica, Raffaello Cortina, Milano. For a panorama of the concept of intersubjectivity see, M. Lavelli (2007), Intersoggettività e primi sviluppi, Raffaello Cortina, Milano.
- 48 I. From (1985), 'Requiem for Gestalt', op. cit.
- 49 Stern closed the convention in Rome in 2007 with these words.

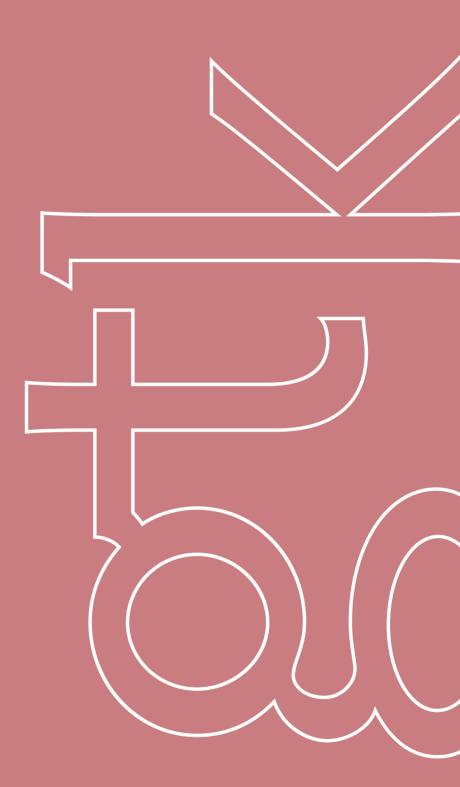
gt (69

See an attempt at synthesis in D. Stern (2009), Conclusioni, in M. Spagnuolo Lobb (ed.), Incontri diVisioni-Psicoterapia della Gestalt e psicoanalisi relazionale in dialogo, in «Quaderni di Gestalt», XXII, 1, 59.

Abstract

The author objects to the predictable statement of the Gestalt Therapy theory that the dental aggressiveness discovered by Perls implicates the prevision of the anal stage aggressiveness. This error has taken to confusion between sane aggressiveness and sane ability. Through clinical examples it is shown how this distinction clarifies and makes the therapeutic intervention even more effective. Counterpoints of the essay are the stories of meetings and dialogues of the author with important representatives of the Gestalt Therapy, such as I. Fromm, E. Polster and of the 'Infant Research' like D. Stern.











Eva Aster*



Agosto 2010

26.3.08

Right now, what makes me feel sick more than ever (above all in the evening and at night...) is feeling my cramped, stiffened, contracted body... a very strong (more than in the past) and continuous sensation... A sensation of a body I am not able to reach... I'm afraid of the pain that is held, imprisoned, frozen in the rigidity of this body... It's a very bad, painful sensation... I feel like screaming and at the same time I'm afraid of that scream, because it's too burdened with old pain...

The evenings and the nights are the most painful moments, because there apparently is no way to get over this break... maybe I should let the scream and tears out, but it scares me... In these days I jog on with enormous efforts, I feel bad in my skin, I don't know what other expression I could use... and this makes my irritation and my rejection against this unapproachable body grow...

gtk 75

*Pseudonym

1.11.08

Because what is hurt within me are not just ideas or thoughts (those are the easiest things to be rectified and modified), but very distant and deep emotional experiences; therefore, talking about the body for me is like talking about something dirty, something I run away from with disgust, for which I feel repulsion and anger, something I don't want to touch, something I feel separated from like by a wall, and it's a wall I am not able to pass... As if it would not belong to me (my body), as if I wouldn't live in it... As if the fact that I feel it would be a bad and dirty thing... Just because this is the behaviour others have experienced towards me and my body, and I 'learnt' by 'imitation', without becoming aware of it... You think it's strange? I'm afraid to be touched (because touching is 'dirty'), and yet I feel a shooting need to be touched, simply touched, hugged, caressed... to 'feel' that my body is there, that it's worthy of being touched, that it's beautiful and good... I would like you to hear the (silent and desperate) scream of a body that has not been touched and loved...

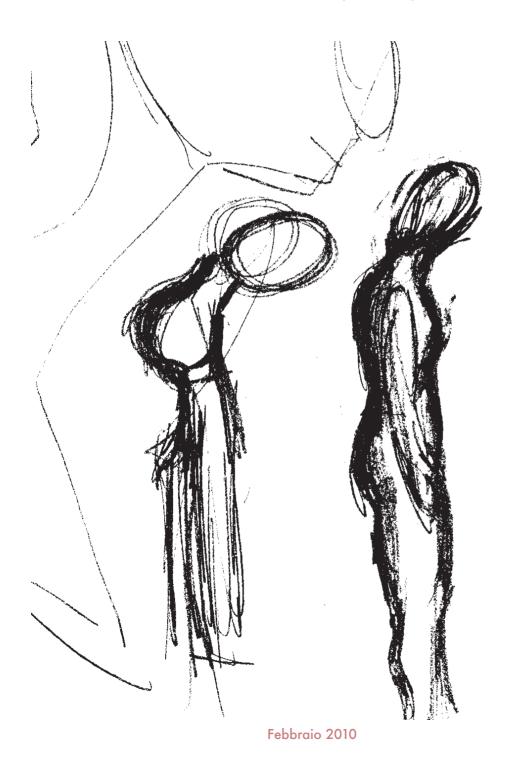
It's not easy writing about these things and hand them in to others...

However, maybe that way it's easier to understand why I have a body that constantly falls sick (because it wants to make itself heard) or that pressingly demands to be touched and felt not only through pain and sickness, but also through pleasure...



76 gtk

I'm not trying to give you reasons or thoughts, but a 'history' that is written (carved!) in my body; a pain that has been 'tied' on my body and makes it feel bad, and makes it feel tired, exhausted... A pain that screams silently, but to me, sometimes, deafening, lancinating, agonizing, as if it could not find a road to recovery... A history I am trying to read and understand, after that so long it has been simply experienced and suffered... Is also this story touched by salvation...?



gtk 77

19.7.09

The night frightens me, the night within me. In the night, not the memory of events, but of a trace in the heart and body explodes in my head, (not in the mind); generally of an impression... my dad's madness explodes... dread, pain. I would like to scream, because fear, pain have no words... they probably never had words... far too upsetting... But is it really like that? I don't know, there's no memory of events, just this explosion of madness, in my head I feel like when a bomb explodes... a very bright light, then fog, then dread... pain like a mute and deaf ear-splitting scream... Madness at night and apparent normality during the day... dread that this madness came into me, that it overwhelmed me like violence overwhelmed me. Reshape the boundaries of the body, but also those of health and of madness...



I CAN'T WRITE IT...

Eva Aster

I can't write it... I don't know how to describe it... I'd like to draw it but...not good enough... I've never been much of a one for poetry. Dancing it? Worse...

But if I imagine it, I imagine a dance, A body that dances with light and colours... I'll try tomorrow, with pastels.

It's hard to tell the emotion I felt today. I haven't found a corner yet (of space and time) to stop and enjoy it, stop to savour the good taste, the sweet emotion, the amazement full of joy and gratitude...

While listening to my body's words: there's the whole of me...

Giovanni, you don't know...On the contrary, I guess you know what that means to me. Maybe you knew it even before it happened...

That my body could say in truth and peace: There's the whole of me. And it's true. I can also say it now: the whole of me is there... I just had a shower, with my eyes shut and my soul wide-open ... I let the water run on my body and I accompanied it with my hands like a caress... imagining the gentleness and love of an artist when he moulds his work... And I felt the Inspiration... I accompanied it, the water, in order for it to reach all of it, my body in its lines, in its hidden and most guarded places, I felt the dance steps of the water on my skin... My heart joined the dance... My heart has been dancing for the whole day.

gt (79

My heart has been dancing for the whole day... My heart joined the dance of the body... Heart and body finally joined together in a single dance.

Giovanni... is it true... really? That the whole of me is there... All, the whole, the whole body, body and soul together... The whole of me... But also saying it with many words does not render it. You can't tell the emotion to taste, for the first time after... forty years... Feeling the taste to be able to say: there's the whole of me... Even if I would repeat it for the whole night, it wouldn't be enough, to explain how it's inside. There's the whole of me. Feeling the gentleness not struck down any longer by fear, pleasure not mixed any longer with distress, There's the whole of me... my heart was bursting with joy and emotion. Yes, joy... JOY. The joy of a body restored to life, which is able to say: There's the whole of me And tears told not pain, but emotion,

emotion like in front of a miracle.

Giovanni, really: there's the whole of me...

I don't know if... I was able to tell you how much gratitude for your hands and your good words that awakened my body's life, that with patience repaired the ripped pieces, that with gentleness have comforted the bleeding pain of those wounds...

So much gratitude because you welcomed me, you made space to welcome my body, warm it up in a fondness that wanted to give life rather than steal it, offer love rather than snatch it out...

There's the whole of me, it's just real: there's the whole of me... Is it true? It's not a deceit?

I repeat it myself even now...

I can't deny it: I wish you were here, and would repeat it with me... I would cry and hug you again for gratitude.

I close my eyes and I see that the dance continues.

The body that dances with light and colours,

opens itself in the space and each movement leaves a coloured trail, crossed by light...



And colour and light stay in the air... They draw circles, interweaving lines, and they slowly disappear, in order to leave space for new steps, for other colours... I "saw" this dance in my mind while I was caressing myself...

I'd like to repeat it again: There's the whole of me... And listening to your answer: yes, there's the whole of you.

It's like that, right? Enough, now I calmed down...

And I go to my bed... The whole of me... The woman I am. But live again what, what I have experienced today... But I don't know what the therapy foresees now...

But I would at least like to listen to one word of yours once again: (you said it to me looking into my eyes...) Just one word:

"Beautiful".

gtk 81



NARCISSUS: THE REFLEX WITHOUT WATER The myth according to Bill Viola, reflections on the narcissistic experience

Giovanna Silvestri

New organ of perception come into being as a result of necessity – therefore, increase your necessity so that you may increase your perception.

Rūmī, poeta e mistico Sufi persiano del XIII sec.¹

we can act creatively in the world we live in, as long as we don't decrease our critical attention, to "aggress" and "chew" the contemporary narrative codes and structures, the logic behind them and the technological tools that produce it and which are a result. We live in a society of images, in a culture of spectacle², in the age of technology³, where the realty is virtually and interpersonal relations liquid; an era, ours, in which «we are less willing to dedicate time examining or at the experience of phenomenon, when there are available surrogates»⁴ easy to understand, quick to swallow and... controlling! Despite this, we can act creatively in the world we live in, as long as we don't decrease our critical attention, to "aggress" and "chew" the contemporary narrative codes and structures, the logic behind them and the technological tools that produce it and which are a result. On the other hand, reminds us Sichera, «the only possibility for a psychotherapy to be "updated" is to evolve and compare itself with new cultural contexts, but within a coherence with its own theoretical body and with its own method. In Gestalt psychotherapy this task

¹ Quoted by B. Viola (1998), Reasons for Knocking at an Empty House, Writings 1973-1994, Thames and Hudson, London, 71.

² J. Crary (1999), Suspensions of Perception: Attention, Spectacle and Modern Culture, MIT Press, Cambridge.

³ U. Galimberti (2008), La figura della colpa in Buber, Jaspers e Anders, in L. Bertolino (ed.), M. Buber. Colpa e sensi di colpa, Apogeo, Milano.

⁴ C. Towsend (2005) (ed. or. 2004), L'arte di Bill Viola, Bruno Mondadori, Milano, 13.

is entrusted to the category of "dentition"»⁵. Arrived at this point, the first questions that need answers, to explain the title of this contribution, are: what is Video Art and who is Bill Viola? At this questions naturally follow more specific: what does Gestalt Therapy have to do with Video Art and what can be drawn from the comparison with the work of this great artist?

Curious assonances: the Video Art and GT

The anecdote that is used to indicate the birth of Video Art narrates an historical event (the procession of Pope Paul VI on the streets of New York in the fall of 1965), of a hightech product that had just entered in the market (the Sony Portapack) and of a Korean, artist of electronic music, that had just arrived in the States (Nam June Paik). Paik shoots the video during the procession, then in the same day, on the other side of the city, in Greenwich Village at the Café à Gogo connects his instruments to the television. And that's how he realizes his first video – Café Gogo, 152 Bleeker Street, October 4th and 11th, 1965 – the Video Art sees the light.

Although the assignment of birth is a matter of contention among the pioneers⁶ of Video Art, the anecdote helps us to outline some of the peculiar characteristics of the audio-visual medium: the vocation for the documentation, the dependence in the development of mass technologies (tools with high performance, low cost and easy to handle), the need for a "creative" that knows how to use such instruments with the purpose not only to look at reality in an inedited way, but to interact directly with it during the process of representation.

Without delving into nearly sixty-years of history of the video, it is interesting to note the curious assonances between the evolution of this art and the history of the Gestalt Therapy, in

⁵ A. Sichera (1995), La diagnosi in psicoterapia della Gestalt: fondamenti epistemologici, in «Quaderni di Gestalt», XI, 20/21, 13-17, 13.

⁶ Among the pioneers, as Paik, we also recall Wolf Vostell, Peter Campus, Bruce Nauman, spouses Vasulka, Andy Wharol, Vito Acconci, just to mention a few.

Thus, the video artists returns «substantially to a plastic notion of time inthecontextof the experience» through temporal dilations and contractions. Similarly, the Gestalt therapist is called upon to create those conditions that allow the patient to the revitalize the process of «creative adaptation of the "internal or lived time"at the "time of history"». the topics that traverse it. First of all, the one and the other find their explication in the United States, the "New World", a fertile land for giving birth to something new that, though, has had its period of gestation in the experiences of the old Europe. In fact, Fritz and Laura Perls formed themselves in the pre-war Germany in prey of the tormented contradictions of flourishing cultural, social and moral devastation, meanwhile Paik and Vostell, fathers of Video Art, begin their first experiments with electronic music in Germany at the time of the reconstruction and rediscovered artistic ferment⁷.

Furthermore, Video Art and Gestalt Therapy reject the prevailing cultural models and dedicate itself to the discovery (or res-discovery) in elaborating a "new" concept of time. The psychotherapeutic practice of GT, in opposition with the psychoanalytic model, openly rejects the interpretation of the contents of the patient, concerned more at the analysis of the «internal structure of the actual experience [...] how what is being remembered is remembered [...] how what is said is said»⁸. The Video Art, is in sharp contrast with the television "system" and its TV commercial images, launches an anti-consumeristic challenge, shouting a «trial against the product»⁹. Thus, the video artists returns «substantially to a plastic notion of time in the context of the experience»¹⁰ through temporal dilations and contractions. Similarly, the Gestalt therapist is called upon to create those conditions that allow the patient to the revitalize the process of «creative adaptation of the "internal or lived time" at the "time of history"»¹¹. When the cultural revolution and the feminist movement

- 8 F. Perls, R. Hefferline, P. Goodman (1994) (or. ed. 1951), Gestalt Therapy. Excitement and growth in the Human Personality, Gestalt Journal Press, Highland, NY, 8.
- 9 B. Viola (1993), La Storia, dieci anni (di video) e l'epoca dei sogni, in V. Valentini (ed.) Vedere con la mente e con il cuore, Gangemi editore, Roma, 49.
- 10 J. Wainwright (2004), Tempi rivelatori, in C. Towsend (ed.), L'arte di Bill Viola, Bruno Mondadori, Milano, 111-124.
- 11 G. Salonia (1994), Kairós. Direzione spirituale e animazione comunitaria, EDB, Bologna, 12.

⁷ Remember the important role played by the neo-dadaist Fluxus movement, which Maciunas and Stockhausen are the most important exponents.

subverts the traditional rules of the "body" and the "subjectivity", in Video Art are delineated two trends: the video installation (where the study of space is predominant) and the video performance (which seeks new forms of relation between body-subject-environment). In the GT theory the body has always played a central role from its earliest elaborations. The very extensive literature and the different perspectives¹² have a common element: body awareness leads to a new view of the world. Salonia writes about the lived body: «a body habited to its fullest vibrates (it's the meaning of Leib!), it radiates a warm and luminous sensuality and vitality and produces a new expression for its own body and other bodies»¹³.

Lastly, both the GT and the Video Art are the product of new technology, capable of destroying the earth in a few seconds - from August 6th, 1945 when first atomic bomb was dropped on Hiroshima «the war from necessary became impossible»¹⁴ - or to put in communications people at the opposite ends of the globe (the telephone, the television and lastly internet), both subsidiaries of a need for a new way of being in the world, to perceive and enact it. Bill Viola asserts at this regard: «When you pick up cameras and recorders, you have to be very careful to realize that someone else's intention and assumption of how this instrument will be used is built into that instrument. For example, cameras are being used as weapons [...] The weapon used in 9/11 was the image and not the plane. So that way of thinking is something really

- 12 Remember the elaborations of I. Bloomberg (1988), Lavoro corporeo nella Terapia della Gestalt, in «Quaderni di Gestalt», IV, 6/7, 93-121; J. I. Kepner (1993), Body Process. Working with body in psychotherapy, Jossey-Bass Inc., San Francisco, CA; R. Frank (2001), Body of Awareness. A somatic and developmental approach to psychotherapy, Gestalt Press, Cambridge, MA; G. Salonia (2008), La psicoterapia della Gestalt e il lavoro sul corpo. Per una rilettura del fitness, in S. Vero (ed.), Il corpo disabitato. Semiologia, fenomenologia e psicopatologia del fitness, Franco Angeli, Milano, 51-81.
- 13 G. Salonia (2008), La psicoterapia della Gestalt e il lavoro sul corpo. Per una rilettura del fitness, cit., 57.
- 14 G. Salonia (2011), Sulla felicità e dintorni. Tra corpo, parola e tempo, Il pozzo di Giacobbe, Trapani, 115.

Body awareness leads to a new view of the world.

Both the GT and the Video Art are both subsidiaries of a need for a new way of being in the world, to perceive and enact it. Bill Viola is the most prolific and recognized contemporary video artist, an expert on theorigin of his art and skillful craftsmanof audio-visual medium. important that artists need to be aware of: what the impact and effect of their images is going to be»¹⁵.

Bill Viola: Surrender

Bill Viola (the surname is pronounced like the musical instrument¹⁶) is the most prolific and recognized contemporary video artist, an expert on the origin of his art and skillful craftsman of audio-visual medium. In front of his works often people cry¹⁷, because his, Townsend reminds us, «is an art of emotion [...]. In any case, his are works that come in contact with the public through both visceral or emotional as intellectual channels»¹⁸. Viola uses the most sophisticated technologies and has a highly specialized production system (directors, set designers and stagehands are part of his crew), but in his works «there are no tricks or sleight of hand: all images are taken from reality; real fire, real water, real storms, real floods. Bill had understood for some time that the most interesting questions are usually those that lie in front of you, and are present in the human, and in the non-human world, and there's nothing else to do but to watch»¹⁹.

Its on the observation that is focused the opera Surrender²⁰ (2001), one of the most enigmatic and fascinating works of

- 15 (Translation by the writer) Interview of A. Rawlings to Bill Viola of the 06.11.2006, available on the website of Tokyo Art Beat: 'Interview with Bill Viola'
- http://www.tokyoartbeat.com/tablog/entries.en/2006/11/interview_with_bill_viola.html
- 16 Viola father opens with this statements the video documentary A world of Art. The work in progress. Bill Viola, written, produced and directed by Marlo Bendau. Annenberg and CPB Project.
- 17 On this issue it's of interest the essay of C. Freeland (2005), Penetrando nei nostri anfratti più reconditi e inaccessibili. Il sublime nell'opera di Bill Viola, in C. Towsend (ed.), L'arte di Bill Viola, Bruno Mondatori, Milano, 25-46.
- 18 Ivi.
- 19 K. Perov (ed.) (2008), Bill Viola. Visioni Interiori, Giunti Editore, Milano, 10-11.
- 20 The opera is available in the photographic format at the following link: http://www.billviola.com/pastexhibitions.htm.

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The Passions²¹ series, if not of its entire production. Before venturing in the exploration of the resources that GT can draw from the "comparison" with this work, let's give a brief description of the video, knowing that no words can replace the deep emotional impact that its direct vision causes in person experience.

Surrender is a color video that lasts 18 minutes and projected in a vertical diptych on two plasma display panels. In each screen appears, in a specular position, a half bust of a man and of a woman, each in red and blue tank top. The man and the women perform three synchronized bending, with an emotional intensity and increased durability. The action in slow-motion at first seems to lead them to touch each other with their face, perhaps in the intent to embrace, to kiss, but the "desire" infringes in the water, just now it can be comprehended that it's always been underneath the screen. The submerged faces rise again, caught by deep anguish: all they see is just a mirror image. With each new attempt, «the face is transfigured by tears that flood it like a viscous substance, the mouth is wide open as for a great shout in contrast with closed eyes [...] nearly a picture of Francis Bacon, whose flesh, face, torso become a single piece»²². The pain becomes more acute (also in us) and the images begin to follow the ripples of the waves caused by their own immersion: we realize that what we see is only a mirror image. At the height of emotional intensity the body shapes disintegrate in the refraction of the waves in an explosion of abstract forms of light and colors to disappear into the black of the video. The video starts again, the loop perpetuates the sequence reversing from time to time the subjects.

- 21 Sent by Salvatore Settis to the Getty Research Institute of Los Angeles on the theme "Representing the Passions", Viola confronts himself with historians, philologist and musicians by participating in seminars on Wednesday. The result is an artistic elaboration lasted four years (2000-2004) and with the production of many works, including Surrender; cfr. J. Walsh (ed.) (2002), Bill Viola. The Passions, The J. Paul Getty Museum, Los Angeles.
- 22 V. Valentini (2008), Luce mescolata a tenebre, in K. Perov (ed.), Bill Viola. Visioni interiori, Giunti Editore, Milano, 146.

88 gt K

To touch Narcissus: from Bill Viola to Jeanne Hersch

It's the enigma of the body that looks at the body seen in a mirror of deep water. «An image of power»²³ that inevitably leads to the myth of Narcissus. Just in this period when the scientific community discusses with harsh tones whether or not to keep in the personality disorders the diagnostics category of narcissism (perhaps because in a narcissistic society²⁴ «fades the border between normality and pathology»²⁵), I believe it's important that GT compares itself with Surrender, the contemporary work that is more representative, of the narcissistic disorder, its inner essence. Bill Viola shortly before returning to shoot the scene recommends his performers to imagine the pool where they are immersed filled with tears of all times as the source of all sufferings.

The deep experience of narcissistic relation, recalls Salonia²⁶, is pain (silent, I add) of spasmodic search of himself through the glance of the other, in order to find a glance that comes in full, allowing fullness.

But where does the primordial intentionality interrupt, the authentic need? Where are the senses "lost"? Viola says: «I think one thing that's important to recognize about the story of Narcissus is that his problem was not that he saw himself in the reflection, it was that he did not see the water»²⁷. In the narcissistic relation the need for recognition remains dissatisfied because, in my opinion, there are two events: the

- 23 Viola says: «with "image" I intend a series of informations received through sight, hearing and all the sensory faculties». Cfr. J. Zutter (1993), Risvegliare il corpo con le "immagini potenti" dell'esistenza. Intervista a Bill Viola, in V. Valentini (ed.), Vedere con la mente e con il cuore, Gangemi editore, Roma, 94.
- 24 C. Lasch (1981) (ed. or. 1971), La cultura del narcisismo, Bompiani, Milano.
- 25 M. Ammaniti (2010), Il narcisismo non è più una malattia. Così la psichiatria scagiona chi ama troppo sé stesso, in «La Repubblica», 10-12-2010.
- 26 Cfr. G. Salonia (2003), Il narcisismo come ferita relazionale, in «Horeb», 32, 48-54.
- 27 H. Belting (2002), A conversation, in J. Walsh (ed.), Bill Viola. The Passions, The J. Paul Getty Museum, Los Angeles, 189-220, 206.

Viola says: «I think one thing that's important to recognize about the story of Narcissus is that his problem was not that he saw himself in the reflection, it was that he did not see the water» drastic reduction of the capacity to "touch" the Other, to feel his presence with the touch of his outstretched hands, and the subsequent hypertrophic growth of the sense of sight (and hence the need to receive admiration). The lack of experience, especially during childhood, of trust and a sense of protection, lead the person to be ashamed of these desires or to feel them with a load of unbearable anxiety.

Instead of the required protection and intimacy in the intercorporeal dimension²⁸, a "system of satisfaction" in the visual dimension starts building up, a mechanism fundamentally conservative, which lowers the level of anxiety, but irreversibly blocks the progression of the relationship and evolution of the organism itself. The body is seen, but not lived. All that has to do with the frailty, disability, impairment, illness, old age - an echo of a body (never fully) inhabited - is synonymous of shame and humiliation. To ask for help: a resentful act.

How to help, then? Which element should be put into the relational field so that the patient's symptom can be heard and start a process of interpretation leading intentionality relation to its aim?

Although GT has always looked to the art world as a metaphor/analogy as the structure of the therapeutic relation²⁹ in its creative-productive aspect, it is important to explore the other polarity of the world of the work of art, that is its fruition;

The body is seen, but not lived. All that hastodo with the frailty, disability, impairment, illness, old age - an echo of a body (never fully) inhabited -is synonymous of shame and humiliation. To ask for help: a resentful act.

- 28 In reference of the concept of intercorporeity of G. Salonia (2008), La psicoterapia della Gestalt e il lavoro sul corpo. Per una rilettura del fitness, cit.
- 29 From Goodman with the chapter "Verbalizing and poetry" at the most recent elaborations of Spagnuolo-Lobb. Cfr. P. Goodman "Verbalizing and poetry", in F. Perls, R. Hefferline, P. Goodman (1994) (ed. or. 1951), Gestalt Therapy. Excitement and growth in the Human Personality, cit., 99-111; M. Spagnuolo-Lobb (2007), L'incontro terapeutico come co-creazione improvvisata, in M. Spagnuolo-Lobb, N. Amendt-Lyon (eds.), Il Permesso di creare. L'arte della psicoterapia della Gestalt, Franco Angeli, Milano, 65-81.

90 gt

fruition in Hersch's sense of "active receptivity"³⁰. At this regard philosophy writes, a student of Jaspers: «I gave up on human ability of decision and action [...] Am I "passive"? Not at all. I am receptive and feel the receptivity as a more intense activity of the actions or efforts [...] At the same time a yes prevails, in allowing the soul to all that will resonate»³¹. Narcissus does not touch and isn't touched, sees, but his body hasn't the «inner equivalent, the carnal formula»³² of what is in front of him: looks at the reflection but does not see the water.

To touch Narcissus means being "touched", being reached by outstretched and clumsy hands, appearing full of aggression and disdain, while maintaining an interior disposition of reception without indulgence and respect without submission. Allow (and allow oneself) to touch the limit, the pain, the ecstasy, until it dissolves and merges with the recognized-Other, even just for an instant, and find itself enriched, transformed, whole, in short, experienced -as Hersch would say- a «miniature of eternity»³³.

The reality goes beyond our perception by putting us in contact with the unknown, the deep water. The question arises spontaneously: what we see is the result of our fear or our curiosity? In the era of horror³⁴, where the images legitimize, even when they are born with the vocation to denounce, the existence of crimes against humanity, have a new necessity: to know of what they are made of, to "know" their essence, freeing them from false status of truth, through the only tool at our disposal, the accomplice receptivity of all our senses.

- 31 J. Hersch (2009), Musica e tempo, Baldini Castoldi Dalai, Milano, 70.
- 32 M. Merleau-Ponty (1989) (ed. or. 1964), L'occhio e lo spirito, Edizioni SE, Milano.
- 33 A. Cavarero (2007), Orrorismo. Ovvero la violenza sull'inerme, Feltrinelli, Milano.
- 34 J. Hersch (2009), Musica e tempo, cit.

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³⁰ On this issue see also: G. Iaculo, G. Silvestri (2011), La ricettività del processo creativo nella psicoterapia della Gestalt, in G. Francesetti et alii (eds.), La creatività come identità terapeutica, Franco Angeli, Milano, 280-283.

Abstract

The author puts the reading of Surrender, one of the deepest works of the whole video-artistic production of Bill Viola, at the centre of her consideration regarding the narcissistic experience. Starting from the comparison between Gestalt Therapy and Video-Art, the article evolves with the analysis of the work of the American artist and finally ends with the acquisition in the clinical area of the Herschian concept of 'active receptiveness'. This can deviate both as attitude, state of mind of the therapist, and as aim itself of the therapy in case the narcissistic relational experience is primly dominant.



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Swimmer of the abyss - detail (Nuotatore d'abissi - particolare)

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POST-TRAUMATIC SYNDROMES IN CHILDHOOD AND ADOLESCENCE. A HANDBOOK OF RESEARCH AND PRACTICE V. Ardino (ed.) (2011), Wiley-Blackwell, Oxford.

The book edited by Vittoria Ardino winds its way through the evaluation, diagnosis and treatment of post-traumatic syndromes in growth, presenting an overview that is divided in five parts that lead to reflections on the relational contexts were post-traumatic signals are configured within a matrix of significance. Traumatic experiences, diagnosis (which takes into consideration the factors of risk, protective factors and the level of resilience), biological, cognitive and contextual mechanisms, forensic issues and interventions (clinical and psychosocial) are the areas within which the post-traumatic stress disorder (PTSD) is "dissected", allowing knowledge to go beyond the nosographic tout court.

The questions for many researchers and clinicians on the critical complex areas related to family and community life, the evolutionary tracks and the traumatic experience, find in the book epistemological and therapeutic horizons, in which the issues of trauma and traumatic events are recognized as crucial nodes in the assessment and psycho-diagnosis of PTSD limited to the course of growth. Over a broad overview of types of traumatic experiences, described both as individuals and visible events (such as: natural disaster, a car accident, an episode of collective violence, occurred for example in a context of war), and events less visible but consumed in the privacy of the home (intra-family violence, neglect, psychological abuse) or activated by a migratory trauma (in children who find themselves living "elsewhere"), the book reinforces the connection between exposure to one or more traumatic events and PTSD development in children and adolescents. Even if (American Psychiatric Academy of Child and Adolescent, 1998) is a reference for exhaustive guidelines, - but it does not identify a gold standard for diagnosis and monitoring of symptoms - in the book is emphasizes the importance of its identification, and especially the

close connection between the symptoms and the type of the traumatic event itself.

According to this perspective, the book weaves many strands of current research, attentive studies of the effects of traumatic events in the growth and their various interconnections between early traumatic and chronic exposure (victimization or trauma type III) and antisocial behavior (in adolescence) and/or criminal (most often in adulthood¹). From such empirical evidence, the book circumscribes in detail many areas of psychic functioning, involved in such traumatic processes: socio-emotional and behavioral, neurobiological and cognitive with a particular "disrupt" effect of the minor's capacity to process lived traumatic experiences and to regulate affections². On these theoretical and clinical considerations, however, one can see the proximal effects of trauma and its impact on the developmental expertise, that regulate the affections and control impulses, and in the cognitive processes, especially compared to the capacity for insight and self-awareness. In particular, in regard to research and clinical interventions with adolescents which are oriented towards the increasing capacity of processing the traumatic experience, located within a framework of sianificance that unlocks the logical reasoning, the ability of the problem solving, allowing adolescents not to remain trapped in the original trauma.

At this regard, the epistemological considerations of Gestalt Therapy do not seem forced on the effects of traumatic experience, as well as for the coordinates of psychopathology seen as the sufferance of the relation³. The post traumatic capacity is evaluated according to the moment and the re-



K. Abram et alii (2004), Post traumatic Stress and Trauma in youth in juvenile detention, in «Archives of General Psychiatry», 61, 403-10.

² B. A. Erwin et alii (2000), PTSD, malevolent environment and criminality among criminally involved male adolescents, in «Criminal Justice and Behavior», 27, 196-215.

³ G. Salonia (2010), L'anxiety come interruzione nella Gestalt Therapy, in L. D. Regazzo (ed.), Ansia, che fare?, CLEUP, Padova, 233-254.

lational context in which the original trauma occurs: when, in the evolutionary history, the person has lost its spontaneity. This is possible by observing how the spontaneity is still missing - despite time goes by - and reconstructing the context where it remained entangled. According to the GT, the diagnosis is phenomenological (attentive to experiences) and relational, which is considered as something that derives from at least two levels: diachronic (evolutionary, related at the time of when the developmental arrest occurred) and synchronic (connected to the relational nature of symptom, born in reference to something and someone, not intra-psychic, and manifests itself with intentionality of the here and now). The post-traumatic symptoms in other words are seen as a "short circuit" between an unbearable intent to enter into contact with the other and the unsurpassable inability to do so⁴.

In conclusion, the work edited by Victoria Ardino (p. 14) gives us the opportunity to look at and beyond the concept of "developmental trauma", beginning from the recognition of the limitations of the research that undertake the path of discovery of the mechanisms underlying the post-traumatic disorder and the techniques of observation that look at the symptom without attempting to exclude it from the context of the relational matrix where it expresses itself; not least, it directs our attention on the lived experiences of the child in front of a "crossroads of meetings" which is the life, as it is stated by the editor, some destined to resist, others to become a memory and not a mined trap.

Aluette Merenda

4 Cfr. A. Sichera (2001), Un confronto con Gadamer: per una epistemologia ermeneutica della gestalt, in M. Spagnuolo Lobb (ed.), Psicoterapia della Gestalt. Ermeneutica e clinica, Franco Angeli, Milano, 17-41; M. Spagnuolo Lobb (2008), La relazione terapeutica nell'approccio gestaltico, in P. Petrini, A. Zucconi (eds.), La relazione che cura, Alpes Italia, Roma, 527-536.



Lucina's dream (Il sogno di Licina)

