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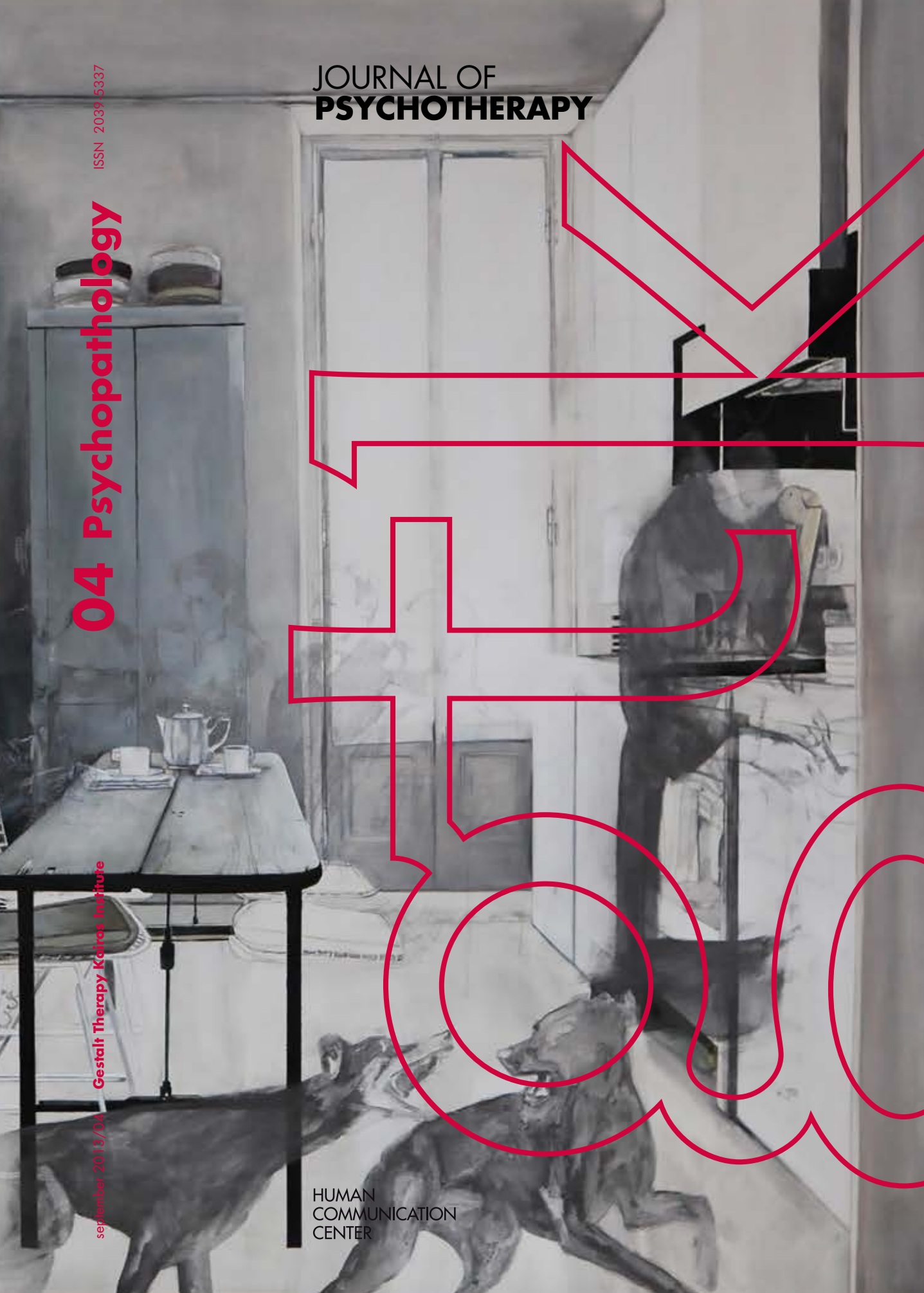

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in Gestalt Psychotherapy

In its quarter of a century, the institute significantly contributed to the history and progression of Gestalt psychotherapy, forming about a thousand psychotherapists and intersecting various and fruitful relationships of cooperation and affiliation with many national as well as international corporations and bodies directed to scientific exchange and the research in the specific field of psychotherapy and treatment connections. From the beginnings, the institute has been in contact with Gestalt psychotherapy founders that were living at that time – Isadore From, Jim Simkin – and handled to start didactic and scientific exchanges with the most illustrious representatives of second generation Gestalt therapists – E. Polster, M. Polster, S.M. Nevis, Ed Nevis, R. Kitzler and others – committing themselves to international research projects about Gestalt psychotherapy theory and therapy. The institute weaved didactic and scientific exchanges with the most prestigious Gestalt therapy institutes in Italy and abroad, as well as with the most qualified Gestalt Therapy associations worldwide, maintaining relationships of cooperation.
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Marco Lentini

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Paolo Pluchino

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Aleksandra Jarosz Laszlo

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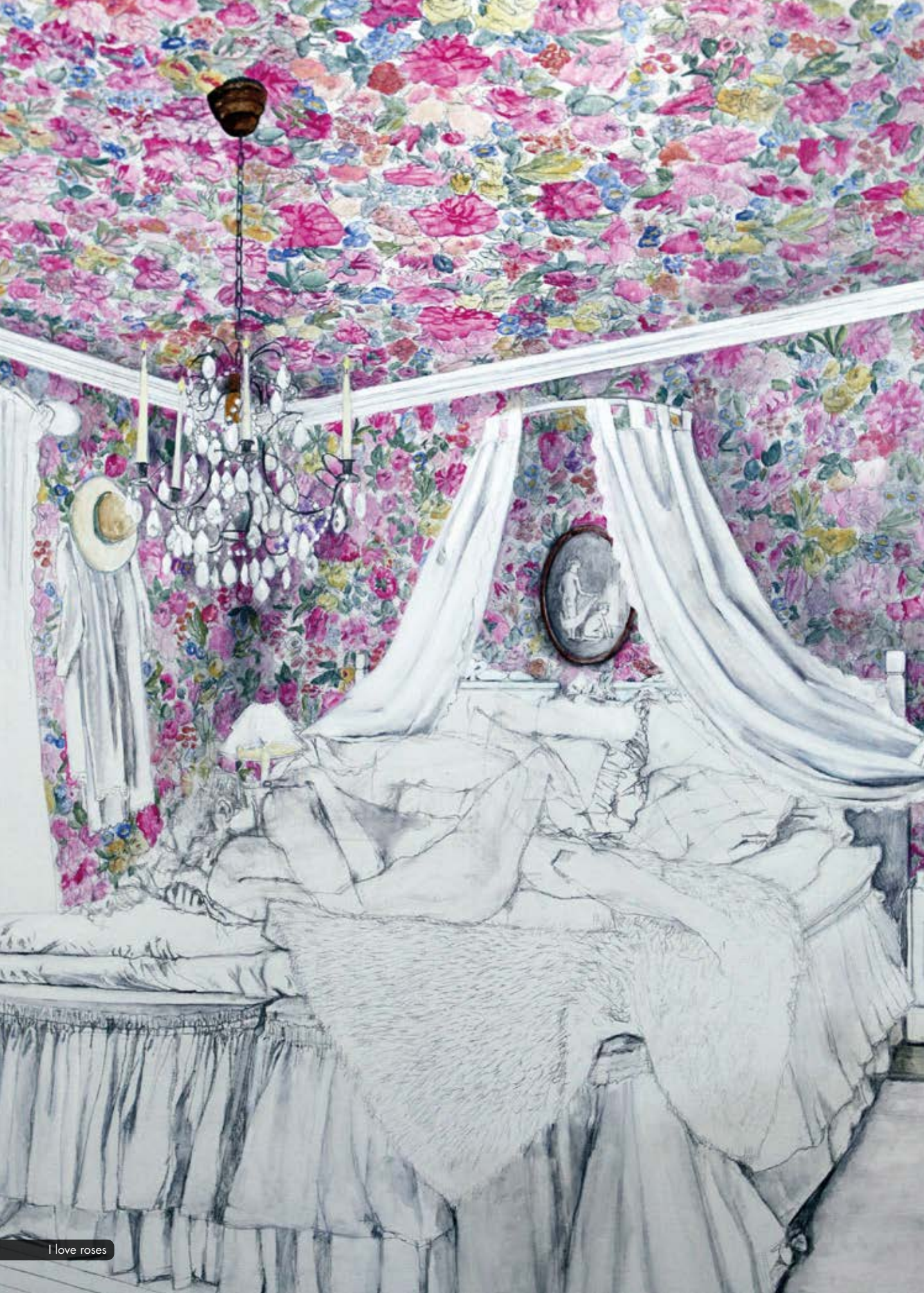
Address for all correspondence:
GESTALT THERAPY KAIRÒS
journal of psychotherapy
Via Virgilio, n°10
97100 Ragusa Sicilia Italia

Enquiries:
Editorial +39 0932 682109
Subscriptions +39 0932 682109
FAX +39 0932 682227
Email: redazione.gtk@gestaltherapy.it
Website: www.gestaltherapy.it



I love roses

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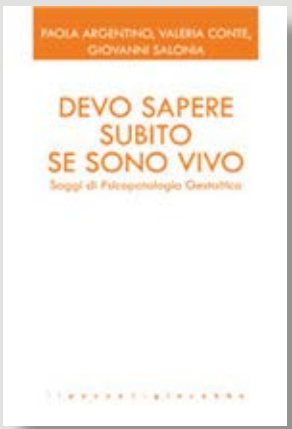
Collana GTK
Edizioni Il Pozzo di Giacobbe

L'Istituto di Gestalt Therapy hcc Kairòs cura una collana di testi di Gestalt Therapy presso l'editore Il Pozzo di Giacobbe. Tanti piccoli grandi libri sulla vita e sulla morte, sul senso e sulla sua disperazione, sul dolore e su i suoi esiti, sulla crescita e i suoi blocchi, sulla patologia e sulla clinica.
Libri ispirati alla Gestalt Therapy (o ai suoi dintorni) e tesi a rileggere in maniera agile, vivace e scientificamente coerente le contraddizioni e il fascino della condizione umana nel difficile transito della modernità.

TESTI PUBBLICATI



Devo sapere subito se sono vivo. Saggi di Psicopatologia Gestaltica
Autori: Giovanni Salonia, Valeria Conte, Paola Argentino

Come comprendere la follia propria ed altrui? Dove cercare il motivo originario dell'umano smarrirsi? La Gestalt Therapy propone quale cifra ermeneutica di ogni esistere, nella pienezza e nello smarrimento, l'intenzionalità di contatto, ovvero: l'insopprimibile bisogno di raggiungere e di sentirsi raggiunti dall'altro. I fallimenti di questa intenzionalità – inscritta e vibrante nei vissuti corporei relazionali – generano il disagio psichico nelle sue varie forme. Su questo *Grundkonzept* si costruisce e articola la psicopatologia della Gestalt Therapy nei suoi vari capitoli: eziologia, diagnosi, terapia. Grazie ad una lunga esperienza di clinica, di formazione e di ricerca, gli Autori di *Devo sapere subito se sono vivo* presentano alcune forme di disagio psichico, coniugando, in un genere letterario immediato e toccante, la lettura del disturbo e l'intervento relazionale. Ne viene fuori un nuovo modo di guardare alla sofferenza psichica e di curarla, ma anche una diversa epistemologia della scienza e dell'esperienza terapeutica.

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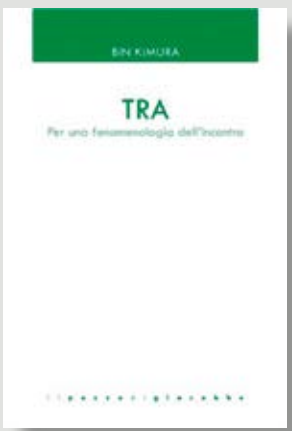

Tra. Per una fenomenologia dell'incontro
Autore: Bin Kimura

Viviamo ogni giorno trasportati dall'onda inarrestabile del quotidiano. Eppure il nostro organismo è costantemente in contatto con un fondamento della vita che ci supera e ci sostiene, mentre appare al contempo strutturalmente aperto al mondo in cui accade per noi e per tutti il gioco dell'esistenza. In Gestalt Therapy il principio vitale che regge e armonizza le dinamiche dell'esserci si chiama sé, l'istanza che esprime il nostro essere collocati alc onfine dell'esperienza, lì dove siamo protesi verso l'altro e incontriamo l'ambiente che ci sollecita e ci nutre. Da questo punto di vista, Tra di Bin Kimura, uno dei più noti e influenti psichiatri giapponesi, può a buon diritto essere considerato come un vero e proprio trattato di fenomenologia gestaltica, dove, con u linguaggio rigoroso e concettualmente controllato, si racconta la manifestazione del sé nella concretezza del contatto intersoggettivo e intrapersonale.

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EDITORIAL

Without doubts, you have to include transformation among the basic figures of modernity. Since the early days of *fracture*, being modern has meant being subject to a continuous crisis, an unexhausted deconstruction of any possible reason. In this sense, one of the distinguishing differences between what has been called 'modern' and what is now called 'postmodern' is of simple quantitative order and has to do with continually increasing velocity of processes. Postmodernity differs from modernity primarily because it intensifies and hastens events, up to the liquidity, to fusion, namely up to the impossibility of each definition. Within alteration as unique category of existing, the orientation risks to become a delusion and the observer that is irremediably included in the field cannot but trying to raise his head on the trend that carries him, trying to throw some bottles or maybe some rope end towards the billows, hoping that others attach and arrange themselves to sail together. We find ourselves living in a continually incipient shipwreck, a structural disorder. This GTK4 number is maybe needed to first of all testifying to a form of bravery, saying that Gestalt Therapy is not afraid of shipwrecks, does not fear disorder, but carries the will to taking charge of it with seriousness and lightness in its own stigma.

This is the reason why some 'typical' disorders of our times are questioned and rehashed in the issue of our review you are going to read, trying to face them and reinterpret them in an intimately gestaltic and relational key.

This means – if we think about Salonia's long and determining contribution on borderlines – that 'confusion' of those who live in psychic 'bordering' pain has to be taken away from easy diagnostic prescriptivism or hasty clinical judgement (on 'falsely' phenomenological and descriptive basis), in order to be taken back to the radicalism of its beginning and the contiguous need of a new language, of an authentic and risky understanding, of a translation of the world of the other we are called to create in the setting (and which may be the open task for any woman and man of this day and age).

This means – and we refer to Valeria Conte's most precise essay – that narcissism today needs new and welcoming read-

ing, theory, clinic, that are able to see the face of others and to preserve the difference, primarily in its original forum, of male and female.
This means – in the argufied contribution Paola Aparo dedicates to phratry – coming out of a simplistic negative or traumatic evaluation of narcissistic pain, in order to discover an antidote against isolation and disidentity, where today's subjectivity risks to drown, in the arrival of the other.
And all this away from already given parameters, beyond that good and evil, often children, as Nietzsche knew, of a sclerosis of the soul passed off as truth. This is why you will find a charming and surprising poem by Dada Iacono in our review's artistic section, which is able to reinterpret the basic relationships of life, and re-establish all the painful power of love.


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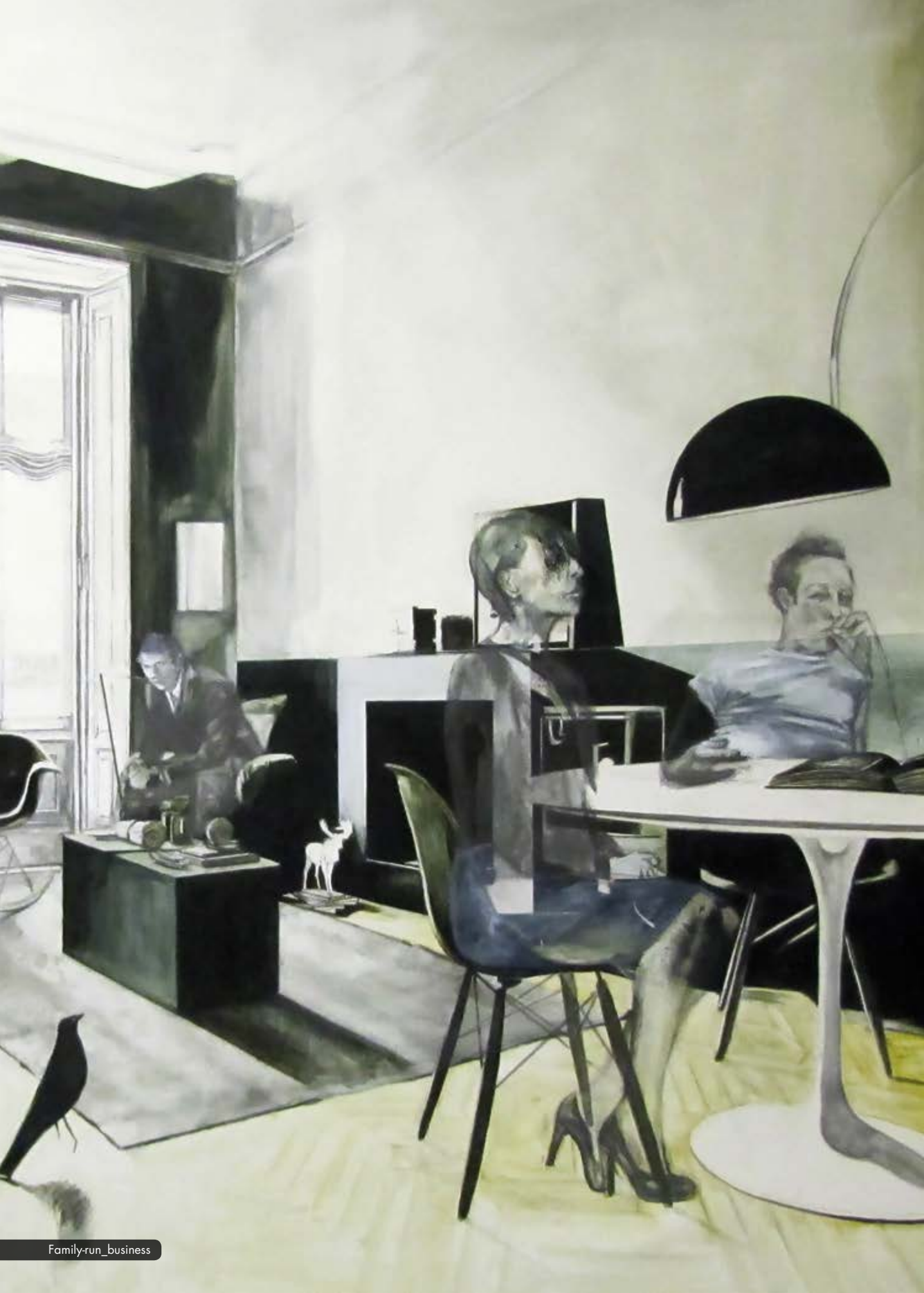

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Giovanni Salonia **pag. 17**

Psychologist, psychotherapist, lecturer in Social Psychology at the LUMSA University of Palermo and at the Antonianum Pontifical University in Rome. Scientific director of the school of specialisation in Gestalt Psychotherapy of the Institute of Gestalt Therapy HCC Kairòs (Venice, Rome, Ragusa) and of the second level Master's Degrees offered in collaboration with the Catholic University of the Sacred Heart, Rome. Internationally known as a teacher, he has been invited to numerous universities within Italy and abroad, he has published numerous papers in national and foreign journals as well as *Comunicazione Interpersonale* (with H. Franta), *Kairòs, Odòs, Sulla felicità e dintorni*, which deal with both anthropological and clinical themes. He is director of GTK, online journal of psychotherapy and is a former president of the FISIG (Italian Federation of Gestalt Schools).

Valeria Conte **pag. 71**

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.

Paola Aparo **pag. 95**

Directing psychologist at the family counselling of the ASP in Ragusa, didact and full supervisor recognised by FISIG, vice-president of SIPG till December 2011, didact of the Kairòs Gestalt Therapy Institute.

Specialised in Gestalt Psychotherapy, she built herself with leading and international spokespersons of Gestalt Psycho-

therapy, and increased her specific education by specialising in Body Psychotherapy and family therapy. Author of articles that are published on national reviews related to the Gestalt psychotherapy model, as well as to specific psychological subject matters.

Aleksandra Jarosz Laszlo

Aleksandra Jarosz Laszlo was born in 1973 in the mine and industrial city Katowice, Poland, attended art studies in London and is now living in a small village in the heart of Sweden. Aleksandra Jarosz Laszlo perfected herself at the Fine Art from Central Saint Martins in London in 2000, and was finalist at the BP Portrait in 2006 as well as at the Threadneedle Award in 2010. In 2010, the "Swedish Arts Grants Committee" awarded her and she was part of the group of selected artists "I am Solitary - London, Beers Lambert Contemporary" in 2011. Her works are present in public collections, such as Threadneedle Investments, Swedish Arts Council, Västerås Konstmuseum and some important European private collections. Among the most important expositions: National Portrait Gallery/London, Mall Galleries/London, Liljevalchs Konsthall/Stockholm, The Invisible Dog Art Centre/New York.


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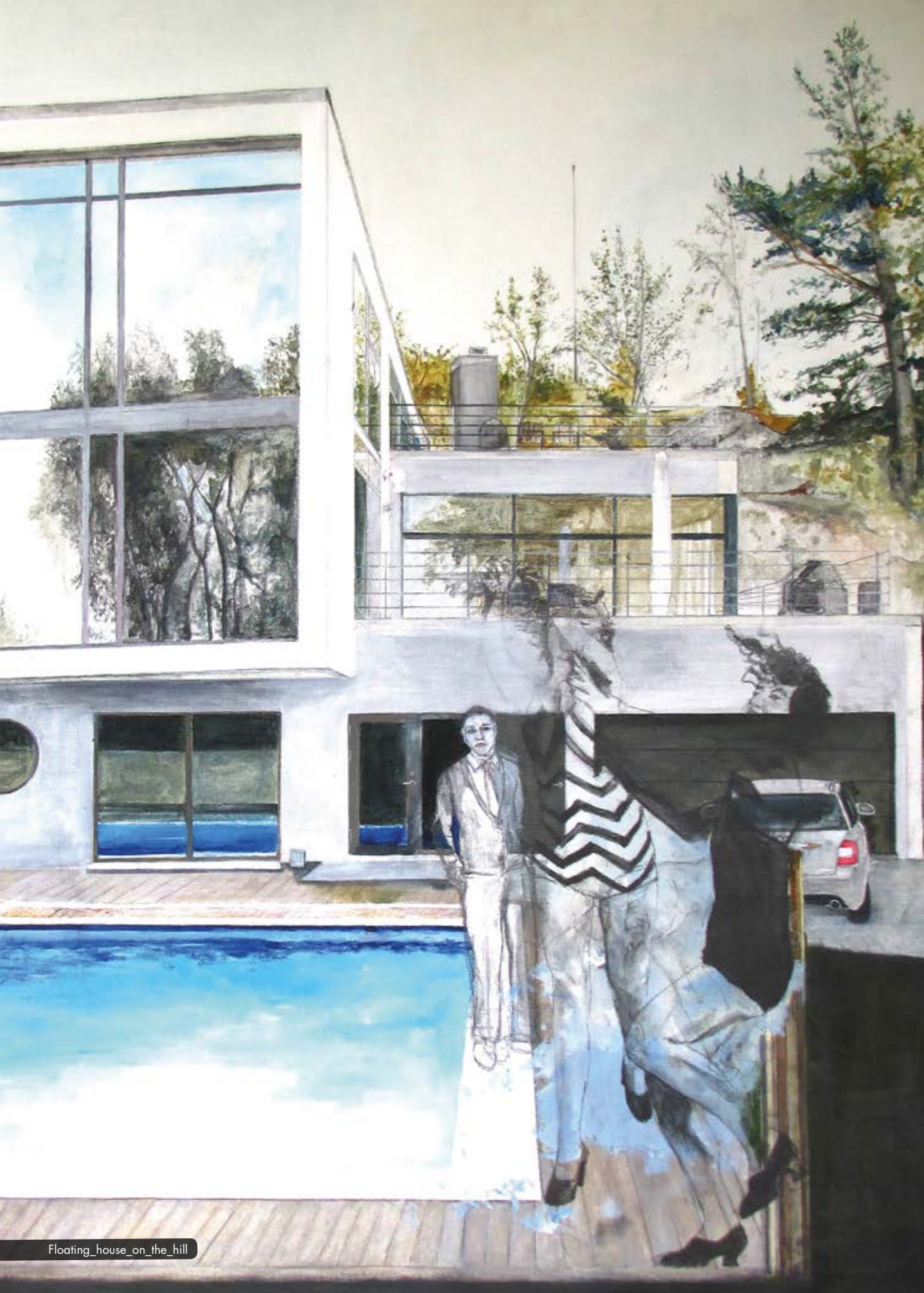

Floating_house_on_the_hill

THE MOON IS MADE OF CHEESE EXERCISES OF GESTALTIC TRANSLATION OF BORDERLINE LANGUAGE

Giovanni Salonia

1. A foreword like a dedication. Isadore From's[1] teaching

Every borderline's precocious experience is the denial of the possibility of experience itself: «Don't say this», «Don't think this». Since psychoanalytic technique is quite similar, it turns out to be intolerable for borderlines. Without telling lies, in Gestalt Therapy, it is possible to confirm the patient's experience and, unless it is dangerous, never intervene by saying: «You don't have to think about this» or «Don't say so». A child could say, for example: «The moon is made of cheese», a somehow extremely poetic statement. However, an anxious mother could respond: «You're wrong». Well, even a good Gestalt therapist knows that the moon is not made of cheese, but would not say to a borderline: «Yes the moon is made of cheese», but rather «They are both yellow». And that is it.

1 Isadore From (1918-1994) was one of the most esteemed didacts and therapists of the group of the seven founders (together with Fritz Perls, Laura Polster, Paul Goodman and others) of Gestalt Therapy. He did not write much: cfr. *Requiem for Gestalt*, in «Quaderni di Gestalt» (directors and founders Giovanni Salonia & Margherita Spagnuolo Lobb), I, 1, 1985, 22-32; together with V. Miller the introduction of the 1994 edition of the text *Gestalt Therapy* by F. Perls, R. Hefferline and P. Goodman; an interview given to E. Rosenfeld on *Storia orale della psicoterapia della Gestalt* published in 1987 in «Quaderni di Gestalt», III, 5, 11-36. Among texts written on him, we remember: G. Salonia (1994), *La forza della debolezza*, in «Quaderni di Gestalt», X, 18/19, 53-57; A. Sichera (1994), *Per una rilettura di 'Requiem for Gestalt'*, in «Quaderni di Gestalt», X, 18/19, 81-90; B. Muller, *Il contributo di Isadore From alla teoria e alla pratica della Gestalt terapia*, in «Quaderni di Gestalt», VIII, 15, 7-24; H. Cole (1994), *In ricordo di Isadore From*, in «Quaderni di Gestalt», X, 18/19, 5-20; M. Spagnuolo Lobb (1994), *Da figlia a madre*, in «Quaderni di Gestalt», X, 18/19, 45-52. Since 1981 and up to some years before his death, he taught in various HCC Gestalt Institute departments (Syracuse, Venice, Rome).

Be very careful with borderlines. Never tell them they are wrong; instead, listen to their experience of the world.
If you observe the history of these patients, in their early years, they listened to the language used by the key people in their lives which sometimes negated their experience. They may have done it to protect them, but by doing it in this way, they confused them by creating conditions of disorder. Therefore, as therapists you should not allow history to repeat itself; you do not have make things happen which have already happened. I do not care about truth in front of borderline patients. What interests me is protecting their experience, what they say they experience. If a borderline patient said to me: «You look sad», I would not simply respond, «I'm not sad» (I could do it with patients that are not borderline, highlighting the fact that it could be a projection), but I would add: «I'm very tired today». I would not negate what he told me, but I would not tell a lie: only in this way do I protect his experience[2].

This contribution ideally arises from Isadore From's withering, very smart intuition. Like a determining hermeneutic figure of Gestalt Therapy (GT) approach with borderline patients (bd pt)[3]. Without discrediting («What you say is wrong») without lying («What you say is true»), the therapist supports his patient and makes the intimate coherence of a statement emerge, which seems strange at first glance. Let's proceed with our itinerary from this paradigmatic and poetic example and from some precious teachings on the topic by From[4].

2 The text is an authentic translation of a seminary held by Isadore From in Venice, from 29/1 to 1/12 1990, at the HCC Gestalt Institute.
3 The term 'borderline patient' is used for practical reasons; however, it does not intend to label, but rather indicate a specific relational modality.
4 Every time I cite Isadore From, I remember that dinner in southern France, where I told him (almost joking menacingly) – he was still reticent to publish about Gestalt – that I would publish many seminaries he had held under his name. He looked at me with his warm, sharp and clever eyes and responded with precision, something along the lines of: «You cannot write 'What From said', but 'What I understood from From's lessons'». Remembering this fine precision each time I refer to what… I understood from his

GT can give the world of therapy an original, approaching method of interpretation and clinical intervention even in the most difficult conditions and the extremest psychic disorders.

However, to me, starting with From also means expressing a sincere gratitude towards him as he was the one that first adopted GT at work with serious patients. As he knew and often reiterated, GT can give the world of therapy an original, approaching method of interpretation and clinical intervention even in the most difficult conditions and the extremest psychic disorders. In this sense, the bipartition of my work will try to respond to two requirements: to clarify, to a certain extent, hermeneutic basics and gestaltic therapy with some of the most difficult and emblematic patients of our times; and to connect (and question) the 'gestaltic way' with some of the most successful and well known suggestions (from Gabbard to Kernberg, from empathy to mentalisation) in the diagnosis and treatment with bd pt, in order to first of all verify a diversity and distance that also signifies a serene, respectful and decisive dissent in real therapeutic language.

2. The gestaltic method: translating borderline language

In my messy pockets
I search for words never learnt
And only see wrong words,
Confused, intrusive, tangled
I go back or I am absorbed
by a reiterated deceit
And so I feel myself thrown into the world
In which I lose and confuse myself
I hang onto the other to understand
What happens to me, if I can feel.
Annalisa Iaculo[5]

Their words and behaviour may appear confusing, strange, accusing, but always include fragments of truth and coherence, from which one necessarily has to start.

The Archimedean point of gestaltic clinical work with bd pt is the certainty that their words and behaviour may appear confusing, strange, accusing, but always include fragments of truth and

ideas is a duty and pleasure to me.

5 A. Iaculo (2013), *Border-line*, in «GTK Journal of psychotherapy», 3, 61-63.

coherence, from which one necessarily has to start, in order to trace the patient's experience. Such a gestaltic model could be called a 'translation of borderline language'. It is about avoiding the cognitive or emotional colonisation of bd pt, going back from his words – respected, even if totally idiographic – to the related experience. The use of the word 'translation' is not innocuous or accidental, but hermeneutically characterised. 'To translate'[6] means giving the bd pt's statements a dignified language. Indeed, in translation, both languages involved require and receive equal dignity. A translator cannot approach source and target language presuming implicit hierarchies of value.
It is a considerable aspect. In fact, in therapy with bd pt, you often try to impose a language – the therapist' one – considering the borderline language as 'wrong' rather than 'foreign'. However, only if you know both languages appropriately, can you provide a correct translation. Indeed, each translation has to distinguish the rich shades and sensitivity that a language owns. Defining the present gestaltic working model with bd pt as a 'translation of borderline language' actually means to acquire the epistemology of translation as a therapeutic task. From such a perspective, the therapist is aware of the fact that you can learn a lot from a bd pt: the therapy will turn into an interesting and, to a certain extent, a fascinating trip towards the exploration of secret (but determining) trends of the human heart. The insuppressible and obstinate research for clarity and diversity from the bd pt's side will help the therapist to become conscious of his incoherence, clearer in his treatment relations and more precise in the use of his language.

It is avoiding the cognitive or emotional colonisation of bd pt, going back from his words – respected, even if totally idiographic – to the related experience.

To translate'1 means giving the bd pt's statements a dignified language.

The insuppressible and obstinate research for clarity and diversity from the bd pt's side will help the therapist to become conscious of his incoherence, clearer in his treatment relations and more precise in the use of his language.

6 For a new hermeneutics of 'translating' not any longer based on '*sources-oriented*' and '*target-oriented*' theories, but on the metaphor of the hotel, that is linguistic hospitality, basic text is A. Berman (1984), *L'epreuve de l'étranger*, Gallimard, Paris. Also cfr.: M.J. Iglesias (2013), *L'esperienza della traduzione. Verso un'ermeneutica dell'ospitalità e della reciprocità*, in «Nuova Umanità», XXXV, 206, 177-192. Translating means reconfiguring both source and target language… correlating them: cfr. C. Hagège (1989) (ed. or. 1985), *L'uomo di parole*, Einaudi, Torino, quoted in S. Fontana, A. Zuccalà (2011), *Tra segni e parole: Impatto linguistico, sociolinguistico e culturale dell'interpretariato lingua dei segni/lingua vocale*, in «Rivista di Psicolinguistica applicata», XI, 3, 67-78.

In the therapeutic path, it is essential to focus on the stage and passage, in which the subject experienced or decoded the experience in a socially incomprehensible way.

Let us go back to the translation process. Etymologically, 'to translate' (*trans-duco*) means 'to lead', 'to carry across', 'to cross'. In gestaltic clinics, to translate means going through the bd pt's verbal and non-verbal communication, in order to identify the point where disorder was formed. In From's example, the therapist finds the connection (surely idiographic and artistic!) that the patient established to put together moon and cheese: the colour yellow. The confusion in this example–happens at the stage where the subject organises his perception of reality: his association criterion is different from the one of common semantics – but no less logical or coherent. In the therapeutic path, it is essential to focus on the stage and passage, in which the subject experienced or decoded the experience in a socially incomprehensible way.

GT offers a clear and interesting description of this process in two interpretations: the theory of the contact cycle (elucidation of the stages where the Organism meets the Environment) and the theory of the Self (the spaces of the experience where confusion happened: the Id-function, or the body and/or the personality-function, so in other words, the narration)[7]. Identifying the confusion in these phases and in these levels will allow the patient's words to be traced back to a type of source-text. In this line of work, the Gestalt therapist is guided by questions such as: «What relational experience is the patient living?», «What difficulties is he facing in the experience, in understanding and telling us about the experience?», «How are his 'strange' words connected to such experience?», «What is happening between us, therapist and patient, in our contact border?».

One day, Claudio, a patient, says to me as soon as he sits down: «Giovanni, I get the impression that you are mad at me today». I did not seem to feel such emotion, and thus I responded: «I don't seem to feel this emotion, but if you say so, I want to listen to myself better. Give me some time to think about it». I

7 Cfr. F. Perls, R. Hefferline, P. Goodman (1997) (ed. or. 1994), *Teoria e pratica della Terapia della Gestalt*, Astrolabio, Roma; G. Salonia (1989), *Tempi e modi di contatto,* in «Quaderni di Gestalt», V, 8/9, 55-64; G. Salonia (2012), *Theory of self and the liquid society. Rewriting the Personality-function in Gestalt Therapy,* in «GTK Journal of psychotherapy», 3, 29-57.

ponder on it and say to him: «I don't find anything against you in myself, but if you say so, such anger must be somewhere». A moment of silence and I add: «Maybe knowing when you've seen it and on which part of my body can help us. Try to remember». The patient: «I saw anger in your eyes». I ask: «When?». And he says, after a while: «Here you are, I remember it! Your eyes were angry when you opened the door». That day, the secretary was not there and I went to open the door. I respond: «Let me think... ». At a certain point, everything became clear: «You're right – I say to him – when I opened the door, my eyes were furious, but not with you. I was reading a letter about a colleague which made me furious and when I opened the door, my eyes were still in that emotional wave». «Thank Goodness – concludes Claudio – I'm not mad!».

At the time that my patient ends the interaction exclaiming «Thank Goodness, I'm not mad!», he opens a gaping hole in the efforts he performs, telling himself and us about his experience without being misunderstood or seen as mad. If we had not found the reason for his feelings together, if we had not found a concrete explanation for my anger, even in that case I could have said to him: «You are telling me the that you sense anger in me towards you. I cannot see this and we cannot find a concrete explanation for this. If you say so, then it must be true in some shape or form. Let's continue. Should you sense the same emotion or a similar one again, we will talk about it again: we will find out what it refers to...». It is obvious: respect and confidence in the truth of the bd pt's words do not intend to naively exclude the possibility that the patient could project his own experience onto the therapist. It becomes clearer and clearer how the GT's identifying clinical factor with bd pt is to make perceptive misrepresentation processes emerge, starting with fragments of truth – as From insisted – that are present in the patient's statement and are incorporated in the twist of feelings, experiences and language. Sustaining, from a gestaltic point of view, that the patient has (a) reason for what he states, reveals the certainty (coherent with the theory of phenomenological communication) that the bd pt always and in any case wants to talk about the relational experience that he lives, and that he is unfortunately unable to understand and recount.

The GT's identifying clinical factor with bd pt is to make perceptive misrepresentation processes emerge, starting with fragments of truth – as From insisted – that are present in the patient's statement and are incorporated in the twist of feelings, experiences and language.

The bd pt always and in any case wants to talk about the relational experience that he lives, and that he is unfortunately unable to understand and recount.

3. The imprinting of borderline confusion

3.1 Contribution of neurosciences

As neuropsychological sciences have confirmed[8], the development of an experience involves three levels (motor skills, the emotional and the cognitive sense), which in neuropsychology have been described as 'triune brain' by MacLean: «A brain with a brain within a brain»[9]. In the matter in question, the 'reptilian brain', the first one that developed according to an evolutional viewpoint, controls the *arousal*, the organisms' homeostasis, sexual impulses and is connected to the motor skills and the level of information processing, including impulses related to voluntary movements. Linked to the emotional process, the 'paleomammalian brain' or 'limbic system' present in all mammals, surrounds the reptilian brain and mediates emotions, memory, some social behaviours and learning[10]. Different types of knowledge originate from each of these brains[11]. The reptilian brain produces «innate behavioural knowledge: the tendency to carry out instinctive actions and habits linked to primitive survival needs»[12]. The limbic system is linked to «emotional knowledge: subjective feelings and emotional reactions to world events»[13]. Instead, the neocortex generates «declar-

8 Cfr. Wilber's notion of hierarchic processing of information, which describes evolutional and functional hierarchy between three levels of experience organisation: cognitive, emotional and motoric sense. Cfr. K. Wilber (1996), *A brief history of everything*, Shambhala, Boston. In relation of neuroscience, also cfr. A. Damasio (1999), *The Feeling of What Happens: Body and Emotion in the Making of Consciousness*, Harcourt, NY.

9 P.D. MacLean (1985), *Brain evolution relating to family, play and the separation call*, in «Archives of General Psychiatry», 42/4, 405-417.

10 Cfr. L. Cozolino (2002), *The neuroscience of psychotherapy: Building and rebuilding the human brain*, Norton, New York.

11 Cfr. P. Ogden, K. Minton, C. Pain (2006), *Trauma and the body. A sensorimotor approach to psychotherapy*, Norton & Company, New York - London.

12 J. Panksepp (1998), *Affective Neuroscience: The Foundations of Human and Animal Emotions*, Oxford University Press, New York, 43.

13 Ibid.

ative knowledge [...] propositional information about the world»[14]. Indeed, the clinical work of GT tends to analyse the development process of Gestalt (a sort of Gestalt-analysis) to identify where borderline confusion is placed: it is a phenomenological-relational work, which reduces and does not intensify the patient's confusion, avoiding any reference to *frames of reference* not related to his communication contents. The specific nature (and correlated severity) of any borderline disorder is established with the level of confusion in the patient. With this path, the therapist will understand (verbal and non-verbal) messages, which were first labelled as 'strange' and have now become only 'unknown', thus require a translator. I believe that understanding how borderline confusions happen and are structured along the patients' evolutional learning paths is an essential, but not sufficient, pre-understanding to approaching a bd pt without any therapeutic prejudice.

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With this path, the therapist will understand (verbal and non-verbal) messages, which were first labelled as 'strange' and have now become only 'unknown', thus require a translator.

3.2. Evolutional theory and psychopathology

In order to understand a bd pt's vocabulary and grammar, you need to go back to those imprinting processes, where the child is confused and/or misled without being aware of it. The evolutional stage[15] in which this dysfunction happens is when he starts to become aware of experiences (sensations, perceptions, emotions, and intercorporeal feelings), his own ones and those of others, and of the words used when telling himself about and recounting such experiences. By describing confusion times and levels, it will then be possible to identify appropriate therapeutic paths for the different ways from which the borderline disorder arises.

In order to understand a bd pt's vocabulary and grammar, you need to go back to those imprinting processes, where the child is confused and/or misled without being aware of it.

14 Ibid.

15 Cfr., in relation, G. Salonia (2013), *Gestalt Therapy and Developmental Theories*, in G. Francesetti, M. Gecele, J. Roubal (eds.), *Gestalt Therapy in Clinical Practice*, Franco Angeli, Milano, 235-249.

3.2.1 Borderline confusion in the sensory-motor register (Id-function)

Pathologically serious are those traumatic confusions that are produced in the stages where the child awakes to awareness and are placed at the level of corporeal sensations (Id-function of the Self).

Pathologically serious are those traumatic confusions that are produced in the stages where the child awakes to awareness and are placed at the level of corporeal sensations (Id-function of the Self). A mother starts to kiss her daughter on the face, then on the neck, in a crescendo that displays her affection more and more intensely and viscously, turning the kisses into bites. Despite the daughter's verbal and nonverbal signals, the mother does not desist and continues sometimes using tender, and sometimes aggressive words. The daughter's body is overwhelmed with opposite sensations at the same time (warmth, affection, invasion, violence, annoyance). Confusion is inscribed in her body: each time she is kissed, mixtures of contrasting sensations and emotions will appear in this child's body, which will produce confusion and disorientation. Another example: early in the morning, a father goes into his eleven-year-old daughter's room, who is sleeping, speaking to her in an aggressive and confusing voice, saying vulgar words expressed with this terrible question: «What are you dreaming about? You are a tart! You belong to me!». A violent and mad intrusion that confuses and destroys the corporeal spontaneity of sleeping, dreaming and awakening in the girl. A lot of clinical work is required to restore such seriously destroyed spontaneity.

The most serious experience of traumatic confusion is certainly incest.

However, the most serious experience of traumatic confusion is certainly incest[16]. In the variety of ways that this crime happens, from a clinical point of view, it is necessary to consider that the

16 On abuse cfr. J. Kepner (1995), *Healing tasks: Psychoterapy with adult survivors of child-hood abuse*, Jossey-Bass, San Francisco; P. Ogden, K. Minton, C. Pain (2006), *Trauma and the body. A sensorimotorial approach to psychotherapy*, cit.; M. Stupiggia (2007), *Il corpo violato. Un approccio psicocorporeo al trauma dell'abuso*, La Meridiana, Molfetta (BA). Touching, on incest, depositions of E. Aster: cfr. E. Aster (2011), The recovered body. Writings and images of a therapy, in «GTK Journal of psychotherapy», 2, 75-78; E. Aster (2011), *I can't write it…*, in «GTK Journal of psychotherapy», 2, 79-81. Also cfr. E. Amenta (2011), *Re-reading 'the re-discovered body' Interview with Maurizio Stupiggia*, in «GTK Journal of psychotherapy», 3, 65-71 and the forum for sexual abuse of the GTK Institute edited by doctor E. Amenta: www.gestaltherapy.it.

harm involves the Id-function of the Self (sensorial-motor level) decisively, if the abuse happened at a premature age, when a girl does not have the means to give this experience a name yet, since her body is overwhelmed and confused by contradictory and incoherent excitement and emotions (pleasure, warmth, pain, violence, bewilderment, proximity, passiveness, powerlessness and so on). When the body will feel sexual sensations and stimulations at any level in the future, it will at the same time and in the same corporeal space feel other emotions in an extricable way, such as uneasiness, violence, need, disgust, anger, with a deep sense of confusion and sensory as well as behavioural loss.

In the experience forming stage, the intrusive educational style can create confusion, and even different levels of severity (examples: «Go to bed, don't you know that you are tired», «Eat, you are hungry», «Cover yourself, it's cold», «I know what is happening to you now» and comparable), which interrupt spontaneity in the physiological process to go through and learn corporeal, emotional and relational experiences from life. As if the names of emotions were learnt without experiencing them, as if that *nomina nuda tenemus*[17] was acheived, which from time to time takes on different meanings. Even the educational style that verbally anticipates the paths and names of an experience that the child is starting to live and that has not yet reached its own form, seems confusing. Such confused *timing* imposes an external direction pre-established to sensations still in the early stages, which the child starts to feel, and so prevent the pre-learning-experience of those processes that follow when an emotion has to take form (for example: even 'light irritation' will be called 'rage'). Conte summarises «Hence, the child has been prematurely hyper defined [...] with a false and deceptive kind of empathy that does not allow him to learn the right name of his feelings. The child's experience has been interrupted by establishing a difficulty

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17 As we know, the original text was: «*Stat Roma pristina nomine, nomina nuda tenemus*», which then became 'rose' and celebrated by U. Eco.

in the symbolisation process and in the significance of the experience. [...] This misleading anticipation of experience offered by the parent in place of a respectful support of differences and a child's regular experiences becomes a scam. As a consequence, the child grows up with confusing experiences»[18].

3.2.2. To whom do the experiences belong?

A second level of induced confusion does not actually concern the processes of formation of the experience, but their belonging, their assignment.

A second level of induced confusion does not actually concern the processes of formation of the experience, but their belonging, their assignment. If the child asks his mother if she is sad and the mother – not aware she is experiencing and showing this kind of emotion – responds in an intrusive way «What are you saying: me, sad? I am happy. You are the one that's sad»; or if the mother responds to her child, who says she is sad «Come on, don't say that. I'm the one that's sad», the child remains disoriented with reference to identification and the correct distribution of experiences.
Another situation: Anna, eight years old, is annoyed by her father's caresses that she feels are, albeit not disturbing, but inappropriate. When she shows her annoyance, she is told that she is at fault, because she has strange thoughts: the father is not aware of the corporeal borders between himself and his daughter and attributes it to a mistaken emotion. The girl gets confused, because she does not know whether to allocate the 'inappropriate' experience to her father's behaviour or to her own reaction. When she attends the therapy, she talks about her confusion, about the fact that she feels hurt when she feels unpleasant reactions in relation to the behaviour of others. In order to rediscover the limpidity in relationships with others, she will need to learn that it is her body and that nobody has the right to touch her without her permission.

18 V. Conte (2010), *The borderline patient: an insistent, anguished demand for clarit. Interview to Valeria Conte ed. by Rosa Grazia Romano*, in «GTK Journal of psychotherapy», 1, 63-77.

3.2.3. A third level of borderline confusion: names of the experiences (Personality-function of the Self)

Another form of confusion that can be caused in children has to do with incorrect names given to the emotions they experience or see in the body of others. Confusion has been caused at the moment when the Personality-function[19] comes out and the learned words do not correspond to or distort the experience one goes through. In a training group, at the end of a project, Anna shows that she is relaxed and tranquil. I ask her: «How do you feel?». And she replies: «I feel anxious». The participants and I are surprised: her answer seems to be too discordant with what her body communicates and with the work we have done. So, I ask her to explain to me in more detail what she feels in her body, which sensations she perceives, and above all, where the perception of anxiety comes from. She responds: «I feel my body vibrating. I feel energy flowing through me. I want to move my body… I feel anxious!». «If that word did not exist – I ask her – what would you say?». Surprised, she tells me: «Is this not anxiety?». Then she tells me that each time she feels the desire to move her body, she remembers her mother saying in similar circumstances: «What is wrong with you? Why are you so nervous? Why don't you stand still?». In such a situation, experience has been formed and has been seen as one's own, but the name given is 'wrong' (according to a shared vocabulary). Wrong names of experience refer to the cognitive and narrative experience level, which GT defines as Personality-function of the Self. As shown, from a clinical point of view, it is necessary to make a differential analysis of confusion types and levels: distinguishing if it concerns the ID-function (formation of experience in sensations and emotions) or the Personality-function (telling oneself or recollecting an experience).
This analysis becomes particularly necessary in incestuous situations: indeed, the severity is qualitatively different to when a

Another form of confusion that can be caused in children has to do with incorrect names given to the emotions they experience or see in the body of others. Confusion has been caused at the moment when the Personality-function1 comes out and the learned words do not correspond to or distort the experience one goes through.

From a clinical point of view, it is necessary to make a differential analysis of confusion types and levels: distinguishing if it concerns the ID-function (formation of experience in sensations and emotions) or the Personality-function (telling oneself or recollecting an experience).

19 On the Personality-function of the Self, cfr. G. Salonia (2012), *Theory of self and the liquid society. Rewriting the Personality-function in Gestalt Therapy*, cit.

girl clearly distinguishes what happens – the violation of her body and related reactions – but she does not know if she has the right to say it, how to say it, if she is responsible as well, if they will believe her, if it is right to create other problems between parents or at home. In such a situation, confusion refers to the words used to define, understand and retell the experience, which the girl has, however, clearly undergone.

Using wrong names to define one's own experiences does not only create confusion at a cognitive and narrative level, but also harms other levels of the experiential-relational world.

Using wrong names to define one's own experiences does not only create confusion at a cognitive and narrative level, but also harms other levels of the experiential-relational world.

For children, in fact, learning to talk does not only consist of finding words to be filed in their memories and then mechanically repeated with their lips, but it coincides with the growth of linguistic ability that progresses with age and practice. The words children learn not only increase their information, but also prepare their intellect to understand with higher alacrity what they have not yet heard, to clarify what they have already heard a long time ago and only understood half of it or not at all, and to tidy up the world[20].

This confusion can also refer to the names of the emotions of others. Angelo answers the phone and his aunt asks if she can speak to his mother. At the end of the conversation, he asks: «Mum, aunty was speaking strangely. What is up with her?». His mother – lying (the aunt was in hospital because her husband had had a heart attack) – responds: «She was just a bit tired». The son replies: «Well, she did not seem tired to me, but very worried». Age allowed the boy to learn the right words in identifying an emotion through the tone of a voice.

If children do not learn the correct names to identify the experiences of others, they are doomed to have confusing and conflicting relationships: if they wrongly learn to define a 'sad' face with an expression of disgust instead, this would give rise to misunderstandings and disagreements that nobody would understand the reason for at that moment in time. It is the repetition of similar situations that creates, in the long term, the definition of 'strange' that characterises the borderline.

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20 W. von Humboldt (1989) (ed. or. 1988), *Scritti sul linguaggio*, Guida, Napoli, 51-52.

3.2.4. The 'double bind' theory

A widely studied scam has been the one defined as the 'double bind' theory in literature. The mother gives two T-shirts to her son: a red and a white one. When she sees her son with the red T-shirt, she cries out: «You don't like the white one». And vice versa in the case of the white T-shirt.
In other words, 'double bind'[21] is a situation in which the communication between two individuals connected by an emotionally relevant relationship shows an inconsistency between the level of clear conversation (verbal) and the one of meta-communication (nonverbal: gestures, attitudes, tone of voice, etc.). However, in order to have a double bind, the situation has to be like this: the recipient of the message shall not have the chance to decide which of the two levels is valid, nor to make the incongruence explicit. Bateson's[22] example is the mother, who sees her son again after a long period of time, because he has been in care due to mental illness. As a fond gesture, the son tries to embrace his mother, who freezes; at this point, the son pulls back, and the mother says: «You don't have to be afraid of showing your feelings».
At an implicit communication level (freezing), the mother expresses rejection against the son's fond gesture, while at an explicit communication level (the sentence said immediately after), she denies being responsible for the estrangement: it is the son who is stopped in expressing his feelings. They make him feel guilty, and he is unable to respond.
Referring to his studies on learning levels, Bateson suggests that the cause of schizophrenia is the chronic exposition to double bind family situations.
In reality, the Palo Alto school has already responded extensively to similar theories, for example in the *Pragmatics of Human Communication*,[23] where it is clear on the one hand

21 C.E. Sluzki, D.C. Ransom (1979), *Il doppio legame*, Astrolabio, Roma.
22 Cfr. G. Bateson (1976) (ed. or. 1972), *Verso un'ecologia della mente*, Adelphi, Milano.
23 P. Watzlawick, J.H. Beavin, D.D. Jackson (1971) (ed. or. 1967), *Pragmatica della comunicazione umana*, Astrolabio, Roma.

with lucid simplicity that, even if most people are subjected to double bind experiences in their lives, these are «isolated and spurious [...] A different situation is shown, when one is exposed to double bind for a long time and gets used to it gradually and expects it, with particular attention to childhood, where children have few defences and think, which leads them to establish that such communication happens all over the world»[24]. On the other hand, in keeping with a model that distances itself from the identification and theorisation of a single cause (linear causality), in favour of multifactorial causes and effects that retroact (circular causality), Watzlawick and his colleagues explain «the double bind does not cause schizophrenia. All that can be said is that where the double bind has become a predominant communication model [...] it is evident that the behaviour of this individual meets the diagnostic criteria of schizophrenia»[25].

3.2.5. The strange separation of the borderline: ambivalence between autonomy and dependence

The primary relational method of borderlines is determined by the presence of a confluent, warm and intrusive parental figure that does not tolerate a child's diversity.

The primary relational method of borderlines is determined by the presence of a confluent, warm and intrusive parental figure that does not tolerate a child's diversity. In particular, the figure is distressed by the fact that her child can have perceptions and experiences that are different from her's. The difference made by GT between experiences and behaviours modifies the theory on Mahler's[26] and other authors' onset of borderline disease. Indeed, Mahler's theory refers to the manifestation of the borderline disease. In-

The difference made by GT between experiences and behaviours modifies the theory on Mahler's and other authors'.

24 Ivi, 203.
25 Ivi, 204.
26 Cfr. M.S. Mahler, F. Pine, A. Bergman (1978) (ed. or. 1975), *La nascita psicologica del bambino*, Bollati Boringhieri, Torino; G. Salonia (2013), *Gestalt Therapy and Developmental Theories*, cit. Also cfr. M.S. Mahler, L.J. Kaplan (1977), *Developmental Aspects in the Assessment of Narcissistic and So-called Borderline Personalities*, in P.L. Hartocollis (ed.), *Borderline Personality Disorder: the Concept, the Syndrome, the Patient*, International Universities Press, New York, 71-85.

stead, the perceptive borderline structure was formed in the primary confluence stage that opens to introjection (around the 5th or 6th month). In the stages of confluence with the mother, children do not experience misunderstandings and confusion, because the mother – who represents their whole world – is confused as well. Only at the stage where they distance themselves from the mother by walking, giving rise to their own adventure in the world, will these first difficulties emerge more and more evidently: they will neither be able to understand the others, nor have the feeling that they can be understood. When happy, they will describe themselves as nervous, they will turn to a sad person as if he/she was happy and will explain in detail why they are different in ways not usually shared: step by step, they will be perceived and slightly perceive themselves as 'strange', starting to deposit experiences of aggression, anger and confusion. It is useful to bear in mind that, while you can confuse the names of concrete things, you can be denied immediately (if a child calls the 'table' bread, he is experimenting by mistaking the term used), it is rather complicated to experiment with denial and identify mistakes in the world of corporeal and relational experiences (if a child calls his own vivacity 'anxiety', he cannot compare the mistaken name). These features make the child's separation path towards his mother complex. It is true that from a certain point of view, the parental figure and the child split in a primary borderline relationship, but they actually remain unified in the confusion that combined them as far as sensations, perceptive structures, emotions and words are concerned. A specific ambivalence is developed in the patient, so the more he approaches the other and feels warmth (his own and the warmth of others), the more he gets confused and does not know what he wants. If he walks away and distances himself, then his confusion decreases but his sense of solitude increases. In practice, a borderline acquires a differentiation of identity, not of experiences. His relational scheme can be defined like this: «I know who I am and who you are, but I don't know to whom the experiences belong». We will see that the typical difficulties (strangeness) of bd pt come from such confusion.

A specific ambivalence is developed in the patient, so the more he approaches the other and feels warmth (his own and the warmth of others), the more he gets confused and does not know what he wants. If he walks away and distances himself, then his confusion decreases but his sense of solitude increases.

In practice, a borderline acquires a differentiation of identity, not of experiences. His relational scheme can be defined like this: «I know who I am and who you are, but I don't know to whom the experiences belong».

3.2.6. Gestaltic collocation of the relational borderline method

Hermeneutics collocation of borderline confusion in the theory of the Self[27], or better in the Id-function or Personality-function, has a clear clinical consequence. For example, if the therapist shakes the patient's hand, and the latter pulls back immediately, saying that he feels embarrassed, the first clinical intervention will be to verify in which function this embarrassment is positioned. This means asking the patient if he feels embarrassment in the hand, the body or if it is connected to certain thoughts (you don't do it, it's not fair and similar). Differentiating confusion by positioning it in the body or narration is a required, irreplaceable presupposition for the following clinical work. The confusion concerning the Id-function requires a long and delicate intervention, a slow process of progressive clarification of the range of contradictory and disordered sensations emerging altogether.

Differentiating confusion by positioning it in the body or narration is a required, irreplaceable presupposition for the following clinical work.

As for the contact cycle theory[28], the therapist has to consider that the bd pt starts every experience in a confusing *Stimmung*, because he does not have any adequate semantic tools to decipher and recollect his experiences and the ones of others. When the requirement/figure emerges from his confused background, he is inevitably confused. In fact, as it gradually takes form, he amasses more confusing elements, instead of clarifying them. At this point, it is important to separate the borderline confusion with the one of neurotic or psychotic[29]. Indeed, borderline confusion is more intimate:

the therapist has to consider that the bd pt starts every experience in a confusing Stimmung, because he does not have any adequate semantic tools to decipher and recollect his experiences and the ones of others.

27 Cfr. F. Perls, R. Hefferline, P. Goodman (1997) (ed. or. 1994), *Teoria e pratica della Terapia della Gestalt*, cit.; G. Salonia (2012), *Theory of self and the liquid society. Rewriting the Personality-function in Gestalt Therapy*, cit.

28 Cfr. Hefferline, P. Goodman (1997) (ed. or. 1994), *Teoria e pratica della Terapia della Gestalt*, cit.; G. Salonia (1989), *Tempi e modi di contatto*, in «Quaderni di Gestalt», V, 8/9, 55-64.

29 I do not think that one can speak about borderline confusion in the situation described by Dreitzel, where the child is confused by the diversity between father and mother. I do not agree with this definition: «From the point of view of Gestalt therapy, we must first be aware that borderline experiencing derives from schizoid and narcissistic modes of experiencing, in changing constellations»,

GTK

Collana GTK
Edizioni Il Pozzo di Giacobbe

L'Istituto di Gestalt Therapy hcc Kairòs cura una collana di testi di Gestalt Therapy presso l'editore Il Pozzo di Giacobbe. Tanti piccoli grandi libri sulla vita e sulla morte, sul senso e sulla sua disperazione, sul dolore e su i suoi esiti, sulla crescita e i suoi blocchi, sulla patologia e sulla clinica.
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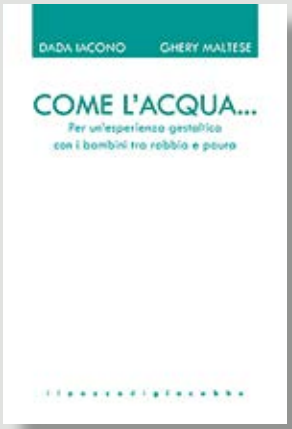

Come l'acqua... Per un'esperienza gestaltica con i bambini tra rabbia e paura
Autori: Dada Iacono, Ghery Maltese

Si esce dalla lettura di Come l'acqua... con delle sensazioni forti, come quando si viene fuori da uno di quei fiumi rigeneratori presenti in ogni cammino di iniziazione. Il corpo che vibra e le gocce che giocano sulla pelle narrano dell'acqua che scorre, della dolcezza del fluire ritrovato, della forza che proviene dagli argini, dell'impeto come energia che attraversa gli ostacoli.
Leggendo si impara tanto su come, nella teoria e nella prassi della Gestalt Therapy, si lavora (o meglio: si entra in contatto) con i bambini. E non solo con loro. E non solo nel setting terapeutico o educativo. Perché i bambini ci aiutano a crescere. E forse, per far crescere la «nostra statura prossima» (quella di cui parla mirabilmente Mario Luzi), abbiamo bisogno di raggiungere ogni bambino ferito nel suo dolore, nella sua disperazione, e di coinvolgerlo (e coinvolgerci) nella danza relazionale che dentro il suo corpo vibra e preme per fluire. Come l'acqua...

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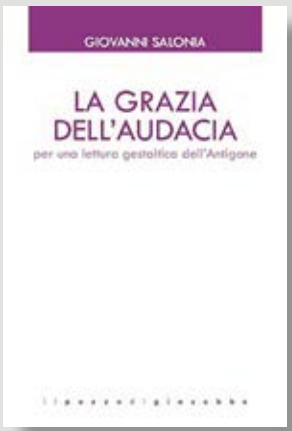

La Grazia dell'audacia. Per una lettura gestaltica dell'Antigone
Autore: Giovanni Salonia

Il volume è ispirato da un personaggio che è icona della forza gestaltica della relazione e della capacità di portare avanti fino in fondo ciò che il cuore detta: Antigone, protagonista dell'omonima tragedia di Sofocle. Sono le riflessioni di Giovanni Salonia a guidarci nei sentieri del cuore e delle vicende di questa fanciulla che, con grazia ed intensità tutta femminile, sa proclamare ad una società che si è smarrita nella insensatezza ed aridità di una logica autoreferenziale, quell'ordine degli affetti che – solo – può restituire via e vita. «Solo perché lei sacrifica i suoi affetti più cari non scomparirà nella città il diritto degli affetti». Al saggio di Salonia fanno da cornice una prefazione di Antonio Sichera che introduce ad un lettura gestaltica dell'eroina sofoclea ed una traduzione inedita ed integrale del testo greco, preceduta a sua volta da una breve pagina di delucidazione sui criteri ed i riferimenti che hanno guidato l'opera di traduzione.

ISBN: 978-88-6124-365-1
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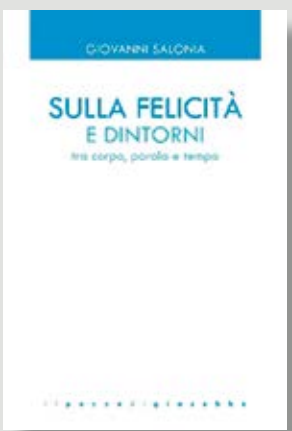

Sulla felicità e dintorni. Tra corpo parola e tempo
Autore: Giovanni Salonia

La felicità passa, ma a volte ritorna. È questo il messaggio in codice che viene dalla lettura di questo libro. Come a dire che non dobbiamo deflettere, che non è mail il caso di deporre la speranza. Anche nella condizione più difficile si può farle spazio, affinché la tanto attesa ritorni.

ISBN: 978-88-6124-182-4
Pagine: 184

in a certain sense, the patient is conscious of what he is doing, but is not able to distinguish confused sensations, or better still, he tells them with words right for him, but wrong for the others. The bd pt's disorder is not a lack of awareness of what happens to him, which is typical of the neurotic, and not the psychotic's lack of identity, but rather the lack of clarity about what is happening in his intrapersonal and interpersonal world. Because the bd pt's confusion is placed right at the beginning of the formation of the experience, from a contact cycle point of view (in other words, the stage where the relational experience block occurs) his troubles lie in the pre-contact phase.

The bd pt's disorder is not a lack of awareness of what happens to him, which is typical of the neurotic, and not the psychotic's lack of identity, but rather the lack of clarity about what is happening in his intrapersonal and interpersonal world.

Because the bd pt's confusion is placed right at the beginning of the formation of the experience, from a contact cycle point of view (in other words, the stage where the relational experience block occurs) his troubles lie in the pre-contact phase.

4. Therapeutic paths

In a certain sense, the therapeutic work has to retrace the passages of the development process of experience the bd pt undergoes, in order to grasp the cores of confusion. A phenomenological-gestaltic methodology, respectful of the patient's perceptions (even if complicated), allows the therapist to enter into his account and to translate it in common language. Every other intervention that bypasses this preliminary path proves to be ineffective and maybe even iatrogenic: like an intervention whereby two partners are in conflict, because they do not realise that although they are using the same language, they are assigning different meanings. If one person states that an hour is a very long time and the other instead maintains that it is a very short time, the two will be in (quite useless!) conflict, until it emerges that they have different reference backgrounds (the first one may compare hours with minutes, the second one hours with years!).

A phenomenological-gestaltic methodology, respectful of the patient's perceptions (even if complicated), allows the therapist to enter into his account

in H.P. Dreitzel (2010), *Gestalt and Process. Clinical Diagnosis in Gestalt Therapy. A Field Guide*, EHP Verlag Andreas Kohlhage, Bergisch Gladbach, 116.

4.1. Hermeneutical horizons

4.1.1. The horizon of clarity rather than awareness

Such assumptions explain the reason why some approaches, such as not taking care when identifying precisely and respecting the patient's experiences, are ineffective and maybe harmful. Indeed, it is epistemological and clinical nonsense in the treatment of a bd pt:

- Intensifying the patient's level of emotion (their confusion would be increased);
- Suggesting interpretations (this would create anguish, because it would repeat an archaic scheme where the parental figure states: «Don't trust what you hear, because it's not true, it means something that you don't know»);
- Exploring past experiences in the search of the meaning of the actual disorder (would enhance the confusion of the present experience);
- Working in view of an *insight* (this would be a signal for a wrong diagnosis: the bd pt is not missing awareness, but clarity);
- Verbalising the emotional content (this would sound like limiting and defining the patient's experiences);
- Showing the patient his inability to 'represent himself within mental systems referring to himself or to others' (such intervention – which reveals a precise disturbance of the therapist – ignores the rule in which you can open yourself to the world of the other, only after you have created clarity in his own world);
- Coming into the escalation of 'who is right' (non-therapeutic intervention, since it would turn the relationship into an equal one and repeat the conflicts that created the bd disease).

The therapist has to totally rely on the patient's affirmations, even if they sound incomprehensible and very strange: once explained, they reveal intimate and coherent truths. Many behaviours are actually clarified in this path of translation from strangeness to *imprinting*-experience.
In other words, you can affirm that in therapy with bd pt, the therapist is asked for a surplus of awareness that facilitates the processes of clarity (rather than of awareness) in the patient.

and to translate it in common language. Every other intervention that bypasses this preliminary path proves to be ineffective and maybe even iatrogenic.

The therapist has to totally rely on the patient's affirmations, even if they sound incomprehensible and very strange: once explained, they reveal intimate and coherent truths.

In therapy with bd pt, the therapist is asked for a surplus of awareness that facilitates the processes of clarity (rather than of awareness) in the patient.

4.1.2. Horizon of cordiality rather than warmth

In the growth of the bd pt, confusion or cheating happened in the stage of confluence with the maternal figure; the bd pt has been cheated on in a warm relationship, he believed the maternal warmth, enjoyed it and then discovered that he had believed wrong information. Like a child finding out that the milk was off (which makes his stomach hurt) only after he drunk it. When he realises that what he has learnt from his maternal figure does not correspond to his interior world, he feels molested by such intrusion, so much so that an implacable anguish is aroused in him. His interior will develop a sort of fracture between truth and warmth: he will persistently search for the truth and develop a sense of intolerability of the relational warmth.

Phobia of warmth is another feature that characterises the bd pt: since he has experienced being cheated on from the point of view of affective warmth, he enters into anguish and confusion when he feels warmth in affective relationships.

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If possible (and giving him such a chance is therapeutic), he has to distance himself, because he risks being sucked up in psychotic fusion, losing his identity, not being able to distinguish what he wants compared to what others want. Differentiating the borderline from the narcissist distancing can be useful: from a behavioural point of view, it is the same movement, but whilst the borderline distances himself in order to understand what he wants, because he is confused in relational warmth, the narcissist distances himself and retroflects for fear of being scarified in a possessive confluence.

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The fight between autonomy and dependence can be understood in this relational *frame*. For example, a distinctive feature of the bd pt is to come to sessions irregularly. From was very clear on this point: Let the bd pt decide on the rhythm of the sessions. What others define 'irregularity' is a self-regulated system to him. When the patient feels affective warmth in a relationship, at the same time he perceives an intensification of confusion: he needs to keep his distance and spend some time alone in order to understand what really interests him and what is instead induced.

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After sessions where I experienced a very fluid understanding with the patient, she seemed distant and aloof during our following session, as if she had forgotten the previous one. How-

ever, the meaning is very clear: the previous sessions' warmth was perceived as excessive and had confused her. Now she wanted to be on her own, in order to find some clarity. This relational style descends into an alternation of 'I cannot live with you' and 'I cannot live without you' in the affective experience of a bd pt.
For this reason, cordiality is the required emotional climate in treatment with a bd pt. It is necessary for the therapist to avoid any invitation to closer proximity or any expression of warmth. For example, it is good to use the formal form to address the patient rather than being on first name terms. For a bd pt, clarity is more important than reception.

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4.1.3. Horizon of climate/background rather than figure

The therapist's attention has to aim at creating a climate of trust. The purpose of therapy with a bd pt is not to unveil something unconscious or to arrive at some particularly illuminating and determined *insight*. On the contrary, a single session sometimes seems to produce no results. In fact, the purpose of therapy is to create a trusting and protective climate for the patient in the medium and long term, since confusion has to be cleared up gradually. In other words, the principle that therapeutic work must focus on the personality-function[30], or the therapist-patient relationship first, has a determining mean-

The principle that therapeutic work must focus on the personality-function, or the therapist-patient relationship first, has a determining meaning for the bd pt, given that he was actually hurt in trusting his significant primary figures. In this sense you need to work on the background rather than focus only on the figure.

30 I do not agree with Muller's statement – cfr. B. Muller (2013), *Comment* to G. Salonia, *From the greatness of the image to the fullness of contact. Thoughts on Gestalt Therapy and narcissistic experiences*, in G. Francesetti, M. Gecele, J. Roubal (eds.), *Gestalt Therapy in clinical practice. From psychopathology to the aesthetics of contact*, Franco Angeli, Milano, 643-659 – that you can indifferently work on the Id-function or on the personality-function without priority. If I ask a narcissist «What do you feel?» I will get this response, before he even defines himself a 'patient': «What should I feel?». The attention to Personality-function is priority and represents the therapy's background for efficient therapeutic work. Cfr. G. Salonia (2013), *From the greatness of the image to the fullness of contact. Thoughts on Gestalt Therapy and narcissistic experiences*, cit.

ing for the bd pt, given that he was actually hurt in trusting his significant primary figures. In this sense, it is evident that you need to work on the background rather than focus only on the figure. In my experience, a sign that a '*fit*' climate for the therapy has been created – where the patient does not have to defend himself, because he does not feel threatened by any kind of misunderstanding – is the progressive relaxation in the way he sits during the session. Working with a reasonably serious patient, I remember that a sign for the fact that the therapeutic process was going on, in spite of everything, when progress seemed to be very slow, was the much more relaxed and tranquil way the patient sat down in the armchair.

4.2. Translation exercise of borderline language

Bd pt behaviour in everyday life, explained in psychopathology manuals, is described in the DSMV[31] with a hint of 'strangeness' and almost 'incomprehensibility'. The manual cites: idealisation-devaluation, vicinity-distance, obsession, viscosity, control, manipulation, promiscuity, hallucination, dependence, incoherence, confusion, uncontrollable anger. This target-quality of characterised strangeness is so specific that it assumes a diagnostic value to distinguish bd from psychotics and neurotics.

Bd pt behaviour in everyday life, explained in psychopathology manuals, is described in the DSMV with a hint of 'strangeness' and almost 'incomprehensibility'

When reading (or translating) 'strange' bd words and behaviours, various psychotherapy models can be separated. For example, Gabbard writes: «[Borderlines] often attach themselves to their perception just as to an absolute fact, rather than seeing it as one of various, possible alternatives»[32]. This 'attachment of patients to their perception' loses its pathologic

When reading (or translating) 'strange' bd words and behaviours, various psychotherapy models can be separated.

31 Cfr. AA.VV. (2013), *DSM-5. Diagnostic and statistical manual of mental disorders*, American Psychiatric Publishing, Raffaello Cortina, Milano. For an up to date gestaltic key of the DSM-5 pages on borderline personality diseases, cfr. the considerable work of G. Gionfriddo, *La trama relazionale borderline: lettura gestaltica dei criteri tra corpo e parola, spazio e tempo*, Postgraduate School, HCC Kairos Gestalt Institute, academic year 2012-2013.

32 Cfr. G.O. Gabbard (2006), *Mente, cervello e disturbi di personalità*, in «Psicoterapie e Scienze Umane», X, 1, 9-24.

connotation if you read it as the unique certainty the bd pt hangs on, avoiding feeling overwhelmed by psychotic confusion (he experienced this at the beginning of his story and is afraid of repeating it again with the therapist!).
For GT, the 'strange' behaviours of the bd pt come from a relational experience he does not manage to understand, to tell himself or others, because of missing common instruments, or better still, different from the common ones. Words and behaviours of a bd pt are a real language to communicate his experiences, as well as corporeal and relational meanings (sensations, emotions, perceptions) that the subject experiences in his being-in-the-present-of-a-relationship. In the register of experiences, our identity takes form and you can experience real relationships. Diagnostic and gestaltic psychopathology establish the patient's (and therapist's) corporeal-relational experiences as a place of psychic disorder, and therefore of treatment. Separating behaviours from experiences is the guiding light that permeates and guides clinical work.
Elena, a bd pt, also presented the symptom of alcohol dependence. When her parents, unsatisfied by the slow recovery, sent her to therapeutic heavy drinker groups, the symptom got worse: treating dependence (from alcohol or other) without considering that bd pt experiences are very different from the ones of heavy drinkers, only created confusion and damage in the patient. Translating bd pt' behaviours (or their language) into common language of experiences is, for GT, a starting point and end point of clinical work.
It is acknowledged that the actual *Stimmung* of a bd pt is confusion. Besides noticing little clarity within one's own emotional world, they feel confused in a relationship with others: they feel out of place[33], unable to understand and be understood, though speaking the same language that the others do. They are not aware (and neither are those who interact with them) and unable to use an idiographic corporeal-cognitive vocabu-

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33 Cfr. in relation to the excellent work of A. Amato, *Il mondo è fuor di squadra. Che maledetto dispetto esser nato per rimetterlo in sesto! (Amleto). Gestalt Therapy e stile relazionale borderline*, Postgraduate School, HCC Kairos Gestalt Institute, academic year 2011-2012.

Since they live in an intricate net of confusion (what happens to them is interpreted as fragments and misunderstandings), their relational lives often register an intertwining of confusing situations.

lary, which makes them incomprehensible to others and the others incomprehensible to them. Their interactions are continuously seen as disastrous and produce (additional/secondary) experiences of aggression and failure, with the risk of strange or dangerous behaviours. Since they live in an intricate net of confusion (what happens to them is interpreted as fragments and misunderstandings), their relational lives often register an intertwining of confusing situations. At this point, it is obvious that as soon as they perceive confusing or manipulative communications from others – thanks to their strong awareness of misleading elements, although subtle – they feel like going insane, not being able to give a mane to the disorder and anxiety they feel. And in order to appease the unbearable anguish, they can use auto or hetero damaging behaviours (*acting out*).

4.2.1. From 'strange' behaviours to corporeal-relational experiences

– A borderline patient does not accept apologies

When I admitted to Giada that I had finished our previous session abruptly and apologised by offering her my reasons, I was surprised by her negative reaction and her intensifying irritation. I apologised again, explaining my reasons again (I did not have any negative feelings towards her), but her anger levels did not decrease; on the contrary, they seemed to get worse. I removed the predicted, useless thought 'borderlines are really strange' and tried to understand Giada's logic. At a certain point, I realised the slightly hidden manipulation in my excuse. Giada was right: as a first step, I wanted to calm her down by apologising. I thought of a partner that asks for forgiveness after having been unfaithful and expects the other to stop being furious about it.

Just when she managed to understand and express her anger to me, she felt – and rightly so! – that it was a way to calm or diffuse her anger levels (e.g. from the series: 'You can be angry, but not too much, unless I allow it'). Her behaviour (not accepting my apologies) revealed my unconscious attempt of manipulation ('Don't leave me feeling the embarrassment of be-

ing accused for long', 'Stop being angry with me at once'). I learnt from her to say to pts: «You are right. Tell me about your anger in full. If you want, I will also tell you the reasons for my behaviour». The therapist needs to realise that those who need clarification go haywire if compelled to put together opposite reasons. Putting together two emotions of an opposite sign is a very complex, emotional process for a person with a confusing *Stimmung* and who is trying to express one emotion at a time with clarity. When, six months after, in quite a similar situation, I suggested to Giada to hold the legitimacy of her anger together and my possible reasons in her heart, she learnt to express her reasons and to also include mine in a clear and assertive way.

– Borderline patients do not tolerate any mistakes

A bd pt operates what is called a 'borderline split' to protect himself from further confusion: the world is either black or white, with unavoidable, seesawing passages from moments of idealisation to stages of disqualification. From taught that therapists sometimes can split the process that for bd pts is a quick passage (*shift*) from the Id-function to the personality function instead. It is well known that bd pt are unable to tolerate mistakes (and sometimes even one simple mistake) even in therapists. And often a mistake of the idealised person becomes unbearable for the bd pt: the mistake becomes so intolerable that he chooses the passage from idealisation to denigration. Here is a description in verses of this kind of experience lived from within:

And now that you meet and cross me
Now a devil, now a god
I paint you with white, with black
And if my god dresses in black
I dirty the whole world with anger[34]

Those who are very anxious and confused are not able to support further, unclear messages from the outside and are instead calmed down by clear and univocal messages. The bd pt feels

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Therapists sometimes can split the process that for bd pts is a quick passage (shift) from the Id-function to the personality function instead.

34 Annalisa Iaculo's (cit.) poem accompanies us along the process.

The bd pt feels like going crazy when he receives confusing messages that he is unable to decipher. He prefers, by far, to be in a situation of clear pain (caused by others and even by himself) rather than be in an ambiguous situation.

Even the possible mistake of the therapist can be recovered as a moment of growth, as long as the latter does not stand up for himself, does not apologise, is able to respect the patients' experience and the time he needs to put together confusion and anger, anger and understanding (black and white).

The patient cannot be opened up to other inputs, if he has not cleared his interior world first.

like going crazy when he receives confusing messages that he is unable to decipher. He prefers, by far, to be in a situation of clear pain (caused by others and even by himself) rather than be in an ambiguous situation. A patient told me that, when she was in conflict with her partner, she felt like going crazy after moments of great vicinity and she had to go back to brutally clear situations, in order to calm herself down: either the warmth of a beer or the physical relation with a guy she despised. The bd pt can only hold one emotion: it is easier for him to tolerate a negative emotion rather than put together and hold two emotions of opposite value. If you keep in mind this dynamic, even the possible mistake of the therapist can be recovered as a moment of growth, as long as the latter does not stand up for himself, does not apologise, is able to respect the patients' experience and the time he needs to put together confusion and anger, anger and understanding (black and white).

– The bd pt does not listen to the therapist

In the same dynamic, or better, the same logic, another demanding feature – is part of the bd pt – and that is the phobia of introjection, or the inability and unavailability to listen (even to what the therapist says during a session). Such modality causes problems in the therapy, but has to be deeply respected and supported. The patient cannot be opened up to other inputs, if he has not cleared his interior world first. He protects himself against increasing confusion with regards to the relationship.
The therapist shall never push the patient in a direction that the other does not feel as his own. In front of such perceptive differences with the patients, the therapist has to search for an increase of his own awareness, considering that the one who is confused does not tolerate other information, but first of all wants help in clarifying the confusion in himself. Essential principle of the therapy with bd pt: the therapist has to increase in clarity. The insuppressible need for clarity and truth of the bd pt becomes the direction for his growth: the borderline's experiences will restore the sense and coherence of his words and behaviours.

– The bd pt is obstinately attached to detail

When a contrast of opinions with the bd pt emerges, the latter, to defend his thesis, puts forward one or more details that

he repeats obstinately. The obsessive attachment to detail and inferences (sometimes even arbitrary) can cause annoyance in the therapist, but corresponds to the logic of whom, being cheated, manipulated or confused in the past, needs to continuously verify truthfulness in the words of others. It is known – as an old saying cites – that god or the devil are hidden in detail. The research and fixation on detail reveal a scepticism in words. In the bd's mind and body, these kinds of thoughts are present and active: 'Who knows if what he is telling me is true', 'I can't relapse by trusting again', 'Let's check in detail the truthfulness of what he is saying to me', 'If I find something that confirms my suspicions, I'm calm: I know how to protect myself… and I'm not going to be cheated on again!'.

– The bd pt has the phobia to be defined, even if positively

One of the ways of intervention that the bd pt perceives as violent is sensing the definition of himself.

I don't look for excuses, I don't want torts
Everything seems like a scam to me
I can neither hear nor tell myself
But I won't allow you to define me
If what I say seems unusual to you
Don't pay attention to it, it's my alphabet
Confused, senseless, incoherent

Each time they are defined by others, bd pts fear a new scam. Besides the risk that the definition could be wrong, each definition has a limit and a pretension. Even a compliment ('You are very kind') can cause unpredictable reactions, since it can be perceived (in reason!) as subtle manipulation: 'I tell you that you are kind with the hope that you continue to be so'.
It is interesting to note how, in an ironic way or by fate, even the names of those patients are defined and remain in a limbo of non-definition. 'Border-line' or: at the border, neither psychotic nor neurotic, undefined. Each label (heavy drinker, depressed, dependent and others) added to borderlines, turns into a diagnostic and therapeutic mistake.

– The bd pt has his own verbal language

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The borderline verbal language is intriguing. In a supervision group for professionals of a CTA, we had discussed their guests' language (serious patients), distinguishing the psychotic language from the borderline one. An operator objects: «I share the importance of trying to understand the patients' language, but sometimes they become unbearable… they keep on repeating the same sentence like a broken record». The co-therapist asks her to give an example: «While I was accompanying a guest to town – the operator says – he repeated the same hammering complaint during the whole trip: 'Why don't women stay at home instead of going to work?' There was no reason that could calm him down. Really unbearable». The co-therapist asks: «How were you doing that morning? How was your driving?». «The day started badly. His complaints made it even worse. I was really nervous even in my driving». Raising smiles among participants, the colleague says: «Don't you think he wanted to say: drive more calmly?». She gives the others a smile and understands how important it is to help the patient with clarity, but the operator needs to achieve more awareness. The first step of a therapist is the path from external dialogue to internal dialogue[35]. It is very useful to bear in mind the rules of transformational[36] grammar, which allows the deep structures of language to emerge, going through distortions, such as generalisation, nominalisation and cancellation.

The first step of a therapist is the path from external dialogue to internal dialogue

– The relational… *acting out* of a bd pt

Considering such a relational background, you can also understand the *acting out* that represents a serious risk of therapy with bd pt. They are gestures, which aim to calm anxiety, the explosive sense of craziness when there is no accessible

35 H. Franta, G. Salonia (1979), *Comunicazione Interpersonale*, LAS, Roma; G. Salonia, C. Di Cicco (1982), *Dialogo interno e Dialogo esterno: contributo per un'integrazione della Terapia Cognitiva con la Comunicazione Interpersonale*, in «Formazione Psichiatrica», 1, 179-194; R. Bandler, J. Grinderr (1981), *La struttura della magia,* Astrolabio, Roma.

36 On generative grammar cfr. N. Chomsky (1968), *Language and Mind*, New York, 24.

emergency exit: you feel cheated, you cannot come out of it and you are unable to express the furore imploding inside. You come to extreme violence, if you feel that you cannot move away from the scam: feeling like going crazy because someone important to you makes you feel crazy, incites a violent rage, a sometimes uncontrollable fury. If *acting out* happens in therapy, it can refer to the relationship between bd pt and therapist, who has become a significant person to him. It is self-harming gestures that happen when the experience of exploding is connected to guilt ('I am bad') and the person in the *up* position is inacceptable or irreplaceable (a borderline attempt suicide has particular connotations and requires interventions that are very different compared to neurotic or psychotic). When these features are missing, the explosion will be hetero-direct. In both violent gestures, therapeutic work that tries to let the core of the confusion emerge, causing explosive anguish, is crucial.

A borderline attempt suicide has particular connotations and requires interventions that are very different compared to neurotic or psychotic.

At seven ò clock in the morning, my mobile phone rings. It is Luisa, who is telling me in an agitated and controlled voice that she is slashing her wrists. We talk. I verify the non-seriousness of her gesture. She slowly calms down. Afterwards, once I have cheered her up, I hang up and wonder what I could have done in my last session (of this therapy that started a couple of months ago) that had confused and annoyed Luisa. Suddenly I realised: I made a mistake. I had to leave the room for some time and I gave Luisa my mobile phone without specifying that this was not an affective gesture of vicinity (in those days, only a few had mobile phones and you gave your number only to family and those people close to you), but a working requirement, because the mobile phone was my office number, given that I was always out of the office. How does a girl, who receives such an intimate gesture, explain this to herself? If she doubts the therapist's competence (she talks well of him and sees him for a long time), she can only think badly of herself ('What did I do?'). Confusion becomes explosive and she calms down with a gesture that hurts me and allows me a 'medical' use of the phone.

5. Learning from a borderline patient

5.1. Secret knots in relationships

The gestaltic approach of 'translation' turns therapy with borderlines into an intriguing experience, which explores and enlightens hidden and decisive meanders of human relationships, giving word to pain and disorders in uncommon languages. One of the qualities that struck me the first time I saw From working had been the essential, clear and rigorous use of his words: not one in excess, not one out of line. I jokingly said: «You seem to have the delicacy and precision required by a micro-surgeon». Hereafter, I was under the impression that he gained such mastery by using specific words in working with bd pt. The two coordinates of borderline experience: intimate confusion (in the making of the relationship and narration) and swindle (from the most intrusive to the less invasive one) are present, in different levels and registers, in all relationships, and represent the elements of frailty and violence. Working from a gestaltic point of view with bd pt makes the therapist's language become clearer and clearer, less ambiguous, and sensitive to grey areas, ambivalences, implicit backgrounds. For example, the implicit, egocentric apologises. The ambiguities of therapy, intended as an attempt to colonise the patient's world, impose one's own semantic and perceptive schemes to help him. Subtle and hidden violence in defining the other also positively avoids calling oneself into question in front of the patient's disorder… Training to translate borderline language entails a learning of clarity, of places and anxieties where swindles are hidden.

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The two coordinates of borderline experience: intimate confusion and swindle are present, in different levels and registers, in all relationships, and represent the elements of frailty and violence.

Training to translate borderline language entails a learning of clarity, of places and anxieties where swindles are hidden.

5.2. How to live in a borderline society

When Adolph Stern[37] introduced the diagnostic category of 'borderlines' for non-psychotic and non-neurotic patients in classical psychiatry in 1938, he could not foresee that such a

37 A. Stern (1938), *Psychoanalytic investigation of and therapy in the borderline group neuroses*, in «Psychoanalytic Quarterly», 7, 467-489.

diagnosis would have been extended so much, that it has become one of the most common ones today. From diagnosis of socialised psychotics, it turned into trash-diagnosis (or rubbish) for all marginal pathologies that were hard to diagnose as for that name or seriousness. It was as if the awareness suddenly aroused the personal and relational borderline style that was present in a lot of psychic pain and not only in serious cases[38]. So much so that we talk about a transition of society from narcissism – explosion of subjectivity and image – to borderline society, meant as an extension of confusing relationships, a phobia of listening, and of a suspicion as relational premise[39]. In other words, if the comparison was between subjectivity and alterity, between two grammars ('Only my point of view is valid') in a narcissistic context, in borderline society we face a decline of subjectivity[40] and grammar. If autoreferentiality caused a relationship crisis in narcissistic society, in borderline society then relationships are missing, because you are not only uninterested, but also show an inability to dialogue and compare means. Family therapy is, in this sense, a litmus test: if in the past you went to sessions where partners exploded in an aggressive rage and then you went to those where narcissistic modes of relationships prevented you opening yourself to alterity, then over the last ten years a new relational disorder has arisen, which can be formulated as follows: «We don't

If the comparison was between subjectivity and alterity, between two grammars in a narcissistic context, in borderline society we face a decline of subjectivity1 and grammar.

38 Literature is vast. Cfr. for a review L. Cancrini (2006), *L'oceano borderline*, Raffaello Cortina, Milano. In gestaltic world, even with different value, cfr. among others N. Janssen, *Therapie von Borderline-Störungen*. In R. Fuhr, M. Sreckovic, M. Gremmler-Fuhr (Hsrg.) (1999), *Handbuch der Gestalttherapie*, Hogrefe, Göttingen, 767-786; E. Greenberg, (1999), *Love, Admiration or Safety. A System of Gestalt Diagnosis of Borderline, Narcissistic and Schizoid Adaptations that Focuses on What Is Figure for the Client*, in «Studies in Gestalt Therapy», 8, 52-64; M. Spagnuolo Lobb (2013), *Borderline. The Wound of the Boundary*, in G. Francesetti, M. Gecele, J. Roubal (eds.), *Gestalt Therapy in Clinical Practice*, Franco Angeli, Milano, 609-639.

39 For the importance of a social contextuality of any relational form and for the different declinations of the Basic Relational Model (MRB), cfr. G. Salonia (2013), *Psicopatologia e contesti culturali*, in G. Salonia, V. Conte, P. Argentino, *Devo sapere subito se sono vivo, Saggi di Psicopatologia Gestaltica,* Il Pozzo di Giacobbe, Trapani, 17-32.

40 G. Vattimo (1981), *Al di là del soggetto*, Feltrinelli, Milano.

The experience of therapeutic work with bd pt can offer prospects to recover opportunities of encounters and relational bonds in borderline society.

Their strangeness, when not quietened by descriptive or interpretative diagnostics, helps us to understand how coexistence is possible, when the comparison of diversity does not take place on the 'right or wrong', sanity or madness' axis, but the one of translation.

talk, we don't understand each other, as if we were speaking two different languages. We seem to go crazy when we listen to each other». It is the icon of relational disorder from a social viewpoint: unable to understand the other, and therefore not even yourself.

The experience of therapeutic work with bd pt can offer prospects to recover opportunities of encounters and relational bonds in borderline society.

– Borderline patients offer a precious contribution to the understanding of chaos of human relationships in postmodernity. Their strangeness, when not quietened by descriptive or interpretative diagnostics, helps us to understand how coexistence is possible, when the comparison of diversity does not take place on the 'right or wrong', sanity or madness' axis, but the one of translation. Giving every language dignity. Not renouncing dialogue, but renouncing the obsession to understand the other [41] that is controlling him. Learning to coexist without understanding each other, but in respect of the different languages. Therefore, dialogue that shall invent new conditions: translating the language of the other without discrediting him (in stages of conflict) and without confirming to him by telling him a lie (in neurotic confluence), but recognising the fragment of truth that he is the bearer of.
– Willing to reconsider one's own language with the rigour (a sort of Ockham razor) of who is aware of ambiguity, manipulations, implicit confusions not only in the polysemy of words, but also in the variety of implicit backgrounds. Recognising that the confusing fragment in one's own language opens itself to suggestive spaces of sharing and encounter.
– In the period of narcissist society, spaces have been created, in order to give word to everybody. You went from fighting for legality to fighting for legitimacy: from respecting/not respecting law to the questions 'Who are you to give orders?'[42]. Authoritativeness can become a borderline

41 Cfr. G. Salonia (1999), *Dialogare nel tempo della frammentazione*, in F. Armetta, M. Naro (eds.), *Impense adlaboravit. Scritti in onore del Card. Salvatore Pappalardo*, Pontificia Facoltà Teologica di Sicilia - S. Giovanni Evangelista, Palermo, 571-585.

42 In relation to cfr. G. Agamben (2013), *Il mistero del male.*

alternative (and thus confusing) to authority. Authority cannot be legitimated by authoritativeness: the first one is linked to objectivity of a context, the second one subject to the precariousness of a subjective judgement. In order to step out of Scilla's subjectivity and Cariddi's institution, maybe a common rewriting of communicative rules of logic is needed – as the attendance of a bd pt teaches. The bd pt's obstinate research for truth and clarity suggests that the integrity of a rigorous communication logic can be a meeting path. Democracy avoids the drift of fragmentation; not with nostalgic comebacks to indisputable authority or recourse to frail and questionable authoritativeness, but maybe by facing the task of rewriting the rules of dia-logic[43] starting with the peculiarity of each language, translated and shared.

The bd pt's obstinate research for truth and clarity suggests that the integrity of a rigorous communication logic can be a meeting path.

6. Gestalt Therapy and other approaches

The hermeneutic translation model, with its serene, careful and never prejudiced potential to the implicit research in borderline language, seemed to be the most coherent with the theoretical prerequisites of Gestalt Therapy so far; all focus, in their approach, on the seriousness of the therapist-patient relationship, on the authentic *man to man* comparison, on the need for a radical acceptance of the surface and therefore of the other's words and gestures in the setting, without shortcuts, without any presumed interpretations given, which turn the patient in principle into a 'subordinate' (very different from considering him in need of treatment in a clear distinction of roles). We have seen how such a firm choice entails a sort of 'conversion' of the therapist to listen and the paritary consideration of the existence of the other. But not only that. The consequences of this setting leapt out very clearly. It was about putting the therapist in the inconvenient but intriguing position of 'translator', who dedicates himself completely to clarification, aiming to return

the need for a radical acceptance of the surface and therefore of the other's words and gestures in the setting, without shortcuts, without any presumed interpretations given, which turn the patient in principle into a 'subordinate

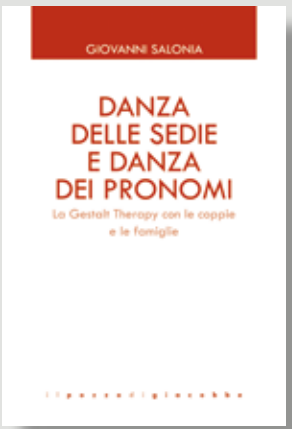
Benedetto XVI e la fine dei tempi, Laterza, Bari.

43 A contribution to start thinking with logic again is: P. Cantù (2011), *E qui casca l'asino. Errori di ragionamento nel dibattito pubblico*, Bollati Boringhieri, Torino.

Collana GTK
Edizioni Il Pozzo di Giacobbe

L'Istituto di Gestalt Therapy hcc Kairòs cura una collana di testi di Gestalt Therapy presso l'editore Il Pozzo di Giacobbe. Tanti piccoli grandi libri sulla vita e sulla morte, sul senso e sulla sua disperazione, sul dolore e su i suoi esiti, sulla crescita e i suoi blocchi, sulla patologia e sulla clinica.
Libri ispirati alla Gestalt Therapy (o ai suoi dintorni) e tesi a rileggere in maniera agile, vivace e scientificamente coerente le contraddizioni e il fascino della condizione umana nel difficile transito della modernità.

PROSSME PUBBLICAZIONI



Danza delle sedie e danza dei pronomi. La Gestalt Therapy con le coppie e le famiglie
Autore: Giovanni Salonia

La famiglia postmoderna porta avanti un progetto inedito e ambizioso: essere il luogo della piena realizzazione di ognuno e di tutti. Dentro tale intenzionalità accadono difficoltà e conflitti che spesso sembrano contraddire questo progetto. Coniugare, infatti, maternità e paternità, maschile e femminile, sessualità e vita quotidiana, sogni e tradimenti, piccoli e grandi, centralità e periferia, primogeniti e secondogeniti è fatica spesso impossibile. La Gestalt Therapy, assumendo come principi ispiratori e clinici la centralità del soggetto in relazione, il corpo vissuto, il qui-e-adesso del contatto, offre chiavi di lettura e di intervento che facilitano nella famiglia la ripresa della danza relazionale, dove diventa musica il ritmo di ogni membro della famiglia. Categorie come intercorporeità, funzione Personalità, grammatica della relazione, diventano nella presentazione dell'autore strumenti terapeutici preziosi per ridare alla famiglia il sogno di una pienezza del singolo e di tutti.

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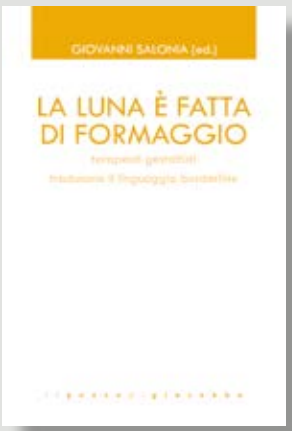

La luna è fatta di formaggio. Terapeuti gestaltisti traducono il linguaggio borderline
Autore: Giovanni Salonia (ed.)

Nella acuta risposta di I.From «Luna e formaggio sono gialle» è racchiusa la cifra della rivoluzione clinica operata dalla Gestalt Therapy nella cura dei pazienti borderline. Non negare la loro esperienza, non interpretarla, non definirla, non confrontarla ma trovarne il senso. Il libro prendendo le mosse da questi insegnamenti sviluppa in modo sistematico un modello di cura del paziente borderline che nella sua formulazione - "la traduzione gestaltica del linguaggio borderline" - esprime la nuova ermeneutica: accostarsi al linguaggio strano del borderline come ad una lingua straniera e non subalterna o strana. vengono descritti - con il sussidio delle neuroscienze - luoghi e livelli di confusioni che - rilette all'interno della teoria del sè e del ciclo di contatto - costituiscono la trama della terapia. In un serrato e puntuale confronto con verbatim di altri approcci - Gabbard, Henberg, mentalizzazione, empatia – vengono illustrate le declinazione cliniche della nuova ermenetuica: traduzione gestaltica del linguaggio borderline.

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to the other language, trying to catch the spirit through grey areas, focusing on detail, educating his gaze and wording to acute understanding and infinite discovery of the 'thing' hidden in the other language, who turns it into a different way of telling the world about himself in the incomprehensible context of a common substance. Now it is time to introduce to the dialogue this suggestion with some of the current and most influential approaches in the field of therapy with bd pt, in order to clarify the position and difficulty of one's own view, by renouncing a fruitless contrast of models in principle and rather putting the different settings on probation and delving into the heart of therapeutic languages, or in the concreteness of verbatim offered by the authors. It is obviously not about expressing valuable judgments, but only about undertaking a prolific and concise debate in the common research of a key in front of a form of disorder that is emblematic of our times and therefore of our own lives. However, it is worth starting by giving a brief history. You need to operate from comparisons, in order to catch the identifying factor of every psychotherapy model.

Now it is time to introduce to the dialogue this suggestion with some of the current and most influential approaches in the field of therapy with bd pt.

It is obviously not about expressing valuable judgments, but only about undertaking a prolific and concise debate in the common research of a key in front of a form of disorder that is emblematic of our times and therefore of our own lives.

6.1. In principle. Freud's misunderstanding

«One fine day – Freud narrates – I had clear evidence that what I suspected corresponded to truth: one of my quietest patients, with whom I got excellent results in hypnosis, one day put her arms around my neck, as soon as she woke up from a hypnotic sleep, as I relieved her from her pain, relating her painful attack to the reasons that provoked it. The unexpected entrance of a servant spared us embarrassing clarification, but we renounced with a tacit agreement to continue the hypnotic treatment from that moment on. I had enough wisdom to avoid ascribing such an event to my personal irresistibility and therefore reckoned that I had finally understood the nature of the mystic element (*Mystich*) that acted beyond hypnosis; I needed to renounce hypnosis, in order to eliminate or at least isolate it».[44]

44 S. Freud (1989), *Autobiografia*, in *Opere*, vol. X, Bollati Boringhieri, Torino.

As we know, this 'embarrassing' episode was at the origin of the invention of transfer and its correlations (theory of the patient that seduces and counter-transfers as a possible response from the therapist's side). Besides stopping hypnosis, a third person (the father) was introduced into analytic therapy as not present, but as the real addressee of the seductive embrace. Such stratagem was necessary to avoid therapy failure (which would have happened, if the therapist had responded to the embrace or interrupted his sessions). Two logical mistakes are implicit in this story: the patient's point of view is missing (the tacit agreement does not guarantee reciprocity) and a seductive intention (erotic and paritary) is assigned to the patient's embrace. Freud's comment («I had enough wisdom to avoid ascribing such an event to my personal irresistibility») shows honesty on one hand, but on the other hand confirms his embarrassment and related misunderstanding of the patient's gesture.

If the therapist had read the patient's gestures as asymmetric from a gestaltic point of view (the context required it), he might have welcomed and reciprocated it: in fact, in an asymmetric context – like the one of therapy and hypnosis – the patient's embrace only expresses the, maybe clumsy, attempt of a physical, affectionate contact with a man that is taking care of her and does not have (cannot have) paritary seductive intentions. Indeed, seduction represents – the 'Stockholm syndrome'[45] proves it further – one of the many ways to protect oneself from fear and from the refusal of those who are in the *up* position. A therapist ascribing erotic-paritary intentionality to a patient would show a precise disorder in his Personality-function of the Self, since he would place himself in another context (paritary partner). Paradoxically, as GT sustains, if the patient's embrace had been welcomed in an asymmetric way and possibly returned, the therapy would (finally!) have made considerable progress. According to GT, the task of the therapy is concluding the interruptions of corporeal-relational experiences which create psychic disorder: the welcomed patient would have taken the road of completion of a relational gesture that, being inter-

Indeed, seduction represents one of the many ways to protect oneself from fear and from the refusal of those who are in the up position. A therapist ascribing erotic-paritary intentionality to a patient would show a precise disorder in his Personality-function of the Self

According to GT, the task of the therapy is concluding the interruptions of corporeal-relational experiences which create psychic disorder.

45 For a critical story of transfer in the analytic perspective cfr. A. Carotenuto (1986), *La colomba di Kant*, Bompiani, Milano.

rupted, then created many psychic and relational disorders, since that patient – it is good to remember – did not want to embrace her father, but actually the therapist, the man that was taking care of her 'paternally' in that precise context. The desire to embrace him was completely spontaneous, even if recalled from and by the corporeal memory of an activated but blocked (or interrupted) movement towards her father. After having embraced the therapist, the patient could possibly also have gone to her father and embraced him: like another experience, on the register of fullness and no longer on the one of integrity. When the therapist backs out of the patient's embrace, defining it as seductive (and therefore symmetric), he reiterates the experience that had been interrupted between father and daughter, and makes the therapeutic path[46]

When the therapist backs out of the patient's embrace, defining it as seductive (and therefore symmetric), he reiterates the experience that had been interrupted between father and daughter, and makes the therapeutic path1 more complicated and maybe confused.

46 See: H.S. Krutzenbichler, H. Essers (1993), *Se l'amore in sé non è peccato... Sul desiderio dell'analista*, Raffaello Cortina, Milano. The story this book tells of the various abuses of psychoanalysis should be reinterpreted within the framework of 'disfunction of the therapist's personality-function', which loses the asymmetric dimension of therapeutic relation. In this perspective, two theoretical and clinical points are implicit. Firstly, the interruptions of relational gestures in early childhood cause corporeal and emotional anxieties that determine relational blocking: cfr. G. Salonia, *L'Anxiety come interruzione nella Gestalt Therapy*, in G. Salonia, V. Conte, P. Argentino (2013), *Devo sapere subito se sono vivo. Saggi di Psicopatologia Gestaltica*, Il Pozzo di Giacobbe, Trapani, 33-53. Secondly, as a principle of emotional self-regulation, the child – like the patient – does not perceive the need for erotic-paritary experiences in asymmetric contexts: any possible perceptions in this sense are 'in the place of' other emotions. In relation, cfr. G. Salonia (2012), *Theory of self and the liquid society. Rewriting the Personality-function in Gestalt Therapy*, cit. In GT hermeneutics, the patient feels a corporeal impulse to express affection and thankfulness towards the therapist. However, image and body will be blocked if her affective gesture has been interrupted as a child. At this point, it is as if the patient wanted to try the interrupted gesture with her therapist. Only with this interpretation does a therapeutic intervention makes sense. Cfr. G. Salonia (1992) (or. ed. 1989), *From We to I-Thou: A Contribution to an Evolutive Theory of Contact*, in «Studies in Gestalt Therapy», 1, 31-42; G. Salonia (2013), *Gestalt Therapy and Developmental Theories*, cit.; G. Salonia (2008), *La psicoterapia della Gestalt e il lavoro sul corpo. Per una rilettura del fitness*, in S. Vero, *Il corpo disabitato. Semiologia, fenomenologia e psicopatologia del fitness,* Franco Angeli, Milano; G. Salonia (2013), *Oedipus after Freud. From the law of the father to the law*

The story shows very well the open possibility of therapists turning their disorders into pathology labels applied to patients. And this is a misunderstanding (or manipulation) risk that is presented most of the time in the work with bd pt.

more complicated and maybe confused: indeed, once again, an affective push of the daughter/patient was seen as wrong due to the fear or embarrassment of the person that was taking care of her.
What do I mean? Irrespective of the fact that the patient was maybe not part of a borderline diagnosis, I believe that the story shows very well the open possibility of therapists turning their disorders into pathology labels applied to patients. And this is a misunderstanding (or manipulation) risk that is presented most of the time in the work with bd pt.

6.2. The therapist in the heart of the session: Gabbard's example

«Ms. A was a 28-year-old patient with borderline personality disorder in dynamic psychotherapy. About 6 months into the process, an apparently minor event in the therapy session triggered a major reaction in Ms. A. With about 5 minutes left of the therapy session, Ms. A was talking about having visited her family during the Thanksgiving holidays. She felt unimportant to her father because he seemed much more interested in her brother's activities than in hers. In the course of this discussion, I looked at the clock on my wall because I knew the time was running out and I wanted to see if I had time to make an observation about her assumption regarding her father's feelings about her. Ms. A stopped talking and looked at the floor. I asked her what was wrong. After a few seconds of silence, she burst into tears and said, "You can't wait for me to get out of your office! I'm sorry if I'm boring you! I've known for a long time that you can't stand me, and you just do this for the money. I'll leave now if you want me to." I was taken aback and replied, somewhat defensively, that I was simply monitoring the time because I wanted to be sure I had time to say something before the session was over. Ms. A replied by saying, "Nice try to get out of it. You think I'm going to believe that?" Escalating in my defensiveness, I stated emphatically, "Whether

of relationship, in G. Salonia, A. Sichera, V. Conte, *For Oedipus a New Family Gestalt,* in «GTK books», 2, 13-48.

you believe it or not, that's the truth." Ms. A was adamant: "I saw what I saw." Placing her hand firmly on the wooden table next to her chair, she raised her voice: "It's like you're telling me that this table is not made out of wood!". Feeling as misunderstood as she was, I continued: "All I'm saying is this: it's possible that I looked at the clock for reasons other than the ones you attribute to me – just like you may make assumptions about your Dad". Ms. A became even more insistent in response to my efforts to offer other possibilities: "Now you're trying to say I didn't see what I saw! At least you could admit it!"».

It is a very instructive conversation. Gabbard comments: « One of the greatest challenges for a psychotherapist is managing this almost delusional conviction of some patients with borderline personality disorder […] I became a potentially malevolent and persecuting object for that patient; she became the victim; and a hypervigilant, anxious and humbled affective state had cemented the Self with the object. In this feeling of terror, you cannot think or reflect. Ms. A's intense accusations even eroded my ability to think»[47].

The point is: was it really just perceptive distortion of the patient, or was it something authentic, something deeply and truly involved in Ms. A's disease and words, who called the therapist to a fruitful exercise of 'translation' of a language deserving consideration and paritary? Was the interruption of therapy the fruit of a patient's delirium or of missed benefit of hermeneutics of translation from the therapist's side?

A Gestalt therapist would have said, for example: «Ms A., you are right in a certain sense. While you were talking to me, I was actually thinking of formulating an interesting comment which I could have used to reply to your words. I am sorry. I believe I missed some interesting things you were telling me… Maybe once again something happened between us that used to happen at home when you did not feel appreciated by your father…». In a gestaltic perspective, the effort is to find common ground, the humus that makes a translation possible and that detracts the other from a sense (lethal to him) of authoritative disconfirmation of experiences.

In a gestaltic perspective, the effort is to find common ground, the humus that makes a translation possible and that detracts the other from a sense (lethal to him) of authoritative disconfirmation of experiences.

47 G.O. Gabbard (2006), *Mente, cervello e disturbi di personalità*, cit.

6.3. GT and method of Fonagy's mentalization

«Patient: Yesterday, I had a bad anger crisis…
Therapist: What happened?
Patient: I argued with my mother.
Therapist: Tell me…
Patient: Nothing, as always… We agreed that she would wake me up to go shopping, but I woke up on my own and she was gone. As soon as she came back, I said all sorts of things to her, yelling at her that she was not interested in me, as usual.
Therapist: Why did your mother not wake you up?
Patient: As I've already mentioned, she is not interested in me!
Therapist: And what if she only wanted you to have a rest, given that, if I remember well, this has been a very difficult week for you?
Patient: No, doctor, I know my mother better than you do, sometimes she is mean! I'm sure she did it on purpose!»[48].
Even in this punctual verbatim of Fonagy's approach, any effort of translation is missing. The therapist even presumes she knows the patient's family reality better than the patient herself, denying the possibility of existence to his perspective of the world of intimate relationships. Indeed, here the therapist's comment: «In this communicative exchange, the patient's conviction to be in the right is clear, blocking any possibility to be involved in a Socratic dispute. We can conclude by saying that the patient slides into an 'excess of reality'»[49] in this operation.
If read from a gestaltic perspective, such verbatim seems to highlight how the therapist not only validates, but also (unconsciously!) reiterates a manipulating and confusing relational style, which is summarised in the statement: 'I don't keep a pact (waking you up in time) for your own good!'. The therapist denies the patient's experience here, imposes her perceptive inference (reading the mother's mind): hence, the thera-

The therapist denies the patient's experience here, imposes her perceptive inference.

48 E. Prunetti, F. Mansutti (2013), *La terapia basata sulla mentalizzazione (MBT) – caratteristiche distintive*, Franco Angeli, Milano; P. Fonagy (1991), *Thinking about Thinking: Some Clinical and Theoretical Considerations in the Treatment of a Borderline Patient*, in «International Journal of Psychoanalysis», 72, 1-18.
49 Ibid.

peutic intervention seems to validate the mother's confusion who, beyond all (more or less valid) motivations, 'cheats' her daughter by not meeting the agreement.
A Gestalt therapist would have said: «You are really enraged: the fact that your mother does not respect a pact makes you furious. How can you not feel hurt by this? Even if she did it for your own good, to let you rest, it would be a lack of agreement from your mother's side…I believe you! You feel angry and confused».

6.4. The question of listening in a conversation with Kernberg

In order to complete the picture, let us turn our attention to an account taken from another essential author in borderline treatment – Kernberg[50]. It is a very instructive case, given that, despite unconsciously, two approaching types are put side by side: one, apparently passive according to the therapist, very close to a translation attitude that helps and releases the patient; the other one, far more active and orthodox, which, however, seems to be unable to guarantee results.
«Miss N was a lawyer in her early thirties, presenting borderline personality organization with predominant obsessive and schizoid features. I saw her in psychoanalytic psychotherapy three times a week, for more than five years… in the midst of my interpreting Miss N's fears of sexual longings for me as father (because they were forbidden by her internal mother), a relatively sudden deterioration occurred, and over a period of several weeks she seemed to regress to what had characterized the early stages of her treatment.

50 O.F. Kernberg (1984), *Severe Personality Disorders: Psychotherapeutic Strategies*, Yale University Press, New Haven - London. I underlined the text. Such verbatim is part of a research on confrontations among verbatim that is going to be published. I thank doctor A. Macaluso for this contribution. In relation, also cfr. J.F. Clarkin, F.E. Yeomans, O.F. Kernberg (2000) (ed. or. 1999), *Psicoterapia delle personalità borderline*, Raffaello Cortina Editore, Milano; O.F. Kernberg (1967), *Borderline Personality Organization*, in «Journal of the American Psychoanalytic Association», 15, 641-685.

At one point, Miss N let me know that she wanted me to say only perfect and precise things that would immediately and clearly reflect how she was feeling and would reassure her that I was really with her. Otherwise, I should say nothing but listen patiently to her attacks on me. At times, it became virtually impossible for me to say a word because Miss N would ínterrupt me and distort almost everything I was saying. I fmally did sit back for several sessions, listening to her lengthy attacks on me while attempting to gain more understanding of the situation.

I now limited myself to pointing out that I understood her great need for me to <say the right things, to reassure her, to give her indications that I understood her almost without her having to say anything. Also, I pointed out that I understood that she was terribly afraid that anything I might say was an attempt to overpower, dominate, or brainwash her. After such an intervention, Miss N would sit back as if expecting me to say more, but I did not. Then she would smile, which I privately interpreted as her acknowledgment that I was not attempting to control her or say anything beyond my acknowledgment of this immediate situation.

I must stress that in the early stages of this development I had intended to interpret the patient's attitude as an effort to control me omnipotently and as a reflection of her identification with the attitucle of her sadistically perceived mother (her superego) toward herself (represented by me). But at this stage, any such efforts at interpretation exacerbated the situation and avere not at all helpful (in contrast to similar interventions that had been very helpful months earlier). Surprisingly, after several weeks of my doing nothing beyond verbalizing the immediate relationship between us as I saw it, Miss N felt better, was reassured, and again had very positive and sexual feelings toward me. However, my efforts to investigate the relationship between these two types of sessions – those in which she could not accept anything from me and had to take over and those in which she seemed more positive but afraicl.of her sexual feelings – again led to stalernate.

After a few more weeks, I finally formulated the interpretation that she was enacting two alternate relations with me: one in which I was like a warrn, receptive, understanding, and not-controlling mother and another in which I was again a father figure, sexually tempting and dangerous. Miss N now said that when I interpreted her behavior she saw me as harsh, mascu-

line, invasive; when I sat back and just listened to her she saw me as soft, feminine, somewhat depressed, and somehow very soothing. She said that when she felt I understood her in that way – as a soothing, feminine, depressed person – she could, later on, listen to me, although I then de the "made by mistake" of again becoming a masculine and controlling figure»[51].
So, the reiterated interpretation deteriorates the therapeutic relationship with the bd pt, given that it tends to assert a model on the patients words and emotions. Noticing how the therapist is the one that has major difficulties in changing is intriguing: «I finally did sit back» (how much does a patient have to fight to make herself heard!). Turned healthy, but theoretically unconscious. Indeed, later on the therapist states: «Surprisingly, after several weeks of my doing nothing beyond verbalizing the immediate relationship between us as I saw it, Miss N felt better». The adverb 'surprisingly'[52] seems to instil doubt that the therapist behaved how the patient requested (avoiding interpreting and only pondering) without understanding the deep reasons for that apparently imposed choice. The patient asked for equal dignity, listening and 'translation'. This is the road that leads to an 'inexplicable' improvement.

The reiterated interpretation deteriorates the therapeutic relationship with the bd pt.

How much does a patient have to fight to make herself heard!

6. 5. The limits of empathic response with borderline patients

A therapist asks for supervision for the fact that she feels discouraged in the work with a patient, who continuously protests

51 O.F. Kernberg (1984), *Severe Personality Disorders: Psychotherapeutic Strategies*, cit., 128-130.

52 It is interesting how there are moments in a therapist's experience, where he becomes aware of the fact that his method could be modified and he perceive embarrassment. I studied this phenomenon in Horney: «... I think it is important to avoid overestimating emotional experience, as if such experience was the only thing that counts in analysis. I don't think it's right». Shortly before that, she said: «If such self-perception, such self-acceptance is so important, then we should maybe change good part of the therapy». Cfr. K. Horney (1988) (ed. or. 1987), *Le ultime lezioni*, Astrolabio, Roma, 89. In relation, also cfr. G. Salonia (1990), *Karen Horney e Friederick Perls: dalla psicoanalisi interpersonale alla terapia del contatto*, in «Quaderni di Gestalt», VI, 10/11, 35-41, 40.

her interventions, even when she limits herself to respond in an empathic way. I ask her to give me some examples of interaction in the session.

Patient:

– My mother is sweet, but always misunderstands what I say. She makes me say things I do not think.

Therapist:

– You feel misunderstood by your mother.

Patient:

– What does that have to do with anything? It is well known that mothers are not able to understand their children.

Therapist:

– You do not feel understood by your mother.

Patient:

– It is not like this. What confusion!

After having carefully listened, my comment is: «Let us start from the point of view that the patient is not an opponent, but precise. Secondly, the bd pt refuses empathic answers, because he perceives them as definitions. And he learnt in his story to perceive the definitions of his emotions and meanings as a way of having power over him and to limit his experiences. Rereading the text that way, you realise that the therapist is using the manipulation the patient fears, since she omitted some precious statements of the patient in her empathic responses, such as: 'sweet mother', 'mothers don't understand their children'. Therefore, I suggest a different hermeneutics, of the kind: «You feel confused when a mother is tender, but you don't feel understood anyway. Any mother does not understand her children… it is very confusing. They love, but they don't feel understood…».

It is not about repeating, and maybe telling lies, and not about disconfirming by interpreting, but relying on the risk of the relationship, in order to give background and consistency to the fragments of truth of the 'divergent' language of the other, not asking for normalisation, but creative restitution. In other words, as the last analysis, poetry.

This last example highlights the fact that translating does not mean emphatically reaffirming, but establishing a common understanding of space within that no-man's-land, where each translator ventures in his effort of free and faithful *diakonia* of the words of others. It is not about repeating, and maybe telling lies, and not about disconfirming by interpreting, but relying on the risk of the relationship, in order to give background and consistency to the fragments of truth of the 'divergent' language of the other, not asking for normalisation, but creative restitution. In other words, as the last analysis, poetry: «The

moon is made of cheese». Isadore's yellow, which connects and colours them, is nothing but the aesthetic space where words meet, renew and find themselves.
Bd pt feedback seems to include every therapist's task (and the desire of any bd pt): «Thanks. How did you understand, from what I said, what I meant and was unable to say?».

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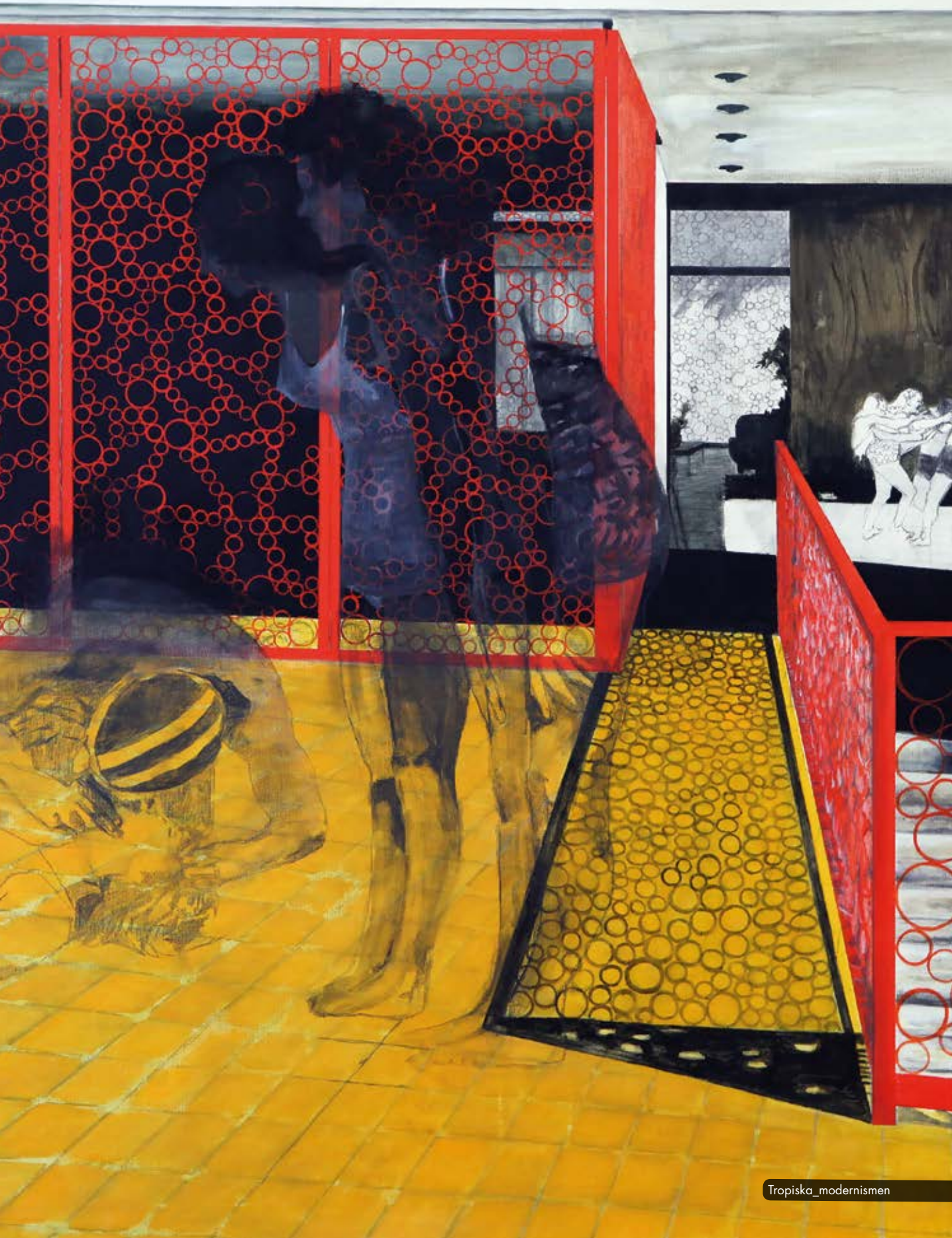
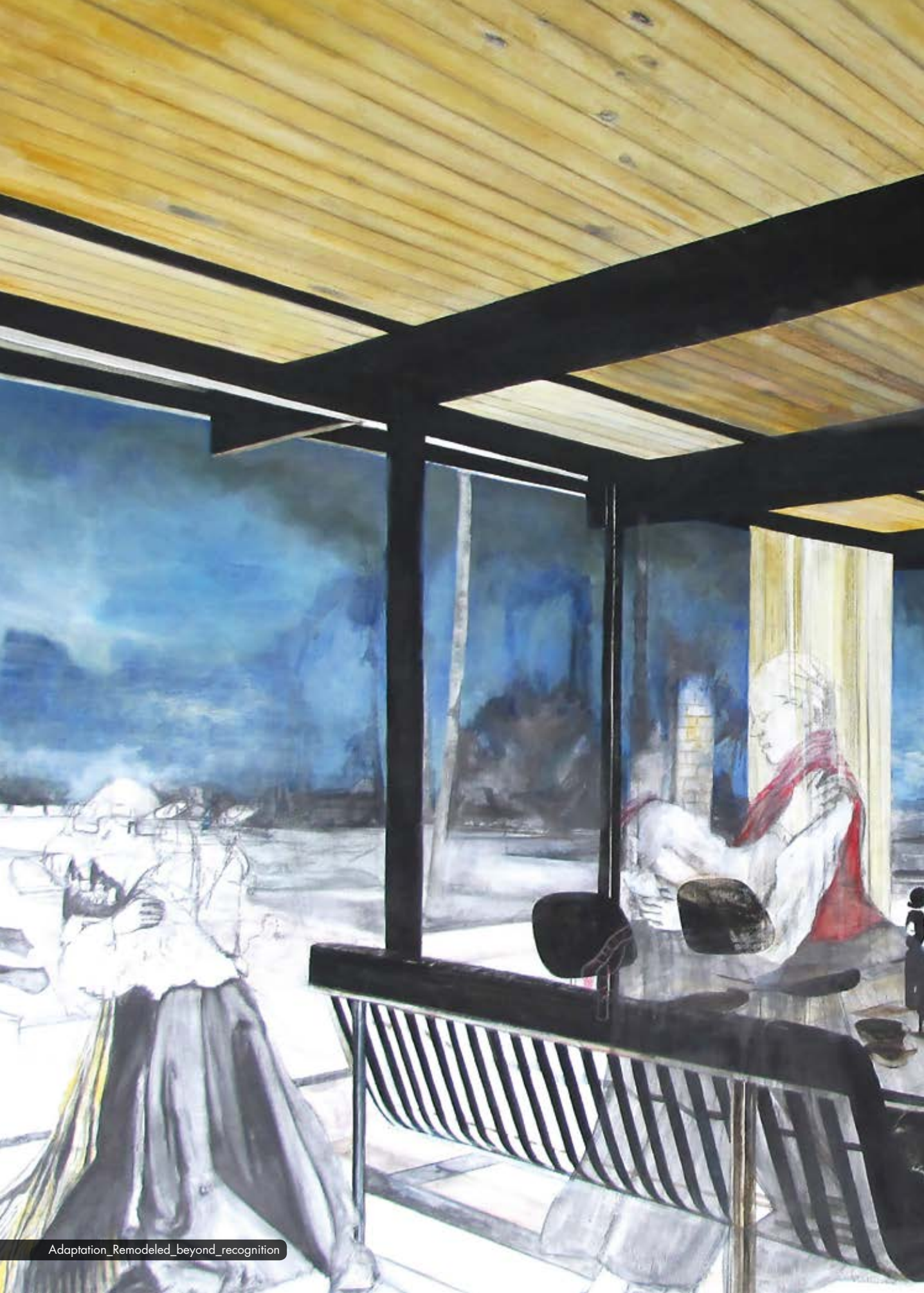
www.gestaltherapy.it.

Abstract

The code of clinical revolution used by gestalt therapy in the treatment with borderline patients lies in i from's acute response 'moon and cheese are yellow'. Do not deny, interpret, define their experience; do not compare it, but find out its sense. Starting from these teachings, the author systematically develops a treatment model for borderline patients, expressing new hermeneutics in his statement – "gestaltic translation of borderline language": approaching to the strange language of borderline like a foreign and not subordinated or strange language. With the help of neurosciences, places and levels of confusions are described, which – reread within the theory of the self and the contact cycle – represent the plot of the therapy. In a coherent and punctual comparison with verbatims of other approaches – gabbard, kernberg, mentalization, and empathy – new clinical declinations of the new hermeneutics are shown: gestaltic translation of borderline language.





Adaptation_Remodeled_beyond_recognition

THE RELATIONAL NARCISSISTIC MODEL IN THE POST-MODERN WORLD AND THERAPEUTIC WORK IN GESTALT THERAPY

Valeria Conte

1. New cultural contexts and new psycho-pathologies

The relationship between the individual and society in understanding psychological disorder represents an interpretation that has for a long time been part of Gestalt theory and clinical psychology[1]. Developmental theory[2], the theory of basic relational models and its influence on the building of identity[3], as well as a phenomenological reading of psychopathology[4], certainly represent the theoretical background supported by

1 Cfr. F. Perls, R. Hefferline, P. Goodman (1997) (ed. or. 1994), *Teoria e pratica della Terapia della Gestalt*, Astrolabio, Roma, 247.

2 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. For the latest developments in the theory of the self and its development in Gestalt Therapy in relation to the personality function, cfr. G. Salonia (2011), *The Perls' Mistake. Perceptions and misunderstandings of the gestalt post-Freudianism,* in «GTK Journal of psychotherapy», 2, 51-70 and G. Salonia (2012), *Theory of self and the liquid society. Rewriting the Personality-function in Gestalt Therapy,* in «GTK Journal of psychotherapy», 3, 29-57.

3 For these topics, cfr. G. Salonia (1999), *Dialogare nel tempo della frammentazione*, in F. Armetta, M. Naro (eds.), *Impense adlaboravit. Scritti in onore del Card. Salvatore Pappalardo*, Pontificia Facoltà Teologica di Sicilia - S. Giovanni Evangelista, Palermo, 571-585; G. Salonia (2013) *Letter to a young Gestalt therapist. Gestalt therapy approach to family therapy*, in G. Salonia, A. Sichera, V. Conte, *For Oedipus a New Family Gestalt,* in «GTK books», 2, 63-87. G. Salonia (2005), *Cambiamenti sociali e disagi psichici. Gli attacchi di panico nella postmodernità*, in G. Francesetti (ed.), *Attacchi di panico e postmodernità*, Franco Angeli, Milano, 36-50; G. Salonia (2013), *Psicopatologia e contesti culturali*, in G. Salonia, V. Conte, P. Argentino (2013), *Devo sapere subito se sono vivo*. Saggi di Psicopatologia Gestaltica, Il Pozzo di Giacobbe,Trapani, 17-32.

4 G. Salonia, V. Conte, P. Argentino (2013), *Devo sapere subito se sono vivo. Saggi di Psicopatologia Gestaltica*, cit.

the studies and clinical and theoretical research carried out by our institute, *Gestalt Therapy Kairòs*.

It is in this framework that we need to reposition our understanding of psychopathology in general and narcissism (N) in particular.

We know that the Narcissistic society as described by Lasch[5], which liberated the individual from suffocating affinities, by affirming new autonomies, surrendered its place to a complex and shattered[6] liquid[7] society. We are dealing with social and cultural transformations, which over the last decade, have involved the family and the individual and have transformed relational models. Today we belong to a society that might be defined as 'borderline'[8]. In fact, if we observe the world in which we live, we might see a society that offers multiple opportunities, with so many apparently easily accessible possibilities; a world which gives us the potential freedom to define ourselves (*I can do whatever I want/wish etc.),* but in which we live with so many objective difficulties (economic, occupational and professional crises). We live in contradiction and ambivalence, which go beyond subjective capacity; rather than the adult, it is the youngster who becomes discouraged, feels lost and confused, who has to find a meaning[9] to his existence and self-determination.

If we look at ways of socialising, we will see that relationships have changed; they are often more unstable, uncertain, fragile,

We live in contradiction and ambivalence, which go beyond subjective capacity; rather than the adult, it is the youngster who becomes discouraged, feels lost and confused, who has to find a meaning to his existence and self-determination.

5 C. Lasch (1981) (or. ed. 1971), *La cultura del narcisismo*, Bompiani, Milano.

6 Cfr. J.F. Lyotard (2002) (or. ed. 1979), *La condizione post moderna. Rapporto sul sapere*, Feltrinelli, Milano; E. Morin (2011) (ed. or. 1985), *La sfida della complessità*, Feltrinelli, Milano; G. Salonia (2012), *Theory of self and the liquid society. Rewriting the Personality-function in Gestalt Therapy*, cit.; G. Salonia (1999), *Dialogare nel tempo della frammentazione*, cit.

7 Z. Bauman (2002) (ed. or. 2000), *Modernità liquida*, Laterza, Bari.

8 Ambivalent attitudes/behaviour prevail and experienced as confusion and instability, cfr. V. Conte (2010), *The borderline patient: an insistent, anguished demand for clarit. Interview to Valeria Conte ed. by Rosa Grazia Romano,* in «GTK Journal of psychotherapy», 1, 63-77; G. Salonia (2013), *The moon is made of cheese. Exercises of gestaltic translation of borderline language*, infra.

9 Galimberti speaks of the disturbing guest of nihilism and of nonsense, cfr. U. Galimberti (2007), *L'ospite inquietante. Il nichilismo e i giovani*, Feltrinelli, Milano; cfr. V. Conte, *Adolescenti tra Nichilismo e non senso, Meeting Dietro lo Specchio,* March 15, 2012, Ragusa.

Today we encounter a widespread and fragile N, which may evolve towards anti-social behavior, or towards fresh dependency, or towards a real narcissistic personality disorder. Since we are clearly confronting N with a new face, we surely need to question new methods of understanding and treating it.

ranging from emotional and even pathological dependency (stalking, possessiveness, obsessive jealousy, ambivalence) to sterile independence (*doing and having take precedence over* feeling, whereby desensitised subjects are continuously increasing).
It is from this cultural and relational background (Borderline), that the present-day N arises, with a very different profile from the N of the 1970s[10]. Today's narcissists are the children of parents who act "as friends"[11], parents who forced their offspring to grow up prematurely; this often proved to be an exasperated form of independence, closely linked to adult (and not children's) rhythms. These parents did not allow a period of healthy dependency, guaranteeing their children neither stable nor secure ground[12].
Today we encounter a widespread and fragile N, which may evolve towards anti-social behavior, or towards fresh dependency, or towards a real narcissistic personality disorder. Since we are clearly confronting N with a new face, we surely need to question new methods of understanding and treating it.

2. Towards a new understanding of narcissism: diagnostic orientations and experiences of self

In Gestalt Therapy (GT) hermeneutics, there is a kind of unease when discussing diagnosis and psychopathology. In remaining faithful to the historical context in which Gestalt emerged, particular emphasis needs to be placed on clinical interest and understanding of phenomenological and relational experiences of a specific experience of the self. As therapists, we also know

10 The community is strong, the individual needs to express subjectivity and autonomy and abandon suffocating appearances. On this topic, cfr., for example, C. Lasch (1981) (ed. or. 1971), *La cultura del narcisismo*, cit.; F. Friedman (2002) (ed. or. 1999), *La società orizzontale*, Il Mulino, Bologna; A. Giddens, (2000) (ed. or. 1999), *Il mondo che cambia*, Il Mulino, Bologna.
11 N of certain belonging, with a need for individuation, exasperation of self-referencing, typical of the decades following the Second World war.
12 Cfr. V. Conte (2007), workshop on *Mediazione familiare e Gestalt*, second level Master in Mediazione familiare, Università Cattolica del 'Sacro Cuore' in Milan, Ragusa.

that diagnostic categorisation risks becoming sterile and of little use if it does not facilitate the understanding of specific and effective courses of treatment. In GT, it is more consistent to speak of "diagnostic orientation" and to limit oneself to using common (descriptive) diagnostic language for comparison and an enriching dialogue (between different models). Beyond the diagnosis and epistemological differences of the various models, it is important to focus on the how and the what in clinical intervention. We shall take our cue from certain aspects of theory and clinical psychology of N, as seen from the perspective of several of the most significant authors in the scientific world, in order to delineate how GT deals with N and, more specifically, the "relational narcissistic modality"[13].

Gabbard[14] legitimises two types of narcissistic patient (Pz) with reference to the interpersonal style: unconscious narcissist and hypervigilant narcissist, which are the two extremes of a *continuum* that includes the various expressions of narcissistic anguish. It can be suggested that the Author is referring to different levels of severity.

Kohut[15] describes the narcissist as extremely vulnerable, with a tendency of self-fragmentation, someone whose self is still frozen in its development: a child in an adult's body, who has interiorised missing functions from others and from the surrounding environment. Quite a serious clinical picture.

Kernberg[16] describes the narcissist Pz as greedy and envious, demanding attention and acclaim, with a prominent, integrated but pathological self (this being the difference with Borderline) and with an idealisation of the image of himself which denies unacceptable aspects that are 'brought out', in projecting these. Furthermore, he underlines the importance of acknowledging greater wholeness in the narcissist, which might be useful for a differential diagnosis with Borderline cases.

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13 In this regard, Cfr. G. Salonia (2005), *Cambiamenti sociali e disagi psichici. Gli attacchi di panico nella postmodernità*, cit.

14 G.O. Gabbard (2002) (ed. or. 1994), *Psicoterapia psicodinamica nuova e basata sul DSM IV*, Raffaello Cortina, Milano.

15 H. Kohut (1976) (ed. or. 1971), *Narcisismo e analisi del Sé*, Boringhieri, Torino; H. Kohut (1986) (ed. or. 1985), *Potere, Coraggio e Narcisismo*, Astrolabio, Roma.

16 O. Kernberg (1978) (ed. or. 1975), *Sindromi marginali e narcisismo patologico*, Boringhieri, Torino.

Here we can look at several of these perspectives in GT epistemology:

With Isadore From, GT describes three types of N[17]. If we consider a *continuum*, we find:

– The *autistic narcissist*, who is the most serious and difficult to treat, and whose experience stems from a lack of primary confluence [18];
– the *confluent narcissist,* who has had a confluence (with his mother) from which he has never emerged;
– and at the other end of the *continuum*, the *retroflective narcissist*[19], who has experienced a confluence that was interrupted too soon.

Positioning narcissistic ways, as emphasised by From, within such diverse primary experiences, with very different consequential degrees of severity, necessitates a specific clinical intervention with several qualitative variations.

As regards GT, this means working on the specific missing experiences at different times and in different ways. Let's look at these briefly in more detail:

– For the *autistic narcissist*, as with serious patients, there is a need to work on healthy introjection[20]. This would mean building up the "other" presence as a boundary/relation so that it can "exist", therefore giving it the possibility to feed off the healthy confluence in order to move towards the subsequent phase (i.e. introjection).
– For the *confluent narcissist,* this would mean separation from confluence, individuating oneself and de-structuring the introjections, so as to be able to express oneself and evolve from *his childhood*[21].

17 From lessons given by Isadore From (1985).
18 F. Perls, R. Hefferline, P. Goodman (1997) (ed. or. 1994), *Teoria e pratica della Terapia della Gestalt*, cit., 267.
19 Retroflexion in the interruption of contact is characterised by the inability to let oneself go in the environment. The narcissist goes back towards himself because he does not trust the environment, which he perceives as small (in various tonalities: unable to take care of himself, to support etc.) and this demeans him.
20 F. Perls, R. Hefferline, P. Goodman (1997) (ed. or. 1994), *Teoria e pratica della Terapia della Gestalt*, cit., 277.
21 Cfr. V. Conte (2011), *Gestalt Therapy and its serious patients,* in «GTK Journal of psychotherapy», 2, 17-48.

– For the *retroflective narcissist*, there is a need to provide opportunities to develop confidence in the environment (an environment that does not invade nor suffocate) so that he/she can learn to fully enjoy relationships, experiencing in the therapeutic relationship a chance to recover parts of themselves.

In GT it is important to recognise the origin of the experience of vulnerability and fragility often encountered in the narcissist. Vulnerability and fragility belong to the autistic or confluent narcissist's experience and require introjections because they concern missing experiences. This is very different from the case of the retroflective narcissist[22], who fears introjection as an annulment of his personality; he cannot sustain a relationship without feeling suffocated/swallowed up. For GT, the retroflective Narcissist's anxiety regarding introjection originates in a relational history where he has sacrificed himself, annulling parts of himself, so that in every significant relationship, the fear of annulment has forced him to get out, to flee. Treatment that does not take this into account, avoiding communicative, introjective styles that stress roles and skills, creates a difficult setting to sustain for a narcissist and represents one of the reasons why he/she suddenly and "inexplicably" interrupts therapy, taking out all his/her anger and disdain for the therapist (T) in the setting.

According to GT it is important to see, in the narcissistic experience, the relational sacrifice that has brought about the split from the self: the parts of the self that are not shared by the mother or father are negated/shown, whilst only those aspects of himself are nurtured through being desired/accepted by the mother or father. «The child will have to learn to sacrifice parts of himself and to satisfy the parent; in other words, deny himself because he is only the image of what exists in the eyes of the parent»[23]. This would also explain the need for perfectionism that we find in the narcissist[24]: a desperate attempt to contain and control

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22 I shall describe the autistic and introjective N later.

23 G. Salonia (2013), *From the greatness of the image to the fullness of contact. Thoughts on Gestalt Therapy and narcissistic experiences*, in G. Francesetti, M. Gecele, J. Roubal (eds.) *Gestalt Therapy in clinical practice. From psychopathology to the aesthetics of contact*, Franco Angeli, Milano, 648.

24 This is in the retroflexive N. Instead, in the autistic and introjective N we find experiences of apathy, blockage, with regressive attitudes.

the nasty parts of the self. The narcissist lives through an ordeal of not being free to be himself; he exists in the lacerating comparison between a powerful self (never fully experienced) and a fragile self (never fully felt). For Gestalt therapy, this is the important goal with the narcissist, to permit him/her to repossess all parts of the self; throughout the therapeutic relationship, in fact, Ariadne's thread will lead towards this target of contact and when this takes place, the therapeutic work is concluded.

3. Family relational style and origins of narcissism

In the words of Goodman «whatever is not completed is perpetuated». Salonia adds: «Every interruption in the cycle of contact refers back to a story of primary relations in which the subject has undergone and learnt, at the verbal and corporeal level, disturbed experiences»[25]. The application of the theory of the self for family functioning[26] is of particular help for a better understanding of psychopathology and clinical psychology. Describing family relations in which a modality for interruption of contact has been learnt, is coherent with the phenomenological matrix of GT. According to GT we should not therefore speak of N but of "relational narcissistic style".
We shall try to look at the family background that has brought about the narcissistic relational style, in particular that of the confluent (autistic and introjective) narcissist and the reflective narcissist. In the confluent narcissist, unhealthy confluence with the mother[27] (never experienced or never interrupted) has not allowed the child to undergo a process of individuation, thus hampering his capacity to be autonomous and differentiated. This lack of wholeness demands the constant presence of the Other, a pathological need for the Other. The confluent narcissist, in

25 G. Salonia (2013), *Pensieri su Gestalt Therapy e vissuti narcisistici*, in G. Salonia, V. Conte, P. Argentino, *Devo sapere subito se sono vivo. Saggi di Psicopatologia Gestaltica*, cit.
26 G. Salonia (2013), *Letter to a young Gestalt therapist. Gestalt therapy approach to family therapy*, cit.
27 Probably a young mother with a personality function disorder of the self, along with an absent father.

fact, has had and continues to feel the need to receive continual approval, reassurance and to be contented and placated.
With the retroflex narcissist, family history refers to a mother-son or father-daughter alliance against the other parent. This relational background prevents him from feeling complete and highlights his frantic search to appear stronger. All this simply means is that the narcissist will appear arrogant, rigid, controlling, egocentric, with an obsessive need to protect himself from criticism and rejection, which will always be perceived as devaluation and disconfirmation of the self; this will render him incapable of feeling complete (whatever his experiences), which is irreconcilable with the Other. Goodman describes it as follows «The narcissistic individual cannot face up to his own sentiments; he is afraid of wounding or being wounded. The energy input is turned towards the only non-dangerous objects available in the field; his own personality and his own body»[28].
As we mentioned before, with both the male and female, there is a solid alliance between one of the two parents and his/her child of the opposite sex. This "special" relationship becomes the engine of the discomfort (because the experience of being "special" is in the two-way relationship), and becomes a disturbing alliance that takes "the place of" a functional parent-child relationship, where it is one's own needs that are recognised and not those of the child.
From the theory of the self in the family system[29], we know that the parental skills of the mother (M) or father (F) are determined/influenced by the experiences undergone by the couple. The parents of the narcissistic Pz have an unequal relationship as a couple, made up of obsessive opposition or

28 F. Perls, R. Hefferline, P. Goodman (1997) (ed. or. 1994), *Teoria e pratica della Terapia della Gestalt*, cit., 260.

29 «[…] the couple experiences a rigid, conflictual asymmetry ('one against the other'), in which children are often used as allied partners in a power struggle (with each parent allied to a child), and the family unit is beset by lacerating divisions and sterile, destructive conflicts. […] parent-child alliances become dysfunctional when the child is perceived by the parent as a 'better' substitute to his/her partner, and the alliance is seen to be 'against' the other parent», G. Salonia (2013), *Letter to a young Gestalt therapist. Gestalt therapy approach to family therapy*, cit., 72.

addiction (*one is up - one is down)*. The child becomes an ally of the parent of the opposite sex, in opposition to the parent of the same sex. There follows a sexual identity that lacks the necessary intimate and profound validation, which can only be provided by the parent of the same sex; the subsequent sexual orientation, for it to be enjoyed fully, will also have to dare to express itself in its entirety.

4. Difference in gender in the retroflex narcissistic relational style

For clinical intervention it is important to point out that N is the only pathology that, in accordance with gender, has experiences and different shades of meaning. Furthermore, if the relational/family background, from which the narcissistic suffering has emerged, is that of being special in the eyes of the parent of the opposite sex, it is clear that the experiences of N for males and females are very different.

In particular, as regards the male N, we can try to describe the relationship between mother-child-father. The mother's expression lights up when the child is *as she wants him*, pleasing her and understanding her. Since adult behaviour is demanded of him, this is the reason why the spontaneity of the child (to be entirely himself) is blocked. Thus, feeling grown-up in a small body, is at the root of the retroflective method.

In his psychological struggles to fully accept his homosexuality, F one day said to me, when discussing his mother; «I knew that she saw me as different; she pretended not to notice, but her look was no longer the same as before, it was sad, it was the way she looked at my father…. I had to control my real nature; I decided at a certain point, I remember… and now I know that in that moment I decided to negate a part of myself, that part which never made me feel whole…. I remained the same F as before, good, intelligent, special…». It sounds exactly like a love story in which the child sacrifices him/herself for the mother, so that she does not have to suffer; he only lives half a life, and kills off a part of himself, which is cast off into the background, because if he were "whole" his mother would die from depression. Controlling parts of the self that

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are considered ugly/bad by the mother, leads to the split that Winnicott calls the "real self" and "false self"[30] and which in GT is retroflexion. It is a sacrifice carried out for love, which opens up immense pain the moment the narcissist decides to *live* and not only *survive* it. In the narcissistic, relational method, the relationship between child and mother is ambivalent; on the one hand the child idolises her, and on the other he perceives her as small and in need of him. He does not consciously recognise his anger towards her, something which will become clearer during the therapeutic process. Instead, anger is directed towards the other parent, seen as the cause of all this: «Dad was never there, always busy with his own things; he was absent even when he was physically present; in fact he's always been useless, superficial, a loser. I didn't want to be like him.….». The fragile parts of the self, therefore, are not expressed, but experienced as inadequate, to be controlled. This clearly explains the need to be admired and the confirmation that the narcissist is seeking in any context and relationship, because to feel disdain and rejection is devastating for him. The child-father relationship often appears non-significant, inexistent, but this is precisely owing to the parental couple's dysfunctional relationship. On this subject, Salonia writes: «It will be the lack of contact with the other parent that will prove to be particularly penalising during the growth of the child; for the male, non-contact with the father will usually make him feel above the law and any boundaries, coupled with an intimate feeling of terror-attraction in meeting him[31]».

The narcissist's difficult, sentimental life refers back to this old experience; every time he embarks on a relationship, after a physiological phase of seduction, he will sense the other as suffocating, he will lose interest and will again reposition himself. At this point, the Other will have lost his attraction and importance and will be perceived as small and insignificant. This process will lead to a rift between affection and sexuality,

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30 Cfr. D.W. Winnicott (1970) (ed. or. 1965), *Sviluppo affettivo e ambiente*, Armando, Roma.

31 G. Salonia (2013), *From the greatness of the image to the fullness of contact. Thoughts on Gestalt Therapy and narcissistic experiences*, cit., 649.

Let us see which other specificities we can find in the female N. For the little girl, being special for the father goes back to feeling very different; she feels small in a big body, her childish needs are not taken into consideration, and she is dismissed and disregarded. In this experience, she has had the eyes of a father focus on her, someone who only sees and approves of adulthood; she is only seen as capable, responsible, sensible and wise, i.e. a young lady.

a cardinal element in the narcissist Pz's intimate relations. Such *imprinting* will be repeated every time he tries to build a meaningful relationship and/or a significant bond. It is quite true to say that we are dealing with…. *Female souls in male bodies.*

Let us see which other specificities we can find in the female N. For the little girl, being special for the father goes back to feeling very different; she feels small in a big body, her childish needs are not taken into consideration, and she is dismissed and disregarded. In this experience, she has had the eyes of a father focus on her, someone who only sees and approves of adulthood; she is only seen as capable, responsible, sensible and wise, i.e. a young lady. The need to please him, to join him, to be just as he wants, is the source of her void and her retroflexion. Contrary to the male N, we do not find the dreams of love here; the fact that the girl sacrifices parts of her self helps her to protect herself from a father perceived as aloof, non-protective, occasionally authoritarian and even violent. On the other hand she nurtures feelings of anger towards her mother, hating her childish and dependent aspects, her submission to the father and her inability to react. It can be said that, in general, in this context the relationship between the couple oscillates between disdain and dependency. Thus the daughter finds herself divided between the need to belong to the mother and the need to be different from her, both for herself and for her father. C. spoke proudly of his "self-assurance" as a little girl: «I've never needed anything, never asked for help; I've always been self-sufficient, independent; I used to go out alone at the age of six and my father entrusted my older sister to me so she wouldn't get into any trouble…». It is easy to understand the weight of this responsibility, this obligation to grow up which then shatters with the first panic-attack – «… fear of death, great loneliness and an enormous void..» – and everything seems to collapse.

Narcissistic females express an exasperated self-sufficiency in their working lives, great efficiency and a notable ability to succeed, whilst in their sentimental relationships only wrong choices prevail, with "unattainable", impossible or insignificant men, who will never feel at all important to a female narcissist, nor ever fully satisfy her in their moments of intimacy. The female narcissist might appear aloof, cold in her relationships and rigid at

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a corporeal level; she will have difficulty experiencing the need for warmth[32], which will often remain in the background, almost as if she were protecting herself from her father's contempt for the female. However a longing for the warmth of the body and female breast still remains. *Male souls in female bodies*.

5. Therapeutic courses for the narcissistic relational modality

Narcissists who come to psychotherapy are, for the most part, cases of retroflective narcissists; it is, in fact, unlikely that a spontaneous request will come from a more serious, narcissistic modality such as autistic or confluent. Retroflective narcissists arrive late to therapy, at the moment that their life forces them to face up to the possibility that it is too late for them to enjoy certain life experiences. This usually happens in adulthood, following a professional/financial or sentimental disaster. Occasionally, it is precisely the impossibility of maintaining an important and significant relationship that steers them towards a request for help and, consequently, therapy.

The request for help from narcissists already constitutes a change: asking, trusting, exposing intimate details, all represent the beginning of change, a long journey that starts but does not always end or complete itself. We shall see why further on.

The reason for this cry for help often lies in a panic-attack or depressive symptomology.

Both provide an opportunity for change, the superego-function of the self is revealed and the suffering leads to the possibility of sensations in the body and the unraveling of retroflections; this possibility, at the same time, exposes pain, the void and loneliness that have been dormant for so long. If we consider that the symptom is always an "appeal to the relationship"[33],

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32 Disorder in the superego function of the self in G. Salonia (2013), *Pensieri su Gestalt Therapy e vissuti narcisistici*, cit., 173.

33 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.

for the narcissist the basic experience of panic is feeling small in a large body, feeling lost, terrified or terribly lonely, at the mercy of corporeal emotions, no longer under control. He feels the limitation of no longer being free, of needing others, not having control of his body (*What is happening to me?):* this is terror! With the anxiety of the panic-attack, the narcissist experiences suffocation, an experience of profound insecurity; he cannot feel the ground beneath him, a sensation of corporeal limits paralyses him. Paradoxically, in order to tackle these symptoms, change is necessary, including *not doing it by yourself* and *not doing it in the usual way*, but risking entrusting oneself to the Other, the T, to tackle loneliness and the void in a new way. For whosoever has negated the limits, it is a developmental challenge, on the road back to freedom, to accept the restrictions of existence, not to be able to go it alone.

Therefore in spite of the developmental value and immense needs, it remains difficult for the narcissist to seek help. Having been a child, an ally to the mother and treated as almost equal, he has bypassed the order and rules of the family system; in this case, for the family theory of the self, we are dealing with a personality function disorder of the self[34]. As we said before, the greatest difficulty for narcissists is to define themselves as "patients": to ask and to need are experiences which indicate a great wound, which represent humiliation and shame. This long standing humiliation originates from having been denied a comparison with the adult, an experience lacking in contrast that returns to a deep feeling of being small: that of never having grown up sufficiently.

In therapy, all this is ever-present, in every single phase. Initially the narcissist might perceive the T as not being up to it[35]; he will try to have an equal relationship or will bring into play the challenge and the disqualification, or the seduction Occasionally, exercising or exhibiting his economic or professional power: «I'm sorry to have to pay for the session every time, I'm embarrassed about leaving the money…haven't you got a

34 F. Perls, R. Hefferline, P. Goodman (1997) (ed. or. 1994), *Teoria e pratica della Terapia della Gestalt*, cit., 99-100.

35 G. Salonia (2013), *Pensieri su Gestalt Therapy e vissuti narcisistici*, cit., 171.

secretary?» or: «I'm calling you because I've had to bring the Ferrari and I can't find a place to park; have you got a garage at your studio?». All this can be seen as difficulty in dealing with the anxiety of an unequal relationship. Seduction can also be interpreted as a need for protection, since it protects the narcissist from perceiving the difference in roles, a tendency to transgress which will make him feel a little special for the T. It is important for the T not to allow himself to be infected by narcissistic impulses (*He chose me because I'm really good*..), because, by doing so, he risks losing his patient, who will soon belittle the setting and abandon the relationship.

Occasionally the narcissist abandons therapy before allowing the "nasty" parts of his self to emerge, not managing to sustain a profound and painful conflict: the wish to finally be himself and the fear of being so in the presence of the Other. The narcissistic Pz, deep down, keeps the rotten/ugly parts that he feels he possesses, under control, to the detriment of his own spontaneity in relations with the Other. It is an important moment in therapy, since in this phase the T might happen to get bored, because the Pz is not talking about himself: he is chatting, recounting, using his intelligence to understand and not entrust himself. Sometimes the narcissist cleverly approaches more profound experiences by avoiding topics during the actual session, only to initiate discussion of important topics right at the end of the session. He entrusts himself fearfully… and boredom lies in everything the narcissist neither says, does nor brings to the confines of contact, everything that is retroflected and which, if the T were to ask directly, the Pz would not mention.

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Change begins the moment that work with the narcissist arrives at corporeity. The narcissist Pz, both male or female, retroflects by making everything "return" to the self, for which the body is desensitised and tense. The Pz was unable to feel everything that was happening in his body, as we have already mentioned; he has kept back parts of himself because they are not appreciated by the Other (mother/father). These experiences are confined beyond perception and awareness through control of the self.

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Therapeutic work regarding the superego-function of the self permits the body to feel contact with itself, a contact that, above all, will be a new experience («What do you mean? I don't understand what I should feel…«) and also a tormenting one («My body is unknown to me, I'm afraid of the sensations that it gives me, I don't understand it, I'm afraid of what I might feel..»), but which, thanks to therapy, will relax the body and gradually allow it to regain control (he will relax the body and gradually allow the Pz to regain control of it). In this phase, it is important for the T not to act in too protective a manner (the humiliation of feeling belittled would emerge), but to communicate strength and serenity of judgment, with the appropriate sympathy and support: «How does it feel to have told me this? – let's see what it means for you».
The narcissistic Pz has a profound need for confirmation, a need for sympathy that occasionally confuses him and is decoded as a sexual desire. It is important to manage to stay close to the narcissist without getting confused and confusing him, ensuring a confined and warm presence that will provide him with a fresh experience, i.e. complete confidence and the healthy risk of entrusting oneself to the Other.

6. The incidence of the differences in gender in the course of therapy

Gender differences and possible twists in the therapist-patient relationship are always significant. For GT, the male and the female in the formation of corporeal and relational identity play a role in the relational game between figure and background, which allows us to probe missing experiences and to conclude incomplete gestalt [36]. It is well known that in GT the

36 Cfr. 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; G. Salonia (2013), *Letter to a young Gestalt therapist. Gestalt therapy approach to family therapy*, cit.; V. Conte, *Femminile e maschile una irriducibile diversità*, Meeting, *Nel rotolo del libro di me è scritto*, January 20, 2010, Ragusa.

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T-Pz relationship is an integral part of therapeutic work with all patients[37], but certainly with the narcissist, gender difference is very important right from the beginning and can determine the likelihood of staying in therapy.

Gender difference in therapy with the narcissist begins in two very different ways, but there is a single significant conclusion: the patient falling in love with the therapist. From the likely point where the narcissistic patient falls in love with the female therapist in a strongly, seductive way, he should arrive (whilst experiencing feelings of anger, humiliation and pain) at feelings of genuine affection, without a power struggle, acknowledging and entrusting himself to the T with an genuine sense of gratitude.

On the other hand, the beginnings of the therapeutic relationship between the female narcissistic Pz and the male T are very different; there is no initial falling-in-love, although erotic behaviour may be present; however, the necessary and significant conclusion will be the same… opening up with affection and genuinely entrusting oneself to a male "other" than the father.

Let us look at several specific features that focus our attention in the gender dynamics in the T-Pz relationship.

– *Female T-Male Pz*: it is important to overcome the embarrassment that is created in the sensual climate; it is essential to come to an understanding with the Pz in order to see what the narcissist is retroflecting. The risk is that of not seeing his anger, of not allowing criticism to emerge, along with the desire and fear of being rejected and humiliated. It is very important to maintain the generational line between Pz and T. The personality function of the T allows him to remain in a superior position, assuming careful responsibility of the relationship, whilst remaining an attentive and welcoming presence.
– *MaleT-Female Pz*: the need to be seen, in order to compensate for what was lacking in the experience with her father,

37 In clinical practice it is possible to think that a therapeutic course is easier to undertake with a T of the same sex; in reality the Pz makes his own choice, but often, at the end of therapy, he needs to complete it with the opposing experience.

may lead to either an erotic/seductive attitude (apparent dependency that allows her to trust him without feeling humiliated, but which would degrade the T in the event she became involved with him) or excessive coolness, a sort of disinterest, (as if she were expecting to be touched by T), in order to protect herself from a fear of attachment. A protective attitude by T coherent with his personality function will allow her to feel humiliation and inadequacy without necessarily re-freezing.

– *Male T-Male Pz:* the relationship helps new experiences to emerge. Non-involvement, absence of confidentiality with the male figure is something new for the male narcissist, but might also motivate competition and anger. Also in this case the T's personality function will permit the Pz to approach a completely new experience of closeness to the male, without any shadow of sexuality or power struggle, a strong and full pre-sexual emotion, experiences of closeness to the male, which the father did not manage to sustain and which the narcissist has never been able to enjoy.
– *Female T-Female Pz:* also in this case the therapeutic relationship between two women enables new experiences to emerge; in this relationship where they are on an equal footing (almost as if they were sisters), the T must remain in a superior position, like an elder sister, with a supporting function, a non-competitive presence explaining *the way things are*. This new experience will enable the Pz to open up to pre-sexual affection, to a warmth and femininity that is not necessarily erotic, to a primal warmth secreted deep down and never experienced before, which will enable her to finally pick herself up fully and firmly.

7. When the narcissist gets better

Above all, the experience of asking and trusting are signs of change in the narcissist. We know that the symptom refers back to the original experience that was missing and that is trying to complete itself, i.e. trusting and entrusting oneself to the Other, without feeling the limits of one's own fulfillment, is already a change. This will be possible by acknowledging the "rules" and

the "limits" of living with the Other whilst completely remaining oneself. This entails acknowledging limits of existence, the possibility of erring, of needing to ask.

The narcissist will be on the road to recovery when he has felt his own body in its entirety and its relationality. When he can quiver, tolerate fragility and exist fully in the world of his peers and in complete serenity. He will become empathetic, experiencing relational empathy that will enable him to recognise the needs of the Other without denying his own. He will learn to feel that wholeness develops within a relationship, with feelings of tolerance and genuine interest for the Other (different from oneself). He will succeed in enjoying the differences without competition and challenge, which would mean he could fully feel the need for the Other without useless sacrifices whilst accepting the necessary negotiating. He will adjourn his feelings to the various stages of his life, with a new sense of responsibility and prominence.

If we think of the myth of Narcissus, as recalled by Bill Viola[38], the problem of Narcissus is not that of falling in love with himself but of not seeing the water. Having the illusion of seeing oneself and not seeing the water tells us a lot about the narcissist's ordeal. The T will allow the Pz to see the Other, not as a *mirror of the self* but as *other than the self*. This Other is the T, who will not ask him to deny parts of himself nor to be special or perfect. In this way, the T will become an attentive presence to whom he might manifest his own fragility, who will permit him to cross the "reflection in the water" where he has stubbornly stopped and to deliver himself fully to final contact in his encounter with the Other.

Therapy will end and will render it possible… to see the water and beyond the water, to discover that one feels less lonely, perhaps sadder, but certainly grateful to whoever has travelled part of the way with him, managing to give him/her back his/her own body and soul.

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38 G. Silvestri (2011), *Narcissus: the reflex without water. The myth according to Bill Viola, reflections on the narcissistic experience*, in «GTK Journal of psychotherapy», 2, 83-95.

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Abstract

The author deals with the study of narcissism in postmodernity starting from the contextual background made of continuous changes, contradictions and ambivalences. As I. From taught, the different primary experiences favour levels of narcissism of different seriousness. The sacrifice of parts of oneself towards the parental figure is one of the topics the therapist has to pay particular attention to, in order to allow the patient to take his negative parts back and regain integrity and fullness. For such reason, a narcissist patient will have a sort of confluence anxiety, which is converted into the difficulty to seek for help and define himself a patient, fearing to be sucked in and from relationship. In her contribution, the author sustains that in outlining the therapy paths, one has to consider that narcissism is a pathology where the orientation of genre (of patient and therapist) defines different therapeutic paths. Arrival point remains arriving to corporeal experiences – desensitized, tensed, that retroflect parts of oneself that are denied – in order to restore the nourishing experience of a significant and grateful affective bond.

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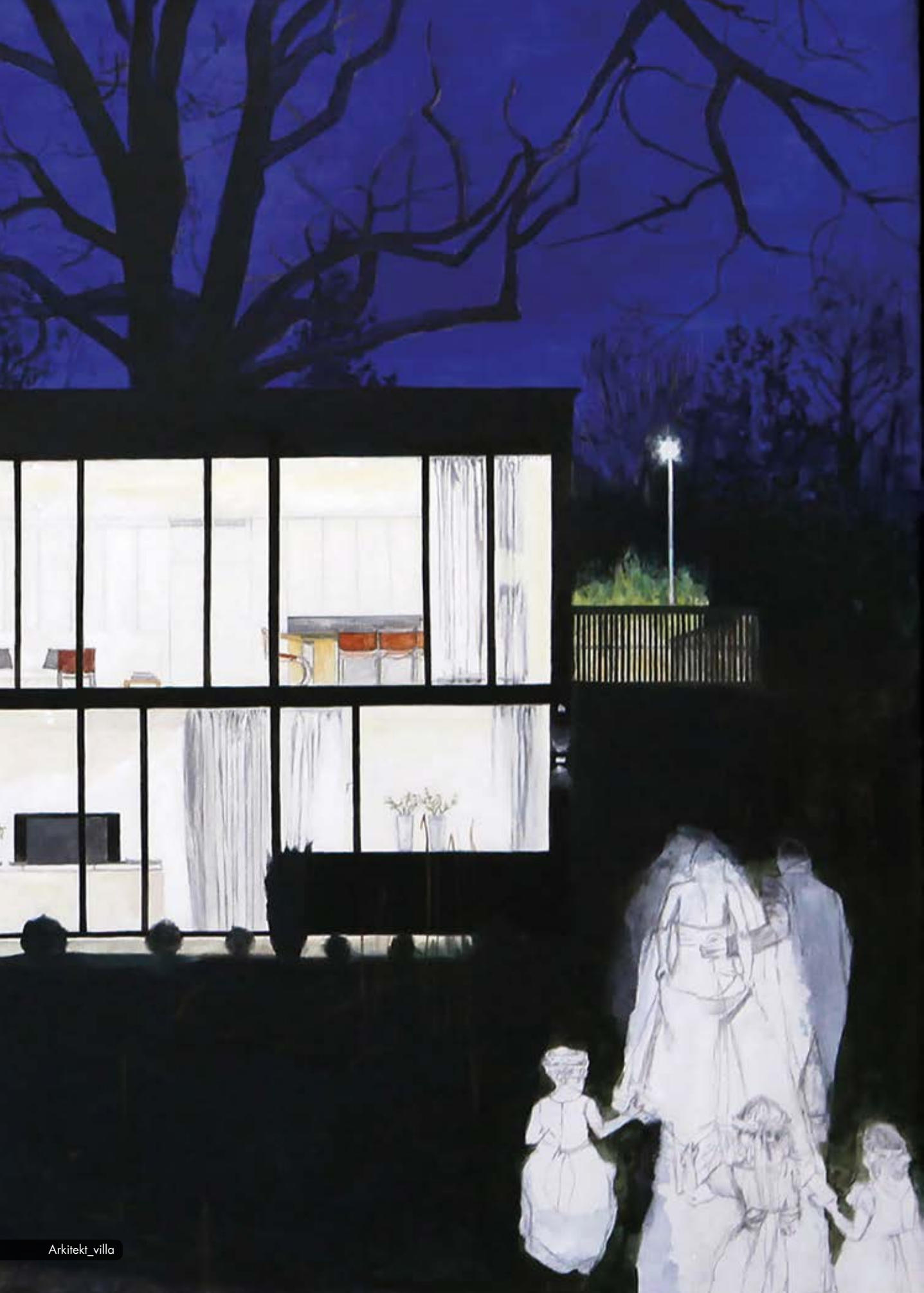

BEYOND OEDIPUS, A BROTHER FOR NARCISSUS

Paola Aparo

The brothers try to outdo each other individually,
but by spurring each other on they manage to achieve
what neither of them would have achieved on his own.
Paul Goodman[1]

If Giocasta and Laius live through the trivium,
there will be no struggle for precedence (neither at home, nor
in the city)
Oedipus will be able to fully feel his own pride as a son
and will be able to return to his brothers.
And thus Thebes too might be able to hope
for a better future without war
Giovanni Salonia[2]

Today we are witnessing a shift from a top-down society, organised on a hierarchical model, to the possibility of a horizontal society, in which the goal of equality for all citizens is pursued[3]. Within this model, every single individual would possess his or her own dignity and value and would contribute to the collective development of society. The unique nature of each individual is a primary value and only acquires significance within a common group, an exchange with other like minded individuals.
The subjectivity emerging in the 1970s is expressed in a relationship, through a struggle for acknowledgement of one-

1 P. Goodman (1995) (ed. or. 1966), *Individuo e comunità*, Elèuthera, Milano.
2 G. Salonia (2013), *Oedipus after Freud. From the law of the father to the law of relationship, in G. Salonia, A. Sichera, V. Conte, For Oedipus a New Family Gestalt*, in «GTK books», 2, 13-48.
3 Cfr. Z. Bauman (2002) (ed. or. 2001), *La società individualizzata*, Il Mulino, Bologna; A. Melucci (1994), *Passaggio d'epoca*, Feltrinelli, Milano; G. Salonia (2013), *Psicopatologia e Contesti culturali*, in G. Salonia, V. Conte, P. Argentino, *Devo sapere subito se sono vivo*, Il Pozzo di Giacobbe, Trapani, 17-32.

self and the Other. Integration in diversity is seen as the only possibility for growth, with our planet earth as a communal space, an extended global family, including all human beings as fellow-travelers, brothers, albeit different from each other, and yet united as citizens of the world.

The search for horizontality affects ways of coexisting in the more extended community, and the individual's way of relating within the whole family nucleus. The theme of phratry[4] emerges in the family but involves society and citizenship as well as the family. Being brothers, in order to authentically live through our community of fate and death.

This social change is linked to and intersects with changes in other areas. In the field of evolutionary psychology there has been a dramatic, epistemological about-turn: the shift from the individual to the relationship and in particular the relationship between siblings. Whereas the dominant assumption on the part of most psychoanalytical literature regarding the developmental age was intra-psychic (the child was considered to be a passive organism, whose actions focused on the reduction of stimuli within the interactive relational network, the satisfying of impulses) recently there has been a shift towards observation of the new-born child within an interactive, relational network. This change has been bolstered by the theory of object relations (which highlights the search for an object) along with inter-subjective theories that observe, at the same time, relations between mother and child as a bi-directional, co-constructed system[5].

The inter-subjective matrix is inherent in the theoretical model of Gestalt Therapy (GT)[6], the focus of which is contact, the means to change oneself and one's own existence in the

4 M. Kahn, K.G. Lewis (eds.) (1988), *Siblings in Therapy*, Norton and Co., New York, London; K. König (1990), *Fratelli e Sorelle. Uno studio di psicologia infantile*, Edizioni Arcobaleno, Milano.

5 Intersubjectivity has its philosophical roots in Heidegger's philosophy, its psychological roots in the theory of Winnicott, Bion and Kohut and its organic basis in the discovery of mirror neurons. Cfr. D. Winnicott (1970) (ed. or. 1965), *Sviluppo affettivo e ambiente*, Armando, Roma; W.R. Bion (1970), *Attention and Interprétation*, Payot, Paris; H. Kohut (1976) (ed. or. 1971), *Narcisismo e analisi del Sé*, Boringhieri, Torino.

6 F. Perls, R. Hefferline, P. Goodman (1997) (ed. or. 1994), *Teoria e Pratica della Terapia della Gestalt*, Astrolabio, Roma.

world. The child is immersed in a relational matrix that is the basis for developing skills for existing in the world; inside this relationship the child builds his own identity. Through vertical contact with significant adults and horizontal contact with his peers, the individual is formed, he develops and structures his way of living in the world. In particular, according to the viewpoint evolved by GT[7], in infant development, several progressive inter-communicating phases can be singled out; these are characterised by the quality of contact that the child and the mother figure gradually establish. For the child's psychological development, both asymmetrical and equal relationships are very significant. For a long time, development theories focused their attention on the mother-child dyad[8], then subsequently observation extended to the family triad (Lausanne group)[9]. Referring to the systemic line of thought, three interacting partners (father, mother and child) are taken into consideration, giving particular importance to their games with inter-alliances. In GT, on the other hand, the co-parents' relational experiences in the triad are observed, for which, being a child's parent is linked to being a parent with one's partner. It emerges that it is the parental dyad that regulates any single child-parent dyad. This suggests an outstripping of classical research into the mother-child dyad and studies into the Oedipus complex, according to which the child's discomfort emerges from the parents' discomfort. For a child's growth it is the parental dyad that proves crucial and not the father's authority[10]. We are referring to the new concept of co-parenting, a bi-directional

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According to which the child's discomfort emerges from the parents' discomfort. For a child's growth it is the parental dyad that proves crucial and not the father's authority.

7 G. Salonia (1989), *Dal noi all'Io-Tu: Contributo per una Teoria Evolutiva del Contatto*, in «Quaderni di Gestalt», V, 8/9, 45-53; 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.

8 D. Stern (1998), *Le interazioni madre-bambino nello sviluppo e nella clinica*, Raffaello Cortina, Milano; Id. (1978), *La nascita del sé*, in M. Ammaniti (ed.), *La nascita del sé*, Laterza, Bari, 117-128.

9 E. Fivaz-Depeursinge, A. Corboz-Warnery (2000), *Il triangolo primario*, Raffaello Cortina, Milano.

10 G. Salonia (2010), *Edipo dopo Freud. Una nuova Gestalt per il triangolo primario*, cit.

process in which a parent's actions affect and are affected by those of the other parent[11].

According to GT, the relationships between the two co-parents should be built on parity, whilst respecting differences. Each partner should show respect, interest, gratitude for the co-parent's point of view. The experiences and the co-parents' various inter-relational modalities should regulate relations with and between their children.

In developmental studies of the child (both in dyadic and those of the primary triangle), relations between siblings have not received much consideration, even though they represent one of the most intimate motifs in our emotional history. Judj Dunn maintains that «it would seem that what counts from the emotional point of view is not how much a child feels he is loved or cared for by his mother or father, but also how much he feels loved when compared to his siblings»[12].

Phratry is more and more often considered an important factor in a child's development because it accelerates the development of specific skills, but also entails a risk for certain pathologies.

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At the cultural level, we come across interest in relationships between siblings in many myths, in the Judeo-Christian tradition, in children's literature and in particular in three different theoretical perspectives: psychodynamic, interactional and systemic. The psychodynamic perspective studies sibling relations in light of their relationship with their parents and emphasises its emotional dimension, with specific attention being directed towards jealously and rivalry and the study of the individual

11 Co-parenting consists in working on a collaborative relationship, geared towards the child's growth. According to Van Egeren and Hawkins co-parenting manifests itself in warm and positive emotions between the parents. Cfr. also M.E. Feinberg (2002), *Co-parenting And The Transition To Parenthood: A Framework For Prevention*, in «Clinical Child and Family Psychology Review», 5/3, 173-195; J.P. McHale et al (2000), *Parental reports of co-parenting behaviour during the toddler period*, in «Journal of Family Psychology», 14, 220-236; J. McHale, R. Kuersten-Hogan, N. Rao (2004), *Growing Points For Co-parenting Theory And Research*, in «Journal of Adult Development», 11(3), 221-234; J. McHale (2010), *La sfida della cogenitorialità*, Raffaello Cortina, Milano.

12 J. Dunn (2012) (ed. or. 1984), *Sorelle e fratelli*, Armando, Roma.

variables (age difference, order of geniture). The interactional perspective analyses the relational variables; relations of each sibling with parent, inter-relations between siblings and socio-relational dimensions (conflict, sharing)[13]. Lastly, the systemic perspective sees the siblings as a sub-system of the global system of the family.

History is full of confrontational experiences, trouble between siblings: from Cain and Abel to Romulus and Remus, right up to the present day. We might describe the sibling in the words of Sartre in La Nausée: *L'enfer c'est les autres*[14].

Franco Petrucci[15] maintains that this dynamic, so heavily charged with the confrontational torment of the fraternal link, has been the object of study of psychoanalysis, although, in reality, Freud did not devote himself to the sibling complex, in the way he did for the Oedipus complex; he neglected the dynamics integral to the relationship between siblings and the role that they play in psychic and emotional infant development. The sibling complex (and it is a very real complex) nurtures the ghosts of the unconscious in the same way as the Oedipus complex. It refers to an organised series of desires, experiences and mental representations that the child has with regard to the new-born sibling. It is characterised by hostility towards the Other: the rival, the intruder, with whom he will have to share the love of mother and father, the single and identical object of affection. Fear of exclusion and rejection are the deepest anxieties that take shape in the figure of the sibling and arouse disturbing desires for death and destruction.

Freud spoke of sibling rivalry in both *The Interpretation of Dreams*[16], in which he described how in the unconscious of every sibling there lies both the desire for elimination of the Other and extremely strong jealousy, which take the form of

13 Most studies and research into siblings have been carried out in this perspective by Judj Dunn in J. Dunn, C. Kendrick (1987) (ed. or. 1982), *Fratelli. Affetto, rivalità e comprensione,* Il Mulino, Bologna.

14 Cfr. the play by J.P. Sartre, *A porte chiuse,* del 1944.

15 F. Petrucci (2009), *Cosa rappresenta la nascita di un fratello*, in «Rivista di Psicoterapia e ricerca psicoanalitica», 44.

16 S. Freud (1989), *L'interpretazione dei sogni*, in Id., *Opere*, vol. 3, Bollati Boringhieri, Torino.

dreams of death; and in *Introduction to Psychoanalysis*[17]in which he observes that siblings do not love siblings, but, rather, hate them, seeing them as competitors. Often hatred is overlaid with a more affectionate attitude, but hostility seems to be the most ancient and long-standing.
Wolfman and *Little Hans*[18] were, for Freud, the opportunity to speak about the effects that the birth of a sibling and sibling relations produce on the child's psyche.
In *Totem and Taboo*[19] the link between siblings allied against their father becomes a model of gregariousness that the individual will seek in all group relations.
Petrucci also asserts that Lacan, in his article of 1938, written for the *Encyclopedie* francese[20] introduced the concept of intrusion complex calling it also "sibling complex". Lacan tackles the topic by placing himself in the role of elder brother, for whom any siblings born subsequently are intruders, arousing feelings of jealousy. The intruder intervenes between himself and the object of his love (unique and exclusive until the previous day). We can see how for Lacan, the brother or sister are not only usurpers of their parents' love, but also the representatives of the Other and trigger the birth of the ego, which is established as the basis for the genesis of social sentiments. This concept was taken up and elaborated by several other authors. All the same, sibling relationships are a blatant omission in observation and psychoanalytical theory.
Freud was greatly interested in keeping the Oedipal issue at the centre of attention. Several contemporary psychoanalysts such as Kaes[21] (who maintains that the Oedipus complex and the sibling complex overlap continually and it is no use reducing sibling bonds to a question of love/hate, it being indispensable to bear in mind other elements such as split-personality,

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17 S. Freud (1989), *Introduzione alla psicoanalisi,* in Id., *Opere*, vol. 8, cit.
18 S. Freud (1989), *L'uomo dei lupi*, in Id., *Opere*, vol. 7, cit.; Id., (1985), *Casi clinici. Vol. 4. Il piccolo Hans*, Bollati Boringhieri, Torino.
19 S. Freud (1989), *Totem e Tabù*, in Id., *Opere*, vol. 7, cit.
20 J. Lacan (2005) (ed. or. 1938), *I complessi familiari nella formazione dell'individuo*, Einaudi, Torino.
21 R. Kaes (2009), *Il complesso fraterno*, Ed. Borla, Roma.

bisexuality, narcissism) and above all, Juliet Mitchell[22], probed with interest the dynamics linked to the sibling dimension. Juliet Mitchell in her work *Mad Men and Medusas*[23] links hysteria to sibling relations and claims that psychoanalysis, whilst having stressed the Oedipus complex and the vertical phallic relationship and having ignored sibling relationships, casts hysteria off to some inaccessible region.

In her opinion, hysteria cannot be understood without taking into account horizontal relationships (sibling relations), which she deems the main factor responsible for this pathology. The desire to kill the father who possesses the mother (the founding concept of the Oedipus complex) is secondary when compared to the need to eliminate whoever has arrived to occupy his personal place. With the arrival of a younger sibling the subject feels he has been dislodged. In the words of Mitchell: «It is the experience of complete ousting on the part of a sibling that triggers off the regression, transforming the emotions in the psychic organisation of the Oedipus complex»[24]. It is the feelings towards siblings that cast their shadow over relations with parents. This chronological approach is in direct contrast with the psychoanalytical method, according to which love and hate derive from the relationship with parents and are then subsequently transferred to siblings.

It is the feelings towards siblings that cast their shadow over relations with parents.

According to Juliet Mitchell, a different system needs to be proposed, including the initial awareness of sibling presence that produces a dramatic psycho-social situation of ousting and has an effect on the Oedipus complex[25].

Another fundamental consideration by Mitchell is that the child is also attracted by anybody similar to himself, by having a double in his proximity: «The child wishes universally to be in his sibling's place, to kill his usurper, but he loves him as himself, he loves him as he was/is loved and also how he wants to be loved»[26].

22 J. Mitchell (2004) (ed. or. 2000), *Pazzi e Meduse. Ripensare l'isteria alla luce della relazione tra fratelli e sorelle*, La Tartaruga, Milano.
23 *Ibidem*.
24 *Ivi*, 43.
25 Of interest is Mitchell's hypothesis, according to which, what makes a soldier ill is liberating his lust to kill and eliminate sibling substitutes. *Ivi*, 51.
26 *Ivi*, 55.

The fraternal tie is of a type that begins at birth and ends with death and this peculiarity of a temporal dimension renders it unique. Another fundamental characteristic of the sibling relationship is that it cannot be chosen, it is imposed: siblings just happen. With a sibling one can share one's parents' beloved bodies, spaces, the same social class, the same genetic heritage, a series of events in the family life-cycle such as economic failures, deaths, separations, even the mother's actual lap, albeit at different periods of time, and, above all, the same objects of affection: parents. Although siblings have so much in common, they often happen to differ in personality and quality type, self-confidence, level of knowledge, economic status, the fate that each of them will encounter. The unshared factors that influence the differences between siblings are order of birth, sex (elements that will mark us for our whole lives), the relationship that each parent has established with each child and the perception one has of this relationship. Parents might feel closer to one child or the other, depending on the characteristics and attitudes of those children who may feel more akin to their way of being.

Another fundamental characteristic of the sibling relationship is that it cannot be chosen, it is imposed: siblings just happen.

One of the factors on which research has concentrated is parent *differential treatment*[27]; this concept has nothing to do with the specificity of parent-child relations, but indicates the parents' various and appropriate ways of caring, which are not equal for all their offspring and can provoke a plummeting in a child's self-esteem.

This favoured relationship does not create problems and dysfunctions, on the condition that the generational line is respected, that the distance between a child and his parent does not impede or exclude the proximity of other offspring to the parent, and that this sort of alliance is not directed against other

27 J. Dunn, C. Kendrick (1987) (ed. or. 1982), *Fratelli. Affetto, rivalità e comprensione,* cit.; J. Dunn, P. Munn (1985), *Determinants of maternal behaviour towards three-year-old siblings*, in «Child Development», 56, 480-92; J. Dunn (1998) (ed. or. 1993), *Affetti profondi. Bambini, genitori, fratelli, amici*, Il Mulino, Bologna; J. Dunn, R. Plomin (1997) (ed. or. 1990), *Vite separate. Perché i fratelli sono così diversi*, Giunti, Firenze; J. Dunn, J. Brown, L. Beardsall (1989), *Family talk about states of feeling and children's understanding of others' emotions*, in «Developmental Psychology», 23, 132-139.

The parent-child relationship is therefore influenced by the peculiar characteristics of each child and the relational experiences that each parent is undergoing with the other parent in that particular phase.

members of the family. The parent-child relationship is therefore influenced by the peculiar characteristics of each child and the relational experiences that each parent is undergoing with the other parent in that particular phase. We might sum up by saying that the experiential context and the events in the siblings' lives are unique, although the micro-environment is the same for each of them.

With siblings, we experience from birth a "co-being-there" at an equal level. These experiences, which have major and distinctive characteristics compared to those between parents and offspring, accompany the individual right from infancy; they determine social development and the acquisition of effective "contact skills" and constitute, on a level with other fundamental experiences with significant adults, the background on which we will be able to base the future of our existence.

There is a surprising range of modalities that siblings experience in their relations with each other. Rivalry and ties, however, prove to be the two main constitutive poles of the fraternal relationship. Although a sibling might be someone to whom we are intimately bound, whom we love, who has the same origins as ourselves, who resembles us, he is also someone with whom we are forced to live, to experience an imposed and undesired intimacy and to invent for ourselves a way of entering into a relationship. For siblings the most difficult aspect to face is without doubt the sharing of the same objects of affection. This experience can provoke emotional competition, acts of hostility, jealousy, envy; these emotions are produced among individuals forced to fight for the love and attention of the same people. In this regard, M. Klein speaks of primary envy, feelings of anger because another person possesses something we desire and is enjoying it[28].

Particular attention should be given to experiences relative to the arrival of the second child, an experience undergone by the first-born as a psychic earthquake, a catastrophe. We might well state that the birth of a sibling has always constituted a trauma.

And today, after so many years, what has changed in our society? What does it mean to be siblings in the post-modern world? Might it not be important today to deal with relation-

28 M. Klein (1969), *Invidia e gratitudine*, Martinelli, Firenze.

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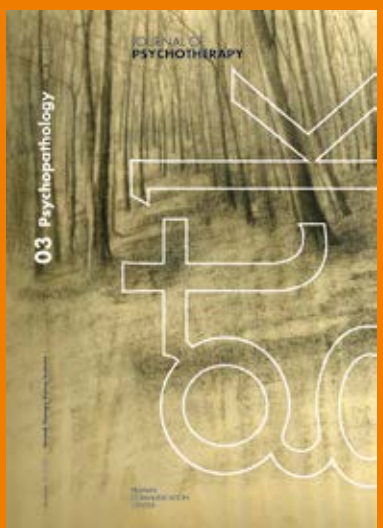

ships between siblings and understand them within concepts that derive from the theoretical corpus of GT? In a society such as ours, without fathers or mothers, with uncertain and confused boundaries, our children are being brought up in a narcissistic culture, with, as a point of reference, parents themselves seeking principally and almost exclusively personal self-realization.

In the words of Salonia[29], narcissism in contemporary society, apart from representing a psychopathology of the self and interpersonal relations, is a fundamental and normal dimension of psychic activity; narcissism does not therefore refer only to a psychopathological activity, but is used in reference to a preoccupation relative to the self, which extends over a *continuum* ranging from health to pathology. Today's Man risks remaining locked in narcissistic isolation; parents are narcissists and their offspring are being socialized in a narcissistic culture.

Narcissism in contemporary society, apart from representing a psychopathology of the self and interpersonal relations, is a fundamental and normal dimension of psychic activity; narcissism does not therefore refer only to a psychopathological activity, but is used in reference to a preoccupation relative to the self, which extends over a *continuum* ranging from health to pathology.

What happens today, in this context, in a family when a second child is born? The first-born suffers feelings of betrayal, pain and separation[30]; it is as if the newcomer represents a reduction in his own value. The first-born will experience the attentions showered on the new-born as diminished love in his own regards and he will start to lose confidence in himself. For him, to be loved means being at the loved one's centre, it means totality without sharing and when the sibling is born he will find himself in a competitive emotional environment, in a situation where he queries whether he is still at the centre of his parents' attention. Everything has changed. The first-born wonders whether he is still loved by his parents; he feels betrayed because he is no longer the only object of affection.

The position of the second or third-born child is different, since from birth they have to fight for their parents' affection; they are not afraid of losing their exclusivity, but undergo the dra-

29 G. Salonia (2002), *Narcisismo come ferita relazionale*, in «Horeb», 33, 3, 48-53; G. Salonia (2013), *Pensieri su Gestalt Therapy e vissuti narcisistici*, in G. Salonia, V. Conte, P. Argentino, *Devo sapere subito se sono vivo*, cit., 159-180.

30 P. Balestro (1982), *Il complesso del primogenito. L'incapacità di sentirsi amati*, SEI, Torino; W. Toman (1992), *Costellazione familiare*, Red, Milano.

matic experience of arriving when somebody else has preceded them and occupied the prime position. The relationship with the sibling is therefore one of the greatest emotional crises and coincides with a definite loss of exclusivity.
One might claim that the narcissistic modality of relating is like subtracting oneself from the phratry as well as being a special link with a parent.
Among the many variants of the Narcissus myth there is an alternative version, on which we shall focus our interest: the one provided by Pausania[31]. In this narrative Narcissus had a twin sister who resembled him closely, and who went out hunting with him. Narcissus falls in love with her and when the girl dies prematurely, he continues going to the spring. Seeing his own mirror-image reflected in the water and because the image closely resembles that of his beloved sister, he thinks he is seeing her, which is of great comfort to him. In the version by Ovid[32] there is the impossibility of love passing from one subject to another, whereas in Pausania's version Narcissus is not fascinated by himself, but charmed by the lost love for his sister. In both versions there is the quest for love. Whereas in the first case love remains a prisoner of its own search for its image and does not pass from one subject to another, in the second case the quest for love entails a movement towards an entity different from oneself: the sister, albeit love for a lost object.
In Pausania's version, abandoning the self-referential context and the immense loneliness in which the narcissist lives, is to seek and find fulfillment not only in oneself but also in You, the sibling. In order for this to occur, the individual has to see himself as incomplete, limited, needing to integrate with the Other on an equal, horizontal footing. In our present society it is fundamental to move towards the Other (different from oneself), to come into contact with the environment, in an equal relationship; this is possible on condition that it does not involve inhibition and a relinquishing of conflict, but becomes a full expression of oneself, an opening-up to Otherness, and a welcoming of whatever is different.

One might claim that the narcissistic modality of relating is like subtracting oneself from the phratry as well as being a special link with a parent. Among the many variants of the Narcissus myth there is an alternative version, one provided by Pausania. Narcissus had a twin sister who resembled him closely, and who went out hunting with him.

31 Pausania, *Descrizione della Grecia*, IX 31, 78.
32 Ovidio, *Metamorfosi*, 339-509.

We might apply Plato's metaphor to the sibling: our gaze glimpses itself in the pupil of another eye; therefore, in order to see there is a need for two eyes. We can only perceive something through a combination of similar but distinct images[33].
In a developmental and clinical perspective, reactions of this kind are registered in the "dethroned", the first-born:

1. narcissistic phantasies about recovering one's central position;
2. claims to having been wronged through losing one's unique position, intolerance towards the newcomer;
3. repression of emotions and desires, so as not to lose parents' love and satisfy their expectations;

How to overcome such a painful moment? The parents' role is fundamental. Which are the most opportune attitudes on the part of the parents? Volling[34] examined the phase of the life-cycle comprising the transition to siblinghood (becoming elder sibling in the moment that the second-born arrives). According to the author attention needs to be drawn to the new dynamics in the relationship between spouses and the new-born sibling relationship. In his opinion, the first-born's maladjustment is not linked to the birth of the second-born so much as the changes in terms of quality of relationship within the family (uncles, aunts, grandparents, various relatives).
The "sufficiently good" mother, says Winnicott[35], delivers the world to the child, allowing him to try out his infant omnipotence; she knows when and how to frustrate him and makes sure his development proceeds without hitches or excessive traumas. The sibling is the first object to be assimilated as a non-me, but it is for this reason that she allows him to distance himself and be autonomous of the mother (he can live in objective reality maintaining the nucleus of subjective omnipotence).

33 Platone (1995), *Alcibiade primo. Alcibiade secondo*, Rizzoli, Milano.
34 B.L. Volling (2005), *The transition to siblinghood: a developmental ecological systems perspective and directions for future research*, in «Journal of Family Psychology», 4, 542-549.
35 D. Winnicott (2004), *Psicoanalisi, dello sviluppo: brani scelti*, Armando, Roma.

Seeing his mother link herself to another child, the first-born discovers that he too can have other objects of affection without losing his mother's love. The "insufficiently good" mother sharply interrupts infant omnipotence by clipping the child's wings and impeding his growth; in this way the child may develop a sense of impotence linked to the need to reckon with a reality that does not conform to his desires and expectations.
We might say that parents should not suddenly frustrate infant omnipotence, but, together with the child, endure his pain and welcome any emotions that might emerge. As a result of the sibling's experience, the parents will have provided the child with the opportunity of discovering the limits and understanding he is not the only one, though he is the only one together with Others (Gestaltic concept of centrality). The child will thus be able to move towards an area of less egocentric shared reality.
When a child is born, therefore, the couple also have to redefine themselves on the basis of parental aspects, maintaining the sense of continuity and stability of their bond.
In the presence of more than one child there are significant variations. Relations between various family members, with the arrival of another child, have specific characteristics and confer on the system new factors of complexity. In the words of Volling[36], in the moment of transition when the second child is born, the father's role is particularly important since he has the onerous task of supporting both the mother (seriously involved with the new-born child) and the first-born, in this difficult phase of transition in which the mother is less available. In this phase it is essential to give voice to one's emotions and avoid a situation where pain is imprisoned in silence.
In welcoming the new life and opening up their hearts, it is fundamental for the parents also to recognize the loss of exclusivity in the ties with the first-born, as if it were a period of mourning.

Relations between various family members, with the arrival of another child, have specific characteristics and confer on the system new factors of complexity.

36 B.L. Volling, J. Belsky (1992), *The contribution of the mother-child and father-child relationship to the sibling interaction: a longitudinal study*, in «Child development», 63, 1209-1222; B.L. Volling, A.Y. Blandon (2003), *Positive Indicators of Sibling Relationship Quality: Psychometric Analyses of The sibling,* in «Inventory of Behavior (SIB) For Indicators of Positive Development Conference», March 12-13.

In the GT perspective it is the quality of the parents' relationship and the consequent climate that they create that will influence the relationship and the type of support they provide for the first-born, in the same way as for subsequent offspring.

Therefore, we should not be talking about a secure attachment to the mother, but about parental figures, who, in a healthy process, support each other and support their children together, fostering mutual and equal relationships that do not refute Otherness but open up to the other with respect and gratitude.

Some authors maintain that one reacts better to the birth of a sibling whenever there is a strong attachment between the mother and child. In the GT perspective it is the quality of the parents' relationship and the consequent climate that they create that will influence the relationship and the type of support they provide for the first-born, in the same way as for subsequent offspring, especially in traumatic moments in which spontaneous growth and the relationship (between parents and children) seem to come to a halt with an abrupt change. This support, which must arrive appropriately at a specific moment of the family life-cycle (such as the birth of a second child), will be affected by relational history existing between the two parents and will depend not on the relationship between a parent and a child, but on the relationship that the parents have established. Therefore, we should not be talking about a secure attachment to the mother, but about parental figures, who, in a healthy process, support each other and support their children together, fostering mutual and equal relationships that do not refute Otherness but open up to the other with respect and gratitude.

Parents can lock themselves away in their narcissism or, on the contrary, can show curiosity and interest in Otherness. A climate of trust in their lives will encourage opening-up and constitute fertile ground for welcoming relations, for contact between all family members, thus permitting positive encounters between siblings.

The child, in the proximity of parents who continue to love him uninterruptedly, in spite of his experiences and his fears of being abandoned, will, in the right emotional dimensions, face up to the presence of a sibling and recognise him as separate to himself; a person with whom to come into contact on an equal footing and share their parents' love. One needs to provide each child with a sympathetic channel where he has no difficulty finding his own place and where he can express his own personal originality, his own uniqueness.

When parental support is lacking[37] obsessive envy can often

37 G. Salonia (2013), *Letter to a young Gestalt therapist. Gestalt therapy approach to family therapy*, in G. Salonia, A. Sichera, V. Conte, *For*

dominate sibling relationships, along with an incapacity to tolerate any comparison between the various sibling qualities and anger and impotence in expressing one's own potentiality. The new sibling's qualities are experienced as an injustice perpetrated by one's parents and then perceived as being distributed in an unequal manner. Every child can understand a sibling's feelings if his parents have provided him with a reassuring vision and have acknowledged his feelings. Kaes quotes the words of Winnicott: **«**After hatred has been expressed, love is a possibility**»**[38].

It is the certainty of being loved that will allow him to start off on his journey of relationships (also with his peers). A first-born child who is fully understood in his pain can start out again on the road towards growth and relationships[39].

In this case one oversteps one's individual boundaries and cultivates one's contact skills. This emotional apprenticeship steers emotional dynamics towards reciprocal trust and tolerance, putting itself forward as a metaphor for the way to live in the *polis*, in avoidance of a drift towards individualistic behaviour typical of the present-day context.

The sibling is not only a rival with whom to compete for the prize of one's parents' love, but is also another child, different from oneself, mirroring oneself, with whom to identify oneself; another child with whom to try out relational strategies of "being-there-with"/"co-Dasein" on an equal footing. Siblings create a horizontal plane, in a world often unknown to adults, secretly interweaving new ways of relating, learning to negotiate, experiencing positive dimensions such as affection, co-operation, support and also negative dimensions such as conflict and control. This constitutes an exercise room, a fundamental experience in a child's emotional development and his experimentation and assimilation of contact skills.

Oedipus a New Family Gestalt, in «GTK books», 2, 63-87.

38 R. Kaes (2009), *Il complesso fraterno*, cit.

39 As Kaes says, the sibling complex has a role in the choice of the love-object. Furthermore, in groups, dynamics of the sibling complex are re-proposed; envy, jealousy, emotions aroused by the arrival of a new member, recognition of each element within the group. Cfr. *Ibidem*.

In the process of the shift from rivalry to sibling alliance, curiosity and the impulsion towards the Other represent a challenging wager that will later, in adulthood, influence the ways of relating and establishing contact with the Other (different from oneself). In relational experiences between siblings, one learns how to live and experiment in a horizontal context, with one's own personal power and one's limits, whilst measuring oneself against the Other and reckoning with the emotional rights of another person. The bonds between siblings, which have arisen out of rebuttal and hatred, can actually encourage a form of exchange and social pact fundamental for psychic maturation to germinate, grow and consolidate itself into acknowledgement of the Other, the creation and development of social ties in the polis. In this way a new direction opens up, with the subjugation of the Narcissistic wound: Narcissus is provided with a sibling.
In this sense the sibling relationship cannot represent a gift, riches and a horizontal modality of "being-there-with" that can ascend to a social model, i.e. an alternative sibling model to the top-down model.
Accepting being siblings means relinquishing all illusions about self-sufficiency and arriving at an awareness of the interdependence of shared assets. Phratry is an opportunity for growth, a precious terrain of experience of equality and diversity, through the suffering of not understanding oneself in any way; it is the readiness to travel the ways of the world together and approach the mystery of the Other with courage and hope.
Welcoming the sibling and encounters with every person constitute a full life; only as siblings can we discover the sense and direction of our "fluid" relationships.

Arms extended into infinity,
a wish to encounter fragile siblings,
in significant living they leave,
to the colours of the heart,
a velvety veil
of affection, a long-awaited last breath,
the rest being merely circumstance.
Marta e Giulia Guastella

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Abstract

If on one hand, the decrease of social bonds and the intensification of the attention to the world of individuals opened spaces of creativeness in postmodern society, on the other hand, it created situations of loneliness.
Hence, it is task of the present people to re-establish and rebuild relational competence. The Gestalt Therapy model, which focus is the theory of contact experience, offers a substantial contribution for the development of such relationality.
The uniqueness of each single individual is a primary value that grows in significance in the exchange with other individuals. Within the microenvironment made up of the current family, the individual is formed, grows and structures his way of being in the world through the contact with asymmetric and paritary relationships. In such setting, the birth of a brother favours the paritary exchange and the overcome of narcissistic pain. Going through such pain allows being in front of the "brother" with curiosity and interest, taking the road of comparison with diversity. This saves the person from one of the greatest psychological sufferings of the actual context: getting lost in an individualistic crush.
Therefore, accepting to be brothers, without escaping phratry, means giving up the illusion of self-sufficiency and attain the awareness of interdependence of the common good. You can suppose that this presents itself as a direction to take, in order to recover a full sense of existence, which is co-existing.

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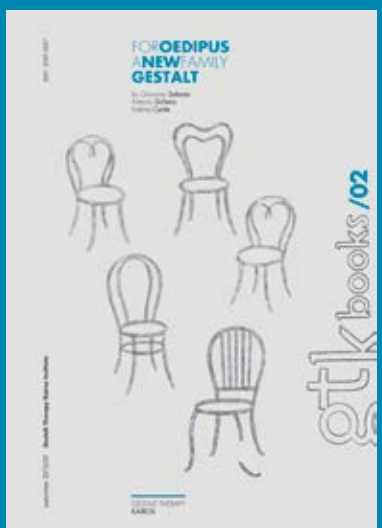

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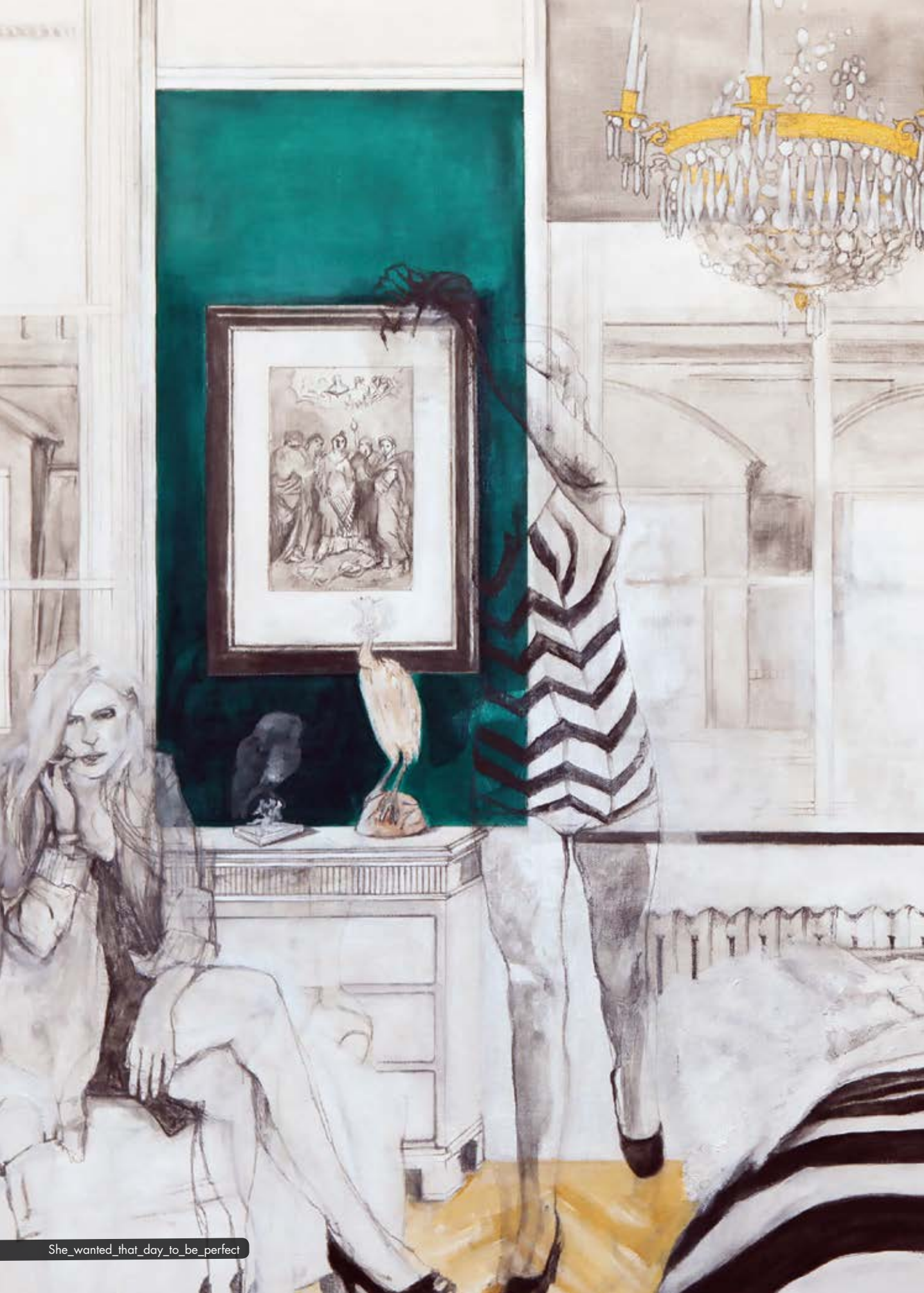

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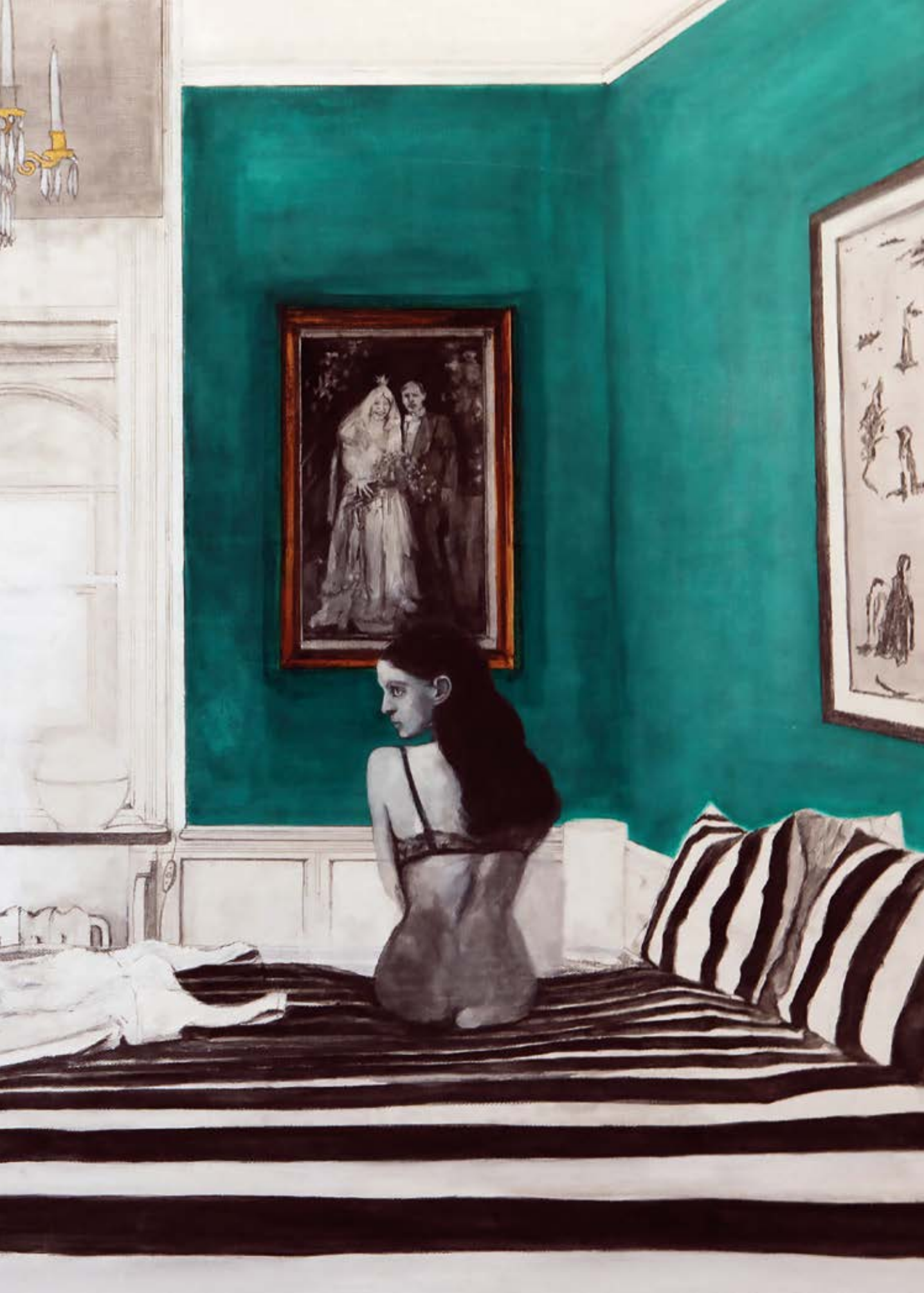

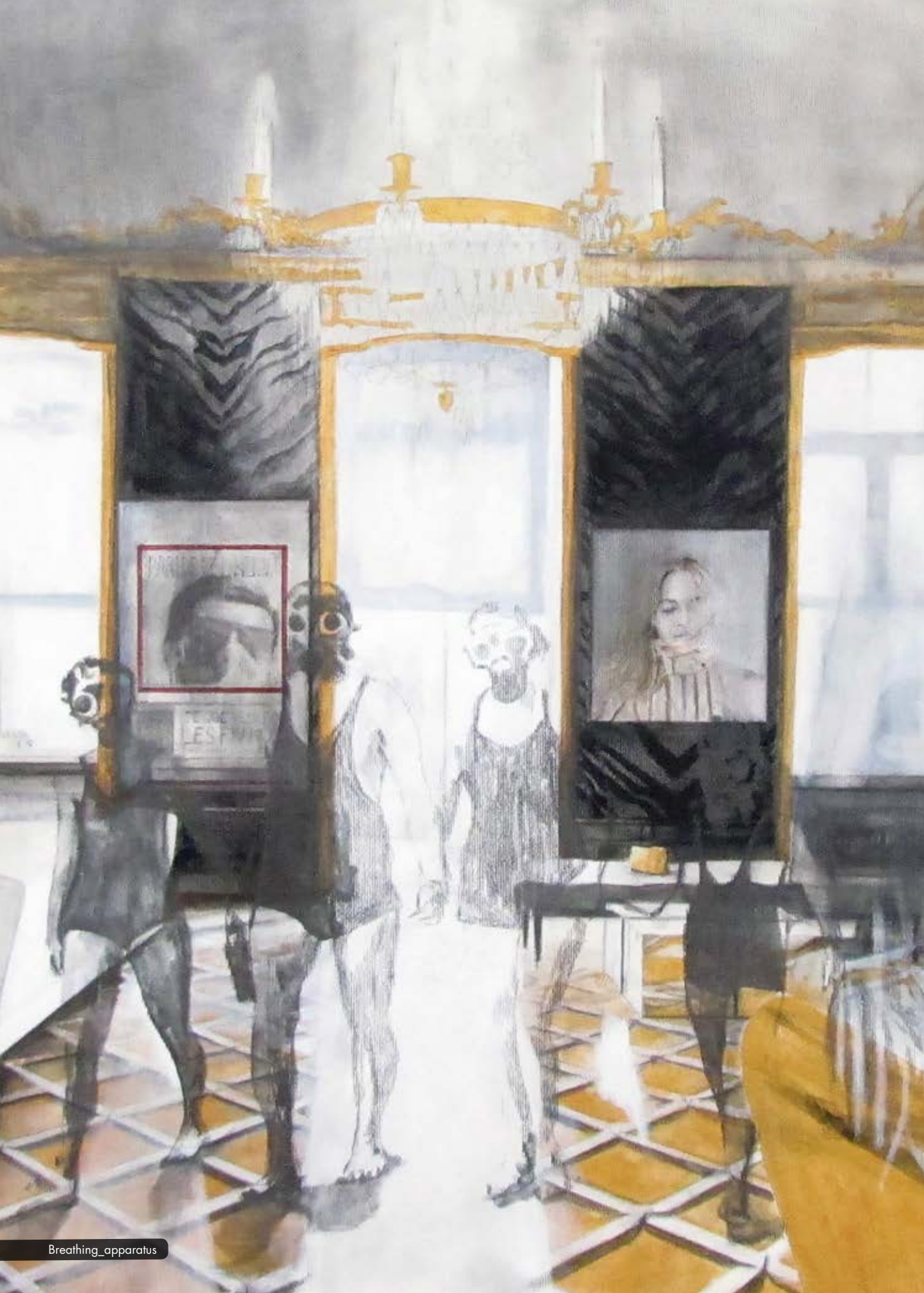

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