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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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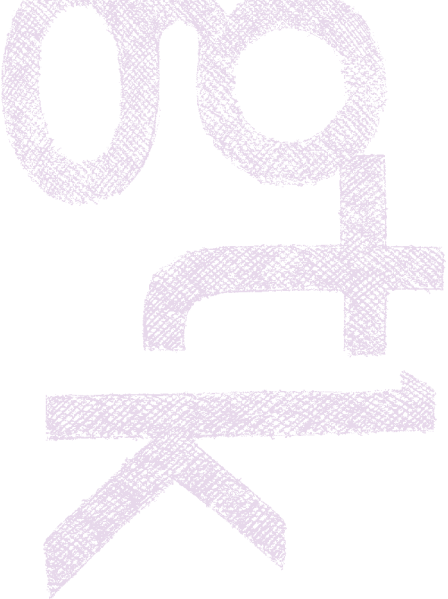
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INDEX

- **Editorial**p. 7
- **In this issue**p. 11
- **Research**p. 15
 - Gestalt animal assisted psychotherapy:
heterospecific encounters in psychotherapy*
Aluette Merenda
 - Intersections. Gestalt Therapy meets Ethnopsychiatry*
Michela Gecele
- **New clinical pathways**p. 69
 - With you, I'm not afraid. For a re-reading of the script
Panic attacks and postmodernity*
Annalisa Castrechini
- **Society and psychotherapy**p. 83
 - Now moment or final contact?*
Meetings and comparisons with D. Stern, friend and teacher
Giovanni Salonia
- **Readings**p. 89
 - Aluette Merenda*

THE PUBLISHING

GTK JOURNAL OF PSYCHOTHERAPY (ON-LINE AND BILINGUAL)
GTK SERIES, WITH THE PUBLISHER IL POZZO DI GIACOBBE
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author B. Kimura
pages 176
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pages 160
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authors D. Iacono, G. Maltese
pages 96
publisher Il Pozzo di Jacobbe
year of publication 2012

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Anthropology



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year of publication 1979

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author G. Giordano
pages 224
publisher Giuffrè
year of publication 1997

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GTK is in its fifth edition like a tree which is now able, after the initial consolidation of energy and lifeblood, to spontaneously bear various colourful fruits. So we hope this issue of the magazine appears to our readers, we hope that it leaves room for contributions of theme and intent different from each other, held firmly together by an epistemology, or rather by the mind of the intimate Gestalt relationship. If a theoretical reference framework is expressed with 'epistemology' in the scientific field, the word 'mind' means, in Heideggerian, the fundamental activity of existence, grown from the heart (what Heidegger called *Gedanc* in High German) and not from the mind, generated by the body in its constitutive connection with the world and not from the abstractness of a conceptual, subjective construction. Saying 'Gestalt Mind', therefore, means to suggest a material and substantial value that we might say is 'carnal' of a 'being between others' and 'between things' that in its very being - we call 'contact' - it is inherently creative thinking, and namely gratitude and memory.

This embodied thinking is the scaffolding that holds the texts together here, it is often the result of the scholars' research born of a new generation of Gestaltists, starting - and it is no coincidence - with a contribution by Aluette Merenda, dedicated to the relationship between men and animals and analysed from a therapeutic perspective, because the world in its living entirety quite rightly includes plants and animals, and it is the space in which we are welcomed and healed. On the same wavelength, of a radical nature of the Gestaltic 'being-between-us', the text of Michela Gecele can be studied, which opens the doors to a nuclear form of Gestalt ethnopsychiatry: which is deeply coherent with the system of Gestalt Therapy and with the need to deal with the full breadth of the field, with no loopholes or evasions, without negations of the otherness culturally difficult and distant. These are questions, we are pleased to note, that - beyond the individual judgment of each of the essays in question - they project our magazine in to the most ardent news, occupied by the bodies and souls of many women and men uprooted, outraged and abandoned to a ter-

rible fate, as well as complex, difficult and often very violent relationships, due to a lack of contact and emotional literacy that represent today's dramatic frontier of the relationship between the masculine and the feminine. For this reason, we need innovative, plastic and therapeutic models: this is the line in which the precise essay is developed by Annalisa Castrechini about the panic of postmodernism and the review, edited by Aluette Merenda, of the book of English psychotherapist Miriam Taylor, who has been working on trauma and how to overcome it for years. Two little gems mark, edition number 5 of GTK: with aesthetic punctuation marks by Gianluca Capozzi and the memory of Daniel Stern, master of participant observation and thinking in the world of children, where therapy is always expected to start and not get lost, to remain capable of novelty, creativity and true contact.



Man with mask



IN THIS ISSUE

Aluette Merenda

p. 15

Psychologist and Gestalt Psychotherapist. Senior Researcher in Dynamic Psychology at the Department of Psychology, University of Palermo (Italy). Assistant Professor for the discipline "Psychodynamics of Development and of Family Relationships", School of Scienze Umane e del Patrimonio culturale, University of Palermo. Invited Teacher at the Gestalt Therapy Kairos Institute in Ragusa (Italy) and at the Gestalt Italy HCC Institute (Human Communication Centre) in Palermo (Italy). Her main areas of research focus on: abused family relationships and young offenders; Clinical Zooanthropology and co-therapy models; coparenting in new family typologies.

Michela Gecele

p. 35

Psychiatrist, psychotherapist, supervisor, she teaches on the Gestalt Psychotherapy Training Programs of the Istituto di Gestalt H.C.C. Italy and H.C.C. Kairos. She has been working for 21 years in a public mental health service, for three years she has coordinated a psychological and psychiatric service for immigrants and she is the supervisor of the public mental health services and on programs for immigrants. She has authored articles and books in the field of psychiatry, psychotherapy and transcultural matters. She is a member of the HR&SR (Human Rights and Social Responsibility) Committee of EAGT (European Association for Gestalt Therapy). She has recently authored two crime stories, *I fiumi sotto la città* and *La spiaggia dei ricordi morti*, published by Edizioni Forme Libere.

Annalisa Castrechini

p. 69

Clinical psychologist, psychotherapist, she was formed at the Institute of Gestalt Therapy HCC Kairòs in which she is now at the 3rd year qualifying as a teacher. She is an Army Official Psychologist and works in the Personality Scientific Observation Core of Military Prison of Santa Maria CV (CE). She was formed in psychodiagnosis, forensic psychology and has a Master in Criminological Sciences at the University of Rome "La Sapienza". She conducts clinical activity for individual,

couple and family cases. She takes part in many conferences and training courses and collaborates with the Humanistic Psychology and Phenomenological-Existential Analysis Center of MF Pacitto, where she was formed in the Group's meeting method.

Giovanni Salonia

p. 83

Psychologist, psychotherapist, already professor of Social Psychology at the University LUMSA of Palermo. He teaches at the Università Pontificia Antonianum di Rome. Scientific director of the School of Specialization in Gestalt Psychotherapy of the Institute of Gestalt Therapy hcc Kairos (Venice, Rome, Ragusa) and of the second level Master degrees co-managed with the Università Cattolica del Sacro Cuore di Roma. He is a teacher well-known internationally and he is invited to several Italian and foreign universities, he was the President of the FISIG (Italian Federation of Gestalt Schools). He wrote *Interpersonal Communication* (with H. Franta), *Kairòs*, *Odòs*, *Sulla felicità e dintorni* and as co-author, *Devo sapere subito se sono vivo* and *La luna è fatta di formaggio* as well as numerous articles published in national and international journals, they deal with anthropological and clinical themes. He founded and directed the journal *Quaderni di Gestalt* (1985-2002) and since 2008 he is the scientific director of *GTK Journal on line of Psychotherapy*.

Gianluca Capozzi

He studies at the Academy of Fine Arts in Florence. Between 1995 and 1996 he studied at the Department of Fine Arts in Granada (Spain). He faces the contemporary art with passion by visiting galleries and museums and he shows interest for the eastern thought. In 1999 he exhibits in various galleries and art fairs. His most important exhibitions are: 2014 Maleventum c. Raul Zamudio, GiaMaArt studio, Vitulano (BN), Italy; 2013 The Passenger c. Raul Zamudio, Bulart Gallery, Varna Bulgaria; 2012 Brownian Motion with Gordon Cheung, c. Francesca Referza, Velan Art Center, Turin, Italy; 2011 "Noisy" c. Antonella Palladino, Paolo Erbetta Arte Contemporanea, Foggia, Italy; 2010 "Multipath fading" c. Pier Luigi Tazzi, Warehouse gallery, Teramo, Italy; 2009 "Frame Store" c. Alberto Mugnaini, Artra gallery, Milan, Italy; 2007 "Travel report" c. Alberto Mugnaini, Artra gallery, Milan, Italy; 2005 "Enjov the time" Studio Nuova Figurazione, Ragusa, Italy.



GESTALT ANIMAL ASSISTED PSYCHOTHERAPY: HETEROSPECIFIC ENCOUNTERS IN PSYCHOTHERAPY

Aluette Merenda

«No matter how we theorize about impulses, drives, etc., it is always to such an interacting field that we are referring and not to an isolated animal»¹.

1. Introduction to Compared Animal Psychology and Clinical Zooanthropology Research

The comparative animal psychology, as a field of Ethology, starts from the assumption of a possible psychic interspecies comparison. Starting from the study of the natural ability of animals to learn, it analyses the psychological comparisons in animal species. Its comparative methodology also allows a comparison between behaviour, instinct and emotional dynamics of the different animal species, including humans.

Currently, the attention of the scientific community is mainly focused on the psychology of the man-animal relationship, as a discipline within the psychological sciences. The study of this relationship is oriented towards many variables that influence it through a zooanthropological perspective, and as a research model that identifies motivations and expectations that guide it and enhances the benefits achieved by both partners.

Zooanthropology studies those «factors that guide man in the interaction with other species and, in particular, his impulses towards animal otherness, plans and meanings of the interspecific relationship, as well as communicative dimensions that are created in this relationship, the objectively ascertainable consequences on the training and the psychological balance of man»².

1 F. Perls, R. Hefferline, P. Goodman (1997) (1st ed. 1951), *Gestalt Therapy: Excitement and Growth in the Human Personality*, The Gestalt Journal Press, New York, 228.

2 R. Marchesini (2005), *Fondamenti di zooantropologia. Zooantropologia applicata*, Alberto Perdisa, Bologna, 69.

In other words, its objective is to make our relationship with animal otherness more understandable without fears, prejudices, incorrect projections, inadequate expectations or manias and, consequently, improving it. This relationship is also configured by the prospect of the affiliative process between man and the animal companion (pet), where the pet is affiliated with the family group, the affective sphere and with a relational model of investment between the pet owner and the pet itself.

The zooanthropological analysis moves towards the so-called Pet-Ownership (PO): a relationship that goes beyond the concept of animal conceived as an object or a possessed good and who, instead, favours protection, responsibility and care, and who joins the sphere of the self and of the emotional intimacy. The PO relationship is characterised by intimacy and continuity of the relationship, in which the owner is not limited to use the pet in its characteristics of use, but he is concerned with building meaningful correlations that belong to the sphere of intersubjectivity.

Zooanthropology avoids the manipulation and the anthropomorphism of the animal, who is considered a subject and not an object of a relational partner or co-therapist, by recognising it as important in the integration activity of the relationship between man and animal. Strong links to Clinical Zooanthropology can be traced from these assumptions. The attribution of otherness implies a dialogical role with the heterospecific, whose objectives are to promote the encounter and relational affiliation through an empowerment of the animal's social tendencies and skills, and to create a couple or an affiliation group (pet-ownership), as well as to place the animal in the best possible conditions so that it can relate to the human environment and can integrate with the human partner, encouraging human trends and the ability to interact and integrate with the pet. The animal, no longer reified or anthropomorphised, is conceived as a partner whose value lies in the potential of its diversity. The reconsideration of the partnership with the animal becomes the focal point of the zooanthropological research, starting with the specificity of the animal referent and escaping from the dangerous object-person dichotomy and from the trap of «zooanthropomorphisation»³.

The zooanthropological analysis moves towards the so-called Pet-Ownership (PO): a relationship that goes beyond the concept of animal conceived as an object or a possessed good and who, instead, favours protection, responsibility and care

3 Cf. *Ibidem*.

The features of similarity between the dog-owner relationship and the child and his attachment figure lead us to the studies of the social attachment relationship

Considering the background of the developmental models, the importance of this partnership can also arise in the propensity of all mammals living in social relationships and how they distinguish between friends and strangers. The features of similarity between the dog-owner relationship and the child and his attachment figure lead us to the studies of the social attachment relationship.

Wilson's⁴, and more recently, Grandin & Johnson's⁵ and Grandgeorge's⁶ studies show an attachment relationship between dog and owner, meant as a lasting emotional bond between the animal, which needs to be cared for and protected, and the man who has a caregiver function. According to these comparative studies, a range of behaviours, such as the search for closeness and contact in the absence of the owner (expressed by following, scratching, jumping at the door, being oriented towards the door or to the empty chair he was sitting on with the master) would identify, indeed, a strong similarity between the child-caregiver and the dog-owner attachment relationship. For example, dogs placed in a standardised situation⁷ explore the strange environment confidently when their

4 Cf. C.C. Wilson (1998), *A conceptual framework for human-animal interaction research*, in C.C. Wilson, D.C. Turner (edd.), *Companion Animals in Human Health*, Sage, Thousand Oaks.

5 Cf. T. Grandin, C. Johnson (2007) (ed. or. 2005), *La macchina degli abbracci. Parlare con gli animali*, Adelphi, Milano.

6 Cf. M. Grandgeorge, M. Deleau, E. Lemonnier, S. Tordjman, M. Hausberger (2012), *Children with autism encounter an unfamiliar pet: application of the strange animal situation test*, in «Interaction Studies», 6, 13, 165-188.

7 To analyse the behaviour of dogs a version of the Strange Situation Procedure is used (Ainsworth et al., 1978) adapted to dog-owner couples and so called 'Animal Strange Situation Test'. This version consists of 7 episodes (instead of 8 as in the parents -children): it starts with the owner sitting on a chair ignoring his own dog. After a few minutes, a stranger enters the room and talks to the owner while ignoring the animal. The stranger tries to play with the dog and the owner leaves the room. The stranger continues to engage the dog in a game, then he leaves the room leaving the animal alone. Then the owner returns greets the dog and restarts to ignore it. The stranger returns, greets the dog and then ignores him. Finally, the owner leaves the room a second time. This procedure, with the exception of the episode in which the dog is left alone in the room with some objects or garment belonging

owner remains with them and then they stop the exploration in his absence until his return, which is the same as when children are placed in a similar situation.

2. Gestalt Animal Assisted Psychotherapy (GAAP): the therapeutic encounter in the here and now of clinical work with animals

The therapeutic value of the relationship with animals can unveil itself within a framework where the relationship of the organism with his own socio-cultural, animal and physical environment⁸, is highlighted. For example, a dog can be such a 'transitional object' that generates security, alleviating our fears in separation and situations of loneliness; he can strengthen the sense of reality, he helps us to experience the outside world as it is and he makes us feel part of the environment, with a clear awareness of the boundaries of our ego. Experiencing this relationship also opens the door to the emotional world, allowing us to listen to our emotional experiences as well as others' needs.

However, we are not always able to stay emotionally involved with animals: some people seem oblivious to them, they tend to rationalise the emotional aspects, or to remain closed in their instinctual life, showing difficulty when getting in a relationship with animals⁹.

Gestalt Animal Assisted Psychotherapy (GAAP) embodies the principles of Gestalt Therapy in its background. It is therefore, oriented towards a co-creation perspective that enhances the relational dimension¹⁰.

«The experience of the present moment in relational contact makes detectable the truth of ourselves and our existence in

Gestalt Animal Assisted Psychotherapy (GAAP) embodies the principles of Gestalt Therapy in its background

to the owner and the stranger, is analysed with the same criteria used for the study of the child.

8 F. Perls, R. Hefferline, P. Goodman (1994)(1st ed. 1951), *Gestalt Therapy: Excitement and Growth in the Human Personality*, cit., 228.

9 Cf. F. Walsh (2008) (ed. or. 1998), *La resilienza familiare*, Raffaello Cortina, Milano.

10 Cf. V. Lac, R. Walton (2012), *Companion animals as assistant therapists: embodying our animal selves*, in «British Gestalt Journal», 21, 1, 32-39.

The animal assistant activates the possibility of an insight in relation to the quality and nature of the contact at that present moment and in a report

The inter-corporeal communication, activates major changes until recovery

relation to others and to things»¹¹. Usually, it refers to the context of human beings in connection to each other, in individual or group settings. The GAAP instead provides opportunities for meetings between the patient, the therapist and the animal, where the animal assistant activates the possibility of an insight in relation to the quality and nature of the contact at that present moment and in a report: «the process of relating to a companion animal brings about the 'natural integration of mind and body, thought and feeling, spontaneity and deliberateness of organismic self-regulation', thus deepening the client's awareness of their contact styles, choices, and responsibilities within the context of a relationship»¹².

In the experience of GAAP it is through the nonverbal and body process, activated by the animals, that it is possible to bring out intimate and genuine moments of contact. The inter-corporeal communication, circumscribed to the GAAP and to the patient-animal-therapist relationship, activates major changes until recovery.

The GT's key concepts of the 'here and now', the experience, the inter-corporeality as well as its theoretical framework based on the principles of phenomenology and theory of the field, which are, in other words, brought to the surface and acted out in the therapeutic setting where there are pets.

Introducing a pet within the setting and therapeutic process is an experiment in itself. Moreover, creativity and experimentation are the basic elements of GT in which «the experiment is a way of thinking aloud, as well as a realisation of one's own imagination in a creative adventure»¹³.

The animal may, indeed, provide new and unexpected paths which, may not be evident if not explored by the therapist and patient. The GAAP allows that opportunity and supports the spirit, considering every moment of contact between the pet

11 J. Latner (1992), *The Theory of Gestalt Therapy*, in E. Nevis (ed.), *Gestalt Therapy perspectives and applications*, Gestalt Institute of Cleveland (GIC) Press, Cleveland, 13.

12 G. Yontef (1993), *Awareness, dialogue and process: essays on Gestalt Therapy*, Gestalt Journal Publications, Highland, 13.

13 J. Zinker (1978), *Creative Process in Gestalt Therapy*, First Vintage Books, New York, 127.

and the patient as an experiment, in which both can co-create a relationship; the patient can co-create moments of intimacy or distance; a base unit is explored, finally, to project, retro-reflect and deflect their experiences, moment by moment.

Starting from the GT methodology, the phenomenological approach allows a detailed description of what emerges in the field through the activation of all the sensorial channels of the therapist, who abstains from interpreting the experience that takes place with his patient and certainly not every spontaneous response of his animal assistant), allowing him to give a meaning to their interactions with the animal. Within the phenomenological approach, our pets are otherwise excellent 'role models', being particularly able to constantly be in tune with our breath, energy and movements. Indeed, we humans are not able to hide our feelings from our animals, because they are able to perceive our true state of mind; to perceive (smell) by the olfaction if we are frightened, angry or happy, and so, as claimed by McCormick and McCormick, «we must base our interactions agreeing with honesty, mutual respect and compassion. If we do not, they will notice it and will respond accordingly»¹⁴.

It becomes, therefore, possible to understand how animals are able to provide immediate feedback to both patient and therapist, regarding their authentic answers to the 'here and now' interactions. This allows a clarity of the relationship that would not otherwise be available. The creativity that animals carry in the therapeutic encounter enables the session to become a «series of small experiential situations that are organically intertwined, in which each event carries out a particular function for the client, and contains a potential surprise, a totally unexpected discovery by both patient and therapist »¹⁵.

Hycner and Jacobs¹⁶ affirm that animals instinctively operate from a relational and authentic position which facilitates a therapeutic encounter through an attitude of inclusion, pres-

Our pets are otherwise excellent 'role models', being particularly able to constantly be in tune with our breath, energy and movements

14 A. McCormick, M. McCormick (1997), *Horse sense and the human heart*, Health Communications, Deerfield Beach, 23.

15 J. Zinker (1978), *Creative Process in Gestalt Therapy*, cit., 127.

16 Cf. R.A. Hycner, L. Jacobs (1995), *The Healing Relationship in Gestalt Therapy*, The Gestalt Journal Press, Gouldsboro.

Animals instinctively operate from a relational and authentic position which facilitates a therapeutic encounter. This allows the occurrence of full contact

ence, commitment to the relationship and also confirms the experience of the patient. This allows, not least, the occurrence of full contact. In this context, full contact can be seen as «a nonverbal co-created process of unity and closeness between the person and the animal»¹⁷.

Two clinical vignettes are reported below¹⁸. They unequivocally reveal the therapeutic value of animals, and in particular of dogs. The human-animal mediation system has been characterised by a process of exchange, based on the value of a 'between' that allows for hetero-specific therapeutic encounters.

3. You will not harm me anymore!

Amelia is 32 years old. She has been affected by Hydrocephalus and Epilepsy since birth, as well as a Schizophrenic syndrome with paranoid delirium, also associated with an Eating Disorder (Anorexia).

Her family has always ignored these disorders and never quite considered them as mental disorders.

In all our sessions, Fey (my Rottweiler) is always present in the room. Amelia, indeed, requires her presence, while Fey remains on the floor under her chair, ready to intervene (with a lick or simply by lifting her head to be stroked) during moments of distress.

In a particularly intense session, where I chose to invite her family after her father had died a few months earlier and because of Amelia's deterioration (more delirium and stronger food denial), Amelia enters the therapy room alone.

Indeed I find out that her mother was sitting in the waiting room, that her two sisters have decided not to come and that her brother will arrive a bit later. When the brother arrives, he violently knocks at the door (a glass door!), Fey (who is trained to my

17 B.J. King (2010), *Being with Animals: why we are obsessed with the furry, scaly, feathered creatures who populate our world*, Doubleday, New York, 101.

18 These two clinical vignettes are in A. Merenda (ed.) (2014), *Incontri terapeutici a quattro zampe. Gestalt Therapy e prospettive di zooantropologia clinica*, Il Pozzo di Giacobbe, Trapani.

personal defense) barks and assumes her defense-attack position (e.g. she usually sits between me and the alleged danger, barking and growling and it is necessary to hold her by the collar). This time, instead, she barks and goes back and forth from the door to Amelia. She repeats this movement several times and very quickly. Whilst I open the door, Amelia holds Fey by the collar, who continues to bark as she is so upset.

Amelia's brother asks to talk to me without his sister but, as it is a family therapy session, I remind him to enter and have a seat with Amelia and I.

But Fey does not allow him to enter at all. Finally, Amelia, who is beside Fey, finds the strength and courage (absent for many years) to get her brother out of the room. She screams at him and says not to beat her when she comes home later because she would have Fey with her and she would report him for abuse and domestic violence.

So, I have learnt of a horrible family secret: Amelia is punched and slapped repeatedly by her older brother, who uses these remedies to calm her fears and delirium. After that session, supported by Fey and I, Amelia asks to go into foster care, hoping to move as soon as possible in order to finally find some peace.

4. Can you let your dog into the room?

Lucy arrives at my studio when she is 16 years old, at the request of her family.

Before going to sleep, she must suck her thumb and she does that all night long. Simultaneously, she starts pulling and ripping her hair out.

After a few weeks of therapy in which even a phobia towards birds feathers (pigeons, in particular) emerges, the closed attitude and the experience of coercion against her family (and me of course) do not seem to find a break for Lucy.

Our sessions continue but with long moments of silence (apparently meaningless) and sudden interruptions, as Lucy asks to finish the session earlier or to postpone the appointments week by week because of her homework. For a couple of months, this is the nature of our meetings.

From that unexpected but pleasing relational encounter, the setting begins to reveal itself in its characteristics, enabling a therapeutic process and assuming the functions of a unique and effective co-therapy

Until the day when Lucy and Fey¹⁹ unintentionally saw each other through the glass door of my studio.

For the first time, Lucy turns to me with a request: «Please can you let your dog into the room?». From that unexpected but pleasing relational encounter, the setting begins to reveal itself in its characteristics, enabling a therapeutic process and assuming the functions of a unique and effective co-therapy.

First of all, Fey's molossoides nature²⁰ pushes her to constantly ask for bodily contact for example, by placing her paw on Lucy's foot or the muzzle on her legs. This behaviour activates a context of 'co-creation' through gradual and reciprocal bodily contact and by manipulation and exploration activities, in order to unlock Lucy's spontaneity and intentionality of contact. In other words, through a psychodynamic perspective, Fey helps Lucy – session by session – to explain her emotional and bodily experiences: firstly, her sadness that emerges and is expressed through tears that are quickly dried by Fey's tongue; and secondly, her anger, which starts to be channeled into a manipulative energy towards the environment and through repeated 'push and pull' play activities with the dog-sleeve²¹. Gradually the solitude of Lucy, stimulated by Fey's precise and 'exact' retrievals through her paw, gives way to presence and warmth, to spontaneity and lightness.

As the only mediator, I feel like an observer in the fast lane. At the same time, I also begin to create an active setting of co-therapy, already initiated by my co-partner Fey.

The therapeutic process unfolds and allows the unsaid to become said, making explicit the meaning of Lucy's relational ex-

19 Since she was a puppy – already at 2 months of age – Fey is part of my 'affective' and professional life. During the sessions, Fey decides to remain in another room or, as in this situation, to enter the therapy room with me.

20 The molossoides, as a dog family, have a sensitive and decisive character, a particular physical strength and a strong attachment to their owner. They are distinguished indeed to their need of close physical contact with their owner, conceived as a life partner.

21 The game of the dog-sleeve is a recreational activity that increases the dog predatory instinct. Through this item, usually jute composed, activates the game of 'tug-of-war' that, as a moment of relax and de-stressing, allows both the dog and his owner to strengthen their understanding.

periences towards who, until now, has not been an adequate caregiver in her primary environment.

In the inter-corporeality²² dimension, this meeting of the bodies makes a place in which the relational identity can live and work on the awareness that is open, within a co-therapy setting.

From a methodological point of view, for example, to bring the phobic object to the patient (in fantasy) means to make people aware of their bodily experience and relationships that the object itself evokes.

In other words, the movement toward the phobic object allows the patient's body – supported by the body and the relationship of the therapist – to empower itself and be able to contain the excitement and energy that it avoids.

In particular, this metaphor is very useful with adolescents. Confronting the phobic object with a 'magic wand', as a metaphor of strength and power, the body experiences this «magical power» and overcomes its difficulty²³.

Similarly, when I ask Lucy to imagine herself in the presence of her phobic object (the pigeons, with their feathers) and choose someone in her current life that can give her support, she does not hesitate to call Fey and to use the magic wand!

Lucy calls Fey close to herself and begins to let herself go, experiencing the feeling of warmth going in and out of her body. Gradually, she restores basic trust through a secure encounter. First with Fey, then in a triadic experience where Lucy is the third element that activates a co-parenting couple (or co-therapeutic, formed by Fey and I).

The GT perspective regarding animal phobias (such as single-object phobias) asks the person to identify himself with the animal of which he is afraid, demonstrating the typical gestures.

22 Regard inter-corporeality in GT, cf. G. Salonia (2013), *Edipo dopo Freud. Gestalt Therapy e teorie evolutive*. Il Pozzo di Giacobbe, Trapani; M. Merleau-Ponty (1979), *Il corpo vissuto*, a cura di F. Fergnani, Il Saggiatore, Milano; G. Salonia (2010), *L'anxiety come interruzione nella Gestalt Therapy*, in L.D. Regazzo (ed.), *Ansia, che fare? Prevenzione, farmacoterapia e psicoterapia*, CLEUP, Padova, 233-254.

23 Cf. G. Salonia (2011), *The anxiety of acting between excitement and transgression. Gestalt Therapy with the phobic obsessive-compulsive relational styles*, in «GTK Journal of Psychotherapy», 1, 21-59.

The dysfunctional thoughts, originated from an interruption of a respiratory process in her relational-bodily sense, now become free thoughts, by feelings of fear

Lucy's underlying fear is separation and experiencing her own emotions, with the risk of being put aside once again

Often, just in the phobic item description, the patient expresses the experiences of which he is afraid: «the phobia is the phobia of what I do, and what I do not express”»²⁴.

Actually, Lucy is not afraid of pigeons but of the sensations caused by the flapping of their wings and the rubbing of their feathers against her (described as irritating and disgusting). Accordingly, Lucy begins to move her arms, imitating the flapping of the wings in a flight that leaves her breathless and unlocks her unfinished emotions. The dysfunctional thoughts, originated from an interruption of a respiratory process in her relational-bodily sense, now become free thoughts, by feelings of fear.

Rather than sucking her thumb before falling asleep (as the obsessive-compulsive typology), this evokes a memory of fear that has never been contained by her primary environment and that has turned into anguish.

Perls said obsessive thoughts are just a «dummy that allows the discharge of a certain dose of anger, but does not produce any change in the child or nourishment»²⁵.

Precisely, through these dysfunctional and painful thoughts and ways, Lucy could take care of herself with a form of attachment (to herself) that avoids the risk of a change in relationships, stopping the fear of separation, but with a strong control of anger (experienced as an emotional energy that terrifies). The absence or, rather, the interruption of care by her parental figures seems to have generated a difficulty in her emotional spontaneity: after receiving primary care, Lucy was, indeed, ‘set aside’ by her sister’s birth, which occurred when she was three years old. After this session, she needs specific support in letting go of her emotional flow. As Salonia affirms, «the lack of support, if unresolved, gives way to an anguish of death (his death, but also the death of important and bare figures), that overwhelms»²⁶. Precisely, Lucy’s underlying fear is separation and experiencing her own emotions, with the risk of being put aside once again. The rela-

24 Ivi, 50.

25 Cf. F. Perls (1995) (ed. or. 1942), *L’io, la fame e l’aggressività*, Franco Angeli, Milano, 146-147.

26 G. Salonia (2011), *The anxiety of acting between excitement and transgression. Gestalt Therapy with the phobic obsessive-compulsive relational styles*, cit., 38.

tional bodily experience that Lucy keeps secret is terror: terror in feeling the energy activated in her body or the action that leads to emotion, to separating and trespassing.

So, supporting a fearful body (as to re-open the possibility of a spontaneous breathing toward the fulfillment of the intentionality of contact) was the first co-therapeutic step.

Through body work, a path of awareness and the ability to identify a clear intention has been enabled. The act of pulling their hair, like a compulsion of containment, seems to reveal the intensification of the fear of not knowing how to control an intention. In this sense, the compulsive action hangs on spontaneity and has the ability to increase control over those emotions perceived as destructive.

When I ask Lucy to repeat the gesture of pulling her hair, that automatically activates the one when she puts her thumb in her mouth, her muscular tension and her fearful look search for comfort and make way for a moan that Fey instantly alerts and understands, she places her muzzle on Lucy's mouth to remove her hand from the head (and hair). Sitting behind her, Fey also begins to lick her tears, which are slowly rolling down Lucy's face and tries to calm her.

After a long embrace (now in the triad), Lucy's body finally finds energy, beginning to trust the environment experienced in that session and no longer trying to keep it under control.

Her body schema, before it almost became smaller, now opens up to the new. A new body that enables it to 'let go' when touching a live body.

According to the GT perspective, it is important to distinguish between the 'seen' body and the 'lived' one.

The first one is part of the assessment criteria, by which the body is based on what you see (for example: I do not like my hand because it is big!) or based just on its functionality (for example: I imagine dancing as a function of movement). Instead, a 'lived' body refers to a purely phenomenological element in which the concept of beauty is linked to the way we perceive our own body (for example: my hand feels soft; if I perceive my hand like this, I can see it and I know how it moves)²⁷.

Her body schema, before it almost became smaller, now opens up to the new. A new body that enables it to 'let go' when touching a live body

27 Cf. G. Salonia (2008), *La psicoterapia della Gestalt e il lavoro sul*

5. Concluding Remarks

The concluding remarks from this approach primarily involve the ethical considerations concerning assisted therapy with animals.

GAAP is conducted with pets, assessing the risks of their inclusion and selecting them based on the needs and expectations of patients. Its application, therefore, presupposes that the therapist has the skills to work with animals, knowing how to recognise their behavioural characteristics, temperament, level of training, physical strength as well as their ability to tolerate even those humans who have no experience with them²⁸. As Bond²⁹ says, it is fundamental to recognise the therapeutic value of each intervention. And having GAAP mainly as a bodily approach, it is also important to be clear about our own bodily process, as well as the patient one³⁰.

More ethical considerations concern the protection and welfare of animals: their well-being, both mentally and physically, is, indeed, an essential element of the therapeutic process of GAAP. The impact of therapeutic work on animals should never be underestimated. To avoid potential injury and to dispose of the effects of the session, it is important to let the animal assistant rest between one session and the next (for example, by taking it for a long walk) and to not extend the time of the meetings.

I have chosen to conclude this paper with the words of Tessa (a girl who could cope with her trauma through the mediation of Carlomio, a shepherd dog): «I want to tell you something: Carlomio is not a dog. He is not a dog that protects the sheep, as you say. For me he is a great therapist – greater than Dr. Freud!».

I want to tell you something: Carlomio is not a dog. He is not a dog that protects the sheep, as you say. For me he is a great therapist – greater than Dr. Freud!

corpo. Per una rilettura del fitness, in S. Vero, Il corpo disabitato. Semiotologia, fenomenologia e psicopatologia del fitness, Franco Angeli, Milano.

28 Cf. GEIR (2011), *Code of Ethics*, Gestalt Equine Institute of the Rockies, Golden.

29 Cf. T. Bond (1993), *Standards and ethics for counselling in action*, Sage Publications, London 1993.

30 Cf. J.I. Kepner (1987), *Body process: a gestalt approach to working with the body in psychotherapy*, Gestalt Institute of Cleveland Press, Cleveland.

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Abstract

This article aims to outline a clinical approach to the study and research of the system of mediation between man and animal and to identify a process of interchange based on the value of the heterospecific relationship. It starts with assumptions of Clinical Zooanthropology – a discipline that studies the interaction between man and animal, giving value to the relational dimension and avoiding human-centric applications – and is integrated with Gestalt Animal Assisted Psychotherapy (GAAP), a preliminary approach focused on the ‘halfway point’ of each hetero specific encounter illustrated, trying to detect its important clinical implications.



■ Editorial	p. 7
■ In this issue	p. 9
■ Oedipus after Freud. From the law of the father to the law of relationship	p. 13
<i>Giovanni Salonia</i>	
■ From Freudian fracture to Gestaltic continuity: the epistemological gap of Gestalt Therapy	p. 51
<i>Antonio Sichera</i>	
■ Letter to a young Gestalt therapist. Gestalt therapy approach to family therapy	p. 63
<i>Giovanni Salonia</i>	
The refund grandson	p. 89
<i>Co-therapy carried out by V. Conte and G. Salonia</i>	
Giusy's failed degree	p. 117
<i>Therapy conducted by G. Salonia</i>	







Kennedy (detail)

INTERSECTIONS. GESTALT THERAPY MEETS ETHNOPSYCHIATRY

Michela Gecele

Introduction

Gestalt Therapy has all the potentialities to give us an intercultural approach, but in order to fulfill these possibilities we have not only to face 'strangers' worlds, but also anybody observing and studying those worlds

We define ethnopsychiatry as a modality to consult groups, societies and cultures on their ways of defining and building up diseases and healing processes

Interculture, ethnopsychiatry, otherness, relationship, field, context, contact, politics. What are we speaking about in this paper? About Gestalt Therapy, that intersects these fields.

How much has the other to be different in order to be other? And how much does this variable, unpredictable difference challenge our way of working as psychotherapists? What instruments do we need to understand an immigrant or to work out what happens in different continents? Is it enough for us to be human and empathic? Or, turning to the opposite polarity, have we to learn everything about each specific cultural context?

Gestalt Therapy has all the potentialities to give us an intercultural approach, but in order to fulfill these possibilities we have not only to face 'strangers' worlds, but also anybody observing and studying those worlds. That is why a confrontation with ethnopsychiatry, ethnopsychology and also cultural anthropology is primary for us.

Nowadays we define ethnopsychiatry as a modality to consult groups, societies and cultures on their ways of defining and building up diseases and healing processes¹. It is a way of knowing the others and also of learning from them. With a collateral effect: learning something new about ourselves too. Ethnopsychiatry has controversial issues in its history. Maybe this is somehow positive. We are interested in its resources and knowledge, but also in its failures, its slurs from the colonial period, as they are the result of a given context and history. Entering into these subjects is almost a continuous game of mirrors. Stratified meta-levels fall back on experience.

1 Cf. P. Coppo (1996), *Etnopsichiatria*, Il Saggiatore, Milano; R. Beneduce (1998), *Frontiere dell'identità e della memoria*, Franco Angeli, Milano; Id. (2007), *Etnopsichiatria. Sofferenza mentale e alterità fra storia, dominio e cultura*, Carocci, Roma.

Culture is a process, as Self is. It is the continuous encounter with the difference, followed by transformation and assimilation. It is both ground and figure. It is shaped by history, life experiences, memory. It is important to know our culture, that is to know our ground. Later on we have to transform its introjects through the assimilation process. We have to choose what to keep and what to reject. We have to understand what is difficult to let go, being too much inherent in our own story. Culture is created at every contact sequence. It is continuously built up, re-negotiated and re-defined. It is the figure that is created at every encounter and also the background from which the figure emerges. It is set up at the boundary, at borders, at suburbs.

When speaking of cultures, we do not only refer to spatial coordinates but also to temporal processes, as usual when relational dynamics are involved. We refer to history, that holds stratified layers of meaning, ways of seeing self and the other, and balance of power.

On the other hand we can also say, in apparent contradiction, that culture is a photograph of an instant and speaking about it we are referring to something that no longer exists. We have moved on into the future, where all the elements involved have reached a different shape, as in a kaleidoscope, offering an endless number of possible images.

Culture is a system that includes self-criticism too. When studying a culture we look more at what is common than at individual and group peculiarities, disputes and contradictions. But also dissent is part of a culture as a hidden or rising polarity. Culture is both emotional category – which gives us support, meaning and shape to express feelings and thoughts involved in each encounter – and a system, including auto-critics too. This duality is a very interesting point for us. We enter culture through these polarities.

The word «culture» does not have a unique, shared meaning; but we all know that Man/Woman is more a cultural than a natural being. Actually, when culture breaks up human beings are naked² and ego loses direction. Culture is both Es and Personality.

Culture is a process, as Self is. It is the continuous encounter with the difference, followed by transformation and assimilation. It is both ground and figure. It is shaped by history, life experiences, memory

Culture is created at every contact sequence. It is continuously built up, re-negotiated and re-defined

Culture is both Es and Personality

2 Cf. F. Remotti (2013), *Fare umanità. I drammi dell'antropo-poiesi*, Laterza, Roma-Bari.

Attention paid by Gestalt therapists to the ground is an important key to working in intercultural fields

Let us start from here, to address diversity as Gestalt therapists do. Our phenomenological vision and our awareness of the field, contact boundary, novelty can lead us. Here novelty ranges from meeting something/someone different to migratory experiences, to how psychopathology and diagnosis change in different contexts and cultures. Being at the contact boundary involves relational experiences and context awareness, social and political meanings continuously intersecting with phenomenological and relational experiences.

Actually relational and clinical focus on the 'other' will turn into a look towards ourselves, we and the others mirroring each other.

Attention paid by Gestalt therapists to the ground is an important key to working in intercultural fields. Ground is never static, it is nourishing as long as it is rich and in progress. In the here and now of each relationship, which is contact, many different words and stories take place. They touch each other and they change. Gestalt therapy tells us of belongings and borders, of encounters, roles and stories. A superb reading key to all human events, which are always cultural and intercultural.

The other, what is different, novelty challenges at many different levels, from dual relationship to larger social processes

1. Contexts, societies, politics

The other, what is different, novelty challenges at many different levels, from dual relationship to larger social processes. It challenges the assumptions that we take for granted in our everyday life, the social order established by any society. What is social order? It is the result of cuts and exclusions, cuts in possibilities, relational modalities, ways of feeling and thinking. But it is also order, orientation, codification, to avoid chaos given by human multiple possibilities and void, to have certainties that make life possible.

«Culture is something very intimate, distinguishing and constitutive. Cultures protect from uniformity and from chaos at the same time. Values are implied, as well as ways of understanding and building experiences and stages in life. Culture also includes mechanisms protect-

ing from the void of unstructured time and limiting the possibilities of such a void engulfing the individual. Societies and cultures are sources and depositories of many introjects, which include norms, values, social structures. They can, however, also envisage temporary dissolution of these elements» (T.d.A.)³.

The ethnopsychiatric perspective calls out to groups and society. It starts from a political dimension and only in a second moment does it consider a personal, relational level. In Gestalt therapy political and relational levels are connected in a two-way path. Awareness is not only awareness of relationship but also of a larger field. Coping with novelty determines growth at the dual contact boundary as well as the whole society. We are all challenged by whoever is coming from outside, by strangers.

Right from the start ethnopsychiatry has been an intersection of various disciplines. Of course psychiatry and cultural anthropology, but also politics, sociology, etc etc. More critical and interesting are the interactions with ideologies and politics: in different ways, both in the colonial period and nowadays. In the ideology of colonialism culture was a closed system and transcultural psychiatry – at least some representatives of this discipline – embraced the same ideology, a racist and crystallized idea of culture⁴. Even more, transcultural psychiatry was at the service of colonialism, a scientific validation for colonialists, an answer to the need for scientific instruments to make the other malleable and simplified. It was to confirm the assumption of supremacy by some cultures and societies upon others. Even psychological tests were used with this aim: their use with people coming from different contexts and cultures was completely unsuccessful. People did not share the very premises and meaning of these psychological tests. Not even

Right from the start ethnopsychiatry has been an intersection of various disciplines. Of course psychiatry and cultural anthropology

3 M. Gecele (2011), *Fenomenologia e clinica dell'esperienza maniacale*, in G. Francesetti, M. Gecele (eds.), *L'altro irraggiungibile. La psicoterapia della Gestalt con le esperienze depressive*, Franco Angeli, Milano, 179-252, 209.

4 Cf. R. Beneduce (2007), *Etnopsichiatria. Sofferenza mentale e alterità fra storia, dominio e cultura*, Carocci, Roma.

Ethnopsychiatry is not a discipline, but an intersection of social knowledge and disciplines. We put ourselves in a relativisation of knowledge and disciplines that are becoming 'weaker and weaker' and therefore more and more interesting

Reflection on healing systems involves thinking about the production of social and political consent, It involves considering how ethnopsychiatry is more a method than a framework of knowledge

their imagery. They were in a position of veritable colonial submission to the European powers. Frantz Fanon⁵ puts it to us bluntly, saying that imagery is possible only to the extent that the real world belongs to us. That is to say ethnopsychiatry is not a discipline, but an intersection of social knowledge and disciplines. We put ourselves in a relativisation of knowledge and disciplines that are becoming 'weaker and weaker' and therefore more and more interesting. Nowadays it is easier to find an answer at the point of intersection of differing knowledge, or at least in that situation good questions can be posed. The ideological and political aspects we find in ethnopsychiatry help us – psychotherapists and Gestalt psychotherapists – to leave aside any naivety. We have to face the balance of power between western countries and 'the others', a balance of power in which our own instruments played a role, both diagnostic and healing systems. This awareness gives us more clinical and theoretical elements in building a bridge with different psychological, relational systems. We have to 'chew' our knowledge and the world vision deriving from it.

Reflection on healing systems involves thinking about the production of social and political consent, about how it gives specific shapes to malaise. It involves considering how ethnopsychiatry is more a method than a framework of knowledge. In that way, psychiatry and psychology also start to involve more and more critical and auto-reflective strategies. They start to investigate what is behind, before, after, during malaise, that is to say the social and political matrix of malaise and treatment, the ideology underlying our therapeutic tools and psychiatric categories and influencing the degree of applicability in other societies⁶ Tobie Nathan⁷ challenges all of us when he says we should focus mainly on the healer/therapist as other diagnostic and therapeutic systems do. The healer has to account for his choices and competences, not the sick person, who has to

5 Cf. F. Fanon (1967), *Black Skin, White Masks*, Grove Press, New York.

6 Cf. *ib.*

7 Cf. T. Nathan, I. Stengers (1995), *Médecins et sorciers. Manifeste pour une psychopathologie scientifique. Le médecin et le charlatan*, Les Émpecheurs de penser en rond, Paris.

remain part of the society. Society as a whole has to question and evaluate what the expert does.

Actually, diagnosis is an important field to be explored when we try to discuss ethnopsychiatry and intercultural psychology. Our Gestalt therapy reflections on diagnosis are quite similar to issues brought up by ethnopsychiatry. Our assumptions are similar. We both start from equal terms and the legitimacy of the other, from acknowledging his competences and belongings, from the awareness of our role in shaping the therapeutic field. In Gestalt therapy diagnosis can be intrinsic or extrinsic⁸. That is to say, part of the relational process, emerging from moment to moment from the contact boundary, or a fixed Gestalt, a comparison between a model of the phenomenon and the phenomenon itself, possibly used to objectify the other but also to share and co-construct meanings and interpretative keys.

The matter of diagnosis intersects the relationship between psychiatry, ethnopsychiatry, psychotherapy and society. At this intersection we find both risks and possibilities. We somehow know that psychopathology is influenced by culture, social system, political vision, but we do not usually experience how far we are made by our culture, social system, political vision. We are made of it. Considering how to hold a therapeutic role with possibly 'very different people' helps us to enlarge our awareness and our critical approach to diagnosis.

Ethnopsychiatry and cultural anthropology tell us of multiple classification systems that coexist in other healing systems⁹. In turn, this multiplicity tells us once more that diagnosis is a cultural 'invention'. It derives from an always-in-progress negotiation between the sick person, the healer and a social group. It is part of a political, cultural, social system, which shapes

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Ethnopsychiatry and cultural anthropology tell us of multiple classification systems that coexist in other healing systems

8 Cf. G. Francesetti, M. Gecele (2009), *A Gestalt Therapy Perspective on Psychopathology and Diagnosis*, in «British Gestalt Journal», 18, 2.

9 When we refer to traditional healing systems we do not mean 'tradition' as anything static. Indeed quite the opposite, more a continuous exchange with other systems. When we speak of 'others' traditions we run the risk of engaging in ethnic folklore. We accept running this risk simply to underline the complexity of mankind. All the examples we will mention in this paper tell us about others' historical paths.

illness itself as well as all the manifestations and social meanings of emotions, conflicts and malaise.

We are far from our desire to consider ethnopsychiatry as a treasure chest of fascinating exotic diseases. That is not ethnopsychiatry. It is not a manual of psychopathologic curiosities, but exactly the other way round, an ensemble of critical instruments capable of reading all the attempts at formulating a 'psychiatry of the exotic' that we have put forward in our psychiatric history.

When a psychiatrist/psychotherapist accepts uncritically dominant values and sympathizes with them, he loses his therapeutic power.

2. Experiences

What is novelty? With a play on words we can say that the answer is not a foregone conclusion; we cannot take for granted that novelty is seen and recognized as such. What is diverse and opposing can become utopia. It can be idealized and demonized, and in this sense is part of a well-known account. On the other hand, novelty can be an actual life experience that has not been brought to our attention and therefore not assimilated.

Getting in contact with each other, the new experience, always involves a great deal of risks. Assimilating novelty triggers unpredictable transformation. We do not just add information to a previous scheme; we become different. From a relational point of view, novelty is mostly what is achieved in the meeting¹⁰.

Any stimulus, encounter, experience, notion can be transformative when we have the possibility of catching it, of comparing it with past experiences and our present personality. If Self acts spontaneously at the contact boundary, influenced by internal coordinates drawn from roles, memory narration, responsibility.

Assimilating novelty triggers unpredictable transformation. We do not just add information to a previous scheme; we become different

¹⁰ Cf. M. Spagnuolo Lobb (2007), *La relazione terapeutica nell'approccio gestaltico*, in P. Petrini, A. Zucconi (eds.), *La relazione che cura* (introduzione di N. Dazzi, presentazione di A. Siracusano), Alpes Italia, Roma, 527-536.

Real novelty challenges, resulting in uncomfortable urges to change. Often, what is defined and described as a desire for a new experience and change involves the need to maintain some parameters, and conditions. The desire for 'adventure' does not consider the loss of background this would entail; interest in the 'exotic' does not envisage the possibility of losing basic principles. When we 'fall in love' with 'another' who is very different from us – not just a partner, but anyone who originates from a foreign exotic country – we seek fulfillment and not change. We run the risk that the otherness – also cultural otherness – becomes a myth, a place to locate and look for what we lack. Not the real otherness, but a distorted and distorting mirror, which closes the experience instead of opening it up to new possibilities.

Strangers challenge us with new risks and new opportunities. Analyzing migratory paths helps us in facing all that is different and new.

What are the main reasons to emigrate? It is often for specific economic and social reasons: you emigrate to change your status. Somebody might also feel constrained and confined in his own world, feel cut off from opportunity and prospects.

In any case of migration there is a very strong need for support because the country that has been dreamt about never quite fits into the life actually found. The decision to migrate results in a change of lifestyle, relationships, assets, and changes in the way time passes, and the space adjusts. Prior to departure, if the plan is shared and it originates from both a strong impulse and support, time shrinks, nullifies, similar to what happens during manic phases of mood disorders. When the new country is reached, the risk is that time dilates and space becomes foreign to the body, so very similar to what happens in depression. The less support you find to cope with so many new things and the losses incurred the more you risk. These steps are common in many migration experiences.

Time and relationship are related to one another¹¹. Those who emigrate, along with the things they want to change, lose those

In any case of migration there is a very strong need for support

¹¹ Cf. G. Salonia (2011), *Sulla felicità e dintorni. Tra corpo, parola e tempo*, Il Pozzo di Giacobbe, Trapani.

Those who emigrate, can feel the lack of support, of the sense of legitimacy of living and the ability to effectively interact with the environment

Each and every relationship involves intercultural aspects. In order to see it we have to train ourselves to decentralize our own point of view

certainties – their background, conversations, friendships – allowing them to connect and deal with new experiences. They can feel the lack of support, of the sense of legitimacy of living and the ability to effectively interact with the environment. In a migrant context, roles and memories may lose their meaning and ostensibly diminish or strengthen. If the current experience lacks of background – knowledge, habits and environmental support – the newness can be menacing and harmful. Many migration reports include such references, indicating a split in the coexistence of experience and meaning.

3. Training

Each and every relationship involves intercultural aspects. In order to see it we have to train ourselves to decentralize our own point of view. One possible way to experience the pluralism of views about man and the world, about how to be a man and inhabit the world, could be by watching others watching us. Many texts, researches, studies¹² tell us how others see us¹³.

¹² Cf. Arcisolidarietà (1994), *Nato in Senegal, immigrato in Italia*, Ambiente, Milano.

¹³ Bibliographical references are here quoted only as an example. We suggest that the reader explores the wide range of available texts. However, we shall read together part of a paper, *Body Ritual among the Nacirema*. Horace Mitchell Miner, American anthropologist, wrote the paper and originally published it in June 1956 edition of «American Anthropologist».

The fundamental belief underlying the whole system appears to be that the human body is ugly and that its natural tendency is to debility and disease. Incarcerated in such a body, man's only hope is to avert these characteristics through the use of the powerful influences of ritual and ceremony. Every household has one or more shrines devoted to this purpose. The focal point of the shrine is a box or chest which is built into the wall. In this chest are kept the many charms and magical potions without which no native believes he could live. These preparations are secured from a variety of specialized practitioners. The most powerful of these are the medicine men, whose assistance must be rewarded with substantial gifts. However, the medicine men do not provide the curative potions for their clients, but decide what the ingredients should be and then write them down in an ancient and secret language. This writing is understood only by the medicine men

Also in this paper we will extend this mirror game so as to face multiple potential and actual shapes of humanity. We have to pay attention also to positive prejudices that hinder a lucid vision and spontaneity as negative prejudices do. They are the other side of other's reification. On a different scale it can happen in each relational experience. Cultural relativism, words of tolerance and openness can hinder any real experience of the other, that is to say the encounter.

Exploring our everyday experience is a useful training in intercultural psychotherapy.

Exploring and assimilating our own experience is training too. Becoming trained in intercultural psychotherapy is not primarily to know another's culture. The first step is to become aware of cultural differences and the most important step is to become aware of how we manage and cope with our own culture, which is a very intimate and necessary part of ourselves.

Using the autobiographical method means entering slowly and thoroughly, as Gestalt Therapy allows, into the 'small' steps of our daily life, into the moment of separation, break up, make up, and encounter. All the sudden and ever-changing roles in our daily lives can provoke a sense of disruption and loss, if they are not revitalised by the flow of awareness. This applies

and by the herbalists who, for another gift, provide the required charm. The Nacirema have an almost pathological horror of and fascination with the mouth, the condition of which is believed to have a supernatural influence on all social relationships. Were it not for the rituals of the mouth, they believe that their teeth would fall out, their gums bleed, their jaws shrink, their friends desert them, and their lovers reject them. They also believe that a strong relationship exists between oral and moral characteristics. For example, there is a ritual ablution of the mouth for children which is supposed to improve their moral fibre. The daily body ritual performed by everyone includes a mouth-rite. Despite the fact that these people are so punctilious about care of the mouth, this rite involves a practice which strikes the uninitiated stranger as revolting. It was reported to me that the ritual consists of inserting a small bundle of hog hairs into the mouth, along with certain magical powders, and then moving the bundle in a highly formalized series of gestures (Miner, 1956).

What population is Miner speaking of? How far or how near us is it? In what part of the world do or did the Nacirema live? Let us try and think. Afterwards, let us take a break. Finally we can read the word «Nacirema» in reverse.

even more to experiencing 'strong' changes, such as the migration of individuals or families.

We can share and make explicit the paths through which we steadily develop, including significant places and contexts, even those hidden in memory and time.

4. Language, mediation and complexity

Each and every language is a human language, coming into resonance with all of us

Language and breathing are strictly linked. The word originates from the body, belongs to it, and it is also placed 'between' the body and the environment

A language is not only its content, not only rational grammar: silence, pauses, rhythm, intonation are part of a language. Communication does not only concern the figure. Even without any translation language barriers do not fully prevent us from communicating and understanding. The sound of a human voice produces physical effects, even modifications of vital parameters. Each and every language is a human language, coming into resonance with all of us. As Gestalt therapists we know that breathing supports every experience due to a steady exchange between inside and outside the body. Language and breathing are strictly linked. The word originates from the body, belongs to it, and it is also placed 'between' the body and the environment; it has meaning and direction because there is the 'other' to be reached in an endless, inexhaustible effort. The 'Stranger' – who lives in a different language – can facilitate the break. He listens to his own words and to others and by doing so the language is opened up.

When even our own language separates us from the experience, the potential contact, the growth and the assimilation are reduced. Speaking a language, dwelling in it may be detached from life. Learning another language can be a new opportunity. In entering into a new language there is a risk of introjecting empty concepts of experience, but also the possibility of regaining a greater spontaneity and flexibility, linking experience to words and phrases. This mainly happens when there is a relational urge to become part of a new (linguistic) context. Learning or not a language in order to express ideas, thoughts and emotions; nurturing or not the memory of old beliefs; for the traveller who does not live in his motherland, each linguistic act contains opposing and conflicting emotions.

These also arise during therapeutic work, when the patient is in a different environment from his own.

Translating processes are a specific configuration of creative adjustment, a very useful way of facing in a fruitful way multiple and intricate grounds. Translating stresses, but at the same time 'resolves', the problem of backgrounds, because it indicates the existence of an irrepressible difference. The need to communicate and become closer is an aim which is hard to reach but simultaneously necessary. Every relationship is, in a way, a translation. Translating does not express only the 'figure' of the sentence, it takes into account the background it comes from and by listening, it opens up to a new language, to otherness.

True translation precedes language; it comes from the background and changes it, without fixing it. It is the opposite of fundamentalism, which sets the figure, eliminating the background. Connections between language, translation and power are multiple. We can choose one language. We can even forget, modify, refuse, love, fight against it. This applies equally to all other very intimate cultural aspects of the Self. In the next paragraph we will see how it is not a foregone conclusion that people would never drop their cultural bricks, neither introjected axioms nor assimilated experiences. Both translation and cultural mediation have to take this fact into account. Cultural mediators are translators too. They translate, make explicit and create cultural complexity. Cultural mediators are not only in transit between two worlds, they also act on both of them. Mediation makes the topic both more complex and simpler. It makes explicit that a third party is present in every encounter and relationship. Both in translation and mediation grounds are concerned; sometimes they remain implicit, other times they become figure. A psychotherapist can often act as a mediation mechanism too.

True translation precedes language; it comes from the background and changes it, without fixing it

Cultural mediators translate, make explicit and create cultural complexity

A psychotherapist can often act as a mediation mechanism too

5. Clinics

Let us start from just one diagnosis. We choose psychotic (or pseudo psychotic) suffering as an example. Our thesis is that the complexity involved in diagnosing increases when we meet people coming from migratory experiences, arriving from 'far away'.

Insofar as people coming from migratory experiences are involved diagnosing psychosis according to extrinsic and descriptive elements is particularly misleading

Instead of the incapacity of a person to emerge and separate from the world (that is how we define psychosis), among immigrants we often find a sort of general interruption of experiences, a frozen and fragmented background

Insofar as people coming from migratory experiences are involved diagnosing psychosis according to extrinsic and descriptive elements is particularly misleading. It does not give us enough instruments to understand what the suffering is like. We run the risk of losing direction, of getting lost trying to differentiate Brief Reactive Psychotic Disorder, Acute Stress Disorder or more enduring long term suffering modalities. In order to get closer to these modalities of suffering and to treat them we have to enter other languages nearer to the phenomenological approach. Gestalt therapy is among these languages.

Instead of the incapacity of a person to emerge and separate from the world (that is how we define psychosis), among immigrants we often find a sort of general interruption of experiences, a frozen and fragmented background. A useful key to these experiences is that of trauma experience. Pseudo psychotic episodes resolve quickly and without consequences. Fragmentation of the ground can be temporary.

Let us mention¹⁴ very acute psychotic experiences for more than one Nigerian woman. Mind, body and soul trapped in the prostitution system. Not only the ground but also parts of their person fall to pieces, hit by social, familiar, religious in-projects acting as awls. The body is unacceptable as it becomes wares and therefore a stranger, while evil places itself outside the body and the person and the whole personal experience turns into something extraneous. These defense mechanisms are influenced by old and new cultural experiences; by sorcery as one of the possible modalities to read malaises; by religious forms developed through the large, recent diffusion of Pentecostal churches and Charismatic Movements. The others, a single person or a group, come to play the role of evil and devil. This way of expressing malaise comes both from local tradition and new Pentecostal movements. It is a «symptomato-logical cultural syncretism», fascinating from a scientific point of view but painful and unbearable for people. Brief Reactive Psychotic Disorder, Acute Stress Disorder, Schizophrenia?

14 Both the following examples and those later brought by Vacchiano come from the experience of the Frantz Fanon Center of Torino (ethnopsychiatric and ethnopsychological clinical and training center).

Also our reading, action, presence will influence the development of the experience.

Let us mention the delusion of contamination narrated by a young Moroccan man, whose wife was still living in Morocco. He ascribed multiple and variable physical symptoms to supposed poisoning, from coffee and the lady who made it. We considered them evanescent symptoms but he experienced them as consistent ones (see following quotation by Vacchiano). The psychopathological mechanism underlying his symptoms is quite easy to read. So much so that we run the risk of being naively Freudian. We may see a threat caused by a seduction not even completely thought through, in the possibility of his being aware of his own sexual drive. A woman who seems to be offering herself together with her coffee. A woman who is destroying a long-term effort to be faithful mostly to a delicate Self-image. Here cultural prejudices can help us maintain a basic orientation, reminding us what their positive function is. Later they have to be dropped. Experience takes us somewhere else. How do they help us? In this example we can consider North African men as more vulnerable than us, where equal relationships with females are concerned. Let us be guided by prejudice until we very soon start to think that such a malaise in facing women might be experienced also by 'western' men, the main difference possibly being less naivety. Complexity increases when we consider how thousands of thoughts, opinions, theories could stand in the way of each newly written sentence. It is a never-ending analysis, moving back and forth between a personal (of the patient), social, again personal (of the therapist) dimension. It is a never-ending reinterpretation of experience and a key for reading too. That is ethnopsychiatry or ethnopsychology, or what we Gestalt therapists need to get from these disciplines.

Now we are going back to the trauma hypothesis. Traumas hinder continuous transformation and development of grounds. They crystallize the ground, as water becomes solid ice. Ground runs the risk of falling to pieces, like ice in a bottle. Outcomes of trauma experiences, understood as crystallized and non-communicating fragments of experience, describe well the so-called psychotic experiences of immigrants. Actually, they are often similar to post traumatic stress disorders.

Here cultural prejudices can help us maintain a basic orientation, reminding us what their positive function is. Later they have to be dropped. Experience takes us somewhere else

Even when differentiation from the ground is difficult and the boundary between the person and the world is too porous, we can still see some differences. We are nearer to psychotic phenomenological experience, but still in a pseudo-psychotic experience. When you do not live in your world even to separate from the world is more difficult. That is how immigrants experience together their pseudo-psychotic symptoms. A strange world is also a looming, pervasive world, that intrudes upon each gesture we employ in everyday life. Actually all our gestures – far from being only ‘ours’ – are also the result of a social, cultural environment.

After a trauma, Personality-function is no longer able to give support. Usually Personality-function continuously builds ties between past and future, including also an anticipation of future continuity. Trauma causes a break, a separation from what happened before, from roles and narrations. Personality is no longer able to give support. A difficulty follows in giving meaning to what is going on, together with guilt feelings and a drive to narrate what happened again and again.

Even without any specific traumatic event, the very experience of migration causes a more or less lasting separation from the past and a sharp break in one’s experience. It is akin to trauma. In migration processes a disengagement from the usual support takes place. Customary ways of feeling and thinking, habits and categories of thought, to a specific way of being in the body and person can be lacking due to an imbalance between existing support and a range of experience – of novelty, of the level of stress in coping with it.

What shall we do with an immigrant patient passing through pseudo-psychotic symptoms? What shall we do with a suffering immigrant person?

We already know (see *Experiences*) that the migratory stage modifies time and space, relationships, presence at the contact boundary and even the body. The body may become lighter or heavier, vulnerable or desensitized, a stranger or absolute master. Let us start from our own experience to examine in depth such reactions.

We all know symptoms are a language. Both physical and psychic symptoms among immigrants are often difficult to decode. Apart from being the result of creative adjustments, they have

Even without any specific traumatic event, the very experience of migration causes a more or less lasting separation from the past and a sharp break in one’s experience

a cultural codification. Sometimes we can also find a 'political' value. A social, even an ideologized body, is crossed by malaises that express failure in communication due to power relations. Referring to the colonial period, Frantz Fanon¹⁵ speaks of indecipherable bodies, and indecipherable bodies become a means of resistance against both power and science, assuming the right to figure everything out.

Here we can refer to Vacchiano's words, about bodies that are primarily social.

We all know symptoms are a language. Apart from being the result of creative adjustments, they have a cultural codification

«Suffering is not a private thing. It cannot be a private thing. Suffering is "at one and the same time the most individual and the most social event" (Augé M. 1986). (...) The first thing we do when we get sick is a signification process, not a health seeking behavior. We create a "representation" of our malaise following a sort of code. This code results from the interaction between ourselves (our values, our beliefs, our representations) and the others (values, beliefs, representations available in a social space) The shape of such representations might be "I have caught a cold". "I got too excited", "I have got flu", "My blood pressure is low", "Somebody wants to punish me", "I have been given the evil eye" or any other useful definition we usually employ in similar situations, according to habit or experience Only afterwards will we think of the right person to consult in order to get a professional intervention.

(...) Our language is a tool; through its rules and metaphors we build our experience. As symptoms are a language too, the way anybody experiences, feels and expresses malaise will follow a given alphabet. Immigrants' symptoms challenge both medical causation processes and theoretical constructions made by anthropologists about possibly too rigid correspondences between body and culture.

Immigrants often suffer from "odd", "strange", "unusual" symptoms. They bring on the therapeutic stage of palpi-

15 F. Fanon (1967), *Black Skin, White Masks*, op. cit.

Usually physicians fail to position such symptoms into a familiar nosographic frame, actually considering them functional symptoms. In turn immigrants become discouraged facing medical impotence

tation, pins and needles, stings, prickles, swelling, bits under the skin, buzzing in ears, paralysis, falls and absences, amnesia and agnosia. Usually physicians fail to position such symptoms into a familiar nosographic frame, actually considering them functional symptoms. In turn immigrants become discouraged facing medical impotence. "Our doctors would understand", a Nigerian woman said, referring to worms she felt under her skin. What they are looking for is not an uncertain diagnostic opinion, possibly looked at with suspicion. They do expect a shared and contractual interpretation (as contractual as symptoms themselves are), possibly a more familiar and similar one. Such interpretation would take account of traditional etiologies and of cultural modalities of suffering, but also of individual modalities to negotiate their body under tension with both traditional and modern options. The more so the more the language of suffering is not only learnt but continuously created through connections among bodies, pain and society.» (T.d.A.)¹⁶.

It is important to support each specific way of being a body; support involving recognition within relationships and society. We also have to support narration and Personality function

It is important to support each specific way of being a body; support involving recognition within relationships and society. We also have to support narration and Personality function, that is to say to help sew up too many different fragments of experience. Listening, containment, support, narration are the main 'therapy' for immigrants (as well as for all human beings). However relational support is not always sufficient to enable people to overcome pain and vital wounds again. The potential and openness offered by being in transit between different worlds cannot always blossom, filling a fruitful but frightful void at the contact boundary. People cannot always sew up pieces of life and bring everything into question: body, roles, narration, world. Nevertheless we can do something. We can help people to make the contact boundary 'heavier' and clearer,

16 F. Vacchiano (2002), *Mente, natura, cultura: il corpo come luogo di possibile incontro*, in M. Gecele (ed.), *Fra saperi ed esperienza*, Il Leone Verde, Torino, 103-106.

to build reading keys, useful ways of thinking and behaving, to put together – why not? – little useful introjects anchoring everyday life.

Immigrants and all human beings have the right to be seen, to exist, to be recognized, to keep on having experiences both as a specific, unique, individual and as a twist of belonging. However they also have the right to meet us in a 'simplified modality', rejecting parts of themselves, leaving them in the ground without going through them. In the paragraph about language and mediation, we said that somebody is relieved to finally speak their own language, somebody else is ashamed in doing so or chooses to use their own language only to express some contents, somebody else just desires to forget it. Forgetting their own language is a way of adapting to a new context, but also to avoid long-lasting pain.

We can extend and apply the same reasoning to other aspects of lived cultures. Not all North Africans want jinn to be involved in decoding their malaise. However some of them are touched and feel understood by such a specific reading. What is required of us is to be open to all possibilities and relational modalities. Referring to the same example we could 'acquire the jinn' in our own ground, afterwards choosing when and whether to make this content explicit. As far as we are in a relationship – mostly a therapeutic one – we can always catch and co-create nuance, negotiations, ambivalence. What we bring to the contact boundary plays a main role, the way we assimilated our own culture. In intercultural relationships a continuous game takes place with regard to prejudices, expectations, more or less explicit requests. The field always includes both our and his/her prejudices, expectations, codes for and means of decoding differences. We are, and we are seen, as the representative of one – or more – social and cultural contexts.

«The immigrant is the Everyman of the Twentieth Century», says Hanif Kureishi¹⁷. We must be prepared to accept that the 'other', instead of being exotic, might need to be 'like us'. He might need to be what he thinks we are. We have to accept

Immigrants and all human beings have the right to be seen, to exist, to be recognized, to keep on having experiences both as a specific, unique, individual and as a twist of belonging. However they also have the right to meet us in a 'simplified modality', rejecting parts of themselves, leaving them in the ground without going through them

17 H. Kureishi (1990), *The Buddha of Suburbia*, Faber and Faber, London.

We have to accept that the other can do what he is capable of and wants to do with his own culture

Ethnopsychological training does not only raise the question of another's culture. First of all it calls into question our way of facing our own culture

that the other can do what he is capable of and wants to do with his own culture: in a healthy way, with superb creative adjustments, but also with possible scars, blocks, limits, stiffness. Let us imagine a dance between these two modalities. Here, or maybe always in psychotherapy. Ambivalence and doubts in respect of belonging and bonds are associated with migration processes as with the whole human condition. Meeting and working with immigrants and strangers helps us in meeting and working with everybody and in knowing each other better and better, through a plot of a thousand possible belongings. Ethnopsychological training does not only raise the question of another's culture. First of all it calls into question our way of facing our own culture that is a very intimate, unavoidable part of ourselves.

A careful reading of the rites of passage¹⁸ tells us that culture is not acquired in a «natural and automatic» way. Contemporary authors tell us about the continuous negotiation with their own culture experienced by individuals and social groups¹⁹.

6. Ethnopsychiatry as a method. Clinic two.

In this circular trip around different diagnostic and therapeutic systems, different or similar forms of suffering, we come back to ourselves. We can now think about our social role, our being part of a social system. Sometimes the therapeutic field's direction makes us support adjustment. In other cases it helps us to break balance and settle into a new path, equilibrium, growth. The 'sick person' is an important piece of each cultural system, but in our societies he is often isolated. A western psychiatrist, psychologist, psychotherapist manages a sort of scalpel, the diagnosis. This scalpel can create a split between the sick per-

18 Cf. V.W. Turner (1967), *The Forest of Symbols. Aspects of Ndembu Ritual*, Cornell University Press, Ithaca and London.

19 Cf. J.L. Amselle, E. M'Bokolo (1985), *Au coeur de l'ethnie: ethnies, tribalisme et État en Afrique*, La Découverte, Paris; U. Fabietti (1995), *L'identità etnica: storia e critica di un concetto equivoco*, NIS, Roma; F. Remotti (1996), *Contro l'identità*, Laterza, Roma-Bari; U. Hannerz (1996) *Transnational Connections: Culture, People, Places*, Routledge, London.

son and the society, throwing the sick person out, expelling him. A diagnostic extrinsic mechanism can have this consequence, when acquired without criticism and outside any relational approach. On the contrary, in other therapeutic systems healers continuously try to connect and make ties between the person and his context, between the person and other worlds. Symptoms are often an occasion to start healing processes in the whole social group²⁰.

The separation between sick people and society reduces our complexity. It hinders – lessens – the possibility of reading madness in society. Let us think back to Foucault²¹. Our background and education help us to reduce this risk. However we run the risk of being naïve and of putting forward a problem instead of working on its solution. If we do not consider cultural, social processes and analyses we may let our patients become subversive or over-adjusted, throwing upon them ambivalence instead of taking it on. We may oversimplify, Nathan warns us. According to his view our societies are ‘single universe’ societies; this means that there is no belief in worlds parallel to our own. The polytheistic groups, on the contrary, interpret daily phenomena, including psychopathologies, as the result of mysterious actions made by invisible beings. This type of vision of the world conditions the way mental illness is approached; in a ‘multiple universe’ society, mental illness is interpreted as the manifestation of the fact that a spirit, for some reason that needs to be investigated, has taken over a person. As a consequence they consider the patient not as a person suffering an illness, but as a person who has become an unknowing informer of the invisible world, which is good to know for all those belonging to the group. Faced with a so-called hysterical fainting single universe societies and multiple universe societies have very different approaches. Here we try to compare them²²

A western psychiatrist, psychologist, psychotherapist manages a sort of scalpel, the diagnosis. This scalpel can create a split between the sick person and the society, throwing the sick person out, expelling him

The separation between sick people and society reduces our complexity

20 Cf. E.E. Evans Pritchard (1976) (ed. or. 1937), *Whitchcraft, Oracles and Magic among the Azande*, University Press, Oxford.

21 Cf. M. Foucault (2008) (ed. or. 1973), *Storia della follia nell'età classica*, Biblioteca Universale Rizzoli, Milano.

22 Cf. T. Nathan, I Stengers (1995), *Médecins et sorciers. Manifeste pour une psychopathologie scientifique. Le médecin et le charlatan*, Les Émpecheurs de penser en rond, Paris.

Each society defines and codifies forms of relational and psychological suffering, reading some ways of behaving, thinking and feeling and relational habits as pathological. Moreover the social context infects the individual with its own difficulties and unease

	Single Universe Society	Multiple Universe Society
Cause	Illness: Hysteria	Attack by a spirit
Etymology	Subconscious sexual impulses	Intentions of the supernatural being
Intervention Philosophy	Lead patient to understand himself and mature	Identify the invisible being and negotiate with him
Representation	Obsessed with sex: infantile, backwards	Unknown informant of the invisible world
Consequences of Intervention	Loss of reference groups, isolation, use of medication	Affiliation with new group, assigned a new social standing

We can see some parallels between this diagnostic, therapeutic approach and our reflections on diagnosis or the classification of suffering modalities. Ground and connections are concerned. And we can go even further asking and answering an important question. Finally, are there pathologies pertaining to particular places and cultures?

«Each society defines and codifies forms of relational and psychological suffering, reading some ways of behaving, thinking and feeling and relational habits as pathological (Benedict, 2006). Moreover the social context infects the individual with its own difficulties and unease»²³.

So, what diseases shall we speak about? Amok? Latah? Koro²⁴? No, a far more exotic relational suffering. It is exotic for the others: personality disorders.

«Even though in the last centuries many illustrious precursors were already puzzled by the intriguing connections between

23 M. Gecele (2013), *Introduction to Personality Disturbances. Diagnostic and Social Remarks*, in G. Francesetti, M. Gecele, J. Roubal (eds.), *Gestalt Therapy in Clinical Practice. From Psychopathology to the Aesthetics of Contact*, Franco Angeli, Milano, 601-608, 602.

24 Any reader can look for more specific information about these exotically-named clinical pictures in order to become acquainted with the concept of «Culture-bound Syndromes» and with related polemics. We hope that our shared path may help us to become more familiar with such a complex issue.

“temper”, “personality” and “pathology”, personality disorders are an expression of our “western” social context, crystallizing some of its difficulties and risks»²⁵.

We can use Devereux’s words and say that personality disorders are the ethnic disorders of our time. The concept of ethnic psychosis is an important contribution from ethnopsychiatry to psychiatry and psychotherapy as a whole. It allows us to touch on the evidence of diagnostic categories and classification systems being culture-dependent. It allows us to understand societies through their diseases, understood as exacerbations of their peculiar and specific characteristics.

«The notion of ethnic disorder was first presented by Devereux in his challenging essay on normality and abnormality (1956), and it was elaborated further in a later essay (1965). The term “ethnic” as used by Devereux does not carry its usual implication of a highly homogeneous cultural group (such as the various “ethnic groups” that comprise the United States’ population), but rather is synonymous with the looser notion of “pertaining to a particular culture”.

The most general definition of an ethnic disorder is that it is a particular pattern of psychopathology that is intimately related to the character – that is, the common attitudes, conflicts, and strivings – of a people. Furthermore, it is a focal expression for the core psychological tensions, conflicts, and contradictions of a culture, and is intimately connected with prevailing cultural values. It is entirely possible that one and the same psychiatric disorder can be an ethnic disorder in one culture and an “idiosyncratic” disorder in another. From the standpoint of the analysis of “epidemics” of psychopathology, this is tantamount to the statement that a disorder can be rare in one culture, but epidemic to another, owing to its linkage with central processes in the latter.

25 M. Gecele (2013), *Introduction to Personality Disturbances*, op. cit., 602.

The following list of the central properties of an ethnic disorder represent a distillation of the wide-ranging considerations that Devereux raised in his two essays on the subject:

1. The disorder occurs frequently within the culture in question and is one of the common psychiatric conditions within the culture.
2. The disorder is expressed in varying degrees of severity and in borderline, "subclinical," forms that fall in the midrange of a continuum between normative cultural behaviors at one end and diagnosable clinical psychopathology at the other.
3. The dynamic conflicts underlying the symptoms are central and pervasive in the culture but are of sufficient intensity in certain individuals to arouse psychological defenses and precipitate symptoms.
4. The symptomatology of the disorder is a final common pathway for the expression of a diverse spectrum of underlying psychopathology.
5. The symptoms in clinical cases represent the extremes of normative behaviors within the culture, which are exploited by the individual as readymade modes of psychological defense.
6. The disorder itself is a culturally sanctioned pattern of being "crazy" or psychologically deviant and is modeled by influential social figures and agencies.
7. The symptoms simultaneously affirm and negate cultural values and norms. As a result, the societal response to the disorder is an ambivalent one and individuals with symptoms are both punished and rewarded by members or agencies within the culture»²⁶.

Let us go even further, using ethnopsychiatric tools to speak of literature. Ties and connections among literary forms and more or less adjusted ways of being are concerned here. Liter-

26 R.A. Gordon (1988), *A Sociocultural Interpretation of the Current Epidemic of Eating Disorders*, in J. Blinder, B.F. Chaiting, R. Goldstein (eds.), *The Eating Disorders*, PMA publishing Corp, California, 151-163, 152.

ary genres and forms arise from culture and then reflect and modify it. They re-mold people, who in turn produce culture and literature.

We choose vampires: myth, metaphor, fear, fascination, opening to complexity, intersection among risks, potentialities, limits. Also between society and psychopathology, always influencing each other. Literary-anthropologic suggestions help us to read malaises and resources available in our world. We can indulge in such a game, building grounds and complexity without taking ourselves seriously.

When we play with our own or others' literary figures, myths, mind constructions, the ground surrounding psychic pathologies widens. We are not putting ourselves in a sociological dimension that, for example, created the concept of a narcissistic society. Indeed we are in an even more complex ethnographic-anthropological dimension. We can read the vampires example as a hypertext, a non-linear modality to read, to write, to learn, to decide what links to follow, what reading-paths to choose. Also ethnopsychiatric knowledge is a sort of hypertext. We can 'use' it in that way, with connections following association of ideas, meanings and purposes. Actually analysis becomes a solution, a possibility, openness too.

Dracula's literary history starts from popular narration. He is born at the border between reality and literature, scaring us. Stranger, devil or dragon. He menaces to overwhelm us, possibly appropriating our vital energy. No exchange, no growth, our role is just a passive one.

Dracula as a stranger is the quintessence of the barbaric north. Mediterranean people felt menaced by celtic, turkish, hunnish, finno-ugric, germanic, slavic populations (however, in Stoker's book Dracula threatens England). The less we question ourselves the more invaders scare us and we lose the opportunity to change with them.

Vampires can be seen as a double metaphor, concerning encounters with strangers as well as ethnic disorders.

Emotional vampires are a new figure, created at the border between psychological literature and esotericism²⁷. The classifica-

We can read the vampires example as a hypertext, a non-linear modality to read, to write, to learn, to decide what links to follow, what reading-paths to choose

Vampires can be seen as a double metaphor, concerning encounters with strangers as well as ethnic disorders

27 Cf. A.J. Bernstein (2002), *Emotional Vampires. Dealing with*

We are facing one among possible cultural shapes taken up by relationship with the 'others', the enemy, the different one. Maybe it is not as extreme a shape as we might think. An enemy is to be assimilated. He has to become part of ourselves

tion for emotional vampires is quite similar to the classification for personality disorders. Difficult relational situations are concerned here, together with a loss of energy at the contact boundary. Vampires suck our blood and our energy, such a metaphor describing many relationships.

Why and in what way do emotional vampires suck energy? Actually at the contact boundary both energy and presence are missing. Available energy is drained, even 'robbed', without any assimilation. It is a one-way process. Somebody runs the risk of being dried up in a sucking contact process.

Vampires are 'the others'? Vampires or cannibals? Cannibals can help us understand vampires better, being similar but also the opposite polarity. Cannibalism is a relational modality, available at certain latitudes and in certain epochs. It is a modality shared by the opposed groups involved, by groups in war²⁸. We are facing one among possible cultural shapes taken up by relationship with the 'others', the enemy, the different one. Maybe it is not as extreme a shape as we might think. An enemy is to be assimilated. He has to become part of ourselves. This power game does not cause the extermination of any involved side, nor a loss of biodiversity. Different elements are recombined. The winner is contaminated by the loser and becomes different.

In the ground we can possibly see the awareness of not being self sufficient, inside a group, society, culture. We do not want to run the risk of idealizing different cultures and modalities. Utopia distorts the mirror through which we see ourselves whilst watching the others. It makes us see ourselves as we would like to be. On the contrary we try to draw upon multiple possibilities and meanings of human life, even in tragic situations such as war and death. From South America to Ocea-

People Who Drain You Dry, McGraw-Hill, New York.

28 Remotti (1996) considers Tupinamba cannibalism as an example of otherness becoming likeness. Even the so called identity would turn into likeness. Cannibalism is not a nourishing act, but a kind of post-conflict ritual between two populations. The winning one includes prisoners inside their society. With generous hospitality and possibly with affection both boundaries and differences are reduced. It is only afterwards that cannibalism takes place, as a final act.

nia²⁹ cannibalism is a metaphorical or real way to chew and assimilate diversity. In our world cannibalism turns into blood-sucking. Why? It is an open question.

«It is not a coincidence that vampires triumph in a time of crisis, when the world around us, our familiar and possibly ideological belongings (...) seem to be made by powerless elderly people. Moved by the haste to destroy vampires, they end up resembling them»³⁰.

Do we live in a context nullifying different polarities and challenges? Is our social framework sucking novelty, possibilities, energy? Possibly in our post-modern society everything is dissolving due to a crisis in ideology, faith, categories. Stimuli do not become a nourishing novelty because they are neither supported nor selected.

Stimuli sink without trace and do not cause any change³¹; whereas novelty is interesting, unpleasant, nourishing. Stimuli provide instant feeding, that soon runs low. They are not nourishing (like blood...). The current concern for stories and sagas about modern vampires may be a metaphor for our society, indicating the search for easy stimuli instead of demanding novelty.

A vampire is both a stranger and a mirror³². We can see vampirism as the extreme situation narcissism might move towards. There is neither death nor risks. But life is not life, assimilation being unavailable. On the contrary we face eternal youth.

Stimuli sink without trace and do not cause any change; whereas novelty is interesting, unpleasant, nourishing

A vampire is both a stranger and a mirror. We can see vampirism as the extreme situation narcissism might move towards

29 Cf. P. Brown, D. Tuzin (eds.) (1983), *The Ethnography of Cannibalism*, Society for Psychological Anthropology, Washington; E. Viveiros De Castro (1992), *From the Enemy's Point of View: Humanity and Divinity in an Amazonian Society*, University of Chicago Press, Chicago; F. Remotti (1996), *Contro l'identità*, op. cit.

30 M. Bevilacqua (2009), *L'evoluzione del vampiro nella letteratura*, Oblique Studio, Roma, 6.

31 Nowadays creative adjustment is mostly a task of selection. Too many stimuli are continuously invading us. A figure doesn't have time to take shape. Specific support is necessary to distinguish and decode stimuli.

32 Let us remember that 'traditional' vampires cannot see their reflection in mirrors because they do not have souls. We might also say that they do not have ground, temporal and relational depth, life. On the one hand we have no reflected images, on the other hand a reflected Narciso's image. Opposite or related polarities?

The modern vampire's sensitivity is tender, youthfully naive, sexually unsure, possibly due to his role of outsider

Vampires also offer the possibility of a 'new man'

That is why we are 'surrounded' by modern vampires within literature and movies; our children let narcissism move towards its extreme polarity. When a polarity is brought to its extreme consequences the opposite polarity comes up. Warmth, the more tender and naive the more it is unknown and unexplored. Fragile connections try to overcome narcissistic death.

The modern vampire's sensitivity is tender, youthfully naive, sexually unsure, possibly due to his role of outsider. He is free from social rules and duties. He is not bound to mimic strange and extraneous relational modalities. He remains untouched by those same problems he somehow represents inside society. We can see vampires as the decadent and destructive extreme of a decadent society. However vampires also offer the possibility of a 'new man'. There is an old, sterile narcissism given by a wasting society; but there is also another narcissism that brings about hope and the possibility for a different society.

Let us go even further. Maybe polarities are reversing, maybe in turn the victim is sucking blood. Might that happen? Is society using vampires, sucking energy from them? Are we trying to draw on this imagery to regenerate?

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Abstract

How much does the other need to be different in order to be other? And how much does this variable, unpredictable difference challenge our way of working as psychotherapists? What instruments do we need in order to understand an immigrant or to work out what happens in different continents?

This paper tries to answer these questions, exploring the disciplines that observe and study intercultural matters. Consulting ethnopsychiatry, ethnopsychology and cultural anthropology is therefore primary.

We shall follow different threads: migratory experiences, facing novelty, clinical considerations.

In fact relational and clinical focus on the 'other' will turn into looking towards ourselves: we and the others mirroring each other.

Attention paid by Gestalt therapists to the ground is an important key to working in intercultural fields.

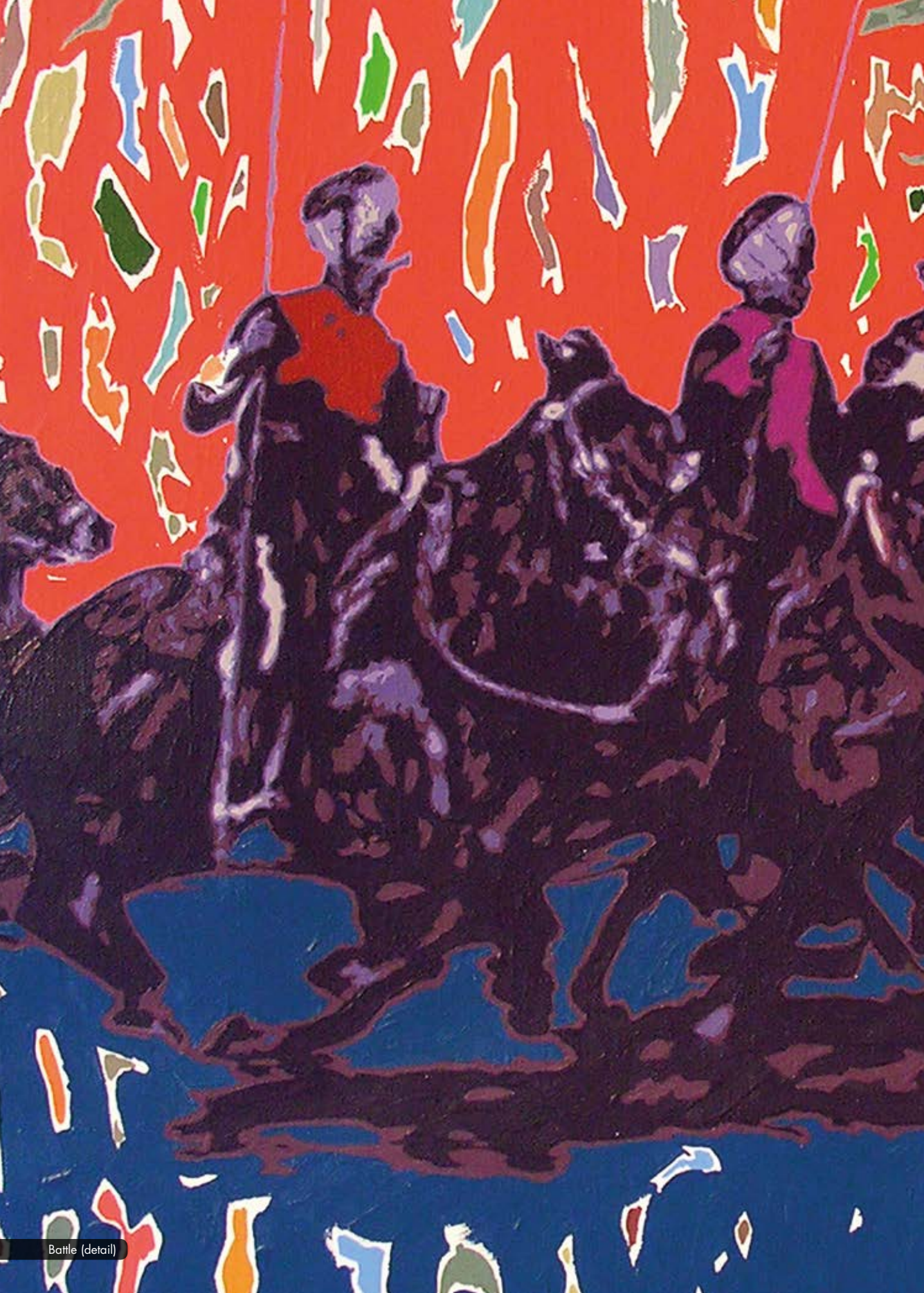
The other, what is different, novelty challenges at many different levels, from the dual relationship to larger social processes. It challenges the assumptions that we take for granted in our everyday life, the social order established by any society.

Facing ethnopsychiatry we put ourselves in a relativisation of knowledge and disciplines that are becoming 'weaker and weaker' and therefore more and more interesting.

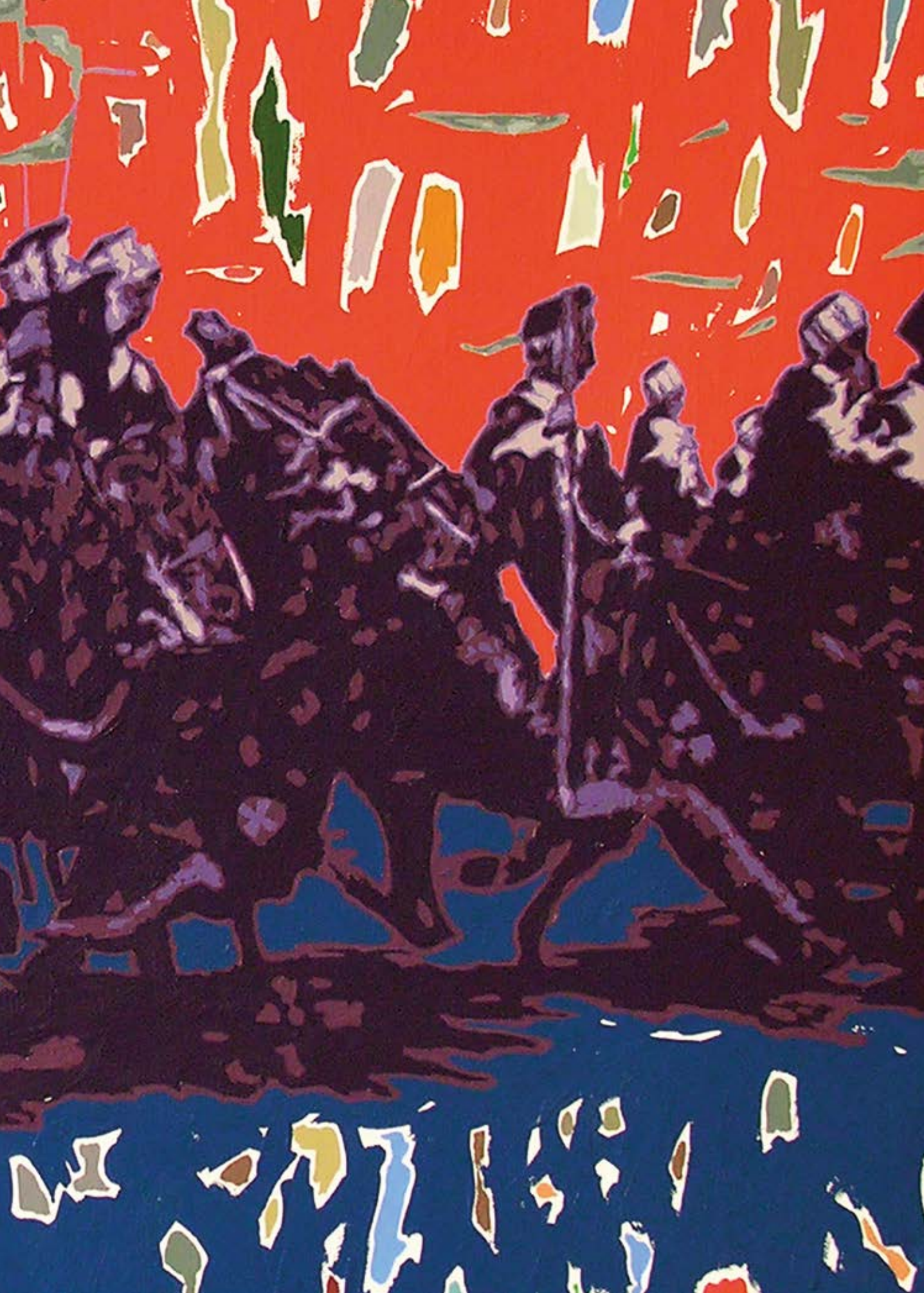
Reflection on healing systems involves thinking about the engagement of social and political consent and about how that gives specific shapes to malaise. It involves considering how ethnopsychiatry is more a method than a framework of knowledge.



Untitled (detail)



Battle (detail)



PUBLICATIONS

JOURNAL OF PSYCHOTHERAPY (ITA/ENG)



Index

■ Editorial

■ In this issue

■ Research

The anxiety of acting between excitement and transgression. Gestalt Therapy with the phobic-obsessive-compulsive relational styles
Giovanni Salonia

The borderline patient: an insistent, anguished demand for clarity
Interview to Valeria Conte by Rosa Grazia Romano

■ Art and psychotherapy

To Alda Merini
Paola Argentino

Catch my soul
Giuliana Gambuzza

■ New clinical pathways

Omotherapy and Gestalt Therapy: New Applications of Pet Therapy
Silvia Zuddas and Francesco Padoan

■ Readings

Aluette Merenda,
Fabio Presti



Index

■ Editorial

■ In this issue

■ Research

Gestalt Therapy and its serious patients
Valeria Conte

The Perls' Mistake. Perceptions and misunderstandings of the gestalt post-Freudianism
Interview to Giovanni Salonia by Piero A. Cavaleri

■ Art and psychotherapy

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

■ New clinical pathways

Narcissus: the reflex without water
The myth according to bill Viola, reflections on the narcissistic experience
Giovanna Silvestri

■ Readings

Aluette Merenda



Index

■ Editorial

■ In this issue

■ Research

The personality-function in Gestalt Therapy
Antonio Sichera

Theory of Self and the liquid society.
Rewriting the Personality-function in Gestalt Therapy
Giovanni Salonia

■ Art and psychotherapy

Borderline
Border-line
Annalisa Iaculo

Re-reading 'the re-discovered body'
interview to Maurizio Stupiggia
ed. by Elisa Amenta

■ Society and psychotherapy

The flight of Bauman in Siracusa.
Interview to Zygmunt Bauman
ed. by Orazio Mezzio

■ Readings

Aluette Merenda



Index

■ Editorial

■ In this issue

■ Research

The moon is made of cheese. Exercises of gestaltic translation of borderline language
Giovanni Salonia

The relational narcissistic model in the post-modern world and therapeutic work in Gestalt Therapy
Valeria Conte

Beyond Oedipus, a brother for Narcissus
Paola Aparo

WITH YOU, I'M NOT AFRAID. FOR A RE-READING OF THE SCRIPT PANIC ATTACKS AND POSTMODERNITY

Annalisa Castrechini

Space has loneliness,
the sea has loneliness and death has loneliness
but all of these things are like a crowd if compared to that deeper point,
like polar secrecy that is a soul in front of itself: finite infinitude.

Emily Dickinson

Five years ago, I read the book *Panic attacks and postmodernity. Gestalt Therapy between clinical and social perspectives*¹ and since then I got back to it many times. My impression was that I hadn't fully completed its comprehension because of the richness of its exposition and the importance of the theoretical reflections we can find in it.

With a clear scripture that flows with narrative and poetic stile, without ever losing concreteness and scientific exactness, the script examines the main concepts of PdG and, courageously, formulates original assumptions, some of which, are surely capable of arousing agreements or disagreements, but they have also a credit to arouse a widening of meditations and stimulates new debates. The comments coming next have taken the starting point from the articles of this interesting essay, proposing a new reading of them on the basis of the clinical and theoretical studies developed in our Gestalt Therapy Kairòs Institute.

Words talking about sorrow, words able to cure, and even absence of words.

Words will never succeed in describing completely the experience of grief that somebody suffering from Panic Attack, can feel, and neither will they ever be enough to relieve that pain.

¹ G. Francesetti (2007), *Panic attacks and postmodernity. Gestalt Therapy between clinical and social perspectives*, Franco Angeli, Milano.

The inexpressibility of sorrow is something so dramatic that frightens and makes the therapist and the patient feel powerless. As we are the professional people who have to succeed in cure, we ask, therefore, if the cure always consists in making expressable the things that are hidden in the secret garden of the soul, giving back real life to the world of consciousness and symbolical representation, as we can find in the Enlightenment dictates of Freudian psychoanalysis, or if it can even be expressed without the dominion of words, with a kind of implicit unconscious knowledge². The gestalt hermeneutics gives an interpretation and a therapeutical perspective starting from the proceeding aspects, from the quality of contact, from the way one's Self is present at the border of contact at many levels, first of all with body experience³.

In order to become conscious of it, the experience must «always be expressible»⁴. That's what Salonia asserts and that happens thanks to the ability of the Personality-function, to translate in words the «emotional flow that the body feels»⁵.

The cure, therefore, consists in a co-construction of a relational background in which the patient is supported in restoring the realization of intentionality, because its 'blockage' has origi-

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In order to become conscious of it, the experience must «always be expressible». That's what Salonia asserts and that happens thanks to the ability of the Personality-function, to translate in words the «emotional flow that the body feels»

2 Cf. H. Franta, G. Salonia (1998) (1st ed. 1981), *Comunicazione interpersonale. Teoria e pratica*, LAS, Roma; M. Spagnuolo Lobb (2007), *Why Do We Need a Psychotherapeutic Approach to Panic Attacks?*, in G. Francesetti (ed.), *Panic attacks and postmodernity. Gestalt Therapy between clinical and social perspectives*, cit.; 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 Cf. G. Salonia (1986), *La consapevolezza nella teoria e pratica della Psicoterapia della Gestalt*, in «Quaderni di Gestalt», 3, 125-146; F. Perls, R. Hefferline, P. Goodman (1994) (or. ed. 1951), *Gestalt Therapy: Excitement and Growth in the Human Personality*, The Gestalt Journal Press, New York; 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; Id. (2013), *Disagio psichico e risorse relazionali*, in G. Salonia, V. Conte, P. Argentino, *Devo sapere subito se sono vivo, saggi di psicopatologia gestaltica*, Il Pozzo di Giacobbe, Trapani, 55-67.

4 G. Salonia (2012), *Theory of self and the liquid society. Rewriting the Personality-function in Gestalt Therapy*, cit., 43

5 *Ib.*

Autonomy is real only when it stands on firm legs, when we can look back to our reference points in order to find audacity and self confidence to look forward and go on in the world

Candidates for PA, are the «emotional orphans», so called in literature because they grew up quickly, relying only on their own strength; they couldn't expect anything from the outside world, so they denied their weaknesses, becoming their own parents

nated, with the Organism's creative adaptive abilities, the disorder. According to this prospect, we can understand the real sense of psychic anguish, only if we look at it in the historical-social environment in which it starts and we understand its «Relational Basic Model»⁶ that is Salonia's bright theoretical elaboration.

This model expresses how a group, or a community integrates two kinds of motivational forces: the centrifugal ones that privilege subjectivity and personal success, and the centripetal ones, supporting membership and that come out in dangerous situations for survival. Who are we? A result of a 'no limits' world, in which every route seems possible and where everything has uncertain, confused characteristic features in which identity dissolves in a sea of possibilities, of false individualizations, losing and renouncing to it-self.

It's well known that autonomy is real only when it stands on firm legs, when we can look back to our reference points in order to find audacity and self confidence to look forward and go on in the world. So, in an irrepressible way, the PA reveals the great sense of loneliness hidden in the depths of the soul, and the lack of existential certainties coming from the way the 'other' has taken care of us⁷.

Candidates for PA, are the «emotional orphans», so called in literature because they grew up quickly, relying only on their own strength; they couldn't expect anything from the outside world, so they denied their weaknesses, becoming their own parents. The kind of support lacking in people affected by PA, is, therefore, the possibility of having a firm ground, a stable but adaptable habitat for affective and moral growth.

6 Cf. G. Salonia (2007) *Social Changes and Psychological Disorders. Panic Attacks in Postmodernity*, in G. Francesetti (ed.), *Panic attacks and postmodernity. Gestalt Therapy between clinical and social perspectives*, cit.; Id. (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.

7 Cf. G. Salonia (1989), *Dal Noi all'Io-Tu: contributo per una teoria evolutiva del contatto*, in «Quaderni di Gestalt», V, 8/9, 48-53; Id. (1992), *Tempo e relazione. L'intenzionalità relazionale come orizzonte ermeneutico della Gestalt Terapia*, in «Quaderni di Gestalt», 14, 7-21.

If it's not the anguish to entrust oneself to someone's care, what else can be the most difficult and feared experience of anguish for someone who has had to learn very early to direct towards or against himself something he would have wanted to do or wanted to receive from the environment?

For whom he stopped acting because he felt the world small and unable to sustain his energy and his need to entrust himself to someone⁸?

In the book *Panic attacks and postmodernity* emerges, concerning this, a critical part, that maybe is the most suggestive but is, however, misleading if we start from the introduction statements set forth. However it's thanks to this part that, after many interesting disquisitions, it became clear to me the most important aspect hidden behind this problem. Precisely, it's asserted that there isn't a moment in the curve in which the PA starts; it starts when it is impossible to carry out the interruption of the usual contact, that is the one that we commonly use and that is our ground⁹. Around the story, the personal differences and the existential changes that could produce a sudden breakdown of the ground, therefore, applying to our reference model, some discordances come out.

True is the fact that the contact process can be interrupted during any phase if the specific support for excitement fails; at the same time, it's also true, as Salonia asserts, that the time of contact defines the «specificity» and the «different configurations of the psychic disorder»¹⁰. And the 'specificity' of the PA is indissolubly connected to the phobia of belonging.

The time of contact defines the «specificity» and the «different configurations of the psychic disorder»

8 Cf. G. Salonia (1989), *Tempi e modi del contatto*, in «Quaderni di Gestalt», V, 8/9, 55-57; F. Perls, R. Hefferline, P. Goodman (1994)(or. ed. 1951), *Gestalt Therapy: Excitement and Growth in the Human Personality*, cit.; P. Cavaleri (2003), *La profondità della superficie*, Franco Angeli, Milano.

9 Cf. G. Francesetti (2007), *The Phenomenology and Clinical Treatment of Panic Attacks*, in G. Francesetti (ed.), *Panic attacks and postmodernity. Gestalt Therapy between clinical and social perspectives*, cit.

10 Cf. G. Salonia (1989), *Tempi e modi del contatto*, cit.; Id. (2001), *Disagio psichico e risorse relazionali*, in G. Salonia, V. Conte, P. Argentino, *Devo sapere subito se sono vivo, saggi di psicopatologia gestaltica*, cit., 57-61; Id. (2010), *L'anxiety come interruzione nella Gestalt Therapy* in L.D. Regazzo (ed.), *Ansia che fare?*, CLEUP, Padova, 243.

All the existence will, therefore, be studded with insecurities and anxiety feelings, that could lead to real *panic crisis*

As for the second step, to the anxiety coming from entrusting oneself, belongs the difficulty of the Organism in meeting the environment in a full and nourishing way going from 'I' to 'we'

Now let's go step by step. Two are the great existential anguishes making the human being suffer: the anxiety of separation and the one coming from entrusting oneself¹¹. To the first step, are linked all those pains in which the subjectiveness can't come out with all its completeness and spontaneity. All the existence will, therefore, be studded with insecurities and anxiety feelings, that could lead to real *panic crisis*¹². The therapeutic aim, in this case, will consist in supporting the person in trying the solidness of his individuality, his feeling and wanting in order to be able to feel the strength and the power in his capability to 'bite' and 'masticate' life¹³.

As for the second step, to the anxiety coming from entrusting oneself, belongs the difficulty of the Organism in meeting the environment in a full and nourishing way going from 'I' to 'we'. This is the difficulty of our age; the difficulty for which the panic attack takes place, or better not for the loss of the polis, not even for leaving safe shelters but when «someone, torn away from his roots and torn away from the intimate consciousness of the body» T.d.A. is entering a new belonging and is not ready for it. When somebody has the chance to entrust and

11 Cf. G. Salonia (1992), *Tempo e relazione. L'intenzionalità relazionale come orizzonte ermeneutico della Gestalt Terapia*, cit.; E. Becker (1982), *Il rifiuto della morte*, Paoline, Roma; G. Salonia (2011), *Sulla felicità e dintorni. Tra corpo parola e tempo*, Il Pozzo di Giacobbe, Trapani.

12 Cf. G. Salonia, *La GT con attacchi di panico*, Seminar June 7-8, 2013 Gestalt Therapy Kairòs Institute, Rome.

For better clarification: while the physiological panic is related to a real danger and terror to a sudden event that causes intense dismay that paralyzes as the source of the threat is unknown, pathological panic (or panic crisis) occurs through a convulsive reaction psycho-physiological of the organism, a disproportionate level of anxiety than the possible risk or danger of the situation and is characteristic of subjects tendentially anxious and insecure. The panic attack, instead, is an experience that unexpectedly and suddenly comes in an ordinary situation and is typical of those with an independent style, very efficient in their life and rather ineffective.

13 Cf. F. Perls (1969) (or. ed. 1942), *Ego, Hunger and Aggression*, Vintage Books, New York; I. From, M.V. Miller (1997), *Introduzione alla nuova edizione*, in F. Perls, R. Hefferline, P. Goodman (1997) (ed. or. 1951), *Teoria e pratica della terapia della Gestalt*, cit.

live fully the relation with the 'other' but he doesn't have the courage to risk, so he's overwhelmed by anguish. Essential in a relational story is that the patient with PA has not lived a sane confluence because of being pushed inside the adult world too precociously. As in the case of the 'retroflexed narcissist' (a relational form that well describes the peculiar aspect we are dealing with), Conte asserts that he «fears introjections as annulment of his personality and is unable to sustain a relationship without feeling suffocated/absorbed»¹⁴.

In case of lack of rooting in firm and nourishing bonds in which it wasn't possible to trust in someone and to ask, without feeling ashamed and humiliated, the identity cannot be perceived in all of its parts and its needs (the Personality-function disorder), in the same way the body, that has had to defend itself from its sensations and emotions, couldn't live and inhabit itself completely (an Es-function disorder)¹⁵. Examining the family in a closer way in its functions, in its relational plots, and communication patterns, we can see that there are mainly two kinds of systems that could favour the development of a narcissistic style of personality, and so, expose the individual to a PA risk. The case in which in family sussists a kind of relationship that is too conjugal (with rigid limits between the sub-system of the couple and the filial one), or when, for the two parents, an up/down experience code is applied. In a too conjugal family there is a parental release for the function of relational support for their children. It's a family system in which the child doesn't live a nourishing confluence at the origin, and, as I already exposed, lives a precocious demand of autonomy, since he can't absorb the entrusting experience in the environment. In the other case, instead, the sub-conjugal system is off-balance (one parent in the up position and one in the down position) and the border from the parental one is «diffused»¹⁶ slightly differentiated, so

The patient with PA has not lived a sane confluence

The identity cannot be perceived in all of its parts and its needs (the Personality-function disorder), in the same way the body, that has had to defend itself from its sensations and emotions, couldn't live and inhabit itself completely (an Es-function disorder)

14 Cf. V. Conte (2013), *The relational narcissistic model in the postmodern world and therapeutic work in Gestalt Therapy*, in «GTK Journal of Psychotherapy», 4, 71-92.

15 Cf. G. Salonia (2008), *La Psicoterapia della Gestalt e il lavoro sul corpo. Per una rilettura del fitness*, cit.

16 Cf. S. Minuchin (1976), *Famiglie e terapie della famiglia*, Astrolabio, Roma.

The person goes back in contact with his archaic needs: the ones connected to the security code and, to these, can answer the professional figures of cure, like the psychotherapist, and the other needs, connected to the heart code, gratified by the warmth and the closeness of dear people

The affective emptiness hidden before, then comes out with the symptom in a desperate «appeal of relationship» and so it explodes; in the same way, impetuously, explodes the body, because it has been for such a long time denied, contracted, desensitized and now it feels all the pain

to outline a disturbed alliance (at the level of Personality-function) between parent-son (mother-son or daughter, father-son or daughter) and a 'taking side' against the other parent. In this alliance, the son will have experiences and behaviours as an adult till he will come to deny his needs in order to answer generously to the unsatisfied ones of his parent, so to continue rejoicing at parent's «shining glance»¹⁷, love and approval.

The difference between crisis and panic attack is not, therefore, a question of 'languages', but it is fundamental in the process of diagnostic and therapeutic counseling. After testing a panic attack, the person goes back in contact with his archaic needs: the ones connected to the security code and, to these, can answer the professional figures of cure, like the psychotherapist, and the other needs, connected to the heart code, gratified by the warmth and the closeness of dear people.

Just the person that doesn't seem to have ever needed other people, becomes 'expert of relationship' able to see who can calm his fears, wanting him always to be near¹⁸.

For a long time covered by a presumed idea of self-sufficiency, the affective emptiness hidden before, then comes out with the symptom in a desperate «appeal of relationship»¹⁹ and so it explodes; in the same way, impetuously, explodes the body, because it has been for such a long time denied, contracted, desensitized and now it feels all the pain («the body is the figure and the Self, in its structure of the deliberating and active inner self from the motoric point of view, is the ground»)²⁰.

In the dynamic and changing process of the figure/background, the psychic disorder «has specific observable

17 G. Salonia, *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., 166.

18 Cf. G. Salonia, *La GT con attacchi di panico*, Seminar June 7-8, 2013 Gestalt Therapy Kairòs Institute, Rome.

19 Cf. A. Sichera (2001), *Un confronto con Gadamer: per una epistemologia ermeneutica della Gestalt*, in M. Spagnuolo Lobb (ed.), *Psicoterapia della Gestalt Ermeneutica e clinica*, Franco Angeli, Milano, 17-41.

20 Cf. F. Perls, R. Hefferline, P. Goodman (1994) [or. ed. 1951], *Gestalt Therapy: Excitement and Growth in the Human Personality*, cit.

properties»²¹ of the context in which it happens. Today's world is a building yard with never-ending changes, with fast rhythms and solutions «devoured by the never-ending seeking of externalism and success (...) and by the immediate realization of every desire and impulse»²². It goes on with organizational systems, interacting in real time, in a chaotic production with uncertain and heterogeneous meanings. The one that should be our private space, a space for intimacy, the *oikos*, is continuously invaded by the branched and pervading presence of external reality, the outside world without which we seem to be unable to live. Maybe because we fear loneliness, and so we avoid meeting it. This way, however, we lose the chance for being with ourselves, the trying out the pause enabling the learning of the lived experiences, in an intimate dialogue, becoming «creative solitude in which you can assimilate the contact, growing and expressing creativity»²³. In this kind of cultural and relational ground, collective fears start developing and, in an alarming way, risk behaviours start spreading; behaviours of an asocial and self-destructive kind, or distinguished by new forms of dependence²⁴. In the light of crisis of belonging unions, we have to create a new «community»²⁵, in which the dialogue, meaning practice of sincerity, justice, love and sensibility assumes a «fundamental ethical dimension»²⁶.

Maybe because we fear loneliness, and so we avoid meeting it. This way, however, we lose the chance for being with ourselves

In this kind of cultural and relational ground, collective fears start developing and, in an alarming way, risk behaviours start spreading

21 Cf. Ivi.

22 Cf. E. Borgna (2011), *La solitudine dell'anima*, Feltrinelli, Milano.

23 Cf. G. Salonia (2012), *Theory of self and the liquid society. Rewriting the Personality-function in Gestalt Therapy*, cit.; For further details on the concept of «traità intrapersonale», see preface of G. Salonia, *L'esser-ci-tra. Aida e confine di contatto in Bin Kimura e in Gestalt Therapy*, in B. Kimura (2013), *Tra. Per una fenomenologia dell'incontro*, Il Pozzo di Giacobbe, Trapani, 5-17.

24 Cf. D. Alberio, C. Freddi, E. Pelanda (2011), *Il corpo come se, il corpo come sé. Trasformazione della società e agiti autolesivi in adolescenza*, Franco Angeli, Milano; V. Conte (2013), *The relational narcissistic model in the postmodern world and therapeutic work in Gestalt Therapy*, cit.; Z. Bauman (2014), *Il demone della paura*, Gruppo Editoriale L'Espresso, Roma.

25 Cf. G. Salonia (1999), *Dialogare nel tempo della frammentazione*, in F. Rametta, M. Naro (eds.), *Impense Adlaboravit*, Facoltà Teologica di Sicilia, Palermo, 572-595.

26 Cf. M.F. Pacitto (2012), *Buoni si nasce, soggetti etici si diventa*.

Dialogue and belonging are founding experiences for the opening and connection to life, for sharing and supporting future new opportunities for growth

It is by means of dialogue that we can recognize the other's face, the other's subjectivity the «equal dignity and even, as Kant says, the 'autonomy'»²⁷.

Therefore, dialogue and belonging are founding experiences for the opening and connection to life, for sharing and supporting future new opportunities for growth. Both are the ethical and political answers for enrichment of the 'ground' so that, as asserted in the work *Panic attacks and postmodernity*, the need for relationship and motivation for contact could become figure. With a new consciousness, in which 'who I am' and 'who I have become' can't leave out of consideration 'to whom and to what I belong', otherwise risking to lose one's identity.

La costruzione della mente etica tra neuroscienza, filosofia, psicologia, Pendragon, Bologna.

27 Cf. Ivi.

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Abstract

The article, arising from a reading of the certain passages of the text *Panic Attacks and Postmodernity*, addresses the complicated relationship between psychological problems and socio-historical background in which it takes shape. Today's world is characterized by continuous transformations, by chaotic development and is heterogeneous for influences and meanings. It obstructs the building of strong identities and healthy paths of growth. The experience of panic attacks expresses the difficulties of our time, those difficulties characterized by an autonomy that is not based on strong reference systems but arises from the denial of their weaknesses and the need of the other. Through a clinical and phenomenological analysis of the two main existential anguishes of the human being, the article makes a distinction between the experience of panic and the panic attack. The first one, related to separation anxiety, is typical of a subjectivity not fully integrated, which is struggling to express itself spontaneously; the second one is characteristic, however, of those who have not had a solid ground and fear the entry into a new membership in which they feel absorbed. Dialogue and a sense of belonging are the ethical and political response to the loss of the current environment and the realization of possible paths of action involving both the individual and the social sphere.



House of non sense (detail)



In shades of grey and colors (detail)

NOW MOMENT OR FINAL CONTACT?: MEETINGS AND COMPARISONS WITH D. STERN, FRIEND AND TEACHER

Giovanni Salonia

We acknowledged each other and looked at one another half a second longer than planned. The agreement was mutual

Reading his books, in fact, I was surprised by the way a psychoanalyst like him was so passionate about the phenomenology of the experience

«Mr Stern?» «Yes» «I'm Giovanni Salonia. Welcome to Palermo». Within a few formal words of this exchange, we acknowledged each other and looked at one another half a second longer than planned. The agreement was mutual. It was a late evening of January 25, 2001 at Palermo airport. A year later, in Siracusa, Daniel himself would say that in Palermo, between our Institute and him that he was falling in love and that we should search for differences! We found them, and so many! But not enough to make us forget that first moment in which we had recognised each other. It is as if that evening in Palermo, at dinner, I got to know his inner 'child': curious, vivacious, genuine, that I wasn't distressed even when – intrigued by my monk state – he calmly asked me if I had ever been in love, and with whom, and what had happened and so on.

We had invited him because we were impressed by his theory on the development of children. Reading his books, in fact, I was surprised by the way a psychoanalyst like him was so passionate (converted – Husserl would say) about the phenomenology of the experience. His was an evolutionary theory that – in the same way as intuition on the dental stage of Perls – was derived not from speculation on the 'clinical' child but from observation of the 'live' child. At once, I heard that an evolutionary theory like that of Stern needed the ingenious theory of the Self from Gestalt Therapy (born in the fifties), as well as the discounted theory itself of Object Relations and Kohut. Daniel's re-reading of the mother-child relationship like a dance and like a paradigm of the therapist-patient relationship was decidedly exciting for me.

At an epistemological level, the Sterniana transition from the mother-child relationship to the therapist-patient opens several fronts of research and study in the field of psychoanalysis, and not without confusion at a hermeneutical and clinical level (it is not an easy task, in fact, to combine the unconscious and phenomenology, experience and interpretation, psychody-

namic and systemic perspective). In any case, the evolutionary theory of the Self remains the valuable and historic contribution of Daniel Stern. It was Stern who introduced the subject-in-relationship to the evolutionary; it was he who 'invented' the 'narrative self' like a new edition of the triadic dimension of the word and links in the primary triangle. For this reason, during our many meetings in those years, I found myself telling him many times that I had fallen in love with his theory of evolution! But let us go back to that first meeting in Palermo and its history. The following day, the conference at the Hotel Addaura, is a real event: about 600 participants, including numerous psychology professors from the University of Palermo. His captivating speech and his kind opening, combined with a great appreciation of the work by directors of the Institute, created a special atmosphere that made the event significant on a cultural and relational level. But it had yet to reach its highlight. The next day, teachers and students of the Institute met with him to look further into his theory. Stern suddenly took us off guard, «Can you show me in person how you conduct therapy?» For twenty years we had consistently invited teachers (Italians, foreigners; Gestalt and non), but no one had ever shown so much interest or, if you like, so much curiosity in our therapeutic style. Daniel was the first. And he did it with a real and rare humility: «I did not come just to teach. I also came to learn something from you all!». In short, that day Stern gave us an unforgettable lesson in life! Because he showed us that to be alive, to bring novelty and freshness into the world around us, we must never – especially if you are Daniel Stern – be prisoners of our statues, but rather have the courage and the joy to be curious and open, like children, to what is given to us as a gift every day.

But there's more. After the first moment of surprise, a student asked to work on his own troubles and Valeria Conte led the therapeutic interview. Stern was captured by the rhythm of the session, by the therapeutic fineness. At the end of the therapeutic interview, Daniel picks up the microphone and, to general amazement, starts to be the patient. He knew he wanted to call me into question and so I began a therapeutic interview with him. After the first few lines, they all start to understand that Daniel is playing a game in which he is the first-person. The session

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In our report, the new work of Stern represented an opportunity to re-define boundaries

At the centre, however, there is no use denying that we had our theoretical differences

ends with palpable satisfaction and an emotion in the 'patient', which immediately defines that day as a 'special day'. Naturally the romance could not last; it would not be logical or natural. Every true relationship evolves and is bound to encounter difficulties. And for us it is presented both in terms of the relationship as well as in terms of the theory. Daniel had, in a sense, planned it and I remember that on his own initiative he spoke about this in Rome. Jailbird was just his famous book: *Now Moment*. In our report, the new work of Stern represented an opportunity to redefine boundaries. I still remember our discussion. I tell him that I had been disappointed by the Act that, while he knew we Gestaltists and although we had talked about this at length, he had remained attached to the ancient (and incorrect) psychoanalytic belief that there had never been any therapeutic models based on 'experience'. «And what are we? You know very well. It is typical of dominant paradigms to not inquire and to snub other perhaps less known approaches, but to be able to prepare for the future! And even then it is not right to speak of empathy without citing neither Rogers nor Jaspers, but Kohut (who came many years later), who also at the time acknowledged in Rogers the primacy of empathy!». At the centre, however, there is no use denying that we had our theoretical differences. I remember the energy, musicality and involvement with which we spoke for four hours in Siracusa. He argued that the Gestalt contact cycle was too deterministic and that, in reality, the 'now-moment' is the change that occurs suddenly and unpredictably. His example was that of a child, in the arms of his father during an evening party, «You see: all of a sudden the child looks at the father, holds his finger and falls asleep. It is an unpredictable change, a now-moment». And I: «I do not think this is an unexpected moment: at a certain time, every parent expects their child to fall asleep. That which is unpredictable is not the fact that it happens but, rather, the way in which it happens». As in therapy, Daniel led by clinical examples drawn from his own experience or from texts by Mitchell, confirming the unpredictability in the now moment. I disagreed that the 'now moment' is unpredictable in the way that it happens, but that it has to happen as it is the expectation of the therapist and the patient, who meet, in fact, to change this: the change itself cannot be considered neither unexpected

nor unpredictable, but just the way in which it happens. It was a pleasant surprise, a year later, to hear Stern at the close of a conference on the relationship between Gestalt Therapy and Relational Psychoanalysis, speaking of intentionality: «It's a concept that Giovanni has worked hard on and that, in effect, is strongly emphasised in the Gestaltic model. I take it back, thinking about that time in Brentano». It was always nice to observe that, despite any differences, our initial feeling and his desire to confront me remained alive and indelible.

Our last conversation was at a conference on the primary triangle. It was a harder confrontation than usual. Elizabeth Fivaz was also there, which he pointed out, and I said that this was fine because we had a good relationship. Daniel, in fact, had closed the conference in this way: «I like the way in which you do therapy at the Institute of Gestalt Therapy, but I disagree with the style that the Gestaltists use to describe their theory». I replied: «It's probably true what you say and I thank you for the suggestion. But I also have a suggestion for you: try to believe that we can work well on different theories to yours». In essence, my disagreement was also linked to a different background. Psychoanalysis discovered in those years with him, ideas and perspectives that we Gestaltists were associated with for half a century. I think about the use of the present, the 'now-for-next' Erving Polster or temporality in terms of Kairos: they are all elements that had some clear points of contact with his intuitions, but they were rich in a complexity and an evolution which was difficult for him to perceive, given the radically 'oral' knowledge of Gestalt tradition.

I remember fondly a discussion about the early evolution of the child during a dinner in Siracusa in which, because of either the quality of the wine or my English, I was unable to overcome the fact that the Gestaltic concept of 'confluence' was very different from the Freudian symbiosis. Daniel was telling me about 'patterns of being-with' and this was a real novelty for psychoanalysts. But I insisted that the 'being-with' of its developmental psychoanalysis was, in the end, very different from the Gestalt 'being-with-us'. In that 'us', there was all the closeness and the distance between the two theories. Daniel was right to not want to feel defined as Gestaltist by some of our slightly 'naive' students. In the end, we moved

It was always nice to observe that, despite any differences, our initial feeling and his desire to confront me remained alive and indelible

Daniel was right to not want to feel defined as Gestaltist by some of our slightly 'naive' students

Looking back, I fondly remember – in flashbacks or in the many movies – the passion, curiosity, energy, the esteem and affection that shone in our endless comparisons, disagreements and misunderstandings

I am grateful to Daniel not only for his evolutionary theory, but also for the trust, esteem and curiosity that he gave me

on to epistemology which is metaphorically very close to the definition in the language of 'false friends', i.e. all those entries that are similar in form in two different languages but with divergent meanings.

The implicit then was a litmus test: «Daniel, on a phenomenological level, is the implicit visible or not?». To me it is obvious that the implicit, entering intentionality of contact, in a phenomenological perspective 'must' be visible: it is the depth of the surface! But Stern, after thinking it over, replies: «No, Giovanni, I guess not». And I replied: «Well, Daniel, to this extent our theories are divided».

From then on, for various reasons and after much frequenting, a few years of increased distance and silence passed. But the sadness of a farewell without words does not change anything in the warmth and the gratitude for a meeting that I still consider a gift of life. Looking back, I fondly remember – in flashbacks or in the many movies – the passion, curiosity, energy, the esteem and affection that shone in our endless comparisons, disagreements and misunderstandings.

In Palermo, we recognised each other when we looked for that half-second longer. And from that moment on, we showed strength when we encountered deep and fruitful difficulties that emerged when trying to compare theoretical and clinical models in a serious and involved way. I am grateful to Daniel not only for his evolutionary theory, but also for the trust, esteem and curiosity that he gave me. And here I conclude, giving him a reason. The recognition that happened between us in Palermo, in that first moment of our encounter, was implicit but unforgettable.



Untitled (detail)

TRAUMA THERAPY AND CLINICAL PRACTICE. NEUROSCIENCE, GESTALT AND THE BODY

Miriam Taylor (2014)

Open University Press (McGraw–Hill Education).

Review by Aluette Merenda

Miriam Taylor describes Gestalt Therapy approach to trauma treatment integrated with modern neuroscience researches and the body perspective in maintaining trauma reactions and during the recovery process.

Her book offers a theoretical basis for interventions with traumatized clients as well as therapists working, to deeply explore the role of the therapist's embodied presence with these clients.

The book is divided into three different parts: 1) *Enlarging the field of choice*; 2) *At the limits of Self*; 3) *A relational home for trauma*.

In the chapter: *Making change possible* (part I), the author describes the Paradoxical Theory of Change and Trauma.

Starting from our existential and relational attitude to create specific conditions for change, she moves towards an Integrated Model of Change that completes the cycle of experience and allows an integration of unfinished business: «This theory encompasses a number of core Gestalt principles and is predicated on a number of assumptions about the client's inherent capacities, which can be summed up as the ability to make choices: response-ability in the here-and-now. Change occurs when one becomes what he is, not when he tries to become what he is not» (p. 37)¹. Beyond this theory, change can be influenced through a number of different factors, which include expressive techniques, relationship and hope. For trauma clients it is the neurological basis of change that is the most necessary to bear the mind.

¹ Cf. A. Beisser (1970), *The Paradoxical Theory of Change*, in J. Fagan, I.L. Shepherd (eds.), *Gestalt Therapy Now*, Harper and Row, New York.

In other words, she underlines how Gestalt Therapy, working with current awareness and the phenomenological approach, orients towards in the here-and-now, helping to consign the traumatic events to the past. This approach highlights the nature of trauma and its time perspective in which the client continues to live as though the trauma was still ongoing.

In part II (through all chapters 6 to 9), the author explores the 'limits of Self': «from fear to safety, from helplessness to autonomy, from disconnection to contact and from shame to acceptance». The author goes on to explain the neurobiological basis of emotional systems, which links are made to the instinctive survival defences and concludes by describing ways of working to establish internal and external safety. In particular, she describes dissociation as: «a creative adjustment par excellence, enabling the victim to continue with some semblance of normality, though enormous cost[...]. Restoration of connection involves work on different levels, harnessing the potential integrative capacity of the fragmented Self-parts and of the body in order to increase connectivity with the wider field» (p. 146).

Part III (*A relational home for trauma*) analyses the role and the power of the therapist in the healing process and how she/he can create a different embodied relational ground with the client. From the perspective of trauma, the therapist creates the conditions for change when clients cannot support it themselves. As an 'organizer', the therapist offers clients the opportunity to understand their creative adjustments and to reorganize their experiential ground, principally somatically and relationally: «the therapist's body becomes a mirror and representation of something that needs to be owned» (p. 179).

Specifically, through the *Window of Tolerance Model* (p. 181), Miriam Taylor describes the therapist's role in emotional regulation. Therapist and clients can learn together the «steps of the dance needed to re-establish the safety needed» (p. 181). In order to regulate arousal when the client moves out of his window of tolerance, the therapist must become more active in dropping attention to the figure that has caused the distress and supporting the polarity safety. Moreover, the here-and-now focus of this trauma therapy supports the client to have a hold to some extent on current reality and to process

finally the traumatic past with a more resourced window of tolerance and a more coherent Self-experience.

In conclusion, the book shows trauma work through the lens of the relational Gestalt Therapy background. Above all, the author brings the role of the gestalt therapist into the whole healing process with traumatized clients and toward a relational home, using a co-regulatory approach: «the therapist has taken on a part which feels familiar to the client, creating what can be seen as a shared history, deepening understanding and enabling transformative shifts once the therapist has woken from the dream state» (p. 233).



