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/04

Dance of the Chairs and Dance of the pronouns

Family Gestalt Therapy



Gestalt Therapy hcc Kairos Institute Post graduate school in Gestalt Psychotherapy

In its quarter of a century, the institute significantly contributed to the history and progression of Gestalt psychotherapy, forming about a thousand psychotherapists and intersecting various and fruitful relationships of cooperation and affiliation with many national as well as international corporations and bodies directed to scientific exchange and 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

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Translations and English Consultancies

Elina Carmela Guastella

Glenda Lowe

Simona Gargano

Editing

Elina Carmela Guastella

Sergio Russo

Simona Gargano

Illustrations

Angelo Ruta

Graphic project

'AFTERSTUDIO

Art director

M'AS Marco Lentini

Graphic designer

P'AS Paolo Pluchino

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Address for all correspondence:

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Enquiries

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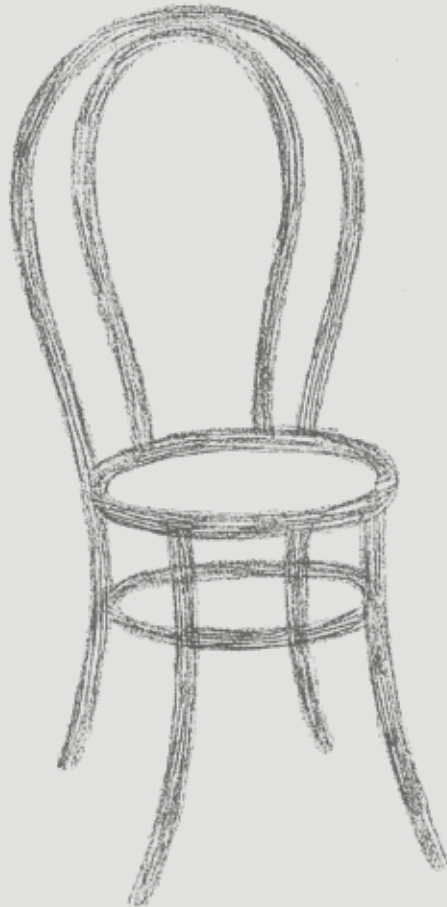
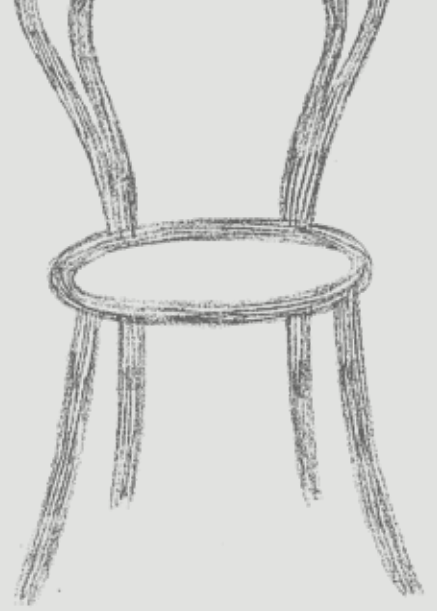
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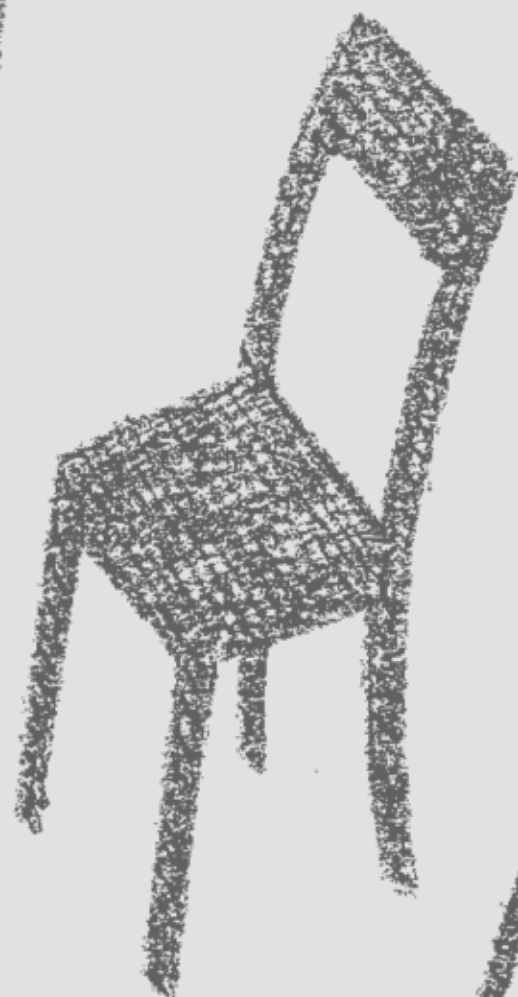
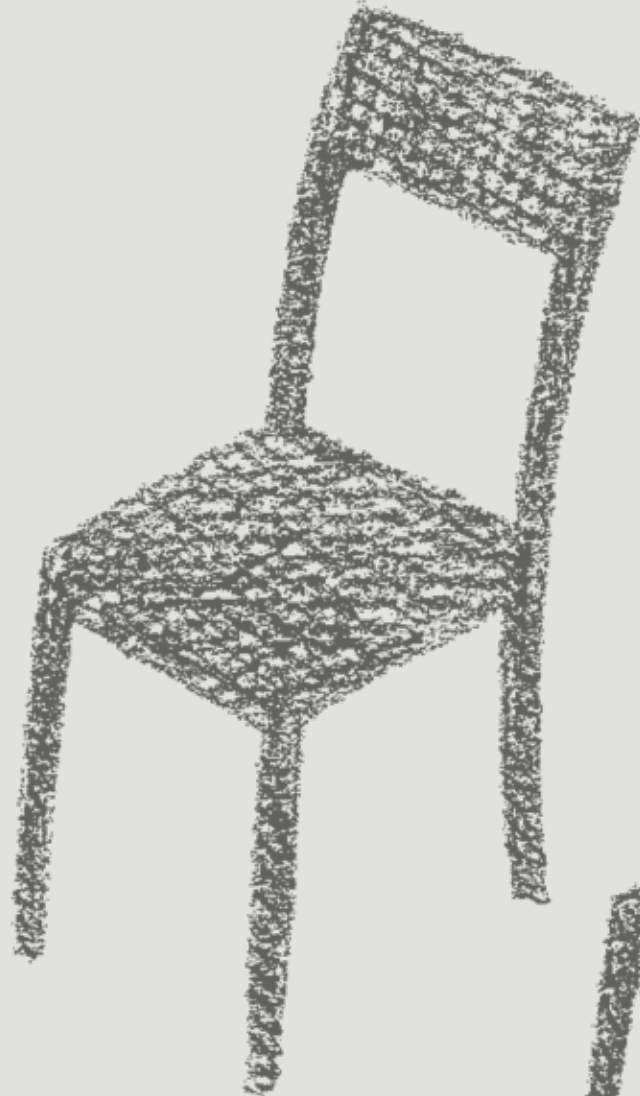
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Abbreviation



english





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Psychologist, psychotherapist, already professor of Social Psychology at the University LUMSA of Palermo. He teaches at the Università Pontificia Antonianum in 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 in Rome. He is an internationally well-known teacher 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*, *La luna è fatta di formaggio*, *Danza delle sedie e danza dei pronomi* as well as numerous articles published in national and international journals dealing 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 online Journal of Psychotherapy.

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From Gestalt and Family Therapy (GFT) to Family Gestalt Therapy (FGT)

Everything started one morning many years ago at the LUMSA University in Palermo when, chalk in one hand, I was about to write the synchronic-structural dimension of the family on the board. As usual, I was explaining that *Gestalt and Family Therapy* (GFT) makes use of Minuchin's concept of generational lines which is proper to Structural Family Therapy. I had the privilege of personally seeing Minuchin at work many years previously in Rome. At the exact moment I turned towards the board, a light went on in my head! I turned back to my students and said, «Actually, what Structural Family Therapy defines the generational line has a specific name and concept in GFT: Personality-Function of Self». I was intensely curious about what I had just realised. I carried on with the explanation. A thousand thoughts, connections and applications ran through my mind (Isadore From was absolutely right when he said that an idea generates a thousand thoughts but that a thousand thoughts do not make an idea!). It was clear to me, as I immediately explained to the students, that this was not a pretext to assert the self-sufficiency of GFT, but the widening of new hermeneutical and clinical horizons with regard to the structural dimension of the family.

My own initial training in Structural Family Therapy had been under Martin Kirschenbaum and Carole Gammer and I followed this with the unforgettable Silvia Soccorsi. I had met therapists who combined Gestalt Therapy (GT) with principles of Structural Family Therapy in their work with families. I remember when I was invited to hold a workshop at the University of Connecticut, I met a delightful couple who combined this double approach in their teaching: Frank Lynch, a Gestalt therapist, and his wife Barbara de Frank-Lynch, a Structural family therapist. In fact, many therapists work mainly with couples. In GT couple's therapy, I was lucky enough to learn a great deal from Joseph Zinker, an undisputed master and pioneer, and from his colleague, Sonia Nevis, who was also an exceptionally gifted teacher. I had consequently worked for years with families using this combination of GT and Structural Family Therapy, two juxtaposed models, as is clear from my first article on GFT in 1987. I felt that the 'marriage' was not a happy one (even though this was the opinion shared by Gestalt therapists) and I considered it lacking in elegance and creativity.

From this background, that morning in Palermo, an intuition emerged: the structure of the family in GT is not a line that separates/unites subsystems, rather it is the Personality-function of

Self, a sort of Augustinian *ordo amoris* written in people's bodies. Being a parent, like being a child, in GT is not simply a concept, a role, a subsystem, but a corporeal identity built by the numerous assimilations of life experiences and of contact experiences. The generational line, in other words, must be inscribed in bodies. When it is absent or disturbed, focusing on the bodies is very important. Years later, whilst reading about Damasio's «Autobiographical Self», I had the gratification of learning that neuroscience was confirming the genial and pioneering intuitions of the founders of GT. It is not structures nor systems, but bodies that meet each other in full and final contact, if placed in the Personality-function of the familiar Self. I remembered From's words: the less you know about GT the more inclined you are to resort to 'marriages' with other approaches.

At this point, it also became clear to me that the widely-used acronym GFT (Gestalt and Family Therapy) revealed, unfortunately, this combining concept of GT and Family Therapy. Consequently, I use this acronym only when referring to past Gestalt models. Instead I will use the acronym FGT (Family Gestalt Therapy) to designate my own model (Dance of the chairs and Dance of the pronouns), since it clearly expresses the way GT as an independent model when working with families.

From that morning in Palermo, I began a journey of theoretical development and clinical verification of this intuition of over twenty years. In 1997, when the *British Gestalt Journal* accepted an article in which I presented my new model (Dance of the chairs and Dance of the pronouns), the referees' comments confirmed that I was on the right track. This confirmation also arrived from academic contexts (I would particularly like to thank Professor Simonelli of the University of Padua for her invitation to present my model), as well as comparisons with other therapeutic or Gestalt models. After more than twenty years of chewing over the theory and clinical experimentation, that moment of intuition one morning in Palermo gave rise to this book.

Gratitude

I have not been alone all these years. I particularly would like to thank some of the workers in this field who have been close to me and involved in this long period of research. Firstly, the Coordinator of the Institute of Gestalt Therapy Kairòs, Valeria Conte. Her contribution has not been limited to the valuable suggestions she has made during the revision of this text, but involves many years, more than twenty-five, of co-therapy work with hundreds of couples and families. The model elaborated and described here has been applied and verified by us. My way of doing and thinking about FGT has certainly been influenced by her: by her acute

clinical intuition, by her resolved sense of differentiation, by her punctual and necessary critical observations, by her personal and professional authenticity, by her genuine and reserved warmth. Co-therapy, I discovered with her, is therapy in itself, the continual debate is an opportunity for growth, even when experiencing the inevitable, and sometimes bitter, differences in opinion.

Another person whose presence can be felt in this book is Antonio Sichera, the Institute's scientific consultant. We might say that Antonio represents our epistemological apex: we are proud to have Antonio... as our "Goodman". With him, given the fine literary scholar that he is and his deep knowledge of the 'Gestalt bible' (*Gestalt Therapy Excitement and Growth in the Human Personality* by Perls, Hefferline and Goodman), I have enjoyed many extensive debates about both theory and practice, about their roots and about innovative but coherent developments. At the conclusion of our dinners together, over a glass of excellent grappa, we left our ruminations on Perls and Goodman's text open to further exploration. By reading and re-reading it over and over again, we discovered unexplored riches and compared them with the instances of postmodernism, in harmony with Barth's suggestion to juxtapose founding texts with daily newspapers. His many valuable writings about Gestalt, Pirandello, Pavese, Pasolini, Montale are evidence of the quality of thought with which I have had the good fortune to encounter and nourish myself. I would never have had the clarity and strength to carry out my review of Oedipus, of Gestalt developmental theory, of the Self theory, of *FGT*... if I had not had his support, his critical input and his approval. This text has also been enriched by his precise revision and by the refined quality of his suggestions concerning both content and style.

A heartfelt 'thank you' is also directed to the third person who has contributed enormously to the publication of this book, Agata Pisana. Without her literary competency and knowledge of GT, without her passion and dedication, this book would have remained unwritten. The gargantuan task of the complete, precise and refined editing of this volume which she undertook, or rather gifted to me with extraordinary generosity, made the final form of the book and its publication possible.

Ariadne's thread

I shall conclude by giving the reader an example of Ariadne's thread. The description of changes in the family takes place within the framework of the theory of the Basic Relational Model (BRM), developed during the twenty years of my teaching social psychology at degree level. Family and postmodernism are the essential context for understanding the various approaches to Family Therapies introduced in the second chapter. From chapter fourth

onwards, I present my model: Dance of the chairs and Dance of the pronouns. The title recalls the vision of FGT as the means of restoring the dance of bodies and words in the family, that is, the encounter with self and others.

Finally, the *verbatim* of the three sessions. The first one was carried out with Valeria Conte, whilst the other two have been conducted by myself. The comment on the first two sessions aims at being a sort of microanalysis that highlights the key moments in the therapy. I opted not to comment on the third session to allow the reader's spontaneous impressions to emerge. I realise that the transcripts of whole sessions make for heavy reading, but I have chosen this rocky road for two precise reasons. In the first place, it was to prevent the model appearing to consist of just more or less miraculous or strategic techniques, which might have happened if I had written only about the apparently significant passages. Only by following the process, step-by-step, it is possible to grasp how the therapists in FGT are not guided by protocols, but by the relational experiences that gradually emerge. To identify the 'when' and the 'how' to intervene, so as not to interrupt contact intentionality, is the decisive quality for Gestalt family therapist. The second reason that led to including transcripts of whole sessions is the belief that having the time and the patience to read them is the *sine qua non* for assimilating a new therapeutic model without over-simplifying it or reducing it to what is already known. As we all know, *le temps détruit ce qui est fait sans lui*.

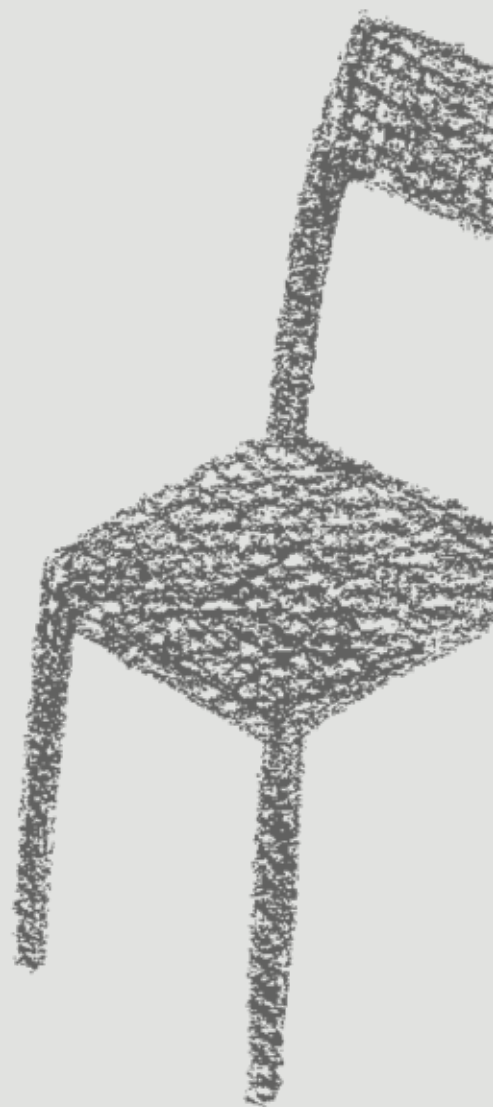
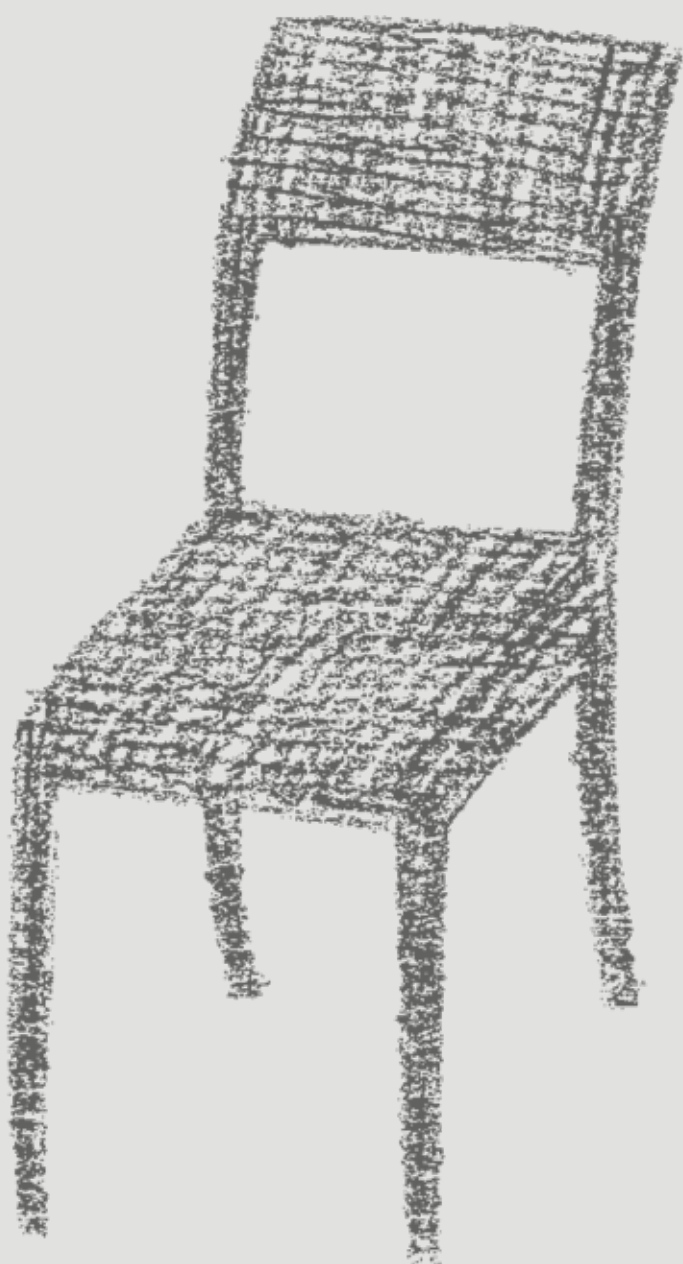
A final point. As a Gestalt Therapist, I know that the map (theory) is not only made by the territory, but – mainly! – by the traveller. Not only can the map not coincide with the city, but it is drawn up by thinking principally about the person who is going to use it (his/her abilities and interests). It is precisely the personal attention towards the traveller that constitutes the difference between the various (family) therapeutic models and their diffusion. The specificity of the Gestalt map is well described by Italo Calvino, in *Le Città invisibili* when describing Eudoxia's carpet:

In Eudoxia [...] a carpet is kept in which the true form of the city can be seen. At first sight nothing seems to resemble Eudoxia less than the pattern on the carpet, [...] which is woven all along the warp. However, if you stop and look at it carefully, you start believing that every place in the carpet corresponds to a place in the city and that all the things contained in the city are contained in the pattern [...]. But the carpet proves that there is a point in which the city reveals its true proportions, the geometrical pattern implicit in every tiny detail. It is easy to get lost in Eudoxia; but when you concentrate on staring at the carpet, you recognise the

street you were looking for in a crimson or indigo or amaranth thread which through a winding path takes you to a purple enclosure which is your true point of arrival¹.

'Good theory' (*eu-doxa*) describes, as Minkowski would say, the generating nuclei of being well or ill. That is why FGT takes the shape of the family it interacts with. Reconstructed families, fragmented families, families with different cultures, they all find themselves in the lowest common multiple of the search for a good relationship, allowing the development of family members inside and outside the various ways of contact. Bearing in mind contact intentionality (reaching the other or being reached by the other? And how?), the theory of contact (when and how the path towards the other is interrupted?) and the Self theory (Id-function, Personality-function and Ego-function), the Gestalt therapist facilitates the renewed flow of the river of life and the dance of encounters in a family which feels blocked.

1 This and the following quotations from Italian bibliographical references have been translated from Italian, unless otherwise noted. Cfr. I. Calvino (1979), *Le città invisibili*, Einaudi, Torino, 102-103.



1. Relational models and historical context

The first step in understanding the individual, couple or family is to see them within the context of the society they live in and in which they are a dependent variable¹. To do so, we will examine some key themes that characterise modern society, commonly defined as 'postmodern'², and all our observations are made within that context.

From the 1950s onwards, we have lived (and are still living) a period characterised by rapid, irreversible, profound, generalised changes. Such changes have had such a radical impact because, whilst they have modified our lifestyles at a technical level, they have also called into question (and frequently altered) the fundamental criteria of our anthropology³, that is, the ways of perceiving and experiencing the personal and relational meanings of existence. Modern humankind (which, for our conceptual and semantic convenience, we will define as 'postmodern') is collocated in a universe characterised by language, sensibilities and original perspectives on any and all of the themes of existence (and thus, also regarding ourselves: the relationship between the individual and the community, emotional ties, falling in love and love itself, marriage, cohabitation, sexuality, ethical norms, etc.).

In order to analyse today's postmodern society more precisely, we will begin with what I believe constitutes the core factor in generating all anthropological changes, that is, the emergence of the priority of the subject in the relationship between the individual and the community⁴.

Humankind has two needs which can combine in very different ways, depending on which of the two is historically prioritised: they self-fulfilment (to be oneself) and a sense of belonging (emotional ties). In fact, individuals and groups (homes, communities, society) frequently live combining their needs in highly differentiated manners (combinations of centrifugal or centripetal forces, the im-

1 Cfr. on these themes G. Salonia (2013), *Psicopatologia e contesti culturali*, in G. Salonia, V. Conte, P. Argentino, *Devo sapere subito se sono vivo. Saggi di Psicopatologia Gestaltica*, Il Pozzo di Giacobbe, Trapani, 17-32.

2 Cfr. J.F. Lyotard (2002) (ed. or. 1979), *La Condizione postmoderna. Rapporto sul sapere*, Feltrinelli, Milano; G. Vattimo, *Al di là del soggetto. Nietzsche, Heidegger e l'ermeneutica. Rapporto sul sapere*, Feltrinelli, Milano, 1991.

3 Cfr. T. Kuhn (1979) (ed. or. 1962), *La struttura delle rivoluzioni scientifiche*, Einaudi, Torino.

4 Cfr. on these themes G. Salonia (1999), *Dialogare nel tempo della frammentazione*, in F. Armetta, M. Naro (eds.) *Impense adlaboravit*, Pontificia Facoltà Teologica, Palermo, 572- 595; A. Giddens (2000) (ed. or. 1999), *Il mondo che cambia. Come la globalizzazione ridisegna la nostra vita*, Il Mulino, Bologna; Z. Bauman (2003), *Una nuova condizione umana*, Vita e Pensiero, Milano; U. Beck (2003), *La società cosmopolita*, Il Mulino, Bologna.

portance of the subject or of the group). The tension between these two forces cannot and must not ever be finally resolved, but remain open to multiple declensions. The absolute dominance of one need over the other generates inhuman situations: when the sense of belonging is overwhelming, people become an anonymous mass whilst, when only the 'Ego' exist, the consequences are fragmentation and isolation. Every community, micro or macro (*Gesellschaft* or *Gemeinschaft*), presents a precise (and prevalent) combination of these two forces, that is, a Basic Relational Model (BRM)⁵.

A basic relational model is a way of combining the two forces, which is not chosen reflexively by the group, but is rather a functional response to the group's survival needs. It therefore happens that when a society is experiencing a shared and immediate common sense of imminent danger for survival (war or famine, for example), it spontaneously prioritises the sense of belonging and subordinates the self-fulfilment of the individual (we shall call this the BRM/Us). With today's terrorism, the same thing does not happen, in that terrorism is generated by people with no contractual power and generates fear and panic. Here, the need to protect and to feel protected induces the individual to spontaneously sacrifice every aspect of his/her subjectivity and personal freedom to the point of feeling guilty, like a traitor, if the group is abandoned to achieve self-fulfilment. In the BRM/Us, the advantages of being united against a common danger are clear and it is easy and natural to obey a leader (perceived as the most competent person in the face of danger) and to create roles and hierarchies. Moreover, the value of the group is felt loudly and clearly (love of homeland, for instance). The only chance of emerging in these situations is by being a leader or hero (the mystique of the leader or hero is always connected with the Us context). The other side of the coin is the coward or, even worse, the traitor, who puts the whole community in danger. The other members of the group remain anonymous to save the collectivity. The 'unknown warrior,' for example, symbolically represents the names of thousands of 'unknown warriors' who have given their lives for their country.

Social group norms may also go unheeded, but they are never challenged. The society/community is perceived as being stronger than the individual. Reality is experienced as an unquestionable fact, to which people must adapt themselves (maturity is the passage from the 'pleasure principal' to the 'reality principal'⁶). Im-

5 Kardiner already referred to a 'Basic personality structure' that every society produces. Cfr. A. Kardiner (1965) (ed. or. 1939), *L'individuo e la sua società*, Bompiani, Milano.

6 It is probably superfluous to point out that in early Nineteenth century Vienna, BRM/Us prevailed and so the hermeneutical parameters used by S. Freud and the conclusions he drew from them express typical BRM/US logics.

plicitly, in this relational model, the Us dimension is an Us-against situation, since people are coming together precisely to have protection from a 'Them' (enemies, however they are perceived)⁷. The BRM/Us is also found in other specific situations, such as falling in love, a child's first weeks of life, the formation of charismatic or fundamentalist groups within social groups⁸.

The BRM/I differs significantly from the BRM/Us. It develops spontaneously when a group does not have a shared perception of danger (famine, war, epidemics) strong enough to threaten survival. In this context, the centrifugal forces become progressively stronger and provoke the loosening and eventual disappearance of the ties towards belonging. At the same time, interest towards the Self and self-fulfilment emerge⁹. Bonds of belonging (macro and micro) are challenged (in 1968, for example) until they become problematical and insignificant. Once the common need for safety has gone, and with it the need for a protective sense of belonging, 'I' becomes predominant and individualism is prioritised¹⁰.

First with anger and then euphoria, the individual reclaims the freedom sacrificed for security and protection. The plurality of the 'I's progressively fragments the connective tissue. Bauman would say that it renders it 'liquid'¹¹. Meta-narratives¹², ideologies and metaphysical systems lose their unifying value. Even in the choice of belonging to a group (family, political party, religious community), the thrust towards individualism remains irresistible so that, even though there is a common goal, it becomes subject to multiple interpretations that render moving forward together an arduous process. The dominant sensation is that of an inevitable relativism. Even absolute values become contextualised within subjective declensions. Nobody can claim an unquestionable power of truth in relation to anyone else. The only dominating systems of logic belong to a self-reliance which can take the form of healthy self-confidence, just as it can be a total closure towards others in absolute self-reliance (do-it-yourself learning methods). Thus, the quest for self-fulfilment can produce both a positive evaluation of individual potential or a sterile self-sufficiency.

The two relational models (BRM/Us and BRM/I) can evolve diachronically (the alternation between one and the other in the West

7 For example, socio-cultural groups that give rise to terrorism have this configuration.

8 Cfr. F. Alberoni (1977), *Movimenti e Istituzioni*, Garzanti, Milano.

9 Cfr. M. Marzano (2014), *Il diritto di essere io*, Laterza, Roma-Bari.

10 Cfr. L. Friedman (2002), *La società orizzontale*, Il Mulino, Bologna; A. Giddens, *Il mondo che cambia*, cit.

11 Cfr. Z. Bauman (2003) (ed. or. 2000), *Modernità liquida*, Laterza, Bari; Id. (2006) (ed. or. 2003), *Amore liquido. Sulla fragilità dei legami affettivi*, Laterza, Bari.

12 Cfr. J.F. Lyotard, *La condizione postmoderna*, cit.

since 1945 to the present, for example)¹³ or synchronically coexist. In societies where individualism reigns, there are always contexts in which the BRM/Us is active in structures with a clear hierarchy and situations when life is at stake, from the operating theatre to piloting an airplane¹⁴.

2. Changes, gains and disturbances in family life

How do emotional ties work in an era like ours, clearly characterised by the dominance of the BRM/I model?

From the 1950s onwards, marriage and the family have undergone many changes. Initially, from the demise of marriage as an institution and the family seen as a patriarchal clan, new situations have arisen, such as marriage based on the nuclear family¹⁵; afterwards, the nuclear family gave way to the crisis of the couple and the redefinition of gender identity¹⁶; recently, the indissoluble bond of parenthood has been rediscovered (so-called co-parenting)¹⁷.

Taking a descriptive approach, we might say that up to the middle of the last century, marriage was perceived and lived as a social institution orientated principally towards the procreation of children and thought of as a place of social and economic security. For a woman, marriage meant entering a clan. Even the children's upbringing was assigned to members of the family. All of family life depended, top-down, on the head or the patriarch, whose power (and charisma) was felt over several generations.

In the postmodern era, these structures have radically changed. First of all, the family has become much less numerous with the result that any family member, except a parent, is marginal. In this sense, one can talk of a passage (transition) from the patriarchal family to the nuclear family. Parents and children experience, maybe for the first time in the history of the West, a new type of freedom, but also new worries and sources of stress. For example, women working outside the home can include consequences of less time being present at home, problems with bringing up children, the burden of responsibilities and professional duties with-

13 Cfr. G. Salonia (2011), in *Sulla felicità e dintorni. Tra corpo, parola e tempo*, Il Pozzo di Giacobbe, Trapani, 115-120. For example, the day after the attack on the Twin Towers in New York, people all over the USA were carrying posters saying «United, we stand», which would not have been popular or accepted a few days earlier. Cfr. B. Ackerman (2008) (ed. or. 2006), *Prima del prossimo attacco. Preservare le libertà civili in un'era di terrorismo globale*, Vita e Pensiero, Milano.

14 Cfr. D. Cooper (1997) (ed. or. 1971), *La morte della famiglia*, Einaudi, Torino.

15 A good summary on these themes is found in M. Barbagli, D.I. Kertzer (2005) (ed. or. 2003), *Storia della famiglia in Europa*, Laterza, Torino.

16 G. Salonia (2005), *Femminile e maschile: un'irriducibile diversità*, in R.G. Romano, *Ciclo di vita e dinamiche educative nella società postmoderna*, Franco Angeli, Milano, 54-69.

17 Cfr. Id. (2012), *Edipo dopo Freud. Verso una nuova Gestalt della cogenitorialità*, in «Le nuove frontiere della scuola. La ragione e il sentimento», X, 28, 37-41.

out social, legislative and family support. Moreover, a marriage based on love, from which the family nucleus is generated, is also a relatively recent reality and expectation (previously, romantic love could be expressed only outside marriage and had tragic consequences)¹⁸. Themes such as falling in love and the relational meaning of sexuality were still taboos in the 1960s (the only noble exception *The Art of Loving* by Fromm¹⁹) and only from the 1970s onwards a widening debate has been opened on such questions at the level of the existence and in the public sphere.

Clearly, the emergence of the nuclear family has brought an exceptional increase in the fragility of marital bonds. Starting from the marriage as an institution beyond its contractors, in order to give them and their children an institutional and economic security, we are going towards the couple relationship, in its various legal and relational forms, as a 'relational agreement of happiness', that is, the encounter of reciprocal eudemonistic expectations: («I remain with you as long as I feel that you are positive for my self-fulfilment, otherwise, even if with pain, I will leave you»)²⁰. In this context, the children are no longer perceived as a support to the couple's bond. It seems more common the idea that separated but quiet parents, with the awareness of their shared role, can be more educational than non-separated parents, but continuously exposed to a disruptive conflict.

In other words, it is the parental bond which is indissoluble and decisive over time for the raising of children and the formation of society.

Conversely, on the one hand, in the BRM/Us differences of gender do not create conflict, because the danger, or the enemy, produces a sort of necessary and immediate agreement which is functional to protect the community (men go hunting or to war, women take care of the children and the elderly); on the other hand, in a society with a prevalent BRM/I, a culture of subjectivity emerges where differences, including gender, are explored in all their declinations²¹. Think about the theories about sexual difference that, after the first phase of comprehensible contrasts between female and male perspectives, have taken the road of the richness of reciprocity²². Masculine and feminine, as ways of thinking and interpreting life, have equal legitimacy. It has been justly written that democracy has entered the home and close re-

18 Cfr. I. Caruso (2005), *La separazione degli amanti*, Einaudi, Torino.

19 Cfr. E. Fromm (1968) (ed. or. 1957), *L'arte di amare*, Mondadori, Milano.

20 Cfr. V. Conte (2008), *Essere coppia nella postmodernità*, in A. Ferrara, M. Spagnuolo Lobb (eds.), *Le voci della Gestalt. Sviluppi e innovazioni di una psicoterapia*, Franco Angeli, Milano, 168-173.

21 Cfr. G. Salonia, *Femminile e maschile: un'irriducibile diversità*, cit.

22 Cfr. L. Irigaray (1994) (ed. or. 1990), *La democrazia comincia a due*, Bollati, Boringhieri, Torino.

relationships²³. Social perceptions (or misperceptions) according to which the mother is considered as the expert of the home but socially 'hysterical' while the father is expert in the *polis* but emotionally superficial, have been superseded.

Men discover a new interest for childcare and reveal tender and efficacious child rearing skills while women endow the *polis* with creativity and attention that enrich its quality and dynamics²⁴. From theories of child development that focused only on the mother-child dyad, not including the father in the logic of growth of the children²⁵, the spectrum of attention – as we will see – has been enlarged today towards new horizons. The parameters of observation and the definition of the concept of maturity have both been modified²⁶.

In other ways, the unhappiness of institutional ties and the precariousness of relational bonds have generated difficulties in taking decisions that include the aspect of 'forever'. Young people today profoundly experience this precariousness and are unable to understand the sense of laws, rules, institutions that are not coherent with their sensitivity and their growth. Also, one should remember that this is the first generation of young people who have been socialised in a cultural and familiar context of a narcissistic type, that is, in the culture of self-fulfilment as the primary goal²⁷. This must be considered together with the added risk of widespread emotional abandonment linked to some parents' protracted conflicts, or unhappy separations, which render them incapable of effective coparenting.

We are therefore faced with a contrasting scenario, where light alternates with shadows, opportunities with problems. We must also not neglect the fundamental intercultural and inter-religious factors which decisively influence the vision of family structure in our time. The differences between Arab, African and Western culture have become internalised in our societies so that the com-

23 Cfr. A. Giddens (1995) (ed. or. 1992), *La trasformazione dell'intimità. Sessualità, amore ed erotismo nelle società moderne*, il Mulino, Bologna.

24 Regarding feminine dynamics and sensibility in the *polis* see: G. Salonia (2011), *La grazia dell'audacia. Per una lettura gestaltica dell'Antigone*, Il Pozzo di Giacobbe, Trapani.

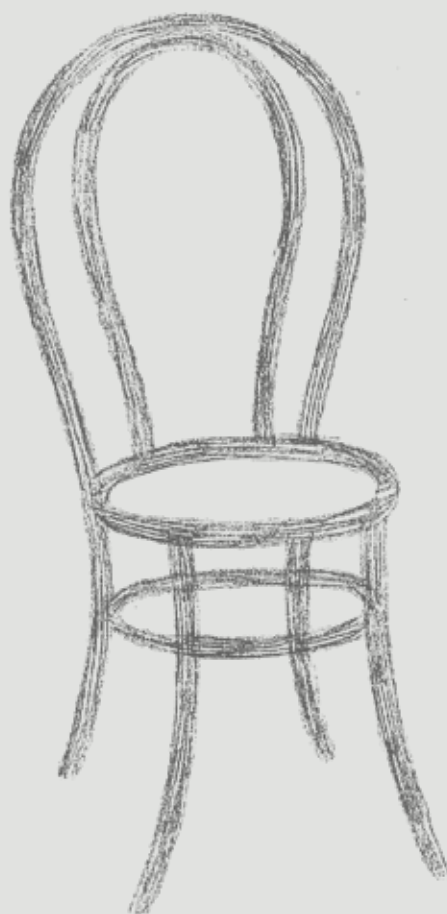
25 The Oedipus complex has always been misunderstood and wrongly considered a dysfunction in the son's relationship with his mother. Nowadays, in a revised and revisited view of it, it has been situated in the context of the family triad from a gestaltic perspective: from this point of view, it is the consequence of a dysfunction in the co-parenting Personality-function. Cfr. G. Salonia (2010), *Edipo dopo Freud. Una nuova Gestalt per il triangolo primario*, in D. Cavanna, A. Salvini (eds.), *Per una psicologia dell'agire umano. Scritti in onore di Erminio Gius. Franco Angeli*, Milano, 344-358; Id. (2013), *Edipo dopo Freud. Dalla legge del padre alla legge della relazione*, in G. Salonia, A. Sichera, *Edipo dopo Freud*, GTK books/01, Ragusa, 11-46.

26 Cfr. G. Salonia (2004), *Incesto*, in G. Russo (ed.), *Enciclopedia di Bioetica e Sessoologia*, ElleDiCi-Verlar-Leumann, Torino, 986-989.

27 Cfr. D. Cooper, *La morte della famiglia*, cit.

plexity of relationships and of family structures have reached increasingly articulated levels. We have made significant progress in considering the value of relationships, of differences, of shared parental function, but there is also a high risk of uncertainty, a dearth of points of reference²⁸. There is a threat of violence lurking in this pregnant but unprecedented vacuum, where the ties of couples and families have to be continuously renewed, in a creative fidelity capable of marrying genuineness and relationships. This is a task that calls for a new approach and new clinical practices for couples and families in today's world.

28 Cfr. C. Lasch (2001) (ed. or. 1971), *La cultura del narcisismo*, Bompiani, Milano.



1. The context of origins

Immediately after the Second World War, the psychiatric and psychotherapeutic worlds were sensitive to the climate of enormous political and social change. In such a new scientific and cultural context, a new model of psychotherapy emerged that involved all family members in the setting. It became evident that there could be difficulties in 'living together', in the postwar context, and special attention was dedicated to the social group with which the individual was in relation, primarily the family of origin. Interest began to move away from the individual considered in isolation, towards his family and his reference group: symptoms were re-viewed as expressions of dysfunctions in family relationships².

Different schools of thought – the psychodynamic line, the cybernetic thinking, the systemic, the relational and the experiential perspective – began to flow together towards this new direction. Therapeutic communities and encounter groups emerged, as, certainly, alternative treatment approaches compared to the models of the previous years (such as psychoanalysis and behaviorism).

The limitations of the previous models become evident: the impossibility of treating the most badly-affected patients, the duration and the excessive costs of therapy; the poor comprehensibility of theoretical writings; the arbitrary nature of many clinical hypotheses; the absence of a spirit of research, due to high fidelity – on the verge of the dogmatism – to the founders' thought³. What emerges is the possibility of developing a therapy centered on interpersonal relationships and less based on rigid forms of interpretation⁴.

2. Towards an epistemology of processes

The growth and diffusion of family therapies⁵ can be traced from

- 1 I would like to thank Dr. Aluette Merenda and Prof. Agata Pisana for writing this chapter.
- 2 Cfr. P. Bertrando, D. Toffanetti (eds.) (2000), *Storia della Terapia familiare. Le persone e le idee*, Raffaello Cortina, Milano, 60.
- 3 Cfr. M. Selvini (2004), *Reinventare la psicoterapia. La scuola di Mara Selvini Palazzoli*, Raffaello Cortina, Milano, 4.
- 4 See: C. Roger's 'Person-centered therapy' and the interpersonal analysts H. Sullivan and F. Fromm-Reichman.
- 5 A complete panorama of family therapies is given by P. Gambini (2007), *Psicologia della famiglia. La prospettiva sistemico-relazionale*, Franco Angeli, Milano. Regarding family psychotherapy nowadays, cfr. P. Bertrando, D. Toffanetti (eds.), *Storia della Terapia familiare*, cit.; L. Boscolo (2011), *Opinioni a confronto. Dove sta andando la terapia familiare nel mondo? Intervista a cura di P. Bertrando*, in «Terapia Familiare», 97, 81-90. L. Hoffman (2013), *Opinioni a confronto. Dove sta andando la terapia familiare nel mondo? Intervista a cura di U. Telfener*, in «Terapia familiare», 101, 95-100; M. Andolfi (2014), *Opinioni a*

their origins, back to the context of a (disorganised) transformation of the various psychotherapies. The transformation occurred in various institutional contexts (hospitals, pedo-psychiatric, academic) where they enjoyed better financial support. Even in the psychoanalytic movement, currents of thought oriented towards a relational model emerged. Their objective (think, for example, about the theories of Bowlby, Horney, Kohut) had two faces: firstly, taking care of psychotic disorders and secondly, finding common ground between individual work and working with families.

The symptomatic behaviour of each member of the family starts to be considered as an expression of a dysfunctional context (the family system) of which the patient is a member. Diagnosis and therapy become interconnected, towards the search for the meaning of symptoms that go beyond the traditional medical model. Indeed, the medical model assumed the detection of the cause of the symptoms, or the passive assumption of medication, as well as the application of other techniques without the patient participation.

It is essentially the end of the dichotomous separation between observer and observed; while, within the process of diagnosis and cure, the figure of the therapist as 'vehicle' and central focus of convergence between family organisation and individual pathology begins to emerge.

3. The pioneers of Family Therapy: vestiges and values

So, in the light of this, from the 1950s onwards researchers and clinicians started exploring the world of family, searching for something that could alleviate some of the individual and social suffering. They were authentic pioneers: «How do you become a pioneer? You start doing something new, then you wait for 50 years»⁶ The best known among them mostly lived in the United States, but their teaching was adopted and developed in many countries, Italy included⁷. Some lines of thought are predominant. Let us briefly review them⁸.

confronto. Dove sta andando la terapia familiare nel mondo? Intervista a cura di K. Polichroni, in «Terapia familiare», 104, 77-93; M. Elkaim (2015), Opinioni a confronto. Dove sta andando la terapia familiare nel mondo? Intervista a cura di M. Andolfi, in «Terapia familiare», 108, 83-96; R. Papadopoulos (2016), Opinioni a confronto. Dove sta andando la terapia familiare nel mondo? Intervista a cura di A. D'Elia, in «Terapia familiare», 110, 77-85; M. Andolfi et alii (2012), Opinioni a Confronto. Riflessioni, bilanci e 'lasciti' nel racconto di quattro professori universitari in via di pensionamento. Interviste a cura di A. Salerno e A. Santona, in «Terapia familiare», 99, 77-108.

6 S. Minuchin (2002), *Una coperta di pezze per la terapia familiare*, in M. Andolfi, *I pionieri della terapia familiare*, Franco Angeli, Milano, 9-19, 9.

7 Their progress was retraced in December 2000 during an international convention in Rome on the theme of *Pioneers of family Therapy*, organised by three Italian institutes of Family Psychotherapy: Accademia di Psicoterapia della famiglia, Istituto di terapia Familiare and Scuola Romana di psicoterapia della Famiglia. Cfr. M. Andolfi (2002), *I pionieri della terapia familiare*, cit.

8 Cfr. Bertrando, P. Toffanetti (eds.), *Storia della Terapia familiare*, cit.

3.1 Psychoanalytical (psychodynamic) theories

Psychoanalysis opens the doors (and windows) to the family, perhaps through Nathan Ackerman: «We cannot see people's thoughts and emotions but we can see how they live their inner lives in the interaction with other people». This affirmation marks the transition from a psychoanalytic perspective to an examination of the family, from intrapsychic life to interactive life. His vision of the family is that of a unitary reality: pathology originates from a latent, relational and social conflict, introjected by a family member. The therapeutic objective is, in his opinion, to evoke the conflict that has been experienced in an intrapsychic manner and bring it to a level of clear, interpersonal interaction. His two principal assumptions are: a) importance must be given to individual diagnosis conceived as a part of a difficulty of the family system; b) the therapist should be used as a positive instrument (and as a challenge); for example, through 'relationship games' and other strong emotional experiences. His attention to counter-transfer also constitutes a novel element.

Ackerman wrote: «In my work as family therapist I do many of those things that are necessary to free oneself from the constraints of rigid and formal behaviour and increase a feeling of deep familiarity, intimacy, openness and frankness. Do we, who have an analytic background, perhaps feel shame or anxiety in showing our personality and our actions of countertransference?»⁹.

If in the 1950s Ackerman works with families of disturbed children, so does another pediatrician, psychiatrist, and psycho-therapist: Salvador Minuchin, an Argentinian of Russian origin, that took care of orphans and the children of immigrants. Interested in the interpersonal theory of Sullivan and the cultural aspects of human nature described by Fromm, Horney and Erikson, Minuchin explored alternative theories based on action (role games, home visits, acting, etc.) concentrating on interactions and the family system. His approach was a systemic-structural one: «Think in a complex way, intervene in a simple way. The therapist does not need to introduce anything new into the client, he just needs to bring out what is already present», is the basic rule of his thought. Working with 'psychosomatic families' and with the families of diabetic children, Minuchin focuses in particular on the structural line (cohesive, enmeshed, or disengaged), that is the underlying structure that guides the schemes of family function (Theory of structural family therapy¹⁰). For him, family therapy is an instrument of social justice. Collaboration with the social structures of which the family is part appears to him a 'solid construction' that brings vitality to the therapy itself.

9 Cfr. N. Ackerman (1970), *Family Process*, Basic Books, New York.

10 The term 'structural' in psychotherapy was coined by Minuchin in 1972.

3.2 The Philadelphia school and the Intergenerational approach

In the wake of Sullivan's interpersonal psychiatry and of the dialogic philosophy of Buber, an approach to family therapy, of a strongly relational type, emerged, that finds its root as well in Melanie Klein's object relation theory. In 1957, Ivan Boszormenyi-Nagy was the director of the Eastern Pennsylvania Psychiatric Institute of Philadelphia, the first big center of family therapy. There, a circular reading of the symptom in the family context is carried out, paying special attention to family loyalties and myths and to family triads. James Framo, who collaborated as a researcher with the group directed by Boszormenyi-Nagy, introduced co-therapy (male and female therapists) into the practice of family therapy.

The pioneers' progress becomes increasingly enriched with new developments and experiments. Trains of thought, practical proposals and clinical experiments allowed for different orientations to meet on a single path. Therefore, Framo integrated dynamic and systemic concepts with the intra-psychic and interpersonal ones, mediating conceptually between the personal and the social level. In establishing an intergenerational approach¹¹, he referred also to Fairbairn's theory of object relations¹² and its application to the couple, as well as integrating the translational vision. His work was done with traditional family units, but also with homosexual couples or blended or single-parent couples. He was always searching for the intergenerational hidden forces that move behaviours. «People in intimate relations become reciprocally part of the psychology of the other, forming a system of feedback that regulates and informs their individual behaviour»¹³.

Meanwhile, therapy with schizophrenic children that also encompassed the father figure was being conducted by the American Murray Bowen, at the Menninger Clinic of Topeka. In that setting, mother-child pairs were hospitalised together, followed later by the fathers. After moving in 1954 to the National Institute of Mental Health (NIMH) in Washington, Bowen structured his clinical work with whole families, starting projects of family observation (later published in *Family Therapy in Clinical Practice*, 1978).

This line of research proved fertile and new elements emerged which emphasised the process of differentiation of the Self and the theory of triangulation within a multigenerational approach. This was the precursor of a family developmental model that

11 J. Framo (1996), *Terapia Intergenerazionale. Un modello di lavoro con le famiglie d'origine*, Raffaello Cortina, Milano.

12 Cfr. W.R.D. Fairbairn (1952), *Psychoanalytic Studies of the Personality*, Routledge and Kegan Paul, London.

13 J. Framo, *Terapia Intergenerazionale*, cit.

went beyond the observation of the individual life cycle, in terms of the mother-child relationship. It focused on the process of progressive autonomy in terms of the modality and capacity of separation from the family of origin (study and application of the family genogram)¹⁴. Bowen was also responsible for the formalisation of the concept of 'undifferentiated family Ego mass', as a state or grade of group fusion 'conglomerated emotional identity' and the concept of 'emotional cut', seen as a condition of non-belonging that negates the emotional intensity of the parent-child bond. As far back as 1976, he considered the 'triangle' as the relational unit at the base of any emotional system in the nuclear family (and of the extended family). In a 'calm' period, two members of the triangle form a pleasant alliance. Meanwhile, the third tries to catch the attention of one of the others. In situations of 'tension' the third occupies a privileged position but also a stressful one, since the other two will try to involve the third in the conflict. Since for every individual the main task is that of differentiating him/herself from the "'undifferentiated family Ego mass', Bowen worked with the parents to try to 'de-triangulate' the child, using the therapist as the third element of the triangle, through whom the tension of the married couple could be released. The approach recognised that the differentiation of Self in a triangle was not possible if one had no way of acting on the other interconnected triangles.

These progressive stages are followed in Italy by Maurizio Andolfi (Academy of Psychotherapy of the Family, Rome) and by Eugenia Scabini and Vittorio Cigoli (Center of Athenium of Study and Research on the Family, Milan). Next, the systemic-relational paradigm, formulated by James Haley was reached. Moving away from attention directed principally towards the dyad (for example, observing the model defined 'double bind'), Haley began to closely observe the triads, and identified 'coalitions'. In particular, he observed that in families with a symptom-bearing member, the most frequent triangulation was formed by a coalition of two persons, generally belonging to different generations, to the detriment of the third. This led to the so-called 'perverse triangle', an interactive model that still remains an important and much debated diagnostic reference point¹⁵.

14 Cfr. R. De Bernart, F. Merlini (2001), *Una bibliografia ragionata sul genogramma familiare*, in «Terapia Familiare», 65, 77-101; S. Cirillo, M. Selvini, A.M. Sorrentino (2011), *Il genogramma. Percorso di autoconoscenza, integrato nella formazione di base dello psicoterapeuta*, in «Terapia Familiare», 97, 5-28.

15 Concerning triangular dynamics within the family, cfr. E. Fivaz-Depeursinge, A. Corboz-Warnery (2001) (ed. or. 1999), *Il Triangolo primario*, Raffaello Cortina, Milano; and, more recently, G. Salonia, *Edipo dopo Freud. Una nuova Gestalt per il triangolo primario*, cit.; G. Salonia, A. Sichera, *Edipo dopo Freud*, cit.

3.3 Systemic therapies

The development of so-called 'systemic therapies' is linked to Gregory Bateson and to his group of collaborators (Lidz, Wynne, Haley and Jackson). Combining the study of communicative processes¹⁶, the development of cybernetic concepts¹⁷, the application of certain principles of animal psychology, and the philosophy of Bertrand Russell (for example, the thematisation of meta-messages'), Bateson deepened the study and the nature of levels of communication, concentrating on the concept of ambiguous communication. His interest in communicative channels led, in psychiatry, to a special attention towards schizophrenic patients (victims of their families), injured by a communication that often broke the rules of the distinction between logical levels and where it is difficult to find meaning (so-called contradictory messages). To Bateson, we also owe the formulation of the theory of «the double bind»¹⁸ which described the type of communication that leads a person to develop schizophrenic behaviour. He interpreted schizophrenia as the expression of incoherent interpersonal communication in which there is logical incompatibility between the verbal channel (digital) and the non-verbal one (analogical). For Bateson, it was the context which made sense of behaviour. In other words, a homeostasis is created where the family is conceived as a cybernetic system. The family as a system is regulated by its members and maintains its *status quo*, depending on the nature of the family interactions or on the behaviour of the designated patient (even to the point of obstructing psychotherapeutic attempts).

After the elaboration of these decisive propositions, Bateson's group was destined to lose his cohesion and it split into two directions, one systemic and the other structural. Bateson himself said: «There is a fundamental difference between my position and that of Lidz, Wynne, Haley and Jackson. They are clinicians. I am a theoretician. They will continue to look for examples of generalised narrative, I look only for examples of formal relationships such as to be able to structure a theory»¹⁹. Among Bateson's pupils, Don Jackson was destined to become director of the Mental Research Institute with Satir and Riskin and, later, with Haley and Weakland. It was during that period that Jackson defined some technical precepts (unidirectional mirror, supervision during therapy and work

16 Cfr. G. Bateson, J. Ruesch (1976) (ed. or. 1951), *La matrice sociale della psichiatria*, Il Mulino, Bologna.

17 Cfr. G. Bateson (1976) (ed. or. 1972), *Verso un'ecologia della mente*, Adelphi, Milano.

18 G. Bateson et alii (1956), *Toward a theory of schizophrenia*, in «Behavioral Science», 1/4, 251-264.

19 D. Lipset (1980), *Gregory Bateson: The Legacy of a Scientist*, Beacon Press, Boston, 237.

as a team) which allowed systemic family therapy to 'go public', modifying the rules of the traditional setting, which, until that moment, had been considered untouchable.

3.4 Strategic therapies

Milton Erickson's experience is a standalone. Perhaps because of his multiple disabilities, which heightened his capacity of observation, together with his innate sensibility and perceptive qualities, he made limited use of theory. Erickson created, instead, a repertoire of techniques. Among them, hypnosis was often used. Acutely attentive to all aspects of communication (he often used metaphorical language), Erickson established a clinical praxis characterised by extreme practicality, finalised towards tangible and efficient results (the 'efficient intervention', in fact). It was an approach which took a positive position towards individuals and families (conducted with techniques such as reframing or relabeling), and aimed at a circular orientation going beyond the principles of linear causality. Erickson worked with the hypnotic relationship in an exclusive and selective way (calling *rapport* the state in which the subject responds only to the hypnotist) or in a bilateral fashion (in which the hypnotist develops a specific relationship with the subject) and he always evinced a strong relational mentality. His attention to details and his strong interest in the patients and their problems led him to widen his vision of them, to include their social and cultural status.

3.5 Experiential therapies: the Symbolic-experiential approach and the Integrated humanistic approach

The luminary of experiential therapies was Carl Whitaker. Hoffman wrote of him that he was «an expert in pushing the unthinkable to the edge of what is even unimaginable»²⁰. Together with his wife Muriel, Whitaker developed a model of co-therapy that used techniques that involved a deep co-involvement of the therapist in the emotional processes of the clients and of their symbolic world. In 1946, at the Emory University of Atlanta, he published, with Malone and Warkentin, the first volume of *The Roots of Psychotherapy*. After 1956, on leaving Emory, he became interested in the formation of psychotherapists and organised conferences (the 10th in 1955, at Sea Island, was the first conference on family processes).

His attention was not directed towards symptomatic manifestations, but towards the individual for whom the symptom was seen as an opportunity. He widened and gave alternative defini-

20 L. Hoffman (1981), *Foundations of Family Therapy: A Conceptual framework for Systems Change*, Basic Books, New York.

tions to the family unit observation in a trigenerational direction (including therapeutic structure), and succeeded in engaging himself in the sessions, using his own emotional resonance as an efficient instrument to encounter the suffering of others (process not progress). He achieved all of this without overstepping the line of care-giving: he wanted to activate the resources of the families and avoid manipulations or excessive involvement (for example, he did not write the name of the patients in his diary and did not give appointments to encourage families to take the initiative). His pioneering path also led him to emphasise the use of a metaphorical object such as 'relational image' (for example, the use of an object to activate the imaginary and symbolic world) and of 'time leaps' to favour processes of 'making present' and to enable the clinical work with those absent family members, through processes of exclusion-inclusion. Whitaker dismantled the concept of 'resistance', which was no longer considered as a lack of co-operation of the family (a force that goes against therapeutic work), but rather as a possibility for the therapist to follow the energy of the family without any opposition or conflict, guiding it towards positive and fruitful directions.

In Italy, Mara Selvini Palazzoli and her School of Psychotherapy of the Family in Milan followed in his footsteps.

Meanwhile, in 1967, *Conjoint Family Therapy* by Virginia Satir was published. It contained a collection of the re-working of a series of psychotherapy sessions, both with individuals and families. It was a turning point in the story of Family Therapy: «She did not like to talk about theory or her techniques, fearing that her working model could be turned into recipes used to form family technicians rather than family therapists»²¹. Those were the years of student rebellions, of new demands for the free expression of the individual, of the demand for creative spaces: the Ego is the focus of every gaze. Satir wrote: «When I start working with someone, I am not interested in changing him. I am interested in finding his rhythm, in being able to connect with him and help him to go to those places that scare him»²². On the one hand, self-esteem was considered a source of well-being, on the other hand, a lack of self-esteem was seen as the cause of psychological suffering. She placed attention on non-verbal language, as an expressive channel for the emotions. The two elements intertwine, and low self-confidence was considered connected to rigid or confused family systems and characterised by unspoken or implicit (non-verbalised) 'emotional rules'. Satir's analysis of the different communica-

21 L. Onnis (2002), *Il linguaggio delle emozioni: Virginia Satir e la sua concezione della terapia* in M. Andolfi, *I pionieri della terapia familiare*, cit., 52-60, 53.

22 R. Simon (1992), *One on One: Conversations with the Shapers of Family Therapy*, The Family Therapy Network - The Guilford Press, New York, 186.

tive styles of the various family members favored the role of the body and the family spatial collocation. For example, 'the family sculpture' was intended as a representation of the family, where all members reproduced a scenario relative to their modality of reciprocal interactions, activating their creativity and amplifying their emotional capacity²³. There was also the method of Family Reconstruction', based on encounters between family groups, in which one could re-narrate the story of their roots using a verbal, analogical and metaphorical dialogue which allowed the family to look at old things in a new way. In this model, the experience of the family members with the therapist was highly relevant: the clinician invited them to talk amongst themselves in front of him, not to teach, but to stimulate new behaviours and solutions, using his/her emotional resonances as resources and explorative probes.

4. Family therapy and the liquid family

In the current context, a family therapist works with families characterised by an interpersonal system in continual transformation, marked by new critical events²⁴, in a scenario that brings with it operative reflexes on his role. Since the Sixties, we have seen new modalities and typologies of 'being a family'. There are now fewer marriages and an increase in non-married couples (with children); fewer children and increased median age of first-time mothers; an increased expression of the affective code (intimacy) to the detriment of ethical-normative one; an increased number of separated families (critical event: divorce); the transformation of families from extended to nuclear and from patriarchal to conjugal; geographical moves; and the development of biotechnologies. In particular, there are new family types which differ in various ways: structurally (single parent, nuclear, multinuclear, blended); by sexual orientation (same sex unions, families of heterosexual couples with or without children, with adopted children and/or biological children); ethnic origin (mono- and pluri-ethnic families)²⁵. It becomes possible to speak not of the family, but of 'families', given the multiple forms that the term 'family' assumes. Bauman's definition contains a highly pregnant expression of

23 Cfr. V. Satir (1972), *Peoplemaking*, Science & Behaviour Books, Palo Alto.

24 From a psycho-social viewpoint, a criterion of subdivision of the phases in the family life-cycle is identified, showing up any 'critical events' that presumably define their development. Among these, 'entrances' and 'exits' of family members are particularly important, bringing changes in structure and systems dynamics. Cfr. M. McGoldrick, B. Carter (1982), *The family life cycle*, in F. Walsh (ed.), *Normal Family Processes*, Guilford Press, New York; P. Gambini, *Psicologia della famiglia*. cit.

25 Cfr. R.G. Romano (2004), *Ciclo di vita e dinamiche educative nella società post-moderna*, cit.; P. Bastianoni, A. Taurino (2007), *Famiglia e genitorialità oggi. Nuovi significati e prospettive*, Unicopli, Milano.

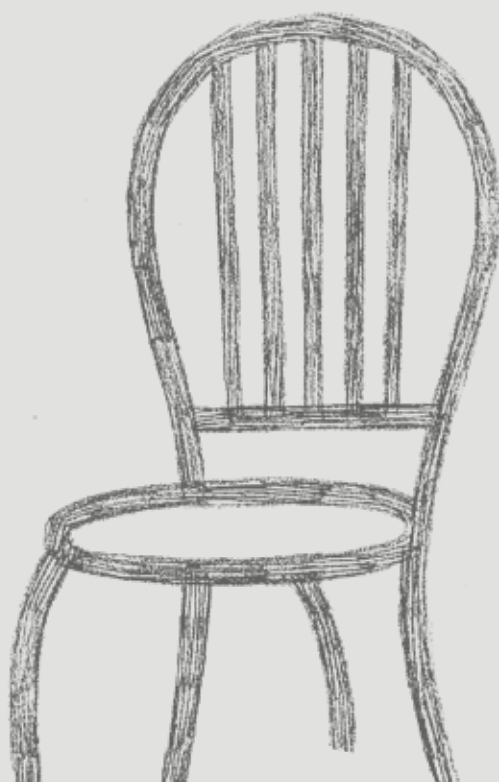
these changes in the family²⁶: the 'liquid' family. It is the family which flees from continuous definitions of its form.

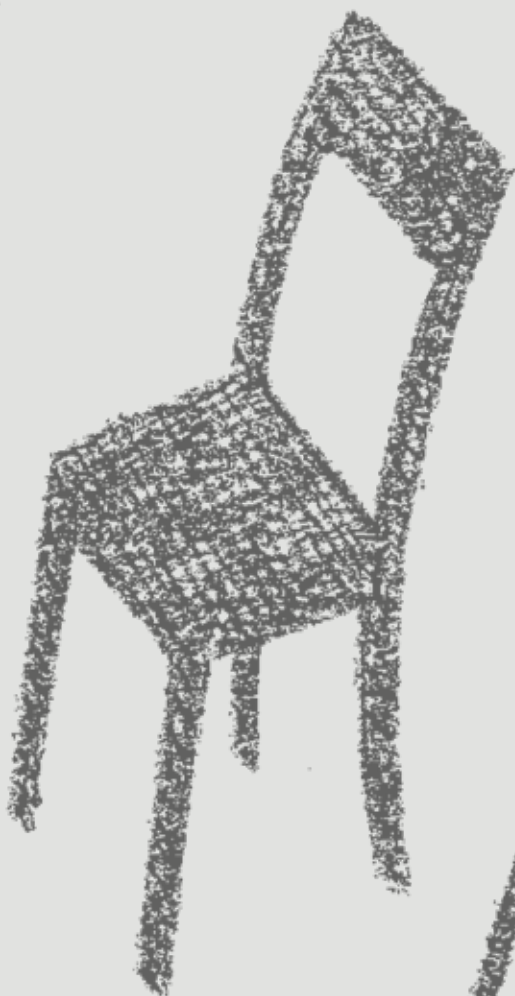
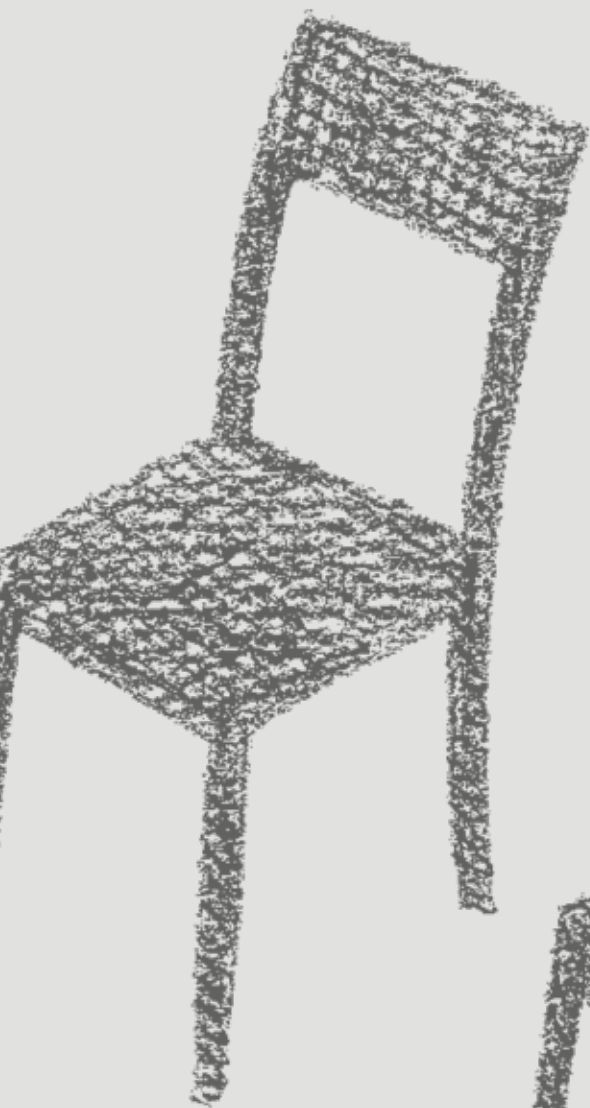
From a methodological point of view, the observable horizon is getting wider, thus including relational systems which are larger and more complex: for example, the dyadic model, frequently used to study family relationships, gives way to a model of co-regulation (triadic), thereby avoiding the risk of a 'wrapping up' of the system with a corresponding loss of the sense of its complexity, and which would reduce the dyads to a simple sum. Different technical hypotheses have influenced theory by introducing important modifications through a circular process of co-creation²⁷. The necessity of taking into account all elements of the family system is already present in the work of Bateson, according to whom – as we have said – it is necessary to consider the complexity of the relationships between all the elements involved in a certain interpersonal context. The development of research thus introduces the possibility of studying the interaction of dyads inside a triadic interaction (father-mother-child), considering the role of the third as influential on the relationship of all three as well as on the quality of the group, considered in its entirety. Fivaz-Depeursinge and Corboz-Warnery²⁸, in Lausanne, went beyond the reductive analysis of the mother-child dyad, and opened up observation of the child within the family triangle to systematic study, considering the four possible declinations. This is a perspective which we will come back to later. The origins and development of GFT occurred within this framework: at a theoretical and clinical level, it integrates the new anthropological and therapeutic perspectives on intercorporeity, on relational proxemics, on the Self theory and on the theory of contact.

26 Cfr. Z. Bauman, *Amore liquido*, cit.

27 Cfr. M. Malagoli Togliatti, *Dove sono finiti i pionieri? Il futuro della terapia familiare. Opinioni a confronto*, in M. Andolfi, *I pionieri della terapia familiare*, cit., 149-157; M. Malagoli Togliatti, S. Mazzoni (2006), *Osservare, valutare e sostenere la relazione genitori-figli. Il Lausanne Trilogie Play clinico*, Raffaello Cortina, Milano.

28 Cfr. E. Fivaz-Depeursinge, A. Corboz-Warnery, *Il Triangolo primario*, cit.; G. Salonia, *Edipo dopo Freud. Una nuova Gestalt per il triangolo primario*, cit.





1. Background

Gestalt Therapy emerged in the 1950s¹ as individual and group therapy². Even if it was a contemporary of Family Therapy, and built on relational theoretical-clinical principles (the wholeness principle, the Self theory, the theory of contact, concentration-awareness, experiment-experience), at the beginning it was not applied systematically to the couple and the family³. Only at a later date did some Gestalt therapists begin to elaborate a model of Gestalt and family therapy (GFT) working with families and, more frequently, with couples. Among the models of Family Therapy⁴, both in theory and practice, GFT focused on specific aspects such as experience, the relation of figure/background, contact boundaries, the quality of contact and the Self theory.

In reconstructing the history of GFT, it is possible to focus on three models which, through evolving and integrating among themselves, have progressively rendered the Gestalt model of working with couples and families more independent. The three models include the phase of experience (awareness and expression of emotion), the contact phase (quality of the contact cycle), and the Self phase (and of its functions), that is central to this volume.

2. Stage one: focus on awareness and on the expression of emotions

During the 1960s, GT began to be applied to couples and families. The therapeutic trend⁵ of that moment was oriented to facili-

- 1 Cfr. F. Perls (1942), *Ego, Hunger and Aggression*, Vintage Books, New York; F. Perls, R. Hefferline, P. Goodman (1951), *Gestalt Therapy*, Vintage Press, New York.
- 2 GT initially worked with individuals in a group setting where, from time to time, other group members were invited to intervene. Cfr. F. Perls (1980) (ed. or. 1969), *La terapia gestaltica parola per parola*, Astrolabio, Roma; F. Perls (1977) (ed. or. 1973), *L'approccio della Gestalt. Testimone oculare della terapia*, Astrolabio, Roma; F. Perls, P. Baumgardner (1983) (ed. or. 1975), *L'eredità di Perls. Doni dal lago Cowichan*, Astrolabio, Roma.
- 3 Perls worked in groups, but he sometimes used to give demonstrations of his work with couples (not families), applying the awareness principle, polarities, top-dog/under-dog dynamics. Cfr. F. Perls, *L'approccio della Gestalt.. cit.*, 123-150; F. Perls, P. Baumgardner, *L'eredità di Perls. cit.*, 137- 140. As Further support for GT as innately appropriate for working with couples comes from Barbara de Franck-Lynch (systemic) and Edward Lynch (Gestalt), teachers at the University of Connecticut and authors of B. Lynch, E. Lynch (2000), *Principles and practices of structural family therapy*, Gestalt Journal Press, Highland New York. They told me that they had done couple's therapy with various family therapists and that they found Isadore From's work (he was a GT founder) extremely helpful both at individual and group level.
- 4 Cfr. A.S. Gurman, D.T. Kniskern (eds.) (1995), *Manuale di terapia della famiglia*, Boringhieri, Torino; F.P. Piercy et alii (1986), *Family Therapy Source-book*, The Guildford Press, New York.
- 5 Cfr. *infra*, chapter 'Developing of models of family therapy between historical continuity and present perspectives'.

tate the members of the family to emerge from the neurotic confluence (also called symbiosis)⁶ which characterised their past, so as to give voice and space to subjectivity⁷. This new tendency upsets the family, in that the emergence of diversity and subjective viewpoints is experienced in a rigid and destabilising manner. When the levels of intensity and unawareness reach a head, an explosion of difficulties, often expressed by the pathological symptoms of one member of the family (that the therapist refers to as the 'the designated patient'), becomes inevitable. It is the family member who has 'blown a fuse' by being the unwitting, receptive antenna of a powerful developmental need to express oneself and escape from the family con-fusion. This individual usually does not receive support from the parents and is labeled as 'bad' or 'mad'. This reaction aims at blocking him/her and leading him/her back into the neurotic familiar confluence.

Therefore, the designated patient takes charge, with a misunderstood and often unspeakable suffering, his own urge for change, of his own and of the whole family: this is an urge that the other members of the family are not ready to feel, but which – fortunately – they can no longer hide.

To escape from neurotic confluences, to be oneself and so on, are the key words that epitomise the anthropological and clinical pathways of this historical period. Expression of this Zeitgeist is the 'Gestalt prayer' by Fritz Perls which became almost an emblem of the first Gestalt period: «I do my thing, you do your thing/I am not in this world to live up to your expectations/ And you are not in this world to live up to mine. You are you and I am I/ if by chance we find each other it's beautiful/ If not, it can't be helped»⁸.

For their part, in those years the Gestalt therapists who worked with families preferred strategies that attempted to make the designated patients aware of their own emotions and able to express them (feeling expressions): the emerging of an individuality, the therapeutic objective, provoking in the family the beginning of paths of individuation and differentiation. The fact of giving centrality to the emotions⁹ collocates Gestalt among the family of

6 In GT, neurotic confluence means remaining in a forced contact that neither the Organism or the Environment desires. When the Organism remains clinging to or fused with the Environment, it does not become aware of the healthy aggression that pushes for differentiation. Cfr. F. Perls, R. Hefferline, P. Goodman, *Gestalt Therapy*, cit.

7 Cfr. G. Salonia, *Psicopatologia e contesti culturali*, cit.

8 F. Perls, *La terapia gestaltica parola per parola*, cit. There is a more radical version, in which, if one does not meet the other, the latter is sent to... it is clear that this prayer belongs to the context it sprang from.

9 The most famous Gestalt family therapist was Virginia Satir. Her writings, apart from the ones already cited, include R. Bandler, J. Grinder, V. Satir (1980), *Il cambiamento terapeutico della famiglia*, Borla, Roma.

experiential models (together with Whitaker)¹⁰ in the manuals on Family Therapy. The specificity of the GT 'experiential' approach applied to the family is linked to its techniques of awareness and reciprocal expression of feelings, the amplification of the symptom (experiment and exasperate a new feared behaviour, etc.). Re-reading, in a Gestalt key, other techniques belonging to the *corpus* clinical of all family therapies, include the family sculpture¹¹ and the genogram. In the family structure the designated patient, with the members of the family, or if in a group, with other participants, creates (including or excluding the Self) a sculpture of their family. To each participant the patient assigns a pose, a facial expression and the proxemics. Already the creation of the sculpture and the representation of the family members stimulates, in the patient, the emerging of archaic memories. In the second phase, the patient, and in some cases also the other members of the sculpture, express experiences and emotions evoked by the sculpture. This is for finding closure with 'interrupted gestalts', saying the unsaid. These are often experiences with intense emotional charge, sometimes forgotten, that block the growth of the Organism¹². In the genogram¹³, a key techniques in systemic relational therapy, the exhumation of trigerational history is not what is emphasised: instead, the experiment is fundamental. The experiment, indeed, makes present the opened or 'interrupted gestalts' (unfinished and unconscious relational situations that interfere with present experience and that silently generate symptoms in relational style).

Using the Gestalt key, which favours the flow of emotions and experiences, some phenomena typical of confluent families (myths, secrets, taboos, invisible loyalties) are re-read as modalities that maintain neurotic confluence and prevent the emergence of individual viewpoints. Specifically, 'myths' exalt a member of the clan whose fame aggregates and ennobles the family belonging to that group, but who, at the same time, obliges all family members to negate their uniqueness to conform to the model of the myth, such as 'the honourable uncle' or 'the widowed grandmother who

10 Cfr. C. Whitaker (1990) (ed. or. 1989), *Conversazioni notturne di un terapeuta della famiglia*, Astrolabio, Roma; I. Alger (1982), *Gestalt-system family therapy* in «American Journal of Family Therapy», 86-87; W. Kempler (1974), *Principles of Gestalt Family Therapy*, Desert Press, Salt Lake City.

11 Virginia V. Satir (1967) (ed. or. 1964), *Conjoint Family Therapy*, Science & Behaviour Books, Palo Alto. Cfr. C. Jefferson (1978), *Some notes on the use of family sculpture in therapy*, in «Family Process», I, 17, 69-76.

12 From here forwards 'O.' indicates the human Organism in action towards relational contacts.

13 Cfr. M. Andolfi (2003), *Manuale di psicologia relazionale. La dimensione familiare*, APF, Roma; R. De Maria, G. Weeks, L. Hof (1999), *Focused genograms*, Brunner/Mazel, Philadelphia; M. McGoldrick, R. Gerson (1985), *Genograms in family assessment*, Norton, New York; S. Montàgano, A. Pazzagli (1989), *Il genogramma. Teatro di alchimie familiari*, Franco Angeli, Milano.

raised five children alone', etc. Secrets regard unpleasant events that have dishonoured the history of those families, and even if they are known only to a few privileged individuals, they condition the family climate since the secrets impose rigid limitations on the children, for which they do not have historical reasons. For example, a mother, who is ashamed of the secret story of a family member becoming a single mother, will be particularly strict with her daughter (unaware of these events) if she dresses in an even slightly provocative way. Taboos are themes and situations that, in an obsessive and rigid way, must be excluded from family conversations because they are perceived as destructive of the ideal image of the family (for example, sexuality). They are often linked to introjections, that is, to rules accepted without assimilation. 'Invisible loyalties' are called the secret connections, often asymmetrical, in which one of the children is close to one parent, perhaps to protect them, but from a distance, without clearly showing it and sometimes even assuming the opposite external behaviour.

The therapeutic work of the Gestalt therapist, while s/he is concentrating on the single individual who bears the symptoms, helps the whole family to acquire awareness of the habitual neurotic modalities they adopt out of fear of individualisation. Of course, a small change in a group can trigger big changes but this model, focused on a single aspect of growth (the individualisation of the subject) will eventually appear to be reductive¹⁴.

3. Stage two: contact quality among family members

The 1980s can be read as a time of radical change. Individuality had come to the fore, and people lived in a fully narcissistic society¹⁵. The emergence of individuality had de-structured the unified thought, which, in previous generations, had dominated in the *polis* and in the family. At this point, the necessity for new relational models, capable of including diversity, was keenly felt. It was the period in which striving for personal fulfilment generated a crisis, not only in the spheres of belonging which were taken for granted, but also habitual relational styles. In family therapies, approaches moved from the psychodynamic matrix, to systems theory, the cybernetic, to structural theory¹⁶.

14 The danger of intrapsychical drift is evident in the following erroneous comments made by a famous Gestalt family therapist: «Family therapy is particularly suitable for interpersonal processes whereas Gestalt therapy is at its best in intrapersonal processes» in C. Hatcher (1987), *Modelli intrapersonali e interpersonali: integrazione della Gestalt con le terapie familiari*, in «Quaderni di Gestalt», III, 4, 33-44, 42.

15 Cfr. C. Lasch, *La cultura del narcisismo*, cit.

16 Cfr. *infra*, chapter 'Developing of models of family therapy between historical continuity and present perspectives'.

Gestalt therapists started to dedicate space to the relational aspects of the family members: the dynamic of polarities¹⁷, the dialogue with 'empty' or 'hot' chairs and, especially, the contact cycle. We entered the second phase of GFT¹⁸. In particular, Joseph Zinker and Sonia Nevis created a model of GFT which integrated previous acquisitions with the theory of the contact. The quality of contact between the members of the family became the center of attention¹⁹.

The theory of the contact cycle and withdrawal from contact – the theoretical and clinical cornerstone of Gestalt therapy²⁰ – was applied. People are well and grow if they have nourished contact with the other (the Environment²¹). If the contact intentionality, that pushes two people to meet, is interrupted and does not lead to the desired final contact, then people start to be sick. The Gestalt therapist, who has experience of the manner and the time of failures in interpersonal encounters, works in the family setting on the interruptions of contact between the members of the family. The process of individualisation of the subject, through feeling and expressing his own emotions, is contained in a holistic perspective: the quality of reactions between the members of the family. At variance with Bowen²², the Gestalt therapists in those years invited the family members to talk amongst themselves and, by observing them, focused on competencies, times, and the ways of interrupting the contact cycle. The partners involved in the interaction were asked, during the dialogue and after, if they were satisfied with what they had expressed and what experiential effect the other's comments had on them. This results in an efficient method, sometime magical, since people, by listening to their own and others' experiences, discover new ways of encounter and are facilitated in reaching the contact boundary with the other. GFT, that works with the cycles of contact in the family²³, is efficient

17 Cfr. G. Salonia (1987), *Il lavoro gestaltico con le coppie e con le famiglie: il ciclo vitale e l'integrazione delle polarità*, in «Quaderni di Gestalt», III, 4, 131-142.

18 Cfr. G. Salonia, M. Spagnuolo Lobb (1987), *Editoriale*, in *ivi*, 11-13.

19 Cfr. J. Zinker, S. Nevis (1981), *The Gestalt theory of couple and family interactions*, Gestalt Institute of Cleveland: Id. (1982), *How Gestalt therapy views couples, families and the process of their psychotherapy: General questions and answers*, Gestalt Institute of Cleveland.

20 Cfr. G. Salonia (1992) (ed. or. 1989), *From We to I-Thou: A Contribution to an Evolutive Theory of Contact*, in «Studies in Gestalt Therapy», I, 31-42; Id. (1989), *Tempi e modi di contatto*, in «Quaderni di Gestalt», V, 8/9, 55-64.

21 From now onwards, we will indicate the Environment, human or otherwise, with which the O. interacts, with the letter E.

22 Cfr. M. Bowen (1980) (ed. or. 1979), *Dalla famiglia all'individuo. La differenziazione del sé nel sistema familiare*, Astrolabio, Roma.

23 Cfr. J. Zinker, S. Nevis (1987), *Teoria della Gestalt sulle interazioni di coppia e familiari*, in «Quaderni di Gestalt», III, 4, 17-32. I do not agree with Bob and Rita Resnick's opinion that J. Zinker's work with couples was inauthentic which they expressed in an interview with Poli in Turin on 9 March 2014 and published in issue n. 0 of 2015 of *Figurermergenti*, the Gestalt School of Turin's review. The positive aspect of Zinker's method was not a forcing that avoided

and responds appropriately to the critical conditions of the family in that specific historical period. Its weak point, subsequently magnified by cultural changes, is not having accurately theorised the irreducible difference that exists, inside the family, between symmetrical relationships and asymmetrical ones (a difference that is decisive and at the same time constitutive of family reality). If a mother says to her daughter: «I feel sexually neglected by your father», although this communication might be valuable at the level of feeling (neglected) and of communication (representative); it reveals a profoundly damaged parental function (these are not confidences that a mother should share with a daughter: in this case, the body of the mother is not living maternity adequately and therefore does not see that her daughter's body is small, and incapable of bearing this type of utterance)²⁴. When faced with this difficulty, many Gestalt therapists looked for theoretical supports (such as the concept of the generational line) outside the GT framework, in systemic and structural therapies²⁵. In my opinion, these people wasted a golden opportunity, as they lost sight of what was already present in GT²⁶. Consequently, with enthusiasm and dubious pride, proposals of integrated models between GT and Systemic Therapy abounded, but their continuous running up just revealed the enormous limitations of their choice²⁷. It was, in other words, an 'unhappy' rather than 'a good marriage'²⁸. The model of Family Gestalt Therapy (FGT) that I propose, conversely,

confrontational issues in the couple, but a Gestalt method to let their contact intentions emerge so they could be worked on. Cfr. the original on: www.figuremergenti.it/articolo.php?idArticolo=8730#bob

- 24 Broad reflections about this to be found in: 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.
- 25 In my interview with Resnikoff, he related how he used the Polsters' Gestalt techniques (awareness, contact, experiment) together with those of the strategic school of Milan (paradox, structure, growth): G. Salonia (ed.) (1985), *Terapia familiare e terapia della Gestalt. Intervista a Roy O. Resnikoff*, in «Quaderni di Gestalt», I, 1, 73-76. Cfr. V. Goldin (1987), *Terapia della Gestalt e Terapia familiare: integrazione di modelli o integrazione di elementi della personalità del terapeuta*, in «Quaderni di Gestalt», III, 4, 45-50; Id., *Terapia della Gestalt e terapia familiare: il programma GIFT. Intervista a D.J. Clark*, in *ivi*, 120-127; J.M. Robine, *Terapia della Gestalt e Terapia familiare Strutturale. Intervista a B. De Frank- Lynch*, in *ivi*, 51-58. Three models (Systemic, Transactional Analysis and Gestalt) are connected in the 'fury' for integration: cfr. I.B. Kadis, R. McClendon (1983), *Chocolate pudding and other approaches to intensive multiple Family Therapy*, Science and Behaviour Books, Palo Alto.
- 26 Cfr. I. From (1985), *Requiem for Gestalt* in «Quaderni di Gestalt», I, 1, 22-32, 32; G. Salonia (2011), *Requiem per gli slogan gestaltici. Intervento introduttivo al II convegno della Società Italiana Psicoterapia della Gestalt*, in G. Franceschetti et alii, *La creatività come identità terapeutica*, Franco Angeli, Milano, 51-54.
- 27 As From used to say, every marriage of Gestalt with other approaches reveals a lack in Gestalt's clinical and theoretical framework, and always ends up by weakening GT even more.
- 28 Cfr. R. Lampert (1987), *Terapia della Gestalt e Terapia della famiglia: un buon matrimonio*, in «Quaderni di Gestalt», III, 4, 59-73.

traces its roots back to a current of theoretical and clinical aspects of GT which had previously been overlooked (I refer, in particular, to the Self theory).

The loss of the sense of belonging and the exasperated self-reliance that characterise our time has led to widespread situations of 'borderline' confusion, both in the *polis* and in the family²⁹. It became a priority to establish anthropological and clinical paths about identity and 'borders'³⁰. In family therapies, there is much talk about the return of super egoistic instances of regulation and containment³¹, of recuperating family structure and the generational line, of navigation 'by sight.' However, GT had the resources to respond in an original way to the new psychical difficulties by rediscovering the pregnancy of the Self theory with its three functions: Id, Personality and Ego. The third phase, Family Gestalt Therapy.

29 Cfr. Z. Bauman (2002), *La società individualizzata. Come cambia la nostra esperienza*, Il Mulino, Bologna.

30 Kohut's intuition – the passage from 'guilty man' to 'tragic man' – is declined as a loss of identity due to the fragile loyalties and weak sense of belonging in postmodern society, Cfr. H. Kohut (1976) (ed. or. 1971), *Il narcisismo e l'analisi del sé*, Boringhieri, Torino; cfr. Z. Bauman (2003), *Intervista sull'identità*, Laterza, Roma-Bari.

31 In an interview, Mark Solms says: «In future it will principally be a question of 'dealing with' emotions, rather than bringing them to light» in M. Solms (2012), *La coscienza comincia dall'Es*, in «Psicologia contemporanea», 233, 6-13, 11; cfr. G. Salonia, *Theory of self and the liquid society*, cit.



Towards a new model of Family Gestalt Therapy: dance of the chairs and dance of the pronouns

EN

Premise: limits of GT or limits of GT therapists?

Gestalt family therapists who follow the experiential model or contact model claim that it is essential to resort to Systemic Family Therapy (SFT)¹, since GT does not have a theoretical framework and a coherent praxis to work with the two coordinates which determine the family, the generational line and the life cycle (the structural dimension and the developmental dimension)². Perhaps, as From suggested³, the search for juxtapositions was derived from an insufficient knowledge of GT's theoretical heritage and new opportunities⁴. I increasingly agree with my dear Isadore. After years of study, research, teaching and practicing GFT, I have come to understand and claim that the contribution of GT (neglected but decisive) in working with families is the theory of Self and of its functions.

Looking more deeply⁵, one discovers that it is a powerful theoretical and clinical instrument for understanding processes and working on the structural dimension (generational line) and on the developmental one (family life cycle) of the family.

But let us start from the beginning. In GT the Self is not an internal *homunculus* that directs the human being⁶, but it is equivalent to the Organism-as-a-whole (O.) in action (his/her contact system). The Self acts through functions, three of which are decisive for the growth of the O.: the Ego-function, the Id-function, and the Personality-function. These three functions contain the dynamics of growth of the individual and of the family.

The Id-function concerns the energy of excitement – bodily sensations that take the form of emotions⁷ – which pushes the

1 I am particularly referring to Salvador Minuchin: S. Minuchin (1981) (ed. or. 1974), *Famiglie e terapia della famiglia*, Astrolabio, Roma.

2 We analysed this aspect many years ago in G. Salonia (2009), *Letter to a young Gestalt therapist for a Gestalt Therapy approach to family therapy*, in «The British Gestalt Journal», 18/2, 38-47.

3 Cfr. I. From, *Requiem for Gestalt*, cit; E. Rosenfeld (1987), *Storia orale della psicoterapia della Gestalt. Conversazioni con Isadore From*, in «Quaderni di Gestalt», III, 5, 11-36.

4 Cfr. G. Wheeler (2000), *Per un modello di sviluppo in Psicoterapia della Gestalt*, in «Quaderni di Gestalt», XX, 30/31, 40-57.

5 Cfr. G. Salonia, *Theory of self and the liquid society*, cit.; A. Sichera (2012), *The Personality-function in Gestalt Therapy*, in «GTK Journal of Psychotherapy», 3, 17-27.

6 When Antonio Damasio says that reason does not command the emotions, but rather it cannot function without the (cognitive) information provided by them, he gives neuroscientific confirmation to Gestalt theory. Cfr. A. Damasio (1995) (ed. or. 1994), *L'errore di Cartesio: emozioni, ragione e cervello umano*, Adelphi, Milano.

7 «Feeling» is a crucial problem to be addressed if one wishes to *reincarnate* the

O. towards a new contact with the Environment (E.). The energy that is expressed in the sensations and the emotions finds his first containment in bodily and relational intentionality. Where does the O. want to go? What new contact with the E. does it want to experience to grow? All this emerges in the inevitable confrontation with the bodily biography, with the 'already' of previous experiences (who have I become? How do I want to grow? How much continuity and how much discontinuity?). Let us take an example: a diabetic wants to eat a cake. With the Id-function the Self becomes aware of what he feels ('I want to eat a cake') and feels the correlative energy. Contextually, the Personality-function awakens the consciousness of the bodily identity 'I, who feel the desire for cake, am a diabetic'⁸. If the confrontation is genuine, that is, if one feels fully the desire for cake and one assimilates it into one's own corporal autobiography as a diabetic, the Self in its unicity and in its autonomy of choice (what we call the Ego-function), will decide adequately in a creative and coherent fashion.

It is necessary to reiterate a fundamental concept: the Ego-function is not the result of the *pòlemos* between the 'what I feel' of the Id-function and the 'who I have become' of the Personality-function, but is rather the agent of the creative solution which, through processes of identification with the 'me' and of alienation from the 'non-me', gives life to a creative adjustment. In this way, a new genuine experience can be assimilated at a bodily level which brings the 'Autobiographical Self'⁹ up to date, that is, the 'who have I become now.' In the Gestalt Self theory, two sets of dynamic realities of human existence (energy and containment, movement and structure, to be and to become, emotion and sensation, what lasts and what is renewed in growth) are therefore conjugated in an elegant and convincing fashion.

Excitement and structure, the Id-function and the Personality-function, are two decisive and indivisible elements of human growth. For growth to occur, energy must have the possibility of being expressed but, at the same time, it must be contained and directed by a flexible structure. Without structure, energy is transformed into agitation and does not take the form of experience that assimilates and produces a bodily biography. In a rigid struc-

mind» in E. Barile (2007), *Dare corpo alla mente. La relazione mente/corpo alla luce delle emozioni e dell'esperienza del sentire*, Mondadori, Milano, 101.

- 8 The presence of the Personality-function in the orientation phase is a *novitas* that emerges from a re-reading of Perls, Hefferline and Goodman's book (cfr. G. Salonia, *Theory of self and the liquid society*, cit.; A. Sichera, *The Personality-function in Gestalt Therapy*, cit.) and is in net contrast with Gestalt literature: cfr. J.M. Robine (ed.) (2016), *Self. A Polyphony of Contemporary Gestalt Therapists*, L'expresserie, Paris.
- 9 Neuroscience has confirmed this GT intuition. Cfr. A. Damasio (2012) (ed. or. 2010), *Il Sé Autobiografico*, in ID., *Il Sé viene alla mente. La costruzione del cervello cosciente*, Adelphi, Milano.

ture, on the contrary, the energy is blocked and the Self is devitalised or somatises, producing existential stereotypes.

Let us now apply these basic notions to family therapy, taking into account the fact that in the O's practical actions, the three functions are profoundly connected and are activated together in a dynamic of figure and background. For obvious reasons of analytical clarity, the three functions will be hereafter presented one at a time.

1. Rethinking the Id-function of the Self in the family

*E tutta la vita è in noi fresca aulente,
il cuor nel petto è come pesca intatta,
tra le pàlpebre gli occhi
son come polle tra l'erbe,
i denti negli alvèoli
con come mandorle acerbe.*

*E andiam di fratta in fratta,
or congiunti or disciolti
(e il verde vigor rude
ci allaccia i mallèoli
c'intrica i ginocchi)
chi sa dove, chi sa dove!*

Gabriele D'Annunzio, *La pioggia nel pineto*

1.1 Bodies-among-bodies: intercorporeity

The Id-function makes the Self that concentrates¹⁰ aware of the excitement and of its moving towards new experiences of contact. Excitement is revealed in sensations. Sensations, in turn, if heeded, take form and configure themselves as emotions. Emotions – as their etymological meaning indicates – push towards action, that 'fit' that goes directly towards contact. If they follow the decision of the O., in giving himself to the E., contact – finally - happens.

This process, that needs to become conscious (living body)¹¹, emerges from feeling not only what happens within one's own body (proprioception) but also the sensations that flow between one's own body and other bodies (exteroception)¹².

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

11 On the meaning of 'being-in contact-with-one's-body' cfr. 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, 51-71.

12 Cfr. E. Barile, *Dare corpo alla mente*, cit.

One cannot understand fully what has happened in a family if one does not look at their bodies as individuals and at their bodies as interactions (intercorporeity). Being a body-among-bodies in an intimate and daily way is what constitutes the *proprium* of life and of family ties. The family intercorporeity is that background of feelings produced precisely by the close proximity of bodies: bodies that touch one another, that kiss, that look at each other, that talk, that get close, that reject each other, that smell, that hug, that bite and sometimes that clash. The communication of the senses precedes and is more decisive than non-verbal communication, a karst river that flows in all directions among the bodies of family members. As the neurosciences have confirmed¹³, before words and non-verbal communication, bodies communicate through the senses¹⁴. Sensations, pleasant or unpleasant, positive or negative, of nearness or distance, progressively stratify and form the weft of the intercorporeity which, as we will see in the Personality-function, constitutes the intimate and active archaic background of family relationships. From this background of sensations that occur between bodies¹⁵, emotions and feelings, judgements, behaviours, sometimes apparently incomprehensible, emerge and take on meaning. As the poet says: «...let the words float in your blood»¹⁶.

When Marisa tells me that she does not understand why her seven-month-old son Luca, who is usually calm, sociable, and all smiles to everybody, has an agitated reaction and cries when he sees his grandfather, I ask her what effect seeing her father produces in her. A moment, a smile, and Marisa answers surprised and amused: «He makes me very agitated...», then concludes with a knowing smile «Ok, I understand».

The generative and explicative matrix of the family's ideas of identity and relationship, of the growth and of the blockages in the family, is to be found in the woof of the sensations and of intercorporeity. If the parents, faced with a sensation or an emotion of their own, or of the children, are filled with anxiety and they are not aware of it, they will give them the wrong name¹⁷, thus building

13 Cfr. E. Tronick et alii (1978), *The Infant's Response to Entrapment between Contradictory Messages in Face-to-Face Interaction*, in «Journal of the American Academy of Child Psychiatry», 17, 1-13.

14 Emotional gestalt begins and embodies into each experience starting from every feeling creating step by step.

15 On inter-corporality cfr. G. Salonia, *La psicoterapia della Gestalt e il lavoro sul corpo*, cit.; Id. (2011), *The Perls' mistake. Insights and misunderstandings in Gestalt post-Freudianism*, in «GTK Journal of Psychotherapy», 2, 51-70.

16 Cfr. R. Carifi (2014), *Madre*, Le Lettere, Firenze.

17 To further explore these themes, cfr. G. Salonia (2014), *La luna è fatta di formaggio. Traduzione gestaltica del linguaggio borderline* (GTBL), in Id. (ed.) *La luna è fatta di formaggio. Terapeuti gestaltici traducono il linguaggio borderline*, Il Pozzo di Giacobbe, Trapani, 11-55.

the basis for additional possible difficulties in their children. Not attributing the right name to what happens in their lived-body, or in that of another family member, (that is, being unable to feel emotions), creates certain difficulties, somatisations, confusions, in particular in children, who are more vulnerable. For a genuine encounter which is a source of growth, one must be aware of his/her own experiences and open to understanding those of others. When, in the background of a family, there is a stratification of confusion, wrong names, denied bodily experiences, this will produce contractions (both in the body and relational) and it will not be possible to have a contact functional to growth.

How much energy is it possible to express in the family? And when the energy emerges, how is it received, contained, directed? A typical place in which the family reveals its confidence in the self-regulation of the O. and of the relationship is precisely how families raise their children's awareness of their corporeity, and how it is adapted towards different stages of growth. To tell a fourteen-year-old boy, 'Cover up because it is cold' meta-communicates to him that he does not have the instruments to recognise the temperature. Alternatively, telling him 'if it is cold, one needs to cover up' is an invitation to use his own self-regulation, to listen to his body and the sensations it transmits to him.

The Id-function, in contrast with its linguistic consonance, is completely different (I would say almost the opposite) with respect to the Freudian Id. Perls, by replacing the Freudian technique of free associations with concentration (the Self who concentrates) translated the ancient wisdom of St. Augustine into a therapeutic approach: «*In interiore homine habitat veritas*»¹⁸. The truth of the individual and of the family is found in their bodies and their intercorporeity. Heeding this corporeal truth is to follow the pathways which, out of needs, sensations, and emotions, become intentionality and lead to full contact and to growth.

1.2 Bodies change: the life cycle

Soon her eye fell on a little glass box that was lying under the table: she opened it, and found in it a very small cake, on which the words 'Eat me' were beautifully marked in currants: «Well, I'll eat it» said Alice, «and if it makes me grow larger, I can reach the key; and if it makes me grow smaller, I can creep under the door: so either way I'll get into the garden, and I don't care which happens!».

She ate a little bit, and said anxiously to herself, 'Which way? Which way?', holding her hand on the top of her head to feel which way it was growing, and she was quite surprised to find that she

18 Cfr. Agostino d'Ipbona, *De vera religione*, book XXXIX, chapter 72.

remained the same size: as we know, this is what generally happens when one eats cake¹⁹.

In this lively page by Carroll, which starts with the exclamation of Alice («What a strange sensation it is to grow!»), describing the discomfort of a young girl, who feels her body changing from day to day in significant and unpredictable ways. Indeed, the growth of bodies is not uniform: linear changes that mark daily interaction and changes that transform the body alternate and therefore cause worry. This succession of personal and family body transformations is called the 'life cycle'. These are events that mark the significant and decisive changes, first in the life of the couple and later of the family (to decide to stay together, to get married, the first child, becoming an adolescent, the first and last child to leave home, the 'empty nest', etc.). They are, first and foremost, physical transformations, from woman to mother, from child to adolescent. Like Alice, those who live these changes feel strange sensations that produce moments of incomprehensible discomfort and anxiety. The life cycle generates a crisis in the family through key moments of deep and significant inter-corporeal change (without return) which will also call for the restructuring of the Personality-function of the whole family.

A woman tells me about her eleven-year-old daughter who has had an obsession for some time, that of closing all the doors of the rooms in the house. It is not a choice, but an obsession. At a certain point I tell her: «She is trying in every way to close the door to the stormy change that is coming». The mother's face lights up and she tells me about some episodes confirming her daughter's anxiety and worries about her changing body. And, in telling me this, I see that even the mother's body relaxes. Indeed, the inter-corporeal involvement, which assumes a significant value in the polarity bodies-of-the-parents/bodies-of-children, emerges precisely from these transformations of a body. If the child living the change (from going to nursery school to becoming adolescent) feels scared, this emotion will go into the bodies of the parents. If they contain it, there will be a physiological period of tensions, of discomfort, but this change will be lived through and the family will enjoy a new phase of the family life cycle. If, however, the bodies of the parents are scared, instead of containing the fear of their children's bodies, then the children will be afraid again ('even the adults are scared' will be the message). Not being able to stand the anxiety, they will easily develop symptoms. The symptom is not linked to the changing body of the child, but to the rigidity and the fear of the bodies of the parents when faced with the changes in their children's bodies.

19 L. Carroll (1978) (ed. or. 1865), *Alice's Adventures in Wonderland*, McMillan, London, 45.

An example of this type of process will be shown in the section 'Start dancing with your belly'²⁰. In a family, during the mother's new pregnancy, the youngest daughter suffers and does not want to go to school. It may look like the daughter's difficulty, but in reality, during therapeutic work (carried out, obviously, using the FGT model explained in this book) it emerges that the mother, who does not feel supported by her partner, has linked to her daughter in a confluent way to reduce her own feelings of solitude. When the couple is asked to move both physically and emotionally closer together, the younger daughter moves her chair towards her older sister's and, by interacting, they discover their sibling bond²¹. The mother's 'belly' had revealed the blockages in the parents and children's Personality-function, that for some time had prevented genuine contacts in this family, and it becomes an opportunity to rediscover a healthy relational proxemics which leads to a rebirth of the family through full and nourishing contacts.

1.3 The Self that concentrates on the Id-function

As is clear, in FGT the work of the therapist, which is aimed at restoring the Id-function, does not happen through the use of interpretation or systemic interventions, but through helping the members of the family to become conscious of personal and relational experiences. It is a question of asking the right questions to favour the concentration of the Self.

I will give some examples:

- What do you feel?
- What do you feel when you hear these words or say these things?
- Listen to your body and feel what it wants to ask or receive
- How present are you feeling right now?
- On a scale of one to ten, how much of what you have said/ listened to calms you?

Here are some questions that are markers of the growth and the blockages of the members of the family:

- How much space is given to energy, to excitement, to needs?
- Is it possible to feel and express sensations and emotions?
- How much attention is paid to bodies, intercorporeity and to the physical changes of the life cycle?

20 As we will see in the following chapter, I like to give a 'title' as a teaching definition of the sessions I cite as examples. Here the reference goes back to a simulated session held during an FSIG training conference in Turin, Italy from 16-19 April, 2015. Cfr. *infra*, chapter 'Sessions of Family Gestalt Therapy'.

21 Cfr. P. Aparo (2013/14), *Beyond Oedipus, a brother for Narcissus*, in «GKT Journal of Psychotherapy», 4, 95-114.

2. Rethinking the Personality-function of the Self

Θυμήσου, σώμα...
 Σώμα, θυμήσου όχι μόνο το πόσο αγαπήθηκες,
 όχι μονάχα τα κρεβάτια όπου πλάγιασες,
 αλλά κ' εκείνες τες επιθυμίες που για σένα
 γυάλιζαν μες στα μάτια φανερά,
 κ' ετρέμανε μες στην φωνή – και κάποιον
 τυχαίον εμπόδιο τες ματαίωσε.
 Τώρα που είναι όλα πια μέσα στο παρελθόν,
 μοιάζει σχεδόν και στες επιθυμίες
 εκείνες σαν να δόθηκες – πώς γυάλιζαν,
 θυμήσου, μες στα μάτια που σε κύτταζαν·
 πώς έτρεμαν μες στην φωνή, για σε, θυμήσου, σώμα

Kostantin Kavafis²²

2.1 Personality-function: characteristics

The Personality of the Self becomes figure in the post-contact phase and controls the assimilation of experience. It is what remains in the O. after the encounter with the E. Poetically, one could say that assimilation is the 'You which remains in my body after the encounter with you'.

What is assimilated is slowly stratified and forms a sort of flexible structure which coincides with bodily identity ('who I have become') and relational identity ('who have I become in front of you'). It is what we define as the Personality. In addition to this classical role of the Personality-function (the assimilation of experience), I have highlighted how this function is enabled since the beginning, already when a need arises, that cannot disregard without facing the 'who I have become'²³. To be aware of 'who have I become' is another way in which the Personality-function is activated²⁴. In this perspective, the Id-function (the 'what I feel')

22 Kavafis K, *Settantacinque poesie*, Einaudi, Torino 1992, 147.

Remember body

Remember, my body...Remember, Body...

Body, remember not only how much you were loved,

not only the beds on which you lay,

but also those desires which for you

plainly glowed in the eyes,

and trembled in the voice -- and some

chance obstacle made them futile.

Now that all belongs to the past,

it is almost as if you had yielded

to those desires too -- remember,

how they glowed, in the eyes looking at you;

how they trembled in the voice, for you, remember, body

23 Cfr. G. Salonia (2012), *Theory of self and the liquid society*, cit.

24 Regarding disturbances in the Personality-function, From recounted being struck by a patient who had rung on the doorbell with extreme delicacy, even

is always a dependent variable of the Personality-function. The 'what I feel' depends on 'who I feel I am' and on 'who I feel I am before you'. If a therapist works on the Id-function of a patient without having first checked the functioning of the Personality (if the patient defines himself as a 'patient') they run the risk that, at the end of the work, the patient will ask a slightly provocative question: «Now that I have understood that, what do I do with it?»

In FGT, the Personality-function is central and decisive. When a family asks for help, it presents interruptions and blockages which have been activated and remain pertinent because those who have created the family, that is the two parents, have suffered and continue to suffer from a disturbed parental Personality-function. The difficulties that the family experience always refer to the inability of the parents to face it and contain it, that is to their inability to be parents. For this reason, the primary therapeutic objective of this FGT model can be formulated as follows: work to recover the Personality-function of the members of the family and, specifically, of the parents.

When this happens, the Id-function also recovers its functionality and the Ego-function becomes present. At this point, the family therapy will move towards its conclusion to open other paths of growth, whether dyadic or personal.

In a healthy family, each member reveals a sense of his own identity which emerges from the quality of the assimilated contact experiences. In this sense, in GT the identity is written, step by step – assimilation after assimilation – inside the body. One can therefore talk with Ricoeur of 'narrative identity'²⁵, but emphasising that which has been written in the body, day by day and assimilation after assimilation. In the Gestalt definition of identity – 'who I have become' – it is the past participle of the verb 'to become' that appears as the structure of the being-with. In other words, GT draws a dividing line between identity made by introjections, by ideals of the Ego, by masks, by open gestalts, by 'You must' and Gestalt identity, seen as 'embodied awareness'" constructed by the assimilation in the body of personal contact experiences.

Confirmation of this pioneering intuition in GT came from Damasio, who speaks of the 'autobiographical Self' written in physical memory²⁶, and by new studies in the neurosciences, which start to hypothesise a 'molecular memory.'

Growth is compromised when the Self and the O. are disconnected. When experiences are not assimilated, the Self cannot adapt to changes in the O. and this leads to a sort of fracture between the

though he turned out to be a rough-and-ready soldier.

25 Cfr. P. Ricoeur (1988), *La componente narrativa della psicanalisi* in «Metaxù», 5; Id. (1993) (ed. or. 1990), *Se come un altro*, Jaka Book, Milano.

26 Cfr. A. Damasio, *L'errore di Cartesio*: cit.

body and the Self²⁷. An extreme example was a patient, in the middle of an episode of post-partum psychosis, continuously asking me (or better herself) if she had already given birth or not. It is what happens, certainly in a less serious context, when, after passing an exam (even brilliantly) we dream that we must still sit for it. How is it, we ask ourselves, that sometimes experiences are not assimilated? GT answers with the Self theory and the theory of contact.

An experience of contact between O./E. is assimilated if lived fully. If, instead, the contact has not taken place (interruption-to-contact)²⁸, the experience will not belong to us and therefore will not be assimilated as a factor of growth. To go back to the example of the cake and the diabetic, if the information on being diabetic is not accepted and assimilated adequately by the subject, it will never become corporeal identity, so that at each 'epiphany' of a cake, the conflict will be renewed with dysfunctional answers which become chronic: «I made a mistake by eating it, and now I am sick», «I was wrong in refusing it, and now I feel angry...».

In the family, to be a body-among-bodies places bodily identity at the center, since day by day one learns the differences between bodies: to be male or female, adult or child²⁹. It is clear that the most important learning difference is distinguishing between being bodies-of-parents and being bodies-of-children. In GT, subsystems are corporeal diversity. In this sense, identity is both of the body and relational. Each body is located between bodies, but with defined borders: body of a son, brother, sister, father, mother... The sign of a healthy Personality-function is the clarity of these distinctions. In a 'good enough' family, the gender (male/female) and generational (parents/children) differences have been assimilated. Identity also implies, as we were saying, a relational collocation: 'who I am' also means 'who I am in front of you'³⁰. Affective maturity is the clarity of one's own corporal and relational identity. That the affective link finds its authentication in the clarity of distinctions (which does not mean opposition) was stated centuries ago in a brilliant way by Augustine of Hippo, who talked of *Ordo Amo-*

27 «Bodily identity in GT can be deduced from posture in the widest sense (way of living and carrying the body: tense or relaxed, tightness, breathing). Antalgic posture speaks of a dysfunctional identity and wordlessly speaks about interrupted and incomplete contacts. Every habit we are not in contact with is a 'second nature': it belongs to the body but not the Self», in F. Perls, R. Hefferline, P. Goodman, *Gestalt Therapy*, cit., 343.

28 Cfr. G. Salonia, *From We to I-Thou*: cit.; *Id.*, *Tempi e modi di contatto*, cit.

29 On the sense of corporeality as bodily identity cfr. C. Peri, G. Salonia (1997), *Corporeità*, in J.M. Prelezzio, C. Nanni, G. Malizza (eds.), *Dizionario di Scienze dell'educazione*, LAS-LDC-SEI, Roma, 265-269.

30 Ronald Laing had already introduced this reflection, but on a cognitive basis. Conversely, in Gestalt it regards bodily sensations, an entirely different matter. Cfr. R.D. Laing (1979) (ed. or. 1978), *Conversando con i miei bambini*, Mondadori, Milano.

ris³¹ to underline how affective structures and affective ties are intimately connected. Love is genuine if 'ordered'³². In this sense, it is confusing to talk of ties without adding an adjective which place them: love is always given within a context (filial, of siblings, conjugal, of friendship, etc.).

This is to say, the Personality-function qualifies the genuine nature of the tie. If a woman loves her partner as a son or the son as partner, the tie is already dysfunctional, whatever its intensity. In family therapy, Minuchin³³ emphasised the centrality of family structure and analysed the clarity or confusion of the generational line, which distinguishes parents from children, as the decisive element for family mental health.

The founders of GT, unknowingly confirming Augustine's intuitions and anticipating the generational line of Structural Family Therapy, understood the importance of the Personality-function (although they talk about it with a sense of unease³⁴). The real originality of GT is in having underlined that the Personality-function of the parents is in the body. In other words, to be parent is not a theoretical awareness, it is not a role or an ideal of the Self, but it is a reality written in the history of the body. A mother knows in her guts that she is a mother³⁵: it is in her own body that knows (and feels) she is a mother. «Mother...what an absurd mystery. They hit you hard, but it does not matter, you cannot hate the children you have generated»³⁶, exclaims Clytemnestra on hearing the news (which will be revealed as false) of the death of her son Orestes. A father also immediately learns in his body to be father: «When a newborn baby squeezes his father's finger in his little hand for the first time, he has

31 Apart the original references in Agostino d'Ippona, *De civitate Dei*, book XV, chapter 22 and *De doctrina christiana*, book I, chapters 22-27, §23.26-28, also cfr. R. Bodei (1991), *Ordo amoris. Conflitti terreni e felicità celeste*, Il Mulino, Bologna; J.F. Lyotard (1998), *La confession d'Augustin*, Editions Galilée, Paris; R. De Monticelli (2003), *L'ordine del cuore. Etica e teoria del sentire*, Garzanti, Milano; B. Hellinger (2004) (ed. or. 1998), *Ordine dell'amore. Un manuale per la riuscita delle relazioni*, Apogeo, Milano; M. Scheler (2008), *Ordo amoris*, Franco Angeli, Milano; G. Salonia (2013), *Ordo amoris e famiglia d'origine*, in AA.VV., *Amare sempre o amare per sempre*, Il Calamo, Roma, 17-40.

32 «Love is a part of order. Order precedes love, and love can only develop according to order. Order is predisposed. If I turn this relationship upside-down and I want to transform order through love, I am doomed to failure. It is no good. Love is subordinated to order, and then it can grow. Just as a seed is subordinated to the earth and grows and flourishes there», in B. Hellinger (2004) (ed. or. 1998), *Ordini dell'amore. Un manuale per la riuscita delle relazioni*, Apogeo, Milano, 37.

33 Cfr. S. Minuchin, *Famiglie e terapia della famiglia*, cit., 35.

34 Cfr. A. Sichera, *The Personality-function in Gestalt Therapy*, cit.

35 This awareness develops in adoptive mothers. A mother relates that one day, while lying in bed with her two adopted children aged five and seven, they ask her to get a blanket they use to cover her belly and say: «Let's play. We'll go under the cover and then we'll come out». This need was both the mother's and the girls'.

36 Sofocle (1981), *Elettra*, in Id. *Aiace, Elettra, Trachinie, Filottete*, Garzanti, Milano, 147, vv. 770-771.

captured it forever»³⁷. With that gesture the baby writes 'you are my father' in the father's body and the father reads 'you are my child'.

Finding the somatic markers of the Personality-function opens new horizons, not only at the hermeneutical level, but also in clinic and educational procedures. The model of FGT which we call 'Dance of the chairs and Dance of the pronouns' is built precisely on this phenomenological and existential data.

In a family session I asked the mother and the daughter, who were fighting in a stereotypical fashion, to sit opposite each other and talk to each other. When they are seated facing each other, they look at each other as if it were the first time. Then the mother, overwhelmed by worry, immediately started talking in the same accusing and denigrating style as before, without looking at her daughter. I asked the mother for a moment of silence in which, alternately looking at her daughter and feeling her own body, her womb³⁸. After a few minutes, she started talking again. The tone of her voice had changed... it seemed to come from her womb. The words, connected with her womb, had become 'maternal', understanding and firm, they came and went from the body of the mother to the body of the daughter. Consequently, confrontation becomes an opportunity to grow rather than merely a sterile argument.

2.2 The Personality-function of the parents

In the family, the Personality-function of the bodies of the parents determines the relational climate and the mental health of its members. Even in the most difficult moments, their bodies offer containment and support to the bodies of the children. That is why, more than teaching or explaining to parents how to behave as parents, it is necessary to help them to enter into contact with their parental body. The Personality-function of the parents, in turn, contains three levels that have to be kept distinct, because they serve different functions: the Personality-function of being-a-couple, the Personality-function of being-parents, and, finally, the Personality-function of being-co-parents. Being-a-couple, being-parents, and being-co-parents are three levels of the Personality-function, of which only the first (being-a-couple) can cease to exist, whereas the other two remain forever³⁹.

The Personality-function of being-a-parent is a *sine qua non* for the healthy growth of the children. Winnicott would say as a joke: to raise their children, parents must remain sitting on the

37 Beyond the debate about its attribution and intrinsic value, this text talks about *Lettera agli amici*, which was first attributed to Garcia Márquez but was actually written by Johnny Welch, and acutely expresses the 'birth' of father-child inter-corporeality.

38 See comments above on Clytemnestra.

39 The subject of the couple's Personality-function is treated in another work, while this remains focused on the parental, co-parental Personality-function.

throne of parents even when the children, especially in adolescence, rebel. Parental caregiving creates a taking-care-spontaneity which is very different from that of peers or friends. When a father plays with a child, he has fun even if he has additional worries and is careful that the child does not get hurt. The son does not (and should not) have the same worries with respect to the father.

The care-giving function also includes the parents' ability for empathy. Communicative empathy – unlike philosophical⁴⁰, psychiatric⁴¹ empathy, or that of the neurosciences –⁴² does not just mean to understand the other, but to make empathy the center of the listening process, so that it would be better to talk about the 'empathetic answer' as the seal of empathetic communication⁴³. To a young person who says: «I am mad at my parents... they do not understand me», a lot of answers can be given. It is clear, anybody can understand the individual's feelings. Those who choose empathetic communication answer by starting from their own recognition of the experience of the young man: «If I understand you correctly, you are sad and mad because you feel that your parents do not understand you». Communication of the 'empathetic answer' style is fundamental in being a parent and in care-giving. It includes, in addition to understanding the other, initiating a dialogue about personal and relational experiences. Before each educational moment, one must 'see' the state of mind, the experiences of the son, trying to put oneself in his perspective and in his emotional word to open the space for a comparison with other perspectives. If a boy, while studying at home, complains about how much homework he must do, a comment like «It is true that studying tonight seems particularly hard for you: I wonder what solution we could find», creates contact and allows the reactivation of relational circuits and generates energy. It will be the boy himself who comes up with efficient solutions for his afternoon of study. Every encounter with the 'must be' has to begin from a recognition of 'where' the person 'is' in that moment.

'Extended empathy'⁴⁴ is defined as being able to understand the experience of the other even if in few words. The simple explana-

40 Edmund Husserl was the first to speak of empathy in philosophical circles, and it was studied in greater depth by his pupil, Edith Stein: cfr. E. Stein (1985) (ed. or. 1917), *Il problema dell'empatia*, Edizioni Studium, Roma.

41 Jaspers introduced the concept of empathy for serious patients in the psychiatric field: cfr. C. Jaspers (1968) (ed. or. 1913), *Psicopatologia Generale*, Il Pensiero Scientifico, Roma.

42 Nowadays, neuroscience has confirmed the physiological bases of empathy, innate to our neuronal capacities: cfr. G. Rizzolatti, C. Sinigaglia (2006), *So quel che fai. Il cervello che agisce e i neuroni specchio*, Raffaale Cortina, Milano.

43 Cfr. H. Franta, G. Salonia (1979), *Comunicazione interpersonale*, LAS, Roma.

44 Regarding 'widened empathy' see Ginott's work: H.G. Ginott (1969) (ed. or. 1965), *Bambini e genitori*, Garzanti, Milano; ID. (1973) (ed. or. 1967), *Bambini e maestri*, Garzanti, Milano. Also: T. Gordon (1994) (ed. or. 1970), *Genitori efficaci*, La Meridiana, Molfetta, who, however, is sometimes over-technical to the point of compromising communication.

tion «What hard work, this is!», from a child coming home from school, receives an answer of extended empathy if the parent's answer is, for example: «Some days at school are really heavy going!». An empathetic answer opens up the dialogue in a fluid way, compared to answers and judgments.

If it is the Personality-function which intervenes in empathetic presence with children, the Id-function, the emotional level, also has to be subservient to the Personality-function. A lady complains because her three-year-old child does not obey her and she tells me about a recent episode: he eats sitting on the edge of his chair. She tells him: «I do not like how you are sitting». The child replies: «I like it». This is an example of a distorted style of child-rearing: 'I like' or 'I do not like' belong to the sphere of the Id-function, but when the mother gives orders, she imparts them as a parent. The mother, as mother, should have said something like: «You should not sit like this. I am your mother and I tell you that this is dangerous».

In postmodernity, the importance given to the emotional sphere and to the prominence of subjectivity has brought the risk of significant dysfunctions of the Personality, in the area of child-rearing. Insisting on authority is at the risk of forgetting that child-rearing is based on the Personality-function (who am I to say this) and authority is a method, but not the founding principle. One can be authoritative without necessarily being an authority and vice versa.

2.3 Co-parental Personality-function

If being a parent refers to the maternity/paternity of a child, being a co-parent refers to 'being-a-parent-of-this-child-with-this parent'⁴⁵. Recent studies have shown how the raising of children depends on the growth of the parents in their coparenting⁴⁶. In other words, the quality of being-parents-with determines the quality of the function of being-parents-of⁴⁷. According to GT, healthy co-

45 Cfr. A. Merenda (2016), *Il cuore della cogenitorialità nella Gestalt Therapy*. Intervista a Valeria Conte e Giovanni Salonia, in «GTK Rivista di Psicoterapia», 6, 39-59; G. Salonia (2017), *Verso un nuovo stile di cogenitorialità. La prospettiva gestaltica* in A. Merenda (ed.), *Genitori-con. Modelli di coparenting attuali e corpi familiari in Gestalt Therapy*, Cittadella, Assisi; Id., *Edipo dopo Freud. Una nuova Gestalt della cogenitorialità*, cit.; J.P. McHale (2010) (ed. or. 2007), *La sfida della cogenitorialità*, Raffaello Cortina, Milano; J.P. McHale, W. Maureen (eds.) (2012), *Coparenting in fragile families, special section*, in «Family Process», 51/3, 281-360.

46 There is a new innovative prospective on the primary triangle that elaborates the child's diagnosis beginning from the four co-parenting situations (the relationship between co-parents when the child plays alone, when he plays alternately with each partner, when playing with both parents). Cfr. E. Fivaz-Depeursinge, A. Corboz-Warnery, *Il Triangolo primario*, cit. Their analysis falls into the category of systemic/behaviourist.

47 Cfr. G. Salonia, *Edipo dopo Freud. Dalla legge del padre alla legge della relazione*, cit.

parenting does not mean getting along at any cost or denying (and prematurely solving) conflicts. Rather, it means fully confronting diversity, being receptive to embrace one's own fragment of limits and the other's fragment of reason⁴⁸. Conflict and diversity, if lived through fully listening to oneself and to the other, render contact valuable and nourishing. For instance,, two parents who have different opinions about a daughter's curfew time, do not solve the conflict in a creative and efficient way if they reduce the diversity to a rational agreement (between the proposal of returning at midnight and that of returning at two, the compromise will be returning at one). However, if the agreement, whatever it is, stems from the appreciation of the different proposal of the other, enriches our own initial idea of a child-rearing point of view. In fact, even the parent who proposes that their daughter comes home at midnight, if sterile conflict is avoided, might recognise in him/herself an excess of worries and over-protectiveness towards the daughter. On the other hand, the one who proposes coming back at two could recognise inside him/herself a little fear, given the real nature of the risk. As the children need both prudence and daring, they should be reared in a style that includes both polarities without false divisions. If there is respect and gratitude for the 'different' ideas of the co-parent, all decisions will turn out to be valid. Even in the case of an absent parent, the other will exert a valid function if s/he does not live this absence as a sort of freedom to find 'shortcuts' to raise the children according his/her own style.

Healthy co-parenting is shown mainly in three types of attitude towards the co-parent: trying to understand the other's point of view with interest, respecting it even if we do not immediately understand and, I dare to say, feeling gratitude for a view point that certainly will, in some way, turn out to be complementary. Even the thorniest conflicts over child-rearing, if treated with interest, respect and gratitude, can become an asset for co-parents and children. Forming an opinion of the gravity of the symptom of a child, as we will see in the work with the families, is to be calibrated taking into account the different shades and evaluations of the two parents⁴⁹.

Considering the decisive centrality of co-parenting for the healthy growth of children, the primary objective – the first therapeutic project of Gestalt work with the family – will be to fix or build the co-parental Personality-function. In the perspective of GT, co-parenting, to underline this point, might, at the level of terminology, recall other approaches. However, GT differs substantially because its roots are founded on corporeity or, better, on in-

48 Cfr. G. Salonia, *Dialogare nel tempo della frammentazione*, cit.

49 In the case of a minor, a paediatrician's opinion is very important in making an initial diagnosis.

tercorporeity. The 'focus' of our intervention is not based therefore on the behaviour, on roles, or on the system, but on the corporeal-relational experiences of each family member, since they are at the heart of the quality of the relationships in the family. One can affirm that each psychological difficulty in a child can be traced back to precise dysfunctions of the co-parenting couple.

While a parent, even the best and most well-informed, thinks and talks as if his/her relationship with the child is better than that of the other parent, the child will not make progress. I believe that one of the failures of the technique of 'holding' with autistic children has been the erroneous emphasis on the mother/child relationship, excluding the father⁵⁰. The level of children's excitement of energy is a variable which depends on the structure, rigid, flexible or absent, of the co-parenting Personality-function.

Sara, a five-year-old Brazilian girl who was adopted as a baby, had been diagnosed as hyperactive (another syndrome for ADHD children): she never stopped. When she and her parents came to therapy, we therapists noted not only Sara's agitation, but also the mother and father's rigid bodies, as if they were in plaster casts. During the third session, in agreement with my co-therapist⁵¹, I asked the mother to take Sara onto her lap and the father to support his wife by positioning himself behind her shoulders. There was need for a lot of support, because Sara initially started to wave and express aggression against everybody and against me in particular (a stage predicted in any manual of holding')⁵². Suddenly, almost miraculously, the change happened: the body of the mother, supported by the co-parent and warmed by Sara's passionate and agitated body, started to let go, it curved to contain Sara's body and began to talk in a new and moving way. She talked about the surprise and the joy of the day when they saw her for the first time, the first tender bath-time, the first and little kisses, the first nurturing gestures. Sara began to calm down, finally relaxing against her mother's body which, at this point, was completely opened up to welcome her without any tension. The father's physical support behind his wife was such that he could touch Sara. The music of the mother's words and the light and harmonious dance of the three bodies seemed to create a silence which was almost magical in that room, the magic that happens in life (and in therapy), when bodies and souls meet. Before leaving my office, a calm and warmed Sara looked at me with badly-concealed complicity and said: «You are Naughty!». How sweetly that insult rang in my ears!

50 Without mentioning that it is a mistake to do 'holding' with a therapist.

51 Dr. Valeria Conte.

52 Cfr. M. Zapella (1983), *Treating autistic children by parent through holding in Symposium on New directions in psychotherapy: anger-arousal, holding and attachment*, Western Psychological Association, San Francisco, 27-30 April.

2.4 Malfunctioning in the co-parental Personality-function

If a parent has a disturbed relationship with the co-parent, s/he not only runs the risk of transmitting a negative perception of the co-parent, but often creates confused and conflict-filled alliances with the children⁵³. I will now illustrate some examples of the Personality-function of the Self and their coherent resolutions.

In some periods, a couple can experience such a strong and neurotic stage of confluence that the arrival of a child (especially if unplanned) can feel like a threat to their relationship. If this stage does not evolve, opening itself up to differences and novelties, then the couple remains blocked. When the couple experiences neurotic confluence, it is afraid of differentiation so it is inclined to suppress the desire for differentiation and healthy aggression. Consequently, it will have difficulty in taking on the parental Personality-function since it will perceive the child as a threat to its dysfunctional confluence. The denial of healthy differentiation and aggression frequently produces psycho-somatic symptoms in children. It certainly gives them an experience of being that which the literature calls 'affective orphans'. In these cases, the children find themselves faced with an impenetrable conjugal 'Us'. Neither partner can draw their gaze away from the other, not even to care for their children⁵⁴. The children, for their part, feeling that they are uninteresting for their parents and emotionally very alone, exasperate both their self-sustaining strategies (process of self-parenting) and their fraternal relationships (the typical solidarity of 'affective orphans'). Frequently, there are situations in which the negated aggression (that is, a too rapid solution of conflicts) can lead to somatic symptoms.

A family from a poor district of a metropolis is brought to me for supervision. Their difficulty consists in the fact that the parents are incapable of giving rules, of 'being parents.' After speaking a while, it emerges that they belong to a clan which has moved from a village in the south and which lives in the suburbs, and which possesses the typical structure of this group, with a patriarch at its apex. In other words, the parents have remained 'children' because whenever they have a problem, they turn to the head of the clan. This is a common case in patriarchal families, both past and present⁵⁵ in which parents do not develop a parental Personality-function because they remain blocked and rigid in their roles as

53 Hellinger affirms that «After a separation, the children should be with the parent with greater respect for the other parent», in B. Hellinger, *Ordini dell'amore*, cit.

54 It is clear that we therapists do not make judgments about the parents' affection but refer only to contact quality. Cfr. G. Salonia (1992), *Time and relation. Relational deliberateness as hermeneutic horizon in Gestalt Therapy*, in «Studies in Gestalt Therapy», I, 7-19.

55 Consider royal families or mafia clans.

children dominated by a clan leader who is external to the family⁵⁶, to whom they turn in cases of internal conflicts and emergencies in the family. The parents feel ill-at-ease in experiencing nurturing. For example, if a child has a problem, they answer that s/he or they need to talk to the grandfather or uncle. The contact boundary which distinguishes (separates and unites) parents from children, is missing in the family. Interaction with the children occurs at a level of false equality and without the assumption of parental responsibility. The children, who do not receive parental support, grow up with a confused Personality-function, and they cannot feel the difference, even physical, between being adults and being children (a disturbance of the Personality-function). These parents do not provide much physical support like hugs and kisses to their children because they still need them themselves⁵⁷. Therapy begins by getting the parents to sit in an armchair as if it were a throne, in order to rediscover their parental Personality-function that makes the rules.

Rita, on the other hand, is a sixteen-year-old with disruptive behaviour. She is aggressive at home and transgresses outside it. In the family session it transpires that the mother, a well-respected psychologist, is the queen of the household. Her father is a surgeon who, by claiming he knows nothing about parenting, always backs up his wife towards whom all his love and even his attention are directed. He literally has eyes only for her. Mario, aged twelve, is fine and is his mother's pet. He is obedient and, in agreement with his parents, considers his sister the source of all the family's problems. Rita, relegated to the role of Cinderella⁵⁸, sits apart and listens but says nothing. It is evident how difficult it is for Rita to grow up in a family in which the only woman that the males (father and brother) see and appreciate is her mother. The dysfunction in the parents consists of the confluent dependence between husband and wife. The father perceives his need for his wife, whom he cannot take care of. He is also unable to support his adolescent daughter. The mother, on the other hand, seems so needy of her husband's veneration that she cannot make room for her daughter. The daughter lives her adolescence without any parental support for this important transformation of the Personality-function, that of becoming a woman. Even for Mario, the son who has no problems, it will not be easy to become a man if he is not sup-

56 Cfr. E. Scabini, V. Cigoli (2000), *Il familiare. Legami, simboli e transizioni*, Raffaello Cortina, Milano.

57 This situation commonly occurs in underprivileged people, where the patriarchal family still exists, with a 'head of the clan' who has the role/prestension to exert parental functions alone over three generations.

58 I call this «the theory of the main altar»: cfr. G. Salonia (2003), *Il silenzio degli ultimi*, in AA. VV., *Quando i silenzi gridano. In famiglia, nella chiesa, fra le chiese, nella società*, Cittadella, Assisi, 66-81.

ported and encouraged by a father who knows to stand upright in front of his wife rather than on his knees. Therapeutic work is to prepare a background which allows Rita to have a heart-to-heart talk with her father (to receive male confirmation of the beauty of her becoming a woman) and with her mother (to create feminine intimacy that confirms and recognizes her identity). The reactivation of the Personality-function will probably encourage the father to develop strength and independence and help the mother to trust herself, her husband, and feel her maternal Self in her body.

Incest, affective or consummated, reveals a situation in which one of the parents does not feel deeply their parental function and experiences a profound laceration at an affective level⁵⁹. And so, if a parent becomes the sexual partner of a child, the other parent consents, either because s/he denies the evidence to themselves or for fear of losing their spouse. Incest is an extreme case of serious dysfunctions in the parental Personality-function, but the involvement of children in situations of parental conflict, with the ensuing suffering and psychological disturbances in the children, is extremely common. A parent who humiliates the other parent creates a double laceration, both on the level of nurturing, s/he presents two styles which are presented as incompatible, ('I know how to bring you up, s/he doesn't'), while, at the level of gender identity, a message to the child of the same sex as the parent is experienced as saying: «You are going to grow up to be just like him/her».

Clarifying and bringing conflicts to their diverse functions, conjugal and parental, helps the couple to live through conflict and raise their children to experience a precise, but collaborative sharing of differences.

The metaphor of the 'double bed' sums up the salient moments and the dynamics of the dysfunctional problems in the parental Personality-function. If the parents are blocked in their filial Personality-function, they see themselves as children like their children. The double bed, in this case, belongs indiscriminately to everyone, and the ways and means of 'inhabiting' it are indistinctly carried out by all. If the couple is rigidly closed in on itself because they experience parenthood as a threat to conjugal confluence, the children will never be allowed to sleep in the bed and this decision will be rigidly maintained. If the couple lives a 'one up/one down' (whether dependent or conflicting) in obsessive contraposition, the double bed will be exclusively occupied by one parent and a child, and the decision will be paradoxically agreed on and sustained by both of them.

59 Cfr. G. Salonia, *Incesto*, cit.

2.5 The proxemics of the chairs

A special place where the Personality-function of parental bodies is expressed is in relational proxemics⁶⁰, that is, the ways in which the spaces between the bodies in the family are experienced and arranged: 'who do I want to be near?' 'who can I be near?' 'for how long?' 'when?' are some obsessive and underlying questions which vibrate in the body-to-body situation the family experiences every day. Over time, a certain proxemics is stratified: if it is rigid as the result of an interrupted contact (contracted bodies, friendly gestures which remain undone or not understood), it becomes an antalgic proxemics, a layering which avoids full contact between family members. Indeed, many experiences and many family conflicts concern attempts (some successful, others not) to find the right distance and time between one's body and those of others: it is not simply a question of distance (who to be near and who to stay away from), but also of time (how long to stay close... who decides the time?).

A couple who had been assigned the parental task of staying physically closer to their child, to carry him, caress him and cuddle him, reported back after two weeks with a certain surprise, that their hyperactive son was calmer, more serene. Only one question had rather perturbed the father: «Daddy, are you hugging me because someone told you to?». Obviously, the father was surprised. I reassured him and verbalised the intentionality of this seemingly innocent question: «Perhaps your son is only asking if the hugs are permanent or temporary. That is what interests children».

How many loving looks in a family are bestowed from afar, without getting close... and how often does nearness hide the fear of feeling the desire to leave! Disturbances arise when spacing is uncomfortable and rigid, so that each family member may feel suffocated by a nearby body and another body feel cold because incapable of coming nearer, of being reached by someone else. An antalgic relational proxemics expresses relational and bodily disturbances. In other words, in the antalgic proxemics, the various contact interruptions between family members are expressed. One can say that the family that comes to therapy immediately expresses their antalgic proxemics which has become layered over time: the way they sit down (so, how they experience the distances between them) is the symbolic equivalent of their problem. The session reactivates the family's growth if, in the end, the proxemics has been modified, from antalgic to functional. Changing places, for example, sitting opposite someone you always sat elbow-to-elbow with and never frontally, or sitting next to another member of the same generational line, not only modifies the

60 Cfr. E.T. Hall (1968) (ed. or. 1966), *La dimensione nascosta*, Bompiani, Milano.

layered proxemics (with their related experiences), but provokes deep changes at the perceptual level: 'I see you and me differently'. Changes in antalgic posture bring out relational gestalts and past experiences which are still incomplete. To go from one-next-to-the-other to opposite-each-other always generates a strong contact experience which enables people to reach each other even in situations of conflict and/or splitting up in a good way, without leaving opened gestalts that inevitably stay in the field, influencing not only future parental choices but also future affective ones. Indeed, to be sitting-opposite activates all three of the functions of the Self: one begins to have new feelings and sensations (Id-function), the perception of Self before the other becomes clearer (Personality-function), and one must decide if and how to go towards contact (Ego-function). That is why the model is called 'Dance of the chairs'.

2.6 The Self that concentrates on the Personality-function

Concerning the family Personality-function of the Self, the Gestalt therapist's actions cannot be prescriptive or interpretative. The goal is that of helping family members become aware of how their bodies experience the Personality-function. Some questions help people to concentrate and restore the disturbed function.

First of all, the therapist assumes a hermeneutic of awareness of his/her own experiences ('what sensation does the proxemics they brought to the office evoke in me?'). Subsequently, the relationship between the life cycle and the Personality-function is focused on ('what phase in the life cycle are they having problems facing?'). Then, the parental Personality-function is taken into account ('in what way are the parents unable to support the child's changing body?', 'what type of disturbance is there in the parental Personality-function?', 'do the parents stay sitting on the parental chair? And in an authentic way?'). Besides, the therapist asks him/herself in what way proxemics games of physical closeness and distance are fixed or adaptable to individual changes and needs.

Here is another series of questions, to ask the family members, with the right words and in the *kairòs* of the therapeutic relationship:

- Try looking at your daughter and being aware of your paternal body: what is there to clarify in your relationship with her?
- What do you feel when you are talking to your sister?
- What effect does it have on you to know you have a brother and you can talk to him?

3. Reconsidering the Ego-function of the Self

Duszę się miewa.
 Nikt nie ma jej bez przerwy
 i na zawsze.
 Dzień za dniem,
 rok za rokiem
 może bez niej minąć.
 Czasem tylko w zachwytach
 i lękach dzieciństwa
 zagnieżdża się na dłużej.
 Czasem tylko w zdziwieniu,
 że jesteśmy starzy.
 Rzadko nam asystuje
 podczas zajęć żmudnych,
 jak przesuwanie mebli,
 dźwiganiewalizek
 czy przemierzanie drogi w ciasnych butach.
 Przy wypełnianiu ankiet
 i siekaniu mięsa
 z reguły ma wychodne.
 Na tysiąc naszych rozmów
 uczestniczy w jednej,
 a i to niekoniecznie,
 bo woli milczenie.
 Kiedy ciało zaczyna nas boleć i boleć,
 cichcem schodzi z dyżuru.
 Jest wybredna:
 niechętnie widzi nas w tłumie,
 mierzi ją nasza walka o byle przewagę
 i terkot interesów.
 Radość i smutek
 to nie są dla niej dwa różne uczucia.
 Tylko w ich połączeniu
 jest przy nas obecna.
 Możemy na nią liczyć,
 kiedy niczego nie jesteśmy pewni,
 a wszystko nas ciekawi.
 Z przedmiotów materialnych
 lubi zegary z wahadłem
 i lustra, które pracują gorliwie,
 nawet gdy nikt nie patrzy.
 Nie mówi skąd przybywa
 i kiedy znowu nam zniknie,
 ale wyraźnie czeka na takie pytania.

Wygląda na to,
że tak jak ona nam,
również i my
jesteśmy jej na coś potrzebni.

Wisława Szymborska, *Trochę o duszy*⁶¹

3.1 Ego-function: the Organism towards contact

The Ego-function of the Self has the task of realising contact between the Organism (O.) and the Environment (E). In the *polemos* between the energy felt by the Id-function which pushes towards change ('what I want') and the Personality-function ('what I have become'), understood as assimilation/identity (even physical), it is the Ego-function that invents the creative adjustment between the O. and E. This is an intimate and spontaneous integration of pre-existing structures (adjustment) with what is new (creative) and emerging from the relational field. Without novelty, the O. dies, without structure, it crumbles. The Ego-function, therefore, is decisive for growth and contact.

In GT, creative adjustment is not the result of cognitive pathways⁶² nor of energy logics (the Freudian Ego, the remains of the clash between the Id and the Super- Ego⁶³), but of the acceptance of two thrusts, both of which are corporeal, towards newness and identity. It is the organismic judgment of the body which allows the Ego-function to discriminate what is proper to it and what is alien. As we have already said, for a diabetic caught between the desire to eat a cake and the awareness that he should not, creative adjustment does not consist in denying the delicious taste of the cake nor of the individual's identity, it is not an infinite series of mind games, but it is finding a third way. Subsequently, the O. might feel a sad sort of wisdom, but also a sense of integrity and

61 Szymborska W, *Qualche parola sull'anima*, in Id. *Attimo*, Libri Scheiwiller, Milano 2009 (2002), 51-55.

A Few Words on the Soul: We have a soul at times / No one's got it non-stop, / for keeps. / Day after day, / year after year / may pass without it. / Sometimes / it will settle for awhile / only in childhood's fears and raptures. / Sometimes only in astonishment / that we are old. / It rarely lends a hand / in uphill tasks, / like moving furniture, / or lifting luggage, / or going miles in shoes that pinch. / It usually steps out / whenever meat needs chopping / or forms have to be filled. / For every thousand conversations / it participates in one, / if even that, / since it prefers silence. / Just when our body goes from ache to pain, / it slips off-duty. / It's picky: / it doesn't like seeing us in crowds, / our hustling for a dubious advantage / and creaky machinations make it sick. / Joy and sorrow / aren't two different feelings for it. / It attends us / only when the two are joined. / We can count on it / when we're sure of nothing / and curious about everything. / Among the material objects / it favors clocks with pendulums / and mirrors, which keep on working / even when no one is looking. / It won't say where it comes from / or when it's taking off again, / though it's clearly expecting such questions. / We need it / but apparently / it needs us / for some reason too.

62 Impossible to demonstrate neuroscientifically.

63 Cfr. P. Goodman (1995) (ed. or. 1966), *Individuo e comunità*, Eleuthera, Milano.

wholeness. Orpheus reminds us that to avoid falling into the Sirens' trap, there is a third way, apart from blocking up the sailors' ears or tying Ulysses to the mast, and it is to play music so enchanting that it seduces the very sirens.

An adolescent son speaks to a parent in a provoking way. The parent first feels like he has been punched in the stomach (Id-function), but also feels aware of his/her being a parent (Personality-function). At this juncture, if the Ego-function is present, it will take both corporeal reactions into account and will invent a creative and spontaneous response which was previously unpredictable and will have emerged from the here-and-now of the full contact.

As Szymborska reminds us, the soul may be absent in routine behaviour and habits, but it must be present when there are choices which precisely involve the O. Here, the Ego-function expresses itself and reveals itself in producing growth and contact: every time the Ego-function is present at the contact boundary with the E. in an authentic manner, the experience will be assimilated (Personality-function) and realise growth. An interpersonal contact is authentic if, at the contact boundary where the Ego-function is found and operates, it occurs within the bodily identity of those who meet (Personality-function) and connected with their bodily experiences (Id-function).

If, in these precise existential situations the 'soul' is not present, in GT one speaks of a 'loss' of the Ego-function⁶⁴. Experiences which remain incomplete, which present themselves as disturbances in the Personality-function (for example, the woman who does not know whether she has given birth, or not, the adult who continues to dream about sitting for exams he passed years before, the parent who speaks to his child as if he were a friend, the fifty-year-old who acts like a thirty-year-old, and so on), are due to the fact that in significant moments of the Organism's life-cycle, the Ego-function was missing.

3.2 Family: contacts... seeking contact

The members of a family build their ties through four forms of contact: reciprocal contact at parental and conjugal levels in the couple; reciprocal contact between brothers and sisters; contact between parent/s and child; the various forms of contact between family and outsiders (the wider social family context). The main responsibility of contacts belongs to the parental couple. Parents must create an atmosphere in which every family member (in their Personality-function) can express their needs or viewpoints, be heard and responded to.

64 The Id-function and Personality-function can be disturbed but they can't be lost, because they are ways of perceiving the body and time, which are ineliminable.

The family's relational background is made up of layered contacts in the background and contacts that, as they happen, become figures (in the here-and-now). Two people experience full contact when they achieve the reciprocal intentionality that inspired their encounter. At the end of the meeting, they – by listening to each other – will be the ones to judge if their contact has really been full⁶⁵, by answering the question: 'Is there a fusion of horizons that includes reciprocal intentionality?'. From the answers given to this question, they will be able to determine whether the contact has been 'fit' ('I spoke and I knew what to expect') and 'full' ('I spoke and I knew everything I expected'). It will be equally clear to everyone if the contact has not produced what was intended and will appear incomplete ('I did not speak and I did not know what/everything I wanted to say or know') or else confused ('I feel more confused than before: I expressed myself in a confused way', 'his words confused me'). We might also mention avoided contact, when one of the pair, or both, feel the urge to encounter the other, but s/he or they do not manage to make contact.

Assimilated fit and full contacts create a secure base⁶⁶ of confidence and belonging. On the contrary, the interrupted ones⁶⁷ (incomplete, confused or avoided contacts) – like a thorn in the side, when a need pushes to be satisfied, it determines a perceptive dysfunction⁶⁸ – create difficulties and distorts the perception of everyday experiences. That is why in human relationships, there is frequently a spontaneous gap, which is hurtful or problematical, between being-one-next-to-the-other and encountering-each-other. This often happens in families and is prolonged and repeated over time: feeling in one's body the impulse to enter into contact with a parent or with another family member and to experience that the contact is not happening – even though time elapses and you are living in close proximity with them – produces the most painful (and pathological) disturbances.

In the texture of the everyday of routine contacts, every so often new contacts arise: a more direct glance, a smile returned, an unexpected or planned conversation, a sexual encounter. All at once, going back to the poem, the soul is there, is present. These are examples of contact-events or contact-figure. In French they would say that one passes from the *entre* in the sense of 'between' to *entre*

65 Likert's scale is very useful because it is based on an organismic and not external assessment. Cfr. R. Likert (1932), *A technique for the Measurement of Attitudes*, in «Archives of Psychology», 22/140, 1-55.

66 Cfr. J. Bowlby (1989) (ed. or. 1988), *Una base sicura*, Raffaello Cortina, Milano; Id. (1972) (ed. or. 1969), *Attaccamento e perdita. L'attaccamento alla madre*, vol. I, Boringhieri, Torino.

67 They remain as opened gestalts. Cfr. B. Zeigarnik (1927), *Das Behalten erledigter und unerledigter Handlungen*, in «Psychologische Forschung», 9, 1-85.

68 It is need that organises the field.

of the verb *J'entre*. If these contacts can be full, they restructure the relational background. Parents know this when, in the morning, after a sleepless night spent looking at their sick baby, a smile from the baby is enough to restore the energy they felt was lacking.

On the other, if the relational background is woven with 'interrupted' contacts, even the 'new' ones will not be enough to give energy and wholeness. For example, a husband says to his wife one morning: «Sure, we haven't been intimate for a long time». His wife, perplexed and stunned, answers: «Actually we made love last night...». The husband replies: «Forgive me, it was unforgettable». This ironic (and extreme) example is to show how contact is not behaviour, but a relational and physical experience.

Any type of behaviour remains purely external if the soul is not present. And every time the soul appears, it demands three qualities: attraction, fear, and courage. Authentic contact is open to what is new, to what is unpredictable. As Szymborska says: «We can count on her when we are certain of nothing and curious about everything».

GT has elaborated a microanalysis of how and when the intentions to reach the other and to be reached, fail. To feel that one is small in the presence of the other or to perceive as small the other before you, are the forms that fear of the encounter assumes. To act on attraction, the desire to meet the other, it is essential to combine personal strength and faith in the other. When fear and resentment become stronger than the attraction and courage, the pathway towards meeting will be blocked by anxiety. This, then, will be another failed contact, which will add its weight to the background of assimilated contacts⁶⁹.

Full contact can occur even in experiences which are theoretically unpleasant: to disagree, have different interests, to part... There is nothing to prevent full contact occurring. If the differences are fully and respectfully expressed by both parties, even a possible separation can become an experience of growth. The positive quality of the process is given precisely by having completely expressed one's experience and by having listened equally attentively to the other's point of view. It is not similarities or differences, neither tiredness nor problems that block a family's growth, it is only the poor quality of assimilated contacts and the inability to realise new full contacts.

In a family, the primary responsibility for the quality of contacts lies with the parents whose Ego-function, we shall say again, will be expressed in their actions if their Personality-function is... functional (staying 'in their chair'). The characteristics of an asym-

69 Cfr. G. Salonia, *L'Anxiety come interruzione nella Gestalt Therapy*, in G. Salonia, V. Conte, P. Argentino, *Devo sapere subito se sono vivo*, cit., 33-53.

metrical parent/children relationship are very different to a symmetrical one. In the parents' Personality-function we find instinctive nurturing skills concerning their contact with their children. If they have listened to their bodies as parents, they will realise that they spontaneously take note of the moments and ways in which the children can and want to be 'held' to begin a dialogue. Asking oneself 'what is my child feeling now?', 'what don't we understand about him?' and knowing that their relationship with their parents is fundamental for the children even if they do not show it; remembering that, with the passing of the years, it is more important for the children to know that they are good, than to know their parents are. These are all forms of awareness that emerge naturally in the body of any parent that is synchronised with his/her parenthood.

Self-irony is one way⁷⁰: a parent (who 'shrinks'⁷¹) allows his growing children to not feel crushed by his greatness and have confidence in themselves despite any difficulties. A mother relates: «I was cleaning my fourteen-year-old daughter's room, and I found contraceptive pills in her drawer. I went bananas and thought: 'at her age! Without speaking to me, her mother, even though I'm a therapist! And without talking to her father, who's a doctor! Who knows what friends have influenced her!' Then I spoke to my husband on the phone about it. Then, I listened to my body, to my womb. I don't know what happened. When my daughter came home I called her and sat down next to her and said: 'My darling, how lonely you must feel if you made such an important decision for a woman, going on the pill, without talking about it! I'm sorry. Something is evidently wrong in my relationship with you and it stopped you from speaking. I am really sorry that I didn't succeed in making you understand that I am a mother, I am a woman, and just how important you are to me'». At first, the daughter is a little intimidated and uncertain, but then she relaxes and is moved. That is how they found themselves in a mother and daughter heart-to-heart, riding a wave of emotion as women.

3.3 Contact is corporeal

Contact experiences (successful or interrupted) are connected, in many ways, with the body. Authentic contact, in fact, emerges as an urge from the body and is executed if the body continues to be open to inhaling in a wider way. Contact occurs when the body lends itself and it is assimilated in the body as an experience which satisfies and relaxes the body. On the other hand, failures in con-

⁷⁰ Cfr. G. Salonia, *Sulla felicità e dintorni*, cit.

⁷¹ In Hebrew it is called 'Tzimtzum', literally 'withdrawal' or 'contraction', and was initially used by Kabbalists when referring to an idea of God's 'self-limitation' when he 'withdrew' in the act of creating the world. Cfr. G. Scholem (1986), *Creazione dal nulla e autolimitazione di Dio*, Marietti, Genova, 70-86.

tact occur when body and breathing are closed during the contact process. They are written on the body as shallow breathing and unexpressed gestures. Bodies are the first and most reliable markers of contact.

Saverio's story provides an interesting example: during an international meeting, he found himself working with Miriam Polster. He remembered a dramatic moment in his childhood; it literally took his breath away. His mother had taken him in her arms and when he saw panic in her eyes, he collapsed. Remembering the experience, Saverio feels ill and cannot breathe. Miriam talks to him and the interpreter, a friend of Saverio's, translates. At a certain moment, Saverio stops the translation: «Don't translate!». He listens only to the therapist's voice. Slowly getting his breath back, he starts to smile again. Then he turns to the translator and says: «Sorry if I stopped you, but Miriam's voice was helping me to breathe. Yours was disturbing me. I couldn't understand a single word, but it was her voice that slowly helped me to breathe again». All children have the experience: a voice, a full and vibrating tonality, creates contact before the words and within them. Contact is corporeal, always and everywhere, in the sense that it is made by and in bodies. We have the body that our contacts have gradually formed.

An antalgic posture is all the failed contacts written in the body. Not simply because the body keeps tally⁷² of every relational failure by closing in on itself, seizing up, holding in its breath and movements, but also because every interruption of intentionality for contact occurs through blocking a specific gesture that the body wanted to carry out or receive, a specific word that the body would have liked to say or hear to advance towards full contact. Antalgic posture⁷³ is the premise of antalgic proxemics: what chronic suffering there is in being near a person from whom one has forever wished for a caress or wanted to say something to! One feels tense, one prefers to keep one's distance or, if obliged to be near, one stiffens one's posture and breathing.⁷⁴ This is the story found in every family who comes for therapy. The body keeps the score, as Van der Kolk⁷⁵ would say. GT would add: it is true, the body keeps score, yes... but only of unsettled debts!

Loss of the Ego-function, due to a background of failed contacts that have not provided adequate support to energy and direction, block the way of intentionality towards contact. For this reason, the O. and E. do not make contact and generate another

72 The original title of B. Van der Kolk's work is much more evocative than its Italian translation: *The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma*. Cfr. B. Van der Kolk (2014), *The Body Keeps the Score: Mind, Brain and Body in the Transformation of Trauma*, Viking Press, New York.

73 'Antalgic' posture is one we adopt to bear the pain of missing or desired contacts.

74 Cfr. G. Salonia, *La Psicoterapia della Gestalt e il lavoro sul corpo*, cit.

75 Cfr. B. Van der Kolk, *The Body Keeps the Score*, cit.

interrupted contact. From a phenomenological perspective, the signs and places where contact interruptions take place are details⁷⁶, what is obvious⁷⁷, and that, for Gestalt therapists, is the main path towards awareness. Details are the gesture or the word that would have carried on the movement towards the encounter and that have been contracted, blocked. The 'missing gesture' is the way in which GT expresses the key concept of psychological disturbances, as contact interruption. Even Hellinger emphasised the importance of interruption, which he called the 'missing movement': «Other symptoms are connected to the interruption of the movement towards the person who is loved. Heart and head aches, for example, are accumulated love, and backaches frequently are the result of refusing to bow down in front of a mother or father»⁷⁸.

Authentic contact occurs at the end of a dance between the O. and the E., in which each movement, each word continues or interrupts the dance. So, the held-back gesture or unspoken word have the same obligatory logic of the words in a poem. Nobody can say any longer, 'I light myself with infinity' or 'I light myself with infinite space', because – even if a dictionary of synonyms would have nothing to complain of – we feel that Ungaretti's words, «I light myself with immensity», do not respond to a dictionary's digital logic but, much more, to music. Thus, the words of an encounter are musical: only if the right ones are said, the body can be sated.

Indeed, when contact is interrupted on an unconscious level, gestures are performed and words spoken *instead of* the right ones. Many symptoms are forms of behaviour that, unconsciously, are substitutes for specific words and gestures to move towards full contact⁷⁹. This becomes a challenge for the therapist, helping the patient to find the word or gesture (exactly that one!) which opens the road towards full contact again.

Giusy is a patient who feels she is a child, although she is 35; she consequently acts like a child and is frequently treated like one. I ask her to imagine the scenario in which she was just about to leave home and was going to say goodbye to her parents, by

76 As ancient wisdom reminds us: «The intimate nature of things loves to hide itself». Cfr. Eraclito (1978), *I frammenti*, La Nuova Italia, Firenze, DK 22 B1123.

77 Already underlined in F. Perls, R. Hefferline, P. Goodman, *Gestalt Therapy*, cit. Also in B. Bettelheim, A.A. Rosenfeld (1984) (ed. or. 1993), *L'arte dell'ovvio. Nella psicoterapia e nella vita di ogni giorno*, Feltrinelli, Milano.

78 B. Hellinger, *Ordini dell'amore*, cit., 447.

79 Hellinger says: «If a person who has experienced this interruption in their youth turns to someone, their partner, for example, the memory of the interruption returns, even if only unconsciously, in the body. The movement is interrupted again, exactly at the same point as then. Instead of reaching the loved one, the movement becomes circular. It starts at the point of interruption and returns to it». The quotation is in F. Checcin (2010), *Le ragioni del corpo. Ruolo del corpo nelle costellazioni familiari*, Crisalide, Spigno Saturnia, 59.

the front door. I ask her to look at them for a long time and to let her body come up with the right word (or gesture⁸⁰) that she would have liked to perform, ask for or receive from each parent. After a while she answers: «I would have liked to receive a caress from my father and to have heard the words, 'You can do it!'». I ask her to concentrate and to answer the following question: «What would have changed in your body and in your life if you had received that confirmation?». After a while she answers me: «I would have felt my chest as stronger and more open». At this juncture, in harmony with the point therapy had reached, I could add three more questions, with musical and progressive tempo: «If you had been stronger and had been more open, what would be different about your life, yesterday and today?». «If you were stronger and more open, what would you change about your present life?» and, finally, «What would you change between us, in the therapeutic setting?». The third question – the most difficult but the most effective one – provoked a change in antalgic posture, from child to woman, and facilitated the sharing of experiences of nearness and dissent, which would have previously been inconceivable. What struck me, in fact, was the inter-corporeal sensation of having a woman and not a child in front of me⁸¹. It is amazing how taking back the (blocked) 'missing gesture' – especially regarding the parental figures – it reopens bodily circuits⁸² to wholeness and makes it possible to experience full and nourishing contact. The 'missing gesture' – even if it cannot always be instantly and precisely identified – is the icon which figuratively expresses the body's world of 'unfinished business' (the unsaid and not done). Their stratification makes children insecure, incapable of growing with joyful bodies and encountering other bodies⁸³. Only when the mind gives in to the body and allows it to freely and authentically express itself, that long withheld and

80 A human being is always present here-and-now in a unique and unrepeatable movement of his/her life, in a specific context and in relation to somebody concretely present (visible, or not), therefore, every gesture or any words always have a unique quality: organismic wisdom knows that only that gesture, that word, can satisfy the need that, in that specific, existential and relational context, will be figure with regards to the background.

81 This theme can be taken up again when considering the mother's 'missing gesture'.

82 It is now clear that psychotherapy has a positive effect at the level of neuronal synapses: cfr. E.R. Kandel et alii (1994) (ed. or. 1981), *Principi di neuroscienze*, Ambrosiana, Milano; M. Cozzolino (2011), *La comunicazione invisibile*, Firera e Liuzzo Publishing, Roma. Janet's comments are particularly precious: «Traumatized patients are continuing the action, or rather the attempt at action, which began with the event and they remain in this stalemate of endless beginnings». In D. Siegal (2012) (ed. or. 2006), *Prefazione*, in P. Ogden, K. Minton, C. Pain, *Il Trauma e il corpo. Manuale di psicoterapia sensomotiva*, Istituto Scienze Cognitive, Sassari, XXII.

83 Cfr. G. Salonia (2016), *Peter Pan: il bambino non baciato*, in *La vera storia di Peter Pan. Un bacio salva la vita*, Cittadella, Assisi, 11-43.

long-awaited gesture will be possible. That is why – as we shall see – so much attention is dedicated to ‘missing gestures’ and word-relations in my model of FGT.

3.4 The ‘right’ word of contact

If the place where the Ego-function shows itself is in language, talking is a challenge to one’s wholeness and relational competence. The spoken word, to be right, must contain all of the background it emerges from, and must pay heed to the background it is moving towards (the other’s world).

When one is in contact with the Id-function (‘what I want’: sensations and emotions) and aware of the Personality-function (‘who I have become... in your presence’), then the Ego-function will find the ‘full’ and ‘fit’ word/gesture to meet the other at the contact boundary. One can say that the bodies of the speaker and listener are satiated only after the ‘right’ word has been spoken and heard. The therapist’s task becomes that of helping the patients to achieve, word after word, the right word, that which the Self creates and which expresses full contact. Helping two family members to speak face-to-face, supporting the journey of the O. and the E., often means assisting the search for the right word at the right time, avoiding useless discussion. «If the words I say to others / can only carry the meaning that those words have for them / and I stay on this side what I say, hidden / like the skeleton in my flesh / invisible support of the visible / different and essential»⁸⁴.

To grasp the complexity of speech, it may be useful to delineate the grammar of mutual understanding⁸⁵, which expresses some principles making language a meeting-place.

- Speak to the other in the first person to share one’s own experience and perception of reality, one’s meanings, sensations, emotions (representative communication). When this does not occur during a session, the therapist should help the patient to concentrate and communicate his/her experiences. Thus, frequently, one moves from an impersonal ‘It is wrong to be late’, to a sharing of experience, ‘I get angry, I feel neglected when you arrive late, I feel it as an injustice’;
- Describe reality as you subjectively perceive it, without objective evaluations;
- So, no expressions like, ‘The room is tidy,’ but, for example, ‘I like the tidiness of this room’;
- Make the background explicit, ‘an hour is not long’ will have meaning if it refers to a morning, another to a month; making it clear will avoid useless conflict;

84 F. Pessoa (1989) (ed. or. 1988), *Faust*, Einaudi, Torino.

85 Cfr. H. Franta, G. Salonia, *Comunicazione interpersonale*, cit.

- Look for the reference index, that is, make it clear who you are talking to, what about, and what times and means you are referring to: «Nobody helps me...» «Who doesn't help you?»; «I am always ill-treated...», «When do you feel ill-treated?»⁸⁶;
- Declare your intention (illocutionary act) with the person you are speaking to: «I said 'Sorry about the rush' to let you know that I am sorry not to have more time to spend with you»⁸⁷;
- Declare your expectations (perlocutionary act): «I'm telling you that I feel neglected because I would like you to pay more attention to me when I am speaking to you».

In therapeutic work, we must dedicate a lot of attention to the performative⁸⁸ aspect of what is said, that is, the intersubjective side of communication. Unlike the theory of communicative acts, in interpersonal relationships, every sentence is always performative⁸⁹ on two registers: personal and relational. When a child tells his mother 'I feel sad', the therapist asks him: "What effect does having said that, and to your mother, have on you?». Then s/he might ask the mother: «What effect does hearing your son say these things have on you?».

3.5 Contacts that pursue each other

The common thread within the deluge of words that flows inside a family every day is precisely, in fact, the continual definition of the relationships. Within all the words, one implicit type of content – 'who am I for you?', 'are we getting closer or farther apart?', 'are you still where we left off?' – is to be sought and found. Only when the words emerge from the speaker's attention towards corporeal experience, they can reach others' bodies and create contact. And one feels calmed, like after full contact. Unfortunately, fears, misunderstandings, disappointments, moments of anger often make the language of relationships cryptic. A communicative style that hinders and complicates rather than facilitates meeting is created. Words separate people if we do not listen deeply to our own body. Therefore – as the poet says⁹⁰ – 'uninhabited words', or better, distant and confused words regarding our own experience and intentionality, are used. The-words-which-are-unsaid-but-which-clamor-to-be-said make for stiffened bodies and make the family atmosphere tense, stressful and ripe for misunderstandings.

86 G. Salonia, C. Di Cicco (1982), *Dialogo interno e dialogo esterno: contributo per un'integrazione della terapia cognitiva con principi e tecniche della comunicazione interpersonale*, in «Formazione Psichiatrica», 1, 179-194; Cfr. R. Bandler, J. Grinder (1984) (ed. or. 1975), *La struttura della magia*, Astrolabio, Roma.

87 Cfr. J.L. Austin (1974) (ed. or. 1970), *Quando dire è fare*, Marietti, Torino.

88 Cfr. J.R. Searle (1976) (ed. or. 1969), *Atti Linguistici*, Boringhieri, Torino.

89 In the sense that creates reality. Cfr. J.L. Austin, *Quando dire è fare*, cit.; J.R. Searle, *Atti Linguistici*, cit.

90 Cfr. M. Luzi (1999) (ed. or. 1998), *Tutte le poesie*, Garzanti, Milano.

In a session, a son was asked to sit face-to-face opposite his father and to speak to him. The therapist asks him: «What do you want to say to your father?». He answers: «That he neglects me». These words do not create experience: there is no subject or receiver. The therapist answers: «Try and tell your father, directly». The son turns to the father and says: «You neglect me». At that point, one can ask the son how he felt in saying that to his father and how it felt to hear those words (the performative aspect). All of the words addressed to another have a significant effect on those who express them and those who hear them. At this point, by latching on to the answers, movement can be made along the line of contact intentionality. The son can be asked to be more precise in formulating his utterances and to take responsibility for what he says: «I feel neglected». Or else, both can be asked to clarify the perlocutionary aspect of the discourse: what they expect from each other.

It is also very helpful to keep experiences tied to concrete facts. If one communicates by maintaining contact with reality and its details, taking responsibility for the experiences and being ready to listen to the other's experiences, the foundations for full contact are being laid.

Goodman writes: «Speaking is good contact when it creates a structure of the three grammatical persons I, you and it, that is, the speaker, the one that being spoken to, the issue being discussed, and gets energy from them»⁹¹. For there to be contact energy, the speaker must express himself with words that emerge from his bodily experience and that can reach the body of the listener; the listener must take the words into his/her body; and finally, one must discuss 'it'; describe the facts whose contents and meanings have given rise to conflict and misunderstanding.

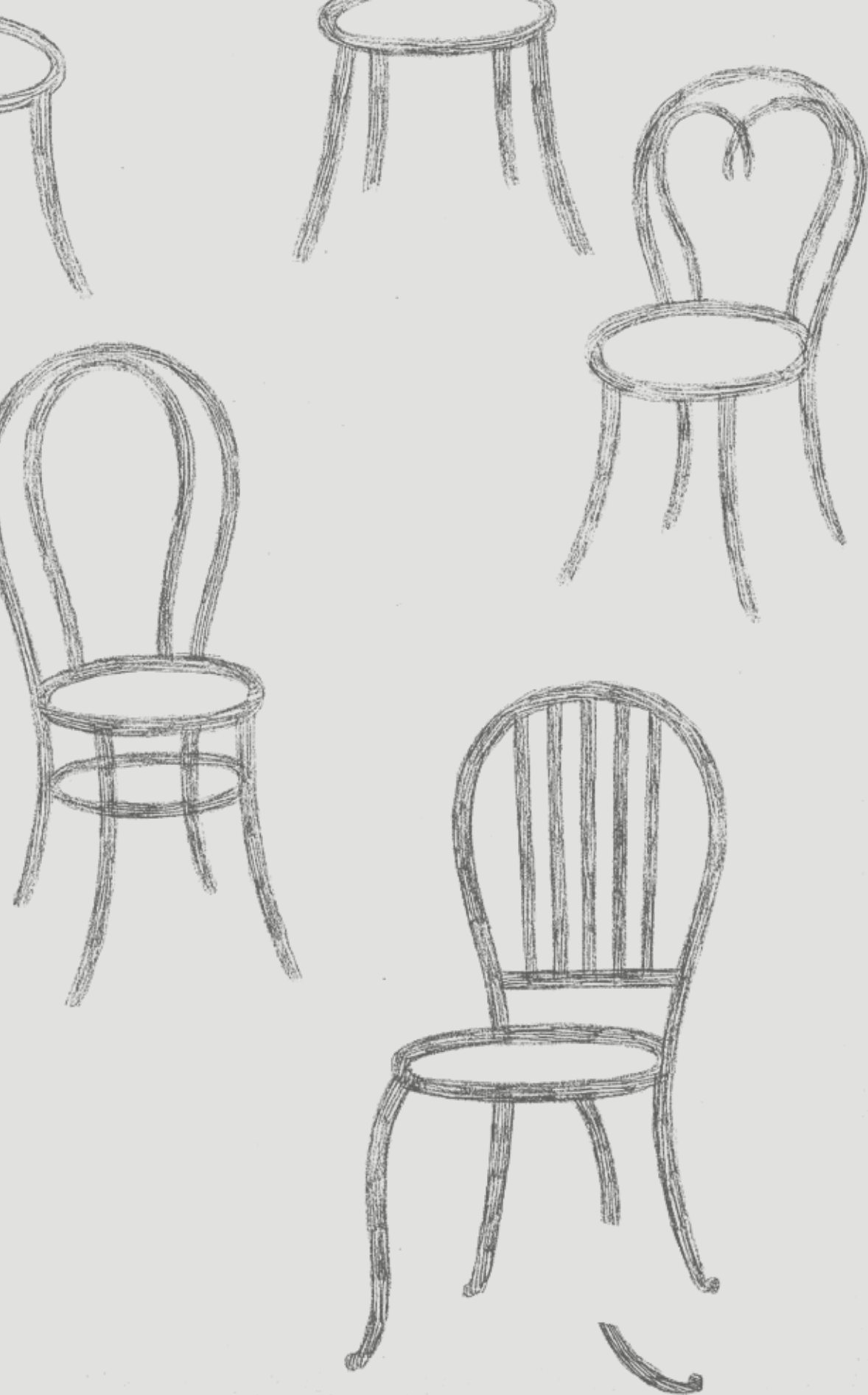
In working with the Ego-function, the therapist should ask him/herself some questions that help to clarify if the family allows – and to what extent – the expression of individuality:

- Is it possible for a less influential family member to express a point of view even if it diverges from the group's?
- Is there room for dyad contacts between various family members?
- Can one be unique, different within family ties?

Other questions facilitate and provoke answers that show the presence or absence of the Ego-function in the words employed to create contact:

- Can you say everything in the first person, expressing your experiences, intentions, expectations?
- Is this really what you want?

91 Twenty-five years later, Stern wrote that the narrative Self has a triadic dimension: self, the object and the other. Cfr. D.N. Stern (1987) (ed. or. 1985), *Il mondo interpersonale del bambino*, Bollati-Boringhieri, Torino, 131.



*To divide the united, to unite the divided, is the life of nature;
this is the eternal systole and diastole, the eternal collapse and
expansion, the inspiration and expiration of the world in which
we live and move.*

Johann Wolfgang Goethe, *The Theory of Colours*

1. Premises

1.1 The family as a hermeneutic principle

To assume the family as a hermeneutic principle requires a sort of epistemological revolution: the transition from an individual or intrapsychic perspective to one based on relationships, and specifically, family relationships. It means looking at an individual by taking that person's family as the starting point, and understanding the family as being a 'Gestalt', that is, a whole that provides structure, or, alternatively and more aptly, as a structure which connects¹. According to the time-honoured Gestalt principle, it is a whole which gives meaning to the parts: the words form the sentences, however, it is the sentence – as we know – which gives meaning to the words, which, on many registers, turn out to be polysemic².

Thus, the individual emerges as a figure from a family background. Even when we emphasise a person's unique characteristics, this must be done in a binocular perspective³ or, better still, as a gestalt, holistically: it is a perspective which sees and compares the person with the whole in which he or she is included and from which he or she emerges. Consequently, even the uniqueness of the individual must be contextualised. The aggressiveness of Carlo, an adult son⁴, which is deemed 'too much' at home, can take on opposite values and meanings (distinguish oneself, ally oneself, imitation, etc.) depending on the family field he emerges from. Identity is built in the first instance as a 'response' to a wider 'given' in which one finds oneself. Every individuality is a music that integrates two compositions, from the family of origin and from the present one.

1 G. Bateson, *Toward an ecology of mind*, cit.

2 The affirmation «The bishop has ordered two capuchins» reminds us of D. Parisi – the two polysemic words ('order' and 'capuchins') acquire their significance adequately only in the context of the sentence. Cfr. D. Parisi (1972), *La Comunicazione come processo cognitivo*, Boringhieri, Torino.

3 Cfr. G. Bateson, *Towards an ecology of the mind*, cit.

4 Cfr. V. Satir (1973) (ed. or. 1964), *Psicodinamica e psicoterapia del nucleo familiare*, Armando, Roma.

'Who I am' in GT means primarily 'who I have become' (Personality-function of the Self), a pregnant past participle which connects present and past in identity. In fact, the family of origin is assumed as the matrix of identity⁵. It is the place and the time in which one learns the name of things, grammar, habits, what is not permitted, cognitive structure and perceptual taboos, the smells and tastes of existence. Lessons learned that might consciously be forgotten but which are written in the body and live on subliminally. As the poet says: «The stuff of memories burns but not the memories / Memory reigns the same...»⁶. The family of origin or, more precisely, the trigenerational family, is the inevitable and ineliminable 'ground' of any identity. The uniqueness of the person does not emerge from a desert but from a continual process of adjustment (sometimes creative, sometimes antagonistic or repetitive) to family relationships (that have determined those outside the family). In personal style –sometimes inscribed in the body as antalgic posture – the family of origin is enclosed and narrated.

To assume the family as a hermeneutic principle means that to understand someone, he needs to be placed in his family of origin, configured by two coordinates – the synchronic one (events of the life cycle) and the diachronic one (quality of relationships) – and by two micro-contexts (primary triangle and siblings).

The present family is the context in which the family of origin reappears and becomes up to date (for the couple and for parents) in all its multiplicity of possible assimilations. Parents' psychic disturbances should be read in the context of both the family of origin and the present family, whereas the children's disturbances should obviously be related to the latter. It would be an enormous mistake to conduct therapy with a child thinking that his symptoms reveal only 'his' problems without taking into account the quality of the family contacts which form the significant background of the symptoms and the relational reality which conditions him every day. Another serious mistake would be to treat two members of the family without taking the Personality-Function of the whole family into account. For example, it would be a mistake to work with the problems of a mother and son, without involving the father or any siblings. In a holistic logic, faced with a problem of hyper-attention towards one member of the family, it is essential to focus on and reactivate the blocked energy of the person receiving the hypo-attention: being this the only possible way to recover energy flow in all its interrupted spontaneity⁷. Without

5 Cfr. G. Salonia, *Ordo amoris e famiglia d'origine*, cit.

6 M. Luzi, *Tutte le poesie*, cit., 601

7 Cfr. G. Salonia, *Il silenzio degli ultimi*, cit., 601.

doubt, the mother's difficulty with the son is caused precisely by the father's absence and that of any siblings. To work only on the malfunctioning pair amplifies the problem and precludes a solution, precisely because the resources in the field of the family relationships are not exploited. The same hermeneutical relationship is applied to couples' therapy: it would be naïve and misleading to make judgments about a partner who is absent from the therapeutic setting. It is no coincidence that the third axiom of pragmatic communication asserts: «In any interaction, the punctuation of the sequence is arbitrary»⁸, so there, we complain about what we provoke or what we keep in conflict.

In case of a symptom regarding a spouse, there is no point in involving the offspring in family therapy. It is better to direct the person to individual or couple's therapy. That does not mean that, even if there is only one parent in therapy, it might be valuable to conduct a few sessions of family therapy, to share experiences and discuss with each other, within the family, about the effects that the parent's symptoms are having on normal family life⁹.

Moreover, it is also essential to distinguish between 'family session' and 'family therapy' in therapeutic work with families. From a technical point of view, faced with a child's disturbances, it is always advisable to start with one, or two, family sessions which may then take different pathways, including regular family sessions to get feedback, couple's therapy, sibling therapy, individual therapy, etc. Holding a few family sessions (original or present family) during individual therapy has proven to be fruitful too. Experience with the family is always enriching because different points of view are exchanged and there is the opportunity to experience new contacts.

1.2 The place of family therapy: here-and-now and now-for-next of bodily experiences in-contact

The Gestalt theory of psychic disturbances is based on the key concept of contact/interruption to contact as the distinction between health and illness. The subject grows if he lives valid and nourishing contacts with the environment, becomes ill and generates symptoms if he interrupts or does not complete the contacts that are essential for his growth. The type of pathology that develops is determined by the way and the moment when the O. becomes stuck bringing his intentionality to completion. The

8 Cfr. P. Watzlawick, J.B. Beavin, D.D. Jackson (1971) (ed. or. 1967), *La Pragmatica della comunicazione umana*, Astrolabio, Roma.

9 On this subject, cfr. G. Salonia, *L'angoscia dell'agire tra eccitazione e trasgressione. La Gestalt Therapy con gli stili relazionali fobico-ossessivo-compulsivi*, in G. Salonia, V. Conte, P. Argentino, *Devo sapere subito se sono vivo*, cit., 193-226.

blocks re-occur because, at a certain point, the past unsupported and interrupted energy returns to the contact boundary and continues to seek the satisfaction of the past relational need.

In GT the treatment consists precisely in identifying the multiple (continual and meaningful) interruptions and, with the goal of achieving complete contact, providing the specific support that had previously been lacking. When the O. becomes competent again and can conduct meaningful contacts with the E., growth resumes in the way life proposes and guarantees.

In individual therapy, the patient and the therapist are the ones involved in an experience of contact and thus encounter the difficulties of achieving contact and bringing contact to completion. In family therapy the members of the family are led (and facilitated) by the therapist to experience full contact with each other. Naturally, the therapist, by proposing specific experiences to two members of the family, is attempting to offer the specific support that hitherto was lacking. For this reason – and in opposition to Bowen who forbade family members to interact among themselves and who encouraged the use of only ‘I statements’ towards the therapist, to facilitate the movement from massification to individualisation –, GT has the specific aim of making the family members interact with each other. The therapist observes the bodily and relational experiences to understand the direction (where this family is going) and the ways (Personality-function and Id-function).

The questions the therapist asks take this line and so he or she asks: ‘What personality-function is distorted’, ‘What body is closed in relation to what other body?’, ‘Which body has to change position?’.

As far as technical intervention is concerned, the question would be ‘Who needs to be opposite whom?’.

At this point, we illustrate how a specific intervention aims at facilitating growth through working on the functions of the Self in contact.

2. The rhythm of the therapeutic session

The plan for the session presented here will be clarified in the simulations. It is a map and, like ‘Eudoxia’s carpet’, offers the therapist a path which must be reinvented every time. Every time the carpet is reworked it is enriched by the new elements that every family brings to the setting, the result of their individual history and specific suffering. Tolstoy *docet*.

2.1 From one person’s symptom to everyone’s quality of contact

A family comes to the therapist presenting with a symptom and asking for its suppression, as quickly and painlessly as possible, as

if it were something threatening and alien to them. The therapist knows he is unable to meet this request, because the potential of vital energy and growth held within the symptom (albeit blocked), not only with regards to the 'designated patient' but also to the whole family, would be destroyed. Moreover, to expel the symptom would be a useless operation: in the long term, the symptom would return and manifest itself under other guises, either in the patient or other members of the family.

A symptom can emerge when a child's body experiences a disturbance that the parents' bodies cannot manage to contain, but amplify instead. A short circuit exists between the bodily thrust towards change and the bodily terror of changing. The symptom narrates in a suffered and not always linear way, the story of a body that is changing, of a family that should be changing with it but cannot, of other bodies which, instead of offering support, undergo experiences of fear, of old tensions which return and press to become figures and be elaborated. The family, in fact, asks for help because it has not been capable of silencing (nor of understanding) the disturbance of a body which deconstructs the emotional order and makes the disturbances of the family's bodies emerge. Understanding the family's processes ('What change has begun in this family?', 'How is it blocked?', 'How are the other bodies suffering?', 'In what stage of the evolutionary line is the family blocked in?') offers the therapist a precise horizon from which to elaborate a therapeutic project: facilitate the family's passage to the 'next step' of the growth cycle¹⁰.

It is not a question of solving a problem but rather to act in such a way that the family grows and solves its problems by itself (that is the problem!). The symptom reveals the need that all members of the family have, not merely the designated patient, of being assisted in a stage of the vital evolutionary cycle, either personally or as a family.

For these reasons, it is necessary to look at the symptom as a block of three familiar dimensions: corporeal, developmental and relational.

Some types of intervention are imperative to affect the movement of the figural symptom to the background of the family's quality of contacts.

- *Asking each member of the family to introduce themselves and give their opinion of the 'symptom'.*

This is a decisive step to move from a unilateral perspective (fixity of diagnosis) to a shared family perspective. The members of the

¹⁰ It is necessary to take into account that, in every case, communicating to the family the developmental sense of their malaise does not produce, then, particular therapeutic results: those will come only after having elaborated the emotional-relational wounds and having given voice to the fears of the bodies.

family start to feel involved, to believe it is possible to have different viewpoints about what is happening at home. From their opinions of the symptom, it is already possible to get a first impression of the family dynamics: 'Are there alliances?', 'Are they positive or in conflict?', 'Is the couple's relationship differential, conflictual or confluent?'

Thus, the first movement has occurred: from the child's symptom to the relationships within the family. Often the proxemics of prologue is revelatory.

- *Asking if others in the family experience or have experienced a similar suffering and, in particular, if either of the parents at the same age as the child had this or other symptoms.*

Faced with this question, it frequently happens that one of the parents reveals that at the same age he or she had experienced disturbances expressed as other symptoms or even as the same symptoms. It is touching to see the patient's 'pleasant' surprise on hearing this, because it offers a new perspective: he/she is not the only one in the home to have a problem ('mad' or 'bad'). In this way, the rigid figure starts to dissolve, and the background of the still open relational gestalts can begin to emerge.

One family brought as a symptom their fourteen-year-old Giulio's bed-wetting¹¹. When the 'circular' question is put to them, Giulio's father replies that as an adolescent he had similar problems while the mother and twenty-year-old sister assert with great confidence that they have had no such problems. At this point, Giulio's symptom has highlighted the conflict (old, certainly, but unresolved) of the rigid juxtaposition between efficient women and 'hopeless' men. To grow, Giulio must find a new answer to this issue: how can a boy become a significant man in that family? The symptom becomes a means that opens unexpected perspectives. From the symptom to the family.

- *Asking point blank: 'What and who would you change at home?'. Asking to the children: 'If you had a magic wand, what would you change at home?'*

The replies given to this question also have a prognostic value in that they reveal the level of rigidity of the family disturbances. It is possible to conjecture, in fact, that the more the opinions coincide, the more rigid the family will be. The situation where the patient agrees with the others, that only his symptom is the problem, is a very serious one.

- *Another range of questioning¹² needs to reveal what abilities, potentials and strengths each member of the family sees in self and other family members.*

11 In this and other clinical cases, both the names of the patients and some details have been changed for privacy reasons.

12 This was taught by Sonia Nevis: cfr. J. Zinker, S. Nevis, *Teoria della Gestalt sulle interazioni di coppia e familiari*, cit.

Normally, this line of enquiry reveals very interesting information concerning the potential and developmental prospects of the family.

Overall, this first part of therapeutic activity aims at getting into motion, as Erving Polster suggested, stagnant and blocked family relationships. If the family's vital energy, short-circuited in the symptom, starts to flow again, one passes from a rigid and reductive vision of the family's problems to the opening of a horizon that they can move towards, whilst all the time aware of their hidden strengths and of stratified difficulties.

The purpose of the questions is to raise awareness through learning to listen to self and others. Perls realised that concentration (what Goodman will call 'the Self that concentrates') could be a way towards awareness, particularly for the subliminal areas of awareness. In the first session, ultimately, the questions are a tool for creating concentration. Only by making the open gestalt emerge it is possible to start again and reawaken every family's dream of a dance that involves all of them, individually and collectively.

2.2 Dance of the chairs

In the second part of the session, attention shifts towards the position of the family members. They have freely taken their seats, with the extra chair that therapists always place adding more choices. The places occupied allude to the relational experiences, as do the spatial relationships (near to whom, far from whom). The nearness of some bodies helps to breathe more easily while others block breath and spontaneity. To be sitting next to a body gives warmth but risks becoming confluent if not nourished with direct looks. The arrangement of the seats also speaks of bodies loved silently from afar, of bodies that command, of bodies that annihilate themselves, etc.

Some dynamics, which cannot spontaneously emerge, are particularly significant and remain hanging in the relational field like anticipations or demands: 'What body do I want to feel near or distant?'¹³, 'What glance would I like to have head-on or sideways (visual perception)?', 'Which body am I leaning towards?'. A great deal of the family history is told by the choice of who to sit next to (including at a table). It is undoubtedly true that the obvious reveals itself in the depths of the surface¹⁴. The devil (or maybe God) is in the details. Relational details (that almost furtive glance, that leaning towards someone, speaks louder than words) are like an arrow pointing in the direction that one cannot manage to go. In this acute therapeutic attention to relational vicinity, it is impor-

¹³ Cfr. G. Salonia, *Corpi e famiglia: l'intercorporeità*, to be published soon.

¹⁴ In this sense we can talk about 'deepness of the surface', cfr. P. Cavaleri (2003), *La profondità della superficie*, Franco Angeli, Milano.

tant not to interpret but to let the sensations speak to one's own body and wait for the *kairòs* to intervene. In this model of FGT, it is more important not to comment on non-verbal behaviour or vicinity. To say to a person who is stroking his arm 'What is your hand doing?' or 'See, you are stroking yourself', generates only clamping up and bodily contraction. It is essential to protect oneself from undue invasions. These are feelings which become even more unpleasant in the presence of other family members.

To initiate work on proxemics, it can be useful to ask questions that favour activation such as 'Who would you like to feel nearest?', 'If we played at changing places, where would you sit?'. Obviously, after changing places (or having expressed the desire to do so) one can ask what this initial game has evoked, or has shown them or confirmed from a new perspective. Everyone must be asked the questions because if one part changes, everything changes. It is remarkable how the experience of changing places (where you sit in the vicinity of a feared body and/or desired body or you are face-to-face with a person instead of avoiding them) produces such significant perceptual and relational changes! It is possible to experience not only other chairs, but also other horizons, as new ways of being and of relating to others.

There are two principal reasons for working on relational proxemics: the first is to progressively rebuild the family's Personality-function; while the second is to favour full contact between family members, two at a time. Obviously, it is not merely a question of changing places. In GT behaviour has little meaning if it is not the expression of coherent body-relational experiences. Asking people to change places is a delicate and pregnant therapeutic action. Changing places modifies interpersonal perception (sometimes changing can be devastating – looking at a parent face-to-face instead of with sidelong glances, for instance) and reactivates blocked energy. Looking at each other in the eyes while heeding the sensations in one's body and feeling the presence of the other's body is a powerful experience, a way to place oneself at the contact boundary. In a moment, old gestalts come to the fore, unresolved questions, things left unsaid¹⁵, actions not taken... The therapist should take care to verbalise everyone's experiences: 'Could you tell the opposite person what you are feeling?'.

In this way, polarities are recomposed and reintegrated. One of the signs of rigidity in the family is certainly the exasperation of the polarities, attributed as identities to single members of the family to be introjected. Examples are the calm child and the irascible one, the adventurous child and the home-loving one, the strong parent and the weak one.... Polarity as a concept can be

15 Not-said in GT means: not-said-that-needed-to-be-said.

found in the Chinese and Greek cultures, as well as in Jung's theories, but GT has elaborated it in an original way. In Perls' work, the identification of polarities was a priority. He invented the dialogue with the empty chair to explore polarities, because in that way the patient explores the other polarity, what he or she does not experience. The dialogue between the top dog and the underdog (the sadist and the masochist) is particularly well-known¹⁶.

What happens in the face-to-face dialogue between families is also geared towards allowing each member of the family to rediscover their spontaneity. They have the opportunity of freeing themselves from polarities taken to extreme and unreal levels, and thus rediscovering their other polarity which, perhaps, has been rejected, but which is necessary for personal wholeness¹⁷. Thus, the authoritarian parent discovers the fear of raising the children to be too passive and the permissive parent the fear of not providing them with a solid foundation. The gentle sibling finds his anger and the angry one finds his gentle side¹⁸.

The choice of the pair to start working with first is assigned to *phronesis*, the instinctive sense for what the best couple would be. The other family members usually listen and then share their sensations, in a vibrant echo that involves them all. When the objective is to rebuild the Personality-function, separate pairs can be created in context: the parents talk and, in the meantime the siblings can talk among themselves without listening to their parents. In other cases, it is possible to emphasise this division by sending the children out and staying with the parents, or vice versa.

Antalgic proxemics is revealed by the confused position of the chairs (too muddled: parents-offspring) or in the rigidity of the positions (between parents and children). In the former situation, pair dialogues are used to retrieve the Personality-function, in the latter one to reposition energy.

As those who work on the body know, these changes (visual perspective, bodily proximity) engender new relational reflections¹⁹, concretely destroying perceptual automatic responses. Changing places renders the generational line more flexible (Per-

16 About this, cfr. F. Perls (1969), *Gestalt Therapy Verbatim*, Real People Press, Moab; E. Polster, M. Polster (1983) (ed. or. 1973), *Terapia della Gestalt Integrata*, Giuffrè, Milano. Also interesting the lesson of From on polarities, to be distinguished from contrapositions. Cfr. I. From (1993), *Seminari*, Venice, *pro manuscript*.

17 A mystic, Francis of Assisi, who was defined by Freud in *Disagio della civiltà* as «able to love and to work», wrote that every virtue, to be genuine, must be maintained by another: obedience by charity, poverty by humility, knowledge by simplicity. Cfr. Francesco D'Assisi, *Lodi delle virtù* in *Fonti Francescane*, 256-258.

18 For a deeper analysis from the anthropological point of view, cfr. R. Guardini (1997) (ed. or. 1925), *L'opposizione polare. Saggio per una filosofia del concreto vivente*, Morcelliana, Brescia.

19 Cfr. G. Salonia, *Il lavoro gestaltico con le coppie e le famiglie: il ciclo vitale e l'integrazione della polarità*, cit.; Id., *Corpi e famiglia: l'intercorporeità*, cit.

sonality-function), facilitates awareness of one's own and other bodies (Id-function) and offers the opportunity, at last, to express what the Self requires of the other (Ego-function). Clearly, to reach this change it is necessary to take things step-by-step.

Elena was a difficult daughter in a family where the mother received attention from everyone (including her husband) and who placed the younger brother on a pedestal. In this context, Elena's issues will only be resolved when the couple learn to treat their children equally and the children learn sibling complicity. This goal required a series of steps. The most significant step was when Elena encountered and spoke to her father whom she perceived as unreachable because of his obsessive contemplation of his wife. When the father started to reply to the therapist's suggestion ("Tell Elena what you like about her"), - Elena's body was visibly expectant, she was simultaneously relaxed and involved. How many times must she have asked herself: 'Does my dad like me?'. If he doesn't like me, how will I ever find a boyfriend?" How can Elena become a woman if her parents do not look at her in the eyes (one at a time!).

2.3 A dance to meet each other: Dance of the pronouns

At this point in our GT model, we encounter the 'dance of the pronouns'. While in the 'Dance of the chairs' the bases of action are proxemics and posture, in the 'dance of the pronouns' the possibility of contact is facilitated by showing how, *a priori*, the use of pronouns holds the key to those words that generate contact and those that create distance: pronouns as an hypostasis of the contact. Changing the pronoun does not mean changing the content but it expresses it while creating contact. For instance, 'You neglect me, you never have time for a quiet chat after supper', is an accusation which generates a defensive response or an equally accusing one. One can express the same emotion by saying: «I would like to spend some time chatting with you after supper and I'm sorry it doesn't happen». This style, in which the speaker takes responsibility for what happens, facilitates interpersonal communication and is the premise for good contact.

In the "Dance of the pronouns", the change of the pronoun is maintained to open the utterance content to contact, not to change it, while maintaining intensity and specificity.

The 'Dance of the pronouns' therefore implies movement²⁰:

- From the self-referential 'I' to the 'I' which reveals itself;
- From 'That's the way it is, this is the real problem' to 'I feel this, this is my experience';

20 C.O. Harris (1994), *The Grammar of Relationship: Gestalt Couples Therapy*, in G. Wheeler, S. Backman (eds.), *On Intimate Ground: A Gestalt approach to working with couples*, Jossey-Bass, San Francisco, 309-324.

- From an accusatory 'you' ('It's your fault!') to an empathetic 'you' ('From what you're saying, I think you might be feeling...');
- From a generic 'one' or 'you' used impersonally to owning what one is saying. From 'people say that Germans are authoritarians' to 'My experience is...' or 'I think that...';
- From a symbiotic 'we' to an inclusive 'we'. Often parents use 'we' as an arbitrary extension of 'I' ('I think we want to go' becomes 'I want to go. I'd like to know whether the rest of you agree or not') or as an introjection ('We must be and show ourselves to be a united front: we won't listen to those who see it differently' becomes 'Let's listen to everyone's opinion on this');
- The accusatory plural 'you' becomes an empathic one. Here we are speaking of some people's tendency to not speak directly to others but to use generalised forms of address: 'You parents...', 'You children...'. This is an extremely irritating and ineffective communicative style since the responsibility of addressing the individual directly is not assumed. From accusatory 'they' to welcoming 'they'. This prevalently refers to relationships outside the home, where others can be seen as the enemy, as friends, or strangers to become acquainted with;
- From an indirect and allusive 'he/she' to a clear and direct 'you'. Speaking 'to' not 'about' someone.

Obviously, to change or get the pronouns to dance is not a technique. When a person is asked to make this change, it's important to consider that it is part of a process of listening to oneself, of 'concentrating' so as to say the words which come from the body. For instance, when a person is asked to listen to the effect produced by other's words, we are always asking them to concentrate and listen to their own experience at the same time. It seems almost by magic when sometimes, in the midst of a conflict, one of the participants changes a pronoun and reveals him or herself, recognising their experience. For example, they reveal their fragility, or when somebody perceives just a fragment of the experiences or reasons of somebody else.

To paraphrase Novalis, words and gestures are the notes of a melody. Contact is music. At a certain point one realises that, beyond the content it is the sound of the words which allows human beings to encounter each other. Body-words open up and prepare the encounter (albeit stormy, suave, slow or powerful). They are musical notes which come and go from the bodies, they go through them and create the mystery and the fascination of contact. The starting-point is the body and then words. If the body becomes words and words remain corporeal, then human speech

becomes an experience of full contact: speaking of myself, reaching the other, recounting the world. In this way, every word becomes a note of the opus of the encounter.

On reflection, a family seeks therapy when faith has been lost in verbal communication: 'What's the point of talking about it? Nobody ever listens... nothing ever changes'. The words get multiplied but are empty, *flatus vocis*, no longer bridges but open swing bridges.

A word which is 'lived' in GT is not in opposition to the body but, together with silence, is one of the shapes of the organism-in-relation, the Self, that takes when it brings figures out from the background. The family is asking for new words, but to obtain them it must begin with the body, or rather, bodies.

When Luca – in response to the therapist, sits opposite his father, silence falls initially. A few embarrassed smiles. They look at each other and do not know what to say. They feel new or forgotten sensations in their bodies and see each other's faces as if for the first time. They notice details, the details that emerge in a new light. They are the details that save faces from being taken for granted. In embarrassed silences, the crucial question: 'What do I say after saying Hi?' hangs in the air²¹. The therapist can intervene asking both: «What do you feel seeing each other face to face?». This is a key question, an invitation to concentrate and to bring the physical experience to the contact boundary.

'Concentrate' was the route that Perls²² invented as an alternative to 'free associations', knowing, as the followers of Lacan would say today, that the unconscious is the body, and with concentration one enters in contact with one's interior world, as protagonists. The Gestalt therapist does not give solutions, definitions of reality or meanings: he defines routes and paths so that the patients by themselves, the family itself, can take back their innate capacity to grow.

The dialogue between Luca and his father began with accusations. «I am furious with you. You are always the same. You are never present. You are only interested in your own stuff». The therapist, at this point, asked Luca to listen to himself, to express his rage, but also where it came from and to state the things that he would like to happen. After a little bit of silence and concentration, Luca started again: «I am incensed that you have time for everybody but not for me. I miss you. I would like you to spend more time with me. But what am I bothering to say this for? You have a thousand more important things to take care of». He stops. The therapist asks if he wants to add something and he answers

21 Cfr. E. Berne (1972), *What do you say after you say Hello?*, Times Book Review, New York.

22 Cfr. F. Perls (1995) (ed. or. 1942/69), *L'io, fame e l'aggressività*, Franco Angeli, Milano.

no. The therapist asks the father: «What do you feel listening to these words from your son?». The answer, predictably, was a defense and an accusation. The therapist replied: «What do you feel hearing that Luca would like to spend more time with you. That he is upset that everyone but him can enjoy his father's company?».

The tension in the father's body loosens up. They are learning to speak to each other about love and rage, disappointments and expectations, hopes and failures.

The Gestalt therapist does not look for quick answers to conflicts²³ but that the conflicts be fully worked through. As has already been said, a contact is considered as positive, not in virtue of its content, but of its relational process. If one speaks 'from' and 'with' one's body, if one listens to the others' corporeal words, even when the content is unpleasant (differences, disagreements, contrasts), the experience is lived as a positive one and generates growth and wisdom, albeit painfully. Fear of conflict and of clarification creates real relational problems and numerous misunderstandings, and much confusion. In reality, even negative experiences ('I am angry with you', 'I am disappointed with you') acquire positive value if communicated authentically, with integrity and with respect for the other. Helping family members to communicate without their necessarily agreeing with each other or understanding each other²⁴ means helping them to become aware of the relational intentionality underlying the words, even in issues that seem endless and/or that are incomprehensible.

I asked Carlo, who delivered a long and tortuous speech about his wife, to express in a few words if what he had said was meant to bring him nearer or move him farther away from her. He replied to her: «I say these things to feel closer to you, because I don't feel reached by you. I say so many words because if I look at you, you seem cold and I'm scared I can't get through to you». Beyond the content of the words, such a heartfelt expression of relational and bodily experiences creates a new experience of healthy closeness between members of the family. As we know, an explanation of relational intentionality reaches the other directly and facilitates the possibility of contact.

The work of closure of 'unfinished business' must be conducted by paying close attention to breathing patterns. When breath is blocked so are the words and steps towards the other. However, if people succeed in sharing their physical sensations, for instance, 'When you say these things to me, my body is afraid to come nearer, I am frozen and I don't know why', the movement towards the other starts again. Full contact occurs and is revealed in the meet-

23 Cfr. F. Perls, R. Hefferline, P. Goodman, *Gestalt Therapy*, cit.

24 Cfr. G. Salonia, *Elogio del non comprendersi*, to be published soon.

ing of bodies and words, when the words emerge from the body and when bodies are open to words.

It is important in the therapeutic setting for the therapist to support each person's efforts to speak, speech being understood as a necessary ability for their individuality. Iolanda, aged eleven, was trying to speak, but her daddy, mommy and older siblings were so absorbed in their discussion that they did not realise that she was getting cross and starting to fidget. When the therapist asked her, «What do you want to say, Iolanda?», she exclaimed: «That's enough! I want to speak now. Even if I'm little and don't understand what you're talking about, I want to talk about my stuff».

A session turns out to be, when all is said and done, the search for the words and gestures that soothe the family bodies. Missing gestures (words not said or heard, bodily gestures not performed, asked for or received) are written on the body as a blockage to the movement of approaching others or a way for opening access to others. This is the 'text' (as Ricoeur would say) that remains incomplete and that paralyses the wholeness of the family's dance, which is sought in the session.

2.4 Towards the end of the session

At a certain moment in the work with a family, the importance of working with the couple/parents will emerge since they are experiencing a disturbance in their Personality-function of Self. It is a road which opens many doors.

Francesco, aged seven, had been 'brought into therapy' because of behavioural issues at school. It soon became apparent that the root of his problems was the unexpressed conflict within the couple. When we say to the couple in front of their son: «In the next meeting we only want to see you two», Francesco exclaimed with heartfelt relief: «At last!», Perhaps he would have liked to add, 'What does it take to show you that you need help?' From the continuation of therapy, it became clear that what Francesco had said possessed relational logic: start with the order of affection, and those who are not allowing the spontaneous and creative flow of energy and change within the family.

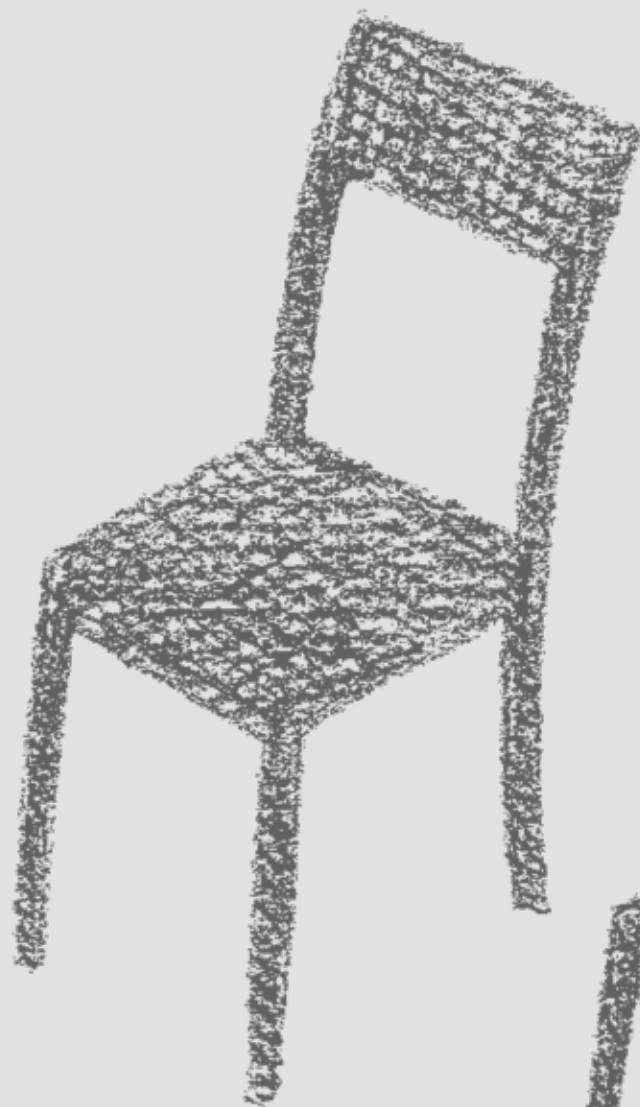
Before closing the session, to facilitate learning/assimilation, it can be useful to ask each member of the family what word or gesture (their own or someone else's) they felt particularly strongly in their body, positively or negatively. In their answers, we find a fundamental learning experience that concerns both personal and interpersonal life. Pay heed to your body after every experience, to grasp, through an intimate and organismic evaluation, what is or is not concluded, what still needs to be done. In this way, the Personality-function of the Self assimilates experiences as they build up and become whole. To have rebuilt the Personali-

ty-function of parents and their offspring is already a decisive moment of achievement in any family therapy. It seems unimportant but, in reality, it is the reverse: it allows people to open themselves in a clear and articulate manner and carry on their journey. To be able to give a name to all the sensations, to be able to speak with anyone in harmony with one's Personality-function are experiences which regenerate the family dynamics, like resuming an interrupted dance.

The continuation may take several different directions depending on how severe the therapist considers the children's disturbances to be. The latter may be followed as a subsystem at the same time as the parents' therapy. Otherwise, therapy with the parents may be adequate if they learn to differentiate between conjugal and parental issues. In the hermeneutics of work with families, it is helpful to let oneself be guided by the suggestions made this passage by Munch: «When I look at one of my pictures, I appreciate all its beauty. And I observe that when I put all my pictures together, each picture not only emanates its own beauty in the context of all the paintings, but it takes on a new beauty- almost a new meaning- that it gets from being part of the whole whole»²⁵.

We can take Munch's intuition as the final objective in our work with families: to rediscover (or realise) a dance of different beauties... as the figure and background flow from the individuals and the family in its entirety.

25 A. Eggum, E. Munch (1984), *Edvard Munch: Paintings, Sketches and Studies*, C.N. Potter, New York.



1. Technical notes

The title we give to each session aims at effectively representing the path that the session itself created for the family. The therapist's task consisted of restoring growth pathways and facilitating the family's journey through disorders and symptoms to reach the next step in their life cycle.

In this model, the members of the family can freely choose where they sit: all of the chairs are available. As above mentioned, I always put out an extra chair (a sort of 'empty chair'²) to facilitate possible changing of places. In this model, as we shall see, this technique was employed to work with family members' relative proxemics.

I have called this model 'Dance of the chairs' to introduce the concept of change that the family desires but cannot achieve. Changing places, finding yourself face-to-face with a person that has been sought in vain, moving away from rigid alliances, discovering new, positive allies within the family... All these things allow the family to start their journey afresh and rediscover the pleasures of movement and meeting.

'Dance of the pronouns' indicates the therapeutic strategy which aims at recovering the conditions that promote personal encounters: being a 'you' face-to-face with another 'you,' that which gives life to family relationships.

2. A relative regained

A session led by Valeria Conte and Giovanni Salonia

The family, the parents and two children, arrives. The mother has requested therapy, but the problem was actually the daughter's nocturnal sleep-walking. The co-therapists asked all the family members to be present, the mother, the father, the daughter and the eldest son. The eldest son was in conflict with the family and lived separately with his partner.

From left to right they took their seats in the following order: mother, father, daughter (Laura), son (Giuseppe)³. (see Fig. 1)

1 I would like to thank Dr. Valeria Conte for her precious contribution.

2 In the history of Gestalt therapy, the 'empty chair' is one of the earliest efficacious techniques in which the patient was asked to speak *to* and not *about* the significant other person. In this model – as we shall see – the 'empty chair' technique is introduced to facilitate the changes in position, that is, 'Dance of the chairs'.

3 In the transcription of the session, the parental couple will be indicated, one time as Mother and Father, and one other time as Wife and Husband, depending on the context.

The couple was seated near to each other. The children, particularly the son, seemed distant from their parents, especially their mother. We are about to see what this decidedly antalgic proxemics brought forth.

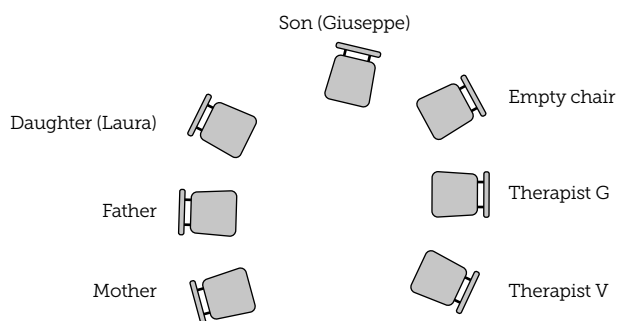


Fig.1

2.1 Part one: from symptom to the quality of family contact

The therapist asks who called to make the appointment.

Wife: ...Yes, I made the call, then. It was more than a week ago. Almost ten days. Suddenly, one night, Laura got out of bed. She was asleep, tucked up in bed, when I saw her wandering around the house. It's something weird; at almost twenty, to have her wandering around, wandering, as if she were asleep. He said we weren't to wake her but she wanders about...

A preliminary intervention in Family Therapy is to individually ask each member of the family if they agree with the definition of the problem (of the designated patient and of the family) and what they feel about being asked to participate in the family therapy session. Converging and diverging opinions about the nature of the symptom, or the disorder or willingness to be present open up the background of the family relationships, revealing alliances and conflicting positions, involvement or relative disinterest.

- Circular definition of the symptom and every member of the family introducing themselves

Therapist G: So, let's hear from...

Therapist V: ...Dad...

Therapist G: Precisely.

Husband: Well, at the start I didn't take it seriously enough. (He is holding a notepad on his lap)

Therapist G: Have you been taking notes?

Husband: Yes, to avoid...

Therapist G: Forgetting...

Wife: He's organised.

Husband: Yes, so that I won't forget anything and since they told my wife, they explained to my wife that this sort of thing occurs when they're younger (first he turns towards his wife and then towards his children). With the fact that she's twenty and it's happening (sighs) now instead and... but we (shrugs) we can't seem to get a lot of information about it, it appears to be something that worsens when she's particularly worried about an exam and we don't know how much it has to do with the fact that her brother's not at home (looks at son), although recently there have been positive events, she's become an aunt! (the daughter wriggles in her seat)

Her brother: She had a nephew, but recently...

Therapist V: No, I haven't understood...

Husband: He is... (looks at son) Can I tell them, Giuseppe?

Son: I don't understand, Dad. We're here for her, I don't see why... (angry and perplexed, he looks at his father).

Therapist G: What's happened?

Wife: It's a nice thing really, come on Giuseppe, it's nothing bad! Do you want to tell them? (urges her son in a kindly but rather impatient tone)

Son: Because it isn't a problem, they're turning it into a problem.

Daughter: (At the same time as her brother in an irritated tone of voice, nodding and moving her hand with a derisory gesture) Okay, but that's just typical of them!

Therapist V: Is she talking about something that concerns your life?

Son: My life, yes, and we're here now. I thought that Laura was the problem and instead it would seem... I live with my partner and we've had a baby. It happened.

Therapist G: Did you know he was expecting a baby?

Mother: No, we didn't know. We found out right at the end, recently. (turning towards her husband) It was a huge shock to him. In fact, he was so furious...

Father: Initially...

Mother: That he even cut off everything, (leaning towards her husband). You cut off everything, didn't you?!

Therapist V: Money-wise?

Mother: Yes, it was very painful.

Father: It was necessary to make him more responsible, to not make everything too easy for him. Not negative! (The father sits composedly, when he speaks he moves his hands and when he is silent he holds them crossed in his lap or keeps his arms folded across his chest)

Therapist G: Interesting! So, let's say that there's a problem that calls for therapy and another that benefits from it, we've asked for therapy and while we're at it let's talk about this, too. Seems okay to me!

Father: Even because she'd like them to get married but that's another question. Let's not go there.

Another issue the family is going through immediately emerges, even if it had not been included in the initial request for help. It is a surprise that further facilitates the transition from symptom-figure to background-relationships. The designated symptom is understood and included in the background of the other tensions with which it is intimately connected. In this family, it would appear that the children, albeit in different ways, are in difficulty. The physical markers of the new phase of the family's life cycle immediately become apparent: birth of a grandchild, a daughter ready to leave home, parents who find themselves alone again ('empty nest').

Before we proceed, we decide to further explore the relational background and the prospective forces by asking each member of the family what they would change in their family to be happy, to rediscover their family dance.

- What everyone would like to change in their family relationships

Therapist G: Well, we've got something to work on and talk about! Laura, what would you change at home to improve life there?

Daughter: I'd change Mum because she's over-anxious, she invents problems that don't exist. (She looks towards her whilst repeatedly lifting up her hands). I don't see the reason for all this worry, recently I've been a bit on edge but, okay, it will pass, I don't see the reason for all this worrying. They make mountains out of molehills. Even for Giuseppe (she indicates her brother with her hand) they worry, actually he had told me about...

Therapist G: You knew?

Daughter: Yes, I knew (smiles) but I told him: 'Let's not say anything, given what they're like, especially if Mum finds out!'

Therapist V: Were you happy to become an aunt?

Daughter: Yes. (smiles and turns to look towards her brother)

Son: The only one in the family...

Therapist V: Happy?

Son: Yes.

Therapist G: So we've got two needs, rather three: Mum's request for Laura, Laura's request for Mum and then Mum and Dad's requests for Giuseppe.

Son: I was called and I came because I was told that Laura had a problem but I'm under the impression that they are preparing a trap for me here because you also deduced that I'm a problem, too (turns to look at parents). Well, a son who leaves to go and live with his partner, who hides his partner's pregnancy, reveals it only when the baby is two months old...

Therapist G: They expect you to get married.

Son: 'They expect you to get married' is one problem instead we're here because it would seem that at night Laura sleepwalks...

Therapist V: Did you know that at night she sleepwalks?

Son: No.

Therapist V: So you hadn't talked about this?

Son: I study medicine and nobody asked for my opinion on this subject. (indicates his parents with a wave of his hand) They went to the family doctor for information.

Therapist V: Laura, didn't you say anything about it to your brother?

Daughter: Since he's not at home very often and that, truly, I didn't want to worry him, seeing how worried they are, I thought 'then maybe he'll be worried as well...'. (Laura fidgets on her chair)

Therapist G: It seems to me that we need to ask the basic question of which problem we need to discuss.

Son: That's a good question!

Therapist V: Instead, let's see what we can improve before we address a problem.

Therapist V: What would you change at home, Giuseppe?

Son: I'd like my Dad to be more there for us. Just look at him! (Points at him with both hands, alternately looking at his dad and the therapists) 'That's him'. Spruced up in his shirt and tie, he goes out every morning to the bank and comes home every evening.

Therapist G: Always with his notes? Son: Well...

Therapist V: Almost...

Son: Almost!

Therapist G: So, he's very precise.

Therapist V: (To father) Do you need to write? Do you need a pen?

Father: No, I was thinking about Flavio...⁴.

Son: In fact, now that I've become a father, at this precise moment I don't know whether to say 'alas' or 'hurray'...

Therapist G: There's an 'ouch'?

Son: On a personal level, I'm really happy, the only problem is that it strains our budget because I'm still a student, unfortunately I'm behind in my studies and so I said, now that I've become a father, I question myself, I ask myself, 'Will I be a father who's present or will I be like my dad?'.

Therapist G: This question seems to touch you emotionally.

Son: Yes, it gets to my emotions, yes, yes. (nods)

The difficulties between the parents and children are confirmed. Before further entering into this dynamic, we decide to encourage more involvement on the part of the parents (their bodies still appear to be stiff and closed, as is the boundary between the parents and children, particularly with the eldest son).

A question which frequently facilitates the process of the parents' opening up is to ask if, when they were their children's age, they had similar issues or other problems. Let's see how these... stiff parents experienced their own youth.

- What symptoms are there in the parents' history?

Therapist G: Just to talk about memories here, what in your past, at their age, might remind you of what Laura is going through and/or what Giuseppe is experiencing?

Therapist V: When you were their age madam..., more or less.

⁴ As we shall see later, Flavio is Giuseppe's son.

Therapist G: You were twenty once. How did you experience that time of your life?

Father: Laura has been great, she made a realist and practical choice.

Therapist G: Instead, you...?

Father: Giuseppe wanted to study medicine...

Therapist G: You were thinking about the notes, maybe. My question was: 'When you were in your twenties did you have any problems like Laura's or Giuseppe's or did everything run smoothly?'

Father: Well... I finished my university studies in the right time frame, I had great grades and then I immediately found a job.

Therapist G: You never had moments of going off the rails.

Father: No, I never went off the rails.

Therapist G: Okay!

Father: I hoped. (pointing to his children) Instead...

Therapist G: Variety is the spice of life! You, madam?

Mother: It was a long time ago...

Therapist G: Don't say too long, it wouldn't appear to be too long ago. (husband looks at his wife and smiles)

Wife: I already had a job when I was twenty Mother:... then a year's engagement.

Therapist G: What was fascinating about your meeting? (The couple share a glance and smile of complicity) Who didn't approve? There was a little mishap. Will you tell us what it was? Come on, there was a little mishap!

Mother: (Smiling winningly, a bit embarrassed, put her hands reversed between her legs) Yes...

Therapist G: Tell us because there was something a little... It was a secret or...

Wife: (Talking to her husband, they look at each other smiling and with complicity) Go on, tell!

Husband: About your mother's opinion? You tell, you tell.

Wife: (Laughingly to husband) Do you remember?

Therapist G: Yes?

Wife: He had brought me a present. It was a lovely evening, it was a rather intimate present for our life as a couple. It was New Year's Eve. A sweet little red object and my little brother opened it in front of everybody, all of my family, my parents. He was so red!

Therapist V: Like the...

Therapist G: Exactly, he was dropped right in it! And you?

Therapist V: You must have been embarrassed?!

Wife: Very, very, I didn't know where to look.

Husband: But it was useful! (General laughter)

Therapist V: Everything went fine, you're here. (laughter again)

Therapist G: Did you know that your parents had a private life like this?

Son: No, but it makes me think about how I was conceived practically. (laughs) I didn't know. I didn't know.

Therapist V: You seem pleasantly surprised?

Son: Yes, yes. He's not the saint he seems, this dad of mine, even he...

Therapist V: What effect does it have on you, Laura?

Daughter: Very nice. I like it.

Therapist V: Seeing your mum....

Daughter: Seeing my mum a bit more relaxed, laughing.

An interesting little story, intriguing at moments, which had never been shared before. The retelling of the parents' symptoms to the children generally creates a more relaxed atmosphere: the family members' bodies start to relax, parents and children – even if for different reasons – feel closer to each other. The fact that one of the parents has suffered the same symptom as the child and talks about it has a positive supporting value for the whole family.

2.2 Part two: Dance of the chairs and Dance of the pronouns

The second part now begins, that is, the exploration of the relational difficulties of each member of the family. Specifically, for this family, the parent/child Personality-function seems well-defined (the parents behave as parents and the children as children). However, their parenthood is made up of 'rules,' of 'duties' of 'introjections'. Being a parent, according to GT, does not consist in theoretically learning a role but in an experience which is written and memorised in the body. The parental Personality-function

must be corporeal to function healthily. If the corporeal element is missing – the feeling in one's body the parental Personality-function – then full, genuine and direct contacts between parent and children are also lacking. A typical aspect of this situation is not talking directly to each other ('speaking of' rather than 'speaking to') and avoid eye and bodily contact.

We therefore decided to propose contact experience in pairs. We began with pairs because it seemed the most available, at that moment. If two family members meet, their experience becomes a support and facilitates full contact for the other pairs. We first turn to the daughter, since the initial request for help was attributed to her (her somnambulism).

Therapist G: Laura, if you had to speak face to face with someone, who would you feel oriented to talk to because my feeling is, I don't know if we understand each other, that there's loads of goodwill in your family, earnestness, but perhaps you don't talk much... certainly it's not usual for a son to have another son, become a father full of anger, or for things to happen under cover of darkness and it's difficult to understand why. Because it seems as if, in your house, you need to feel better by talking more.

Therapist V: Also, a little light-heartedness.

Therapist G: A little light-heartedness...

Therapist V: I'm thinking about your expression, I liked it a lot, your expression looking at mum and dad who were smiling with their understanding of something light-hearted. Maybe just talking without necessarily talking about problems. A little light-heartedness.

Therapist G: It's as if you waited for night to come in order to dance, isn't it? And he moves far away and even hides his partner's pregnancy. They seem like things of the night, of shadows, of distances. Who would you like to talk to improve verbal communication, mum or dad?

Daughter: (Sighs deeply)

Therapist G: Who do you want to tell something to or who would you like to hear from?

Daughter: Perhaps it's easier for me with mum!

Therapist G: With your mum. Good.

Therapist V: Sit here. (gets up and gives her seat to Laura, bringing it closer to the mother's seat and putting it opposite it)

Therapist G: Face each other and try to tell each other something.
(see Fig. 2)

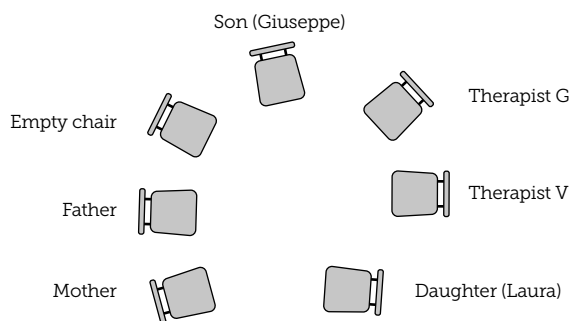


Fig. 2

Mother and daughter: face to face. This is a meaningful experience and it started on a physical level (changes in breathing, opening up or closing of the body), with looking into each other's eyes. In some families, people avoid looking at each other directly for years. Sometimes to avoid the disturbance of feeling too close (undeclared love at a distance) or out of fear (of not being seen, of being judged or silenced).

The therapist's task is to support the two people interacting by helping them to remain grounded in their bodies (Id-function), in their individual Personality – function, and to activate the Ego-function (saying corporeal words to the other and listening to the other with the body). Ways of intervening have already been given in previous chapters. Let's recall that any emotion, even a negative one, opens up when it is shared, it evolves and allows one to reach the other. The body becomes calmer and contact intentionality emerges. Even rage, anger and fury, if shared, will be warm emotions and will permit – even in cases of historical and incurable conflict – a more mature parting, perhaps a sad but wise one. As is common knowledge, unshared negative emotions become cold and destructive.

Laura has moved, taking her place next to her mother, as the therapists suggested.

Therapist V: What would you like to say to your mum?

Therapist G: Or what would you like to hear her say, it's all the same.

Daughter: (Sighs, dangling her arms and rubbing her hands on her legs)

Therapist G: What's going on?

Daughter: It's a bit hard.

Therapist G: Oh, what changes when you look at each other in this position?

Daughter: (Laura looks at her mum) I can feel her worry and it blocks me.

Therapist V: You feel... and then carry on.

Daughter: (Sighs again. The mother leans towards her with her upper body as if to come nearer) Well, I'd like to tell her to be serene, to trust me a bit. No! (Turns towards Therapist V questioningly, they smile)

Therapist V: You can feel her anxiety and you protect her. Let's change, an oddity of information for mum.

One advantage of co-therapy is that it offers various types of support for the patients. In this instance, the therapist supports the attempt towards and experience of meeting of the two women, mother and daughter, using feminine nuances. And so, to speak to the corporeal interaction of the two women (mother and daughter), she suggests a new direction: reciprocal interest. Contact requires interest for the other. The other's interest generates a sensation of being interesting⁵. Let us see how this develops.

Daughter: Oh, an oddity... about what?

Therapist V: To her, as a woman, as your mum. I don't know! Do you know where she buys her clothes?

Daughter: Yes, I know some of the shops.

Therapist V: Well, something else then, to tell you that you don't have to talk about important things with your mum because it appears that there's no intimacy. Just say any odd thing!

Mother: (Smiles invitingly to her daughter whispering a word of encouragement, holding her hands out to her)

Therapist G: For example, you could ask if your father has given her other gifts of underwear or if you want to find out where to buy it, whether you have to ask her or your dad. Loads of things.

Daughter: What underwear do you like? What colour do you prefer?

Mother: (Smiles and nods) And then what else do you want to ask me?

5 Masterly, on this theme, cfr. E. Polster (1988) (ed. or. 1987), *Ogni vita merita un romanzo*, Astrolabio, Roma.

Daughter: What do you want for your birthday: it's coming up soon.

Therapist V: Please, go ahead.

Mother: Which shall I answer first? (Leaning towards daughter and smiling)

Therapist V: Whatever comes naturally to you.

Mother: As a present I'd like a lovely ruby, perhaps two and then, as you know, I am a customer of that shop on the corner...

Therapist G: She asked you what colour.

Mother: Green, the colour green.

Daughter: You've got a green set, did Dad give it to you?

Mother: I bought it myself. I asked you to come out with me that time I got it but you didn't want to come.

Daughter: I don't remember.

Mother: You don't go out much. We stay at home a lot.

Therapist G: And what would you like to know about your daughter?

Mother: As I said, she stays at home a lot.

Therapist G: What would you like to know about your daughter? (The mother turns to look at Therapist G)

Therapist V: Do you know what colour underwear your daughter wears?

Mother: That's her business.

Therapist V: Aren't you interested?

Mother: No. I'd like to understand... when you go out and then tell me 'I had a great time'. What do you do? Where do you go?

Daughter: I do loads of things. With my friends! I love going to the cinema, remember? Generally on Saturdays I go to the cinema.

Mother: What have you seen?

Daughter: Lately, what have I seen, well...? The one, you know... "Bianca come il latte, rossa come il sangue". Do you remember I tried to tell you about it but you...

Mother: (silence...)

Daughter: It's fantastic, though. Do you like watching movies, cinema?

Mother: Yes, it's that nowadays. We used to hire videocassettes, we used to watch them, but now!

Daughter: Yes, I remember. (Nodding and smiling) It was great!

Mother: We had all the Disney films.

Therapist V: (To the two women) Could you hold each other's finger for a second?

Therapist G: Giuseppe...

Therapist V: (To colleague) Just a second, they're not touching...

Therapist G: Oh yes. Sorry.

The therapist feels that the bodies of the mother and daughter are opening up. She proposes a simple and effective gesture, allowing the corporeal intentionalities to arise: where two subjects place themselves at a relational level, and where they want to meet in their interaction/relationship.

Therapist V: Hold a finger.

Mother: A finger?

Therapist V: A finger, yes, together with the other finger. That means touching each other!

(The two entwine their fingers)

Therapist V: No, slowly, slowly, don't hang on to each other! (They laugh) Just touch each other!

Daughter: Wait, wait, like this! (She gestures to stop with her hand and she explains the action to her by showing her the position to take)

Therapist V: Close your eyes...

(Mother and daughter touch with their fingertips)

Therapist V: You feel...

(The mother grasps her daughter's finger with two fingers. The daughter moves the finger with her hand)

Daughter: No, you mustn't hold on to me.

(The mother laughs about her difficulty in carrying out the order)

Therapist V: Only one finger. Can you feel the fingers touching? Each their own and the other's finger?

Therapist G: Try and feel something. (touches his breast as he says it)

Therapist V: (To the two women) Tell each other what you are feeling in your finger, each in her own finger and in the contact with the other's finger.

Progressively, mother's and daughter's words become 'corporeal' generating a transformation from thoughts to the 'embodied awareness' of one's own and of the other's.

The therapist's suggestion has caused a first significant contact bodily experience. Touching each other with a finger is a simple gesture, but it becomes an icon, and paradoxically almost a radiography of the quality of the contact between the two. Paraphrasing (with Goodman)⁶ Aristotele, we can say that the Self is in the finger that meet the other finger, contact is where the two fingers meet each other. In that precise point – the contact boundary – the two souls encounter each other. (see Fig. 3)

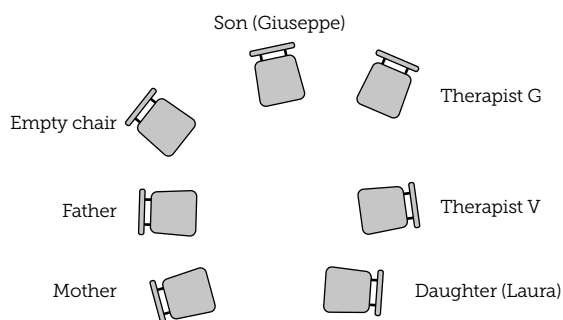


Fig. 3

From here onwards, for a while the setting appears to double itself in a play of figure/background: the figure is the therapist V working with the mother/daughter and in the background therapist G is asking the father and son questions, as if to connect everything.

Therapist G: (To Giuseppe) What effect does seeing mum and Laura have on you?

Son: Certainly, it's a nice sight.

Therapist G: You like it.

Son: Yes, in our house we're not used to contact...

Therapist G: (Nodding) Mmm.

Son:...as well as talking to each other.

⁶ Cfr. F. Perls, R. Hefferline, P. Goodman, *Teoria e pratica della terapia della Gestalt*, cit.

(Mother and daughter moved their linked fingers)

Therapist V: You only have to feel, doing comes later.

Therapist G: (To the husband) And what effect does seeing this have on you?

Therapist V: Breathe.

Father: (Silence... he even forgets his notes...)

Father: Yes, yes, because I've been concentrating on them.

Therapist G: Good!

Therapist V: What are you feeling, Laura?

Daughter: Very little. Perhaps I feel her finger more than mine.

Therapist V: You feel her finger more than yours. And you, madam?

Mother: A pleasant sensation.

Therapist V.: And which finger do you feel most?

Mother: Perhaps Laura's more?

Therapist V: (Addressing Laura) You didn't know that. She feels yours and you feel hers. Try and feel yours and hers. And you hers, madam. You both have to do the other part. When you manage it give a sign without speaking, you can open your eyes.

(Mother and daughter continue the experience of touching each other)

Therapist V: A sign to conclude the experience? Concluding means that it's complete. How to end this experience? Apart from the signs you are making? How do you usually say goodbye to each other?

Daughter: How do we say goodbye to each other?

(Both of them play with their figures as if they were happily fencing with each other and then they give each other a 'high five' and for a moment they hold hands)

Therapist V: Oh! Just look at you now. Is something changing?

Daughter: I feel she's closer to me.

Therapist V: You feel her closer, lighter...

Daughter: I feel like getting nearer.

(Laura moves nearer to her mum who is stroking her leg. Laura strokes her mum's hand)

Therapist V: Wow! Madam, does seeing Laura like this change something for you, now?

(She also gets nearer whilst continuing to caress her daughter and giving her affectionate pats on her leg. Laura places her hand over her mother's).

Mother: I perceive her as older, stronger.

Therapist V: But it also feels more natural for you to get nearer to her, doesn't it?

The bodies of the mother and of the daughter seem placated and reconnected with each other. It's time to focus on the son. The therapist G. has already created an alliance with him, whispering something in his ear: the therapist asks him if he's ready to talk with his father. Now he turns to his colleague.

Therapist G approaches his colleague and interrupts her.

Therapist G: Let's let them do what they want because I've already spoken to him (the son) who wants to speak to his dad.

Therapist V: OK! Well, shall we take a look at them now?

(Laura tries to take her mother's hand but her mother doesn't see the gesture and Laura gives up and moves her chair away)

Therapist G: (To mother and daughter) Stay. (To father and son) Please.

Therapist G: I've asked some questions he has some things he'd like to tell his dad. Are you ready to listen to him?

Father: Yes.

Therapist G: (To mother and daughter) You can enjoy this scene, if you like. (see Fig. 4)

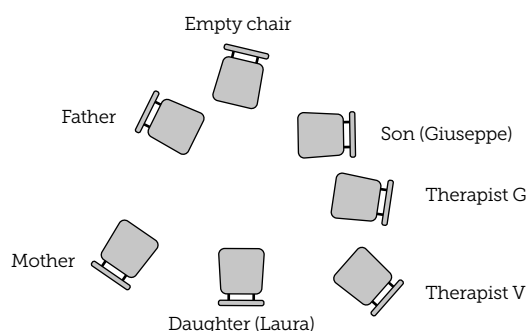


Fig. 4

It's a crucial moment: the father and the son are sitting opposite each other. There is a strong tension between their bodies, arising from their unspoken words and opened gestalts. Their bodies are stiff, under tension. Already since the opening words, the tones are quiet. Will these two rigid and oppositional men manage to meet each other?

Son: You work in a bank, a pregnancy lasts nine months, as you know, and I hid it but you never came to visit me during those nine months.

Father: (Nods, raising his eyebrows) Yes.

Son: You never came to see me, I don't know why, maybe you sensed...

Therapist G: (To son) How did you feel? Tell us. I felt...

Son: Bad, he makes me angry.

Father: I thought I was respecting your... I had guessed that something was going on... but I didn't want to intrude, I didn't want to... (Observes his son in silence)

Son: You've always behaved like this, even on other occasions.

Therapist G: (To son) When you don't ask me because you don't want to be nosy, I feel... tell us.

Son: I feel invisible. Your lack of nosiness is indifference, in my opinion.

Father: This surprises me given that he hadn't spoken...

Therapist G: (To father) Seeing that you...

Father: Seeing that you hadn't said anything. (Sighs) I thought that you were waiting to tell us and that it still wasn't a decision you'd made. Seeing that in the past, and just as your mum said, you had several experiences and I didn't know if this was the true one, so...

Son: And now that you know are you glad or am I still the black sheep?

Father: No, no! Now that I know I'm fine about it, the baby makes me happy, of course...

Therapist G: (To father) Look at him, look at him.

Father: Just as it all came out unexpectedly, we didn't want to emphasise this aspect, we want you to decide, to come to a decision leading to marriage. A choice which is solid, let's say this straight, you know my opinion, a 'forever' that gives you a guarantee which protects you from yourselves.

Therapist G: I don't understand whether you're more worried about justifying yourself to someone or worried about your son, I don't get it. What are you worried about regarding your son?

Father: No, I'm not worried about what other people might think, it's what I said...

Therapist G: Look at him, look at him.

Father:... I want...

Therapist G: What happens when you look at him?

Father: I feel that he (tenses his shoulders to express his son's feelings) is a bit touchy, not...

Therapist G: Fantastic! It's nice when you sense that he's touchy, you're looking up as if there were another picture. (Smiling at the father and addressing the son) Is there a photo of you there?

Son: No, I don't think so.

Therapist G: Well look at him and say, 'What's the matter?'.

Father: What can I do so that you'll feel me closer to you? And so that we can get over this difficulty we have?

Therapist G: A brilliant question! Giuseppe, please.

Son: First of all, now that you know your attitude hasn't changed, you continue to do your job, you go to the bank every morning in a suit, you come home late... that all things considered I've got my own life now with my partner, let's call her this way, I've got a son, but you've not been there for mum as well as for us.

Therapist G: What does this present moment make you feel about him?

Son: Now that I'm here even if you say 'You have to marry'but it isn't marriage that unites people! It's something inside us...

Father: Yes, yes, yes.

Son: ... and so what's the point of being married if you're never with your wife or kids at home?

Father: So you rightly say 'Let's not make the same mistakes as them'. I'm okay with that. What I want to communicate to you, if I can manage to, is that it's not a mere formality, a need, how can I say this, I'd like you to reach the idea of marriage because your relationship can grow with regards to the baby too.

Therapist G: Can you remember his name?

Father: Flavio.

Therapist G: Oh yes!

Son: *(Moves from one side to the other on his chair, rubbing his chin with his hand. He seems perplexed)* But, you've just said, you know what I think but actually I don't know because we've never had the opportunity *(father and son laugh together in amusement)*

Therapist G: There are many things that you don't know. One thing I don't know, I'm curious as an external observer, is what your gut reaction to your son having become a father is?

Therapist G: *(To son)* I don't know this and I'm curious about it. This is my curiosity, if you're not interested, don't worry.

Son: He's become a grandfather, above all!

Therapist G: *(Laughs)* Oh yes, above all and for sure!

Father: The experience of becoming a grandfather is a fantastic one, as far as I'm concerned, stupendous. It gives an extraordinary sense of fullness.

Son: In one fell swoop.

Father: It fills me with joy, I repeat, and I also realise that the accusations, and rightly so, of my absence weigh me down. I realise that I was often not there, too busy outside the home *(hearing this utterance the son knits his eyebrows together)*, I wish I had been less absent, closer to you and I'd like to close this gap, this distance.

Therapist G: How has your way of talking to your son changed knowing that your son is not only a son but also a father?

Therapist V: Do you feel closer to him now as a father now that he's a father?

Father: Yes, certainly.

Therapist V: He's older.

Father: Yes, certainly, I feel him closer and...

Therapist G: You, you, you.

Father: I feel you closer to me and I understand the lack that you felt in the past and I hope you won't commit the same mistakes I've made and as a grandfather I hope that I'll succeed in completing your work as parents through us grandparents' role which is that of providing a history, when it comes down to it, of being useful.

The son sighs doubtfully while the father speaks.

Son: You told me that what you wish for me, and I wish that you would change because, as far as I'm concerned, I think I dedicate enough time to my family, here now I've got a family and also because, let's be honest here, you don't even dedicate time to yourself. (The father bows his head sighing, his shoulders bow almost to the point of closing, he lowers his torso towards the floor), you haven't got a hobby, you don't do sport. You never think about; just your work, the bank, your career. I've never seen you in a track suit, a sweatshirt, a pair of shorts... whatever.

A methodological choice is needed at this point, referring to the theoretical-clinical premises.

We do not believe that closing all their opened gestalt may be useful in this phase. The risk is to remain stuck in a fruitless conflict, as a result of several years of misunderstandings. The therapist attempts the way of the 'next step', keeping in mind that both are sharing the significant experience of being a father. Let's found out where they're going.

*Therapist G: stop Giuseppe (touching his arm with his index finger).
Now he's too old to change. Can I make a suggestion, Giuseppe?
Can I?*

Son: Sure.

Therapist G: Put Flavio in his arms. It's the only argument he can understand.

Put Flavio in his arms.

Son: Yes, I can see him being a good grandfather.

Therapist G: Tell him. I think you'll be a good grandfather.

Son: I can see you better as a grandfather.

Father: Huh! And I hope...

Therapist G: What happens in your body if you are holding Flavio?

Father: If he's holding Flavio? (Points to his son)

Therapist G: You, you. If you have Flavio in your arms.

Father: What me?

Therapist G: Come on, come on!

Father: If I'm holding Flavio in my arms I (he lifts his torso up, arches his back and moves the fingers of his hands cheerfully in front of him) I feel that I'm jumping out of my skin with happiness.

Therapist G: Eh. (To Giuseppe) It looks like the only way to make him jump out of his skin with joy, do you see (gives him an affectionate pat on the knee) And you were destined to create all this joy to make him change, you've even given him a grandson to make him change. You're great! (they laugh)

Son: Well. You just look at that!

Therapist V: (To mother and daughter) What effect does it have on you to see the men of the family like this?

Daughter: It's lovely!

Therapist V: (Nodding and smiling at Laura) And you madam? How do you see your husband now?

Mother: (Amazed and enthusiastic) Different now, happy!! (Her husband looks at her, smiling contentedly)

Therapist V: Ah!

Therapist G: Okay, now would seem to be the time that you get nearer and you go back to your seat with your brother who's waiting for you, Auntie!

Therapist G gets up, gives his seat next to Giuseppe to Laura and resumes his seat next to Therapist V. (see Fig. 5)

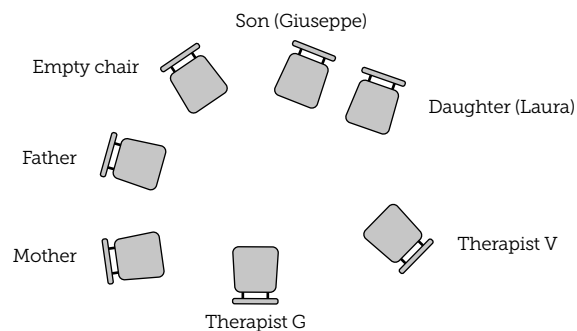


Fig. 5

It's touching. The 'regained' grandson allows the grandad and the father to get together, that is father and son. He allows the whole family to experience new emotions: parental, filial and fraternal functions are restored. A new figure, full of vitality and warmth, arises from and inside the family. In this case, embracing a child, feeling his little body, will heal ancient wounds: thoughts are modified, bodies and experiences are opened up. It's known, the bodies of children can regenerate the closed bodies of the adults. How can we forget the suggestive page of the great Piran-

dello, when Mattia Pascal, full of hatred and of plans for revenge, holds the baby girl in his arms:

I remained in the dark, there, in the entrance hall, with that frail little girl in my arms, crying with her sour milk smelling little voice. Dismayed, upset, I still heard in my ears the scream of the woman who had been mine, and who now was the mother of this child not mine, not mine! While mine, ah, she hadn't loved her, then! And therefore, no, I now, no, for god's sake! I should have no pity for her, nor for them. Did she get remarried? And I now... - but that little girl still kept crying; so... what to do? To calm her down, I laid her down on my chest and I began to slowly tap my hand on her small shoulders and lull her while walking. The hatred cooled off, the impetus gave in. And, little by little, the child was quiet⁷.

Therapist V: Would you like to say how you perceive your husband now?

Mother: Now he's beaming, he's happy, great! (Smiles in gratification)

Therapist G: And you?

Mother: I see them serene! (Extends her hand pointing to her children smiling happily) Aren't my kids gorgeous?

Therapist V: They're grown up!

Mother: I'm glad for them. I see them as gorgeous, relaxed.

Therapist G: Just one more question needs to be asked, madam. May I ask it? What happens when you hold Flavio in your arms? Is it okay to ask this question, Giuseppe?

Son: Who to? To Mum? Sure!

Mother: (Opens her arms and then smilingly she joins her hands) I'm going to be a grandmother!

Therapist G: And what's happening, we know on the official records it says grandmother!

Mother: Grandmother! And what's happening? You and I are going to go out walking with the pram, so the boy can study! (She gets closer to her husband and energetically grabs his arm with one hand whilst with the other she pats his hand) He can study more! (Turning to her son in an inviting tone) You'll bring him to us, won't you? Bring him! Bring him!

⁷ Cfr. L. Pirandello, *Il fu Mattia Pascal*, in *Tutti i romanzi*, vol. 1, Mondadori, Milano (1973) (ed. or. 1904).

In the meantime, Therapist V approaches Therapist G and speaks in a low voice.

Therapist V: OK!

Therapist G: Chat amongst yourselves while we go out...

Therapist V: We're going out a minute to consult then we'll be back...

Therapist G: With a verdict, okay? (Everyone smiles at the joke)

2.3 The therapists consult each other

Both the therapists tell the family that, according to their method, at that point they would retire to share impressions and clinical evaluations between them. So, they leave the room and go to their office to exchange thoughts and experiences about the session, before to dismiss the family. Let's read some flashes.

Therapist G: Laura said that things happen at night, Laura made us realise that at night things can happen that don't get talked about during the day. I think the fact that she's become an aunt is important, isn't it?!? I think Flavio's business is very important. If you want, at the next session... I was thinking (turning to look at colleague) to get the lady and the father to come. They seem a very close couple.

Therapist V: Yes, too close. And so for as long as the kids were small there was nurturing. Now that they're grown they don't know how to relate to them. It's not that they don't want to relate to them, they don't know how to. At this juncture the kids also have to let go of the idea of how they want their dad to change... it's obvious! He'll have to give it up or it'll become excessive.

Therapist G: Yes, indeed, I said that the only way was to put Flavio in his grandad's arms.

Therapist G: And for Laura?

Therapist V: Closeness with her mum but without words, though... because they get lost with words.

Therapist G: All of them do a bit...

Therapist V: Talking gets them confused!

Therapist V: But Laura, I think, doesn't sleepwalk when she's not at home! At university, away from home, I don't know! Deciding to do things together, doing without talking.

Therapist G: This is what I'd suggest, and I think a month would be enough, give them some 'homework'.

Therapist V: Female, male?

Therapist G: Yes, separately.

Therapist G: Yes, that's why we need things to do together: Laura and her mum. Go and buy underwear together, let's start from there, shall we? And I think it might be helpful, for Giuseppe and his father to go out with Flavio. I'd like to see all three together.

Therapist V: Yes, yes.

Therapist G: The men with Flavio, this other male who's arrived. Together.

Because words get this family confused.

Therapist V: Because they create burdens, responsibilities.

Therapist G: It is as if they weren't used to speaking about their feelings. Okay, more or less!

Therapist V: That's okay, then!

Therapist G: Who's going to start?

Therapist V: You?

Therapist G: I don't know, we'll see!

2.4 Both therapists come back, sharing feedbacks and tasks (see Fig. 6).

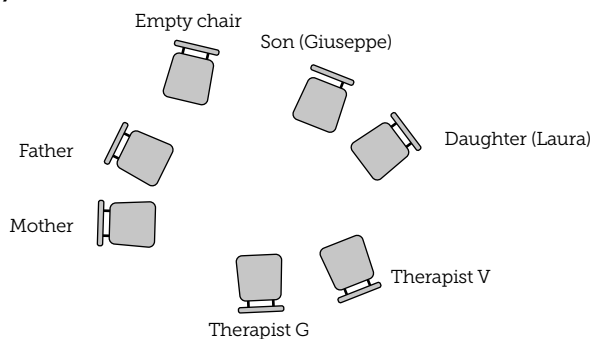


Fig. 6

Therapist G: here we go (smiling)... we're not going to sentencing. Overall, your family is a healthy one, but you've got a past in which little was said; you've always not spoken much, have you? (mother and father nod) That's why, in line with this reality and with this desire to change in the family, we want to make some suggestions. We'll see you again next month to see how you're getting on and in the meantime here's some suggestions. I'll give the men theirs and Therapist V will give the ladies theirs. For the men, something original that's not normally done. Giuseppe, take a walk with your

dad and your son. Great, something new! Leave your partner at home, get your dad and Flavio and take an all-male walk. Do you remember Aeneas, (to father) father and son, just great, just great!

Father: In any case we've got a new stroller because we've just given it to them as a gift.

Therapist G: Yes, but it's great, father and son together like that, intriguing!

Therapist V: Every so often pick him up, spoil little Flavio!

Therapist G: Who's holding whom in his arms? Who knows! Anything that happens is fine!

Therapist V: Instead for Laura and her mother, I'm thinking of getting them to do something together, going out together geared towards (to Laura) showing your mum where you go. In the sense, let her into what twenty-year-olds do these days. Could be that your mum doesn't know. And your mum can show you other things.

Therapist G: Because mum has done some things but only with dad! At twenty, a life time isn't enough...

Therapist V: Instead, you can get her interested in what twenty-year-olds do now and your mum can tell you what she did when she was twenty. Get her interested in a twenty-year-old's life. Go out together from time to time.

Daughter: OK!

2.5 End of the session. Exploratory supplement at the clinical level

Sometimes, during the session, it's possible to add another exploratory moment that is very important to understand which processes have been activated: asking participants how did they experience the different phases of the session and, in particular, which moment proved to be crucial in opening up their bodily-relational experience. Now the empty chair is standing on the sidelines, and the family place itself in front of the therapists. (see Fig. 7)

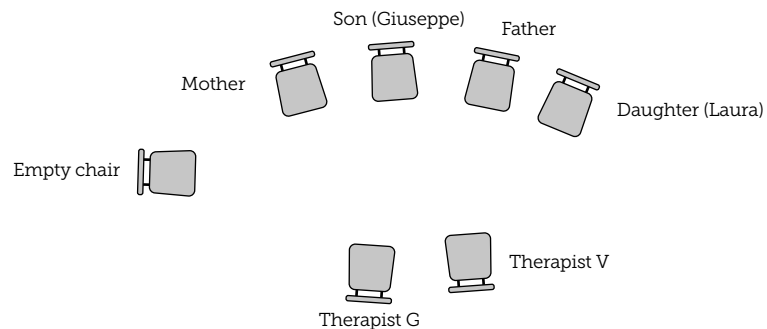


Fig. 7

Dr. Conte: When did you feel something moving inside during the encounter? What moment did you feel as decisive? What utterance and when, for example, near someone, did you feel there that something was changing?

Dr. Salonia: Remember the session on the level of bodily and relational experience. When I was feeling something in my body, who was talking...?

Dr. Conte: Let's everybody think about 'what did I say?'.

Dr. Salonia: Something that happened in your bodies.

Laura: Yes, at the beginning I felt great disquiet, when I was sitting here. I couldn't sit still. Then when I changed seat, there was a turning-point, certainly with the exercise with the fingers. Yes, because afterwards I felt much calmer. My body was more relaxed after we touched each other. Yes, I certainly felt calmer.

Dr. Salonia: Good, let's hear from other bodies.

Father: I felt, with regards to my grandson Flavio, put on the spot. Perhaps I got involved because I've recently become a grandfather.

Dr. Conte: And so, energy about this.

Father: Yes.

Giuseppe: I noticed something. Despite being a heavy-going argument about a son who leaves home, lives with his partner, hides a pregnancy, becomes a dad, and even if it was all fiction, my heart was beating fast and, despite everything, it was a polite dialogue; people spoke one at a time, they listened to each other, they looked into each other's eyes in a way that doesn't happen in real life, only in films, and perhaps in therapy when maybe they come to blows.

Dr. Salonia: When was it that your heart rate slowed down, Giuseppe?

Giuseppe: When you said that he's old now, elderly, he's beyond certain stages...

Dr. Salonia: That's not what I said, but it's what I meant...

Giuseppe: ... put Flavio in his arms, he can only be a grandfather...

Dr. Salonia: Precisely that, well done.

Giuseppe: ... the stage of being a father is over and done with...

Dr. Salonia: Yes, but it is interesting the reason why that calmed you down.

Giuseppe: It was the solution.

Dr. Salonia: Yes, yes!

Mother: The moment of closeness with Laura was undeniable. It was great because it made us calmer even if I felt the need to distinguish the role of the mother from that of the daughter and that disturbed me a little, but the acceptance was important. Another moment when I felt my heart beating fast was when Giovanni was so shamelessly on Giuseppe's side. I thought 'What's going to become of this poor man?'

Dr. Conte: You were worried about your husband?

Mother: Yes, I was thinking, well just listen to what they're saying to and about him!

Husband: Well done, well done!

Mother: The turning point came when the two pairs came closer, in a sort of 'let's get these two clans sorted'.

Dr. Salonia: By the way – this is an important piece of information, whatever answer I get, it has a meaning for me – I have a question: Did you think I was on Giuseppe's side or was that your wife's perception? Listen to yourself!

Father: No, I didn't feel that you had taken sides, I felt you approaching both of us through Giuseppe and you hadn't taken sides.

2.6 To conclude... restart dancing: by day and with a child!

That the daughter dances during the day... that Flavio gives his little hand to his grandfather and to his dad: these seem to be the gestures that will make the family dance again in the new phase of its life cycle. When bodies change in the family, the dance changes too. This is the essence of the FGT: offering the family the opportunity to experiment and discover the steps and the rhythm of a new dance within the changes of the bodies.

3. Getting back to dance with the belly

Session led by Giovanni Salonia

The family arrives, greetings, the therapist welcomes them and offers them to take a seat, then he sits down as well. The setting includes an additional chair compared to the number of participants. The family is composed by Wife, Husband, Melania (about nineteen), and Valeria (aged thirteen). The wife is expecting her third child. They take their seat freely.

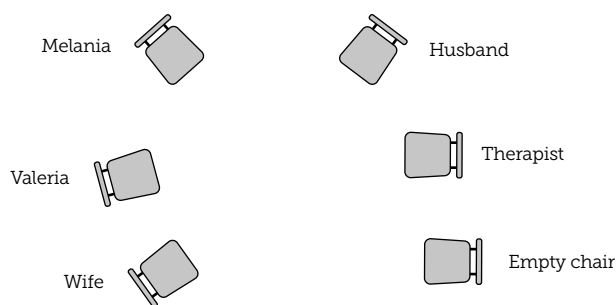


Fig. 1

Therapist: Was it difficult to get here?

Husband: You mean to find this place?

Therapist: Yes, yes, yes, let's start with that; my understanding is that there are a lot of complications.

Husband: Uh... Well, let's say it was quite easy to find.

Therapist: This place.

Husband: Yes.

Therapist: Good.

Husband: Your office is well...

Therapist: Parking is sometimes not... you managed pretty well.

Husband: Yes.

Melania: But we also struggled a bit though.

Therapist: (Addressing the father) Your daughter is very meticulous.

Husband: Let's say she sees things in her own way.

Therapist: Yes. Well, usually you come because something doesn't work the way it should be, right?

Husband: Yes.

Therapist: Who wants to tell me what you wish to change? What causes problems in the family? Who would like to start?

Wife: I believe it's my turn because... he (looking at her husband) never feels like talking... as always... right? We are here because Valeria started her third year in middle school this year, and she doesn't want to go to school anymore. She doesn't want to... she sleeps with me at night, she wants to be accompanied to school in the morning and I have to wait for her outside her classroom, and we would like to understand why, how come?

Therapist: So according to you, this is the difficulty you are experiencing at the moment.

Wife: Yes.

Therapist: Let us also listen to your husband. In your opinion, what difficulty is facing your family? Is this the main one, are you facing others? Let's see.

Husband: Uh... my daughter has changed her behaviour for some time now. I'm the only one working in the family; I have to go to work in the morning, my younger daughter, she wants to go for a ride but wants me to take the car, I wear my pyjamas because I have to go to work in the morning, I have to undress, I have to get changed, I have to get dressed in order to go out, I have to get the car, go for a drive, always the same road, go into a bar, take something and drive back home.

Therapist: Do you take something together?

Husband: Yes, yes, we sometimes take something together, sometimes I don't want to get off the car and she goes to the bar by herself, but I waste an hour of my time. I get back home at two, so I get up at six thirty – seven in the morning, it all gets really difficult.

Wife: Yes, and then you go to work and I have to take on this responsibility for the rest of the day.

Husband: I get it. Someone in the family has to work, otherwise we would eat bread and air.

Therapist: There are some unclear issues that need to be clarified. Let's see now what they think. Let's start from the older one... go! What should change in the family in your opinion?

Melania: What a question! I think dad could be a little more polite.

Therapist: Polite?

Melania: Yes.

Therapist: In general, or more specifically.

Melania: Well, I don't know... even when Valeria would like to go for a ride during the night, he should be more polite and, without complaining and snorting, get dressed and accompany her.

Therapist: And this is one thing. And then? Anything else you would change at home, tell me what you would change!

Melania: Well, I try to be at home as little as possible, now that I'm at University I am somehow out of it... don't know, maybe the mess, but...

Therapist: You left home with the fact that your dad could be more polite with Valeria, this is it.

Melania: Yes, even with mum.

Therapist: Even with mum.

Melania: And maybe even with me.

Therapist: And maybe even with you. If we discuss for another two minutes, what else comes out? (They laugh)

Melania: No, I would say politeness, without his brusque ways, so... yes, so rude!

Therapist: A clear request!

Therapist: (to the second daughter) Valeria, what's up? What would you change at home if you had a magic wand and were able to change things, set people right, better them, come on, what would you do?

Valeria: I am very fine with mum, the more time I spend with her, the better I feel. With dad, except when he snorts, well I do understand he's not really keen on going along with my wish to go for that ride...

Therapist: You like going for that ride?

Valeria: Yes, I like it. I even feel the need for it.

Therapist: Nice, nice! Is it during the night?

Valeria: Yes, since I can't get sleep up to a certain time.

Therapist: But do you get to sleep after the ride, or not?

Valeria: Uh... I have a strange feeling on my chest that... anxiety, and when I go for the ride with dad it goes away; and then, when I go home, I manage to relax and sleep, but in bed with mum.

Wife: (Nodding at the therapist with worried look)

Therapist: (Therapist addressing the mother) Yes, yes, it's obvious that the situation is a little bit... And where would this magic wand stop?

Valeria: Well, I wish my sister would look less perfect in their eyes.

Therapist: Oh! And how does she look like in your eyes? (Pointing at her sister)

Valeria: Perfect! (After looking at her)

Therapist: Perfect even in your eyes?

(Looks upon her older sister) You are perfect!

Melania: Yes, I'm perfect! I have all my papers in order!

Valeria: I feel like I'm the black sheep of the family.

Therapist: And you can't be a little perfect? Uh, if she's perfect at her age, you will be perfect at your age, can't it be like this?

Valeria: (Nods not too convinced)

Therapist: But whom do we have to convince that you are perfect?

Valeria: I have to convince myself.

Therapist: Oh! You have to convince yourself? However, if for example... just assume that your sister would tell you the secret to become perfect.

Valeria: I wouldn't believe her.

Therapist: Why?

Valeria: (Shrugs her shoulders)

Therapist: Hm, hm... something doesn't work, right? (Valeria nods)

From Valeria's symptom we came to the relationship between the sisters. It will be precisely from the relationship between the sisters that Valeria will be able to receive the necessary support to detach herself from a dysfunctional confluence with her mother and father. Bringing the sisters closer is also useful for Melania, so that her differentiation from the family is not a contact interruption. Perhaps – we'll see – it will also be useful for the parental couple, who can get together in such a delicate moment as waiting for a new child.

Therapist: (to the two sisters) Would you mind sitting in front of each other and talk to each other?

Good. Valeria, try to say...

(Addressing the husband) You feel a bit alone here?

Husband: I feel, I usually feel alone in the family.

Therapist: Then let's experience something different, go and have a seat next to your wife. Move over there and let's listen to what your daughters tell each other.

The chairs are moved in an almost natural way and the generational boundaries are redesigned (Personality-function of the Self).

Moving chairs: the two sisters sit in front of each other to the right side of the therapist; parents sit next to each other to the left side.

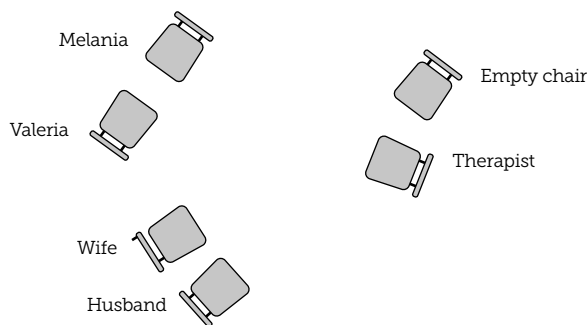


Fig. 2

Therapist: Valeria, ask your sister questions that come to your mind spontaneously. There is some objection!

Valeria: You have many friends, you switch boyfriends as you like, you've been having very good grades at school since ever, you have a great relationship to mum and dad, you are a thousand things. Maybe I envy you, but, yes, this annoys me!

Therapist: What do you reply, how do you feel with such a clear-headed sister, that it's envy... that it's annoyance ... you see how clearheaded your sister is? What do you reply?

Melania: That's not true, I've been feeling bad until three years ago, and then I went to therapy and kept a bit away from what happens at home, so I spent more time with more people, I'm always at University...

Therapist: Yes, what kind of feeling does it give you hearing your sister talking like this? Do you feel her close, faraway, does it annoy you?

Melania: No, I feel her close.

Therapist: Good, tell her!

The way in which the therapist brings out the Ego-function is here evident. The older sister's response seemed to evade the question. Being brought back to define herself using the adjectives 'near/far' rekindles the vitality of the dialogue.

Melania: Well, yes, I feel you close, and sometimes I am close to you only when you don't feel good; but sometimes, when you don't feel good, I feel like it's too much and so I have to leave the house more often.

Valeria: And that's when I feel your absence a bit.

Therapist: Tell her.

Valeria: I feel your absence, I miss you.

Therapist: (to Melania) Do you know that Valeria misses you?

Melania: But it's like feeling that if I stay too close to you, I switch back to what it was before and I don't really want this to happen.

Therapist: What is it; tell her what it is about her that makes you feel bad.

Melania: It makes me feel upset that you don't smile anymore, it makes me feel upset that we don't talk anymore in the evenings before falling asleep... it makes me feel upset that... I have to be far away from all of you to feel good.

This passage from the 'you' to the 'all of you', by which Melania ends her sentence, creates an interruption in the contact process: in fact, she is speaking to her sister and not to the whole family. Requesting to return to the 'you', the therapist allows Melania to regain – despite (as we will see) the negativity of the emotions – her intentionality for contact and to resume the interrupted paths of the encounter with fluidity and freshness.

Therapist: From all of you? She is not all of you... from her what? Valeria, look at her, Valeria. What is it that causes you problems concerning Valeria?

Melania: Maybe you got mad at me because I distanced myself.

Therapist: (Addressing Valeria) tell her your reasons!

Valeria: Yes, I understand, I believe I am only 13 and therefore I deserve more availability from your side, more time.

Therapist: You deserve or you wish, it's not clear to me? You wish and you get mad.

Valeria: Yes, I wish. And I get mad.

Therapist: Good, good, Okay.

Melania: Well, I got it, but when I'm so close, or you come with me, then I'll show you what it looks like out there, because if I stay here... well, I get sick. I was sick three years ago.

Therapist: Valeria, she is saying she would like to take you out. She has some idea of what it looks like out there, right? (Speaking to Melania and adding a funny smile) Out there, yes, a little bit... And according to her, if I well understood – correct me if I'm wrong – being outside feels good as well, not only being at home, not bad outside as well, right?

Melania: No, sometimes it feels even better; sometimes it feels better at home and sometimes it feels actually better being outside.

Therapist: But why are you staying out?

Melania: Because I haven't been feeling that well at home recently.

Therapist: Valeria where would you like her to take you?

Valeria: I don't know, because if I go out with her, I'll stay out and therefore we need to make a choice.

Therapist: That's the point!

Melania: I take you out dancing!

Valeria: Dancing is not really one of my highest ambitions.

Therapist: But you may have some kind of ambition?

Valeria: I don't know, we could start... you could take me to an exhibition!

Therapist: An exhibition?!

Melania: Yes... dancing is better!

Therapist: You have different tastes, you may learn from different tastes? Aside from...if you could leave now, you've seen where we are located, it's an area with many places (addressing the older daughter) where would you take her? (and addressing Valeria) Don't you feel like asking for some suggestion, I don't know, you know she hangs out... guys..., I don't know what she may suggest?

Valeria: Well, it would be nice if you would take me with you one time, when you go for a happy hour evening with your friends; I am not allowed to drink alcohol, but some non-alcoholic, and I would like to see how a happy hour evening works.

Therapist: We can take... a cocktail now, is it early or late? Let's do it this way: you go out for about 10-15 minutes to take something at the bar and then come back. Meanwhile, I'll see how they are doing, all right? (Pointing at the parents) I'll deal with them, okay? Come back in 15 minutes.

Daughters leave.

We do not know which outstanding issues the parents may have. For this reason, it is useful to invite the daughters to get out of the therapy room. For the therapist, it would have been more polite if he had submitted his invitation to the parents, asking for their permission. A lack of delicacy which does not seem serious from the parents' reactions, but which perhaps the presence of a co-therapist would have easily avoided.

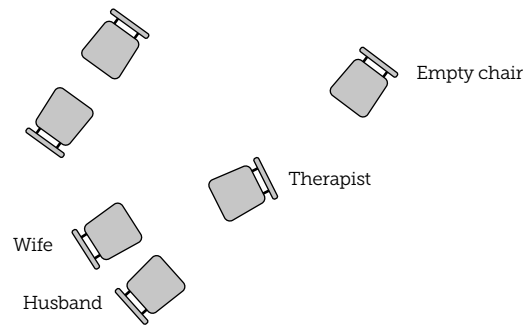


Fig. 3

Therapist: How do you feel about seeing your daughters talking to each other?

Wife: I feel burdened by responsibility...

Therapist: I see, also because there is coming...

Wife: I wish he was more present.

Therapist: Good, let's say it! Go and sit face to face and everyone tells his/her own needs. First of all, look at each other. How does it feel to look at each other?

The couple moves the chairs in order to sit in front of each other.

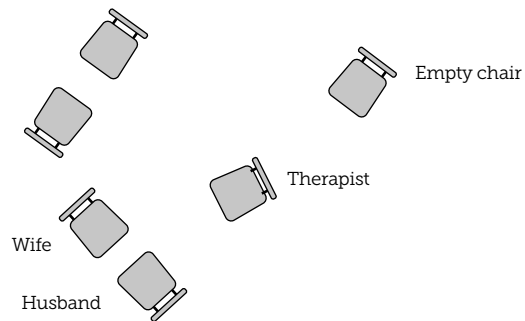


Fig. 4

Husband: I don't see the same woman I married.

Therapist: Because she is pregnant, you mean? (General laughter) it's better to specify!

Husband: Actually, she was not pregnant when I married her.

Therapist: Anyway, so the question is fine, what do you think?

Husband: Yes.

Therapist: Very good. Please tell us in which way you see her different and how you would like her to be.

Husband: Besides being my wife, she is the mother of my children, but I would like her to be not only the mother of my children (looking at the therapist while saying it), but...

Therapist: And you are telling me? Tell your wife.

Husband: I would like you to be not only the mother of my children, but still my wife, that you take care of yourself, that you continue taking care of yourself as you've always done, but you stopped some time ago.

Therapist: (Suggesting to the husband) This way I would feel...

Husband: I would be...

Therapist: Yes, you can say it, don't worry, nobody can hear us.

Husband: Well, I would be more available. We would be closer.

Therapist: Exactly! Madam, how do you feel by listening what your husband is saying?

Wife: I keep feeling burdened by responsibility.

Therapist: You feel it like an additional charge?

Wife: Yes. If you would do, if you would be, if you would get dressed, if you would take care of yourself...

Therapist: Yes, tell us your needs.

Wife: My need, even with regards to the issue of...

Therapist: Yes, look at him, whatever comes to your mind, but look at him... has he changed or is he the same person you married? Because you seem to have changed... he says you're pregnant! Your husband? Is he the same, has he changed?

Wife: I feel, right now I am furious at you because I constantly feel burdened by responsibility, as if Valeria's problem was due to me... I am the one that is not taking care of myself, I am the one that has not been looking after her and I haven't taken enough care of her, so now she doesn't want to attend school anymore.

Therapist: I would like you... tell your husband what you wish.

Wife: I would like you to take your responsibilities as well, I would like communication between the two of us, not: you are... you are... you are..., since there's me and there's you.

Therapist: What effect does this have on you? Are you discouraged?

Husband: I'm floored, because you are asking for something that I am not able to do, I don't know if I'm able to do it.

Therapist: Interesting!

Husband: As I found out things that I was not aware of, while Melania and Valeria were talking. Our daughters are very different from each other. Melania lives her own live and it seems she's turned her back on us, while it's some weeks now that Valeria has been behaving in such unclear and incomprehensible way to me. I don't know what to do, I'm powerless.

Therapist: Yes, what you're saying seems important! You found out aspects you were not aware of, which surprised you. Ask your wife what to do with these aspects; there's two of you that need to cope with your daughters, ask her.

Husband: What can we do for them? Absurdly, I'd say teach me, because I don't know where to set my hands, where and how to set my hands to it!

Therapist: How do you feel about your husband asking a question of being a parent?

Wife: I feel burdened by responsibility. (general laughter)

Therapist: And here's where we need to find a way to relieve the lady, you understand?

Wife: (Touches her baby bump)

Therapist: Yes, that will be... when will it be born?

Wife: In May.

Therapist: In May, so you are a bit burdened in all senses! Is there any specific behaviour your husband could do, or if he said something to make you feel lighter? Because it rightfully seems that you have a lot of things to think about and each request is a further load. Something your husband can do? (Addressing the husband) Is it fine for you that your wife gives some suggestions?

Husband: Sure!

Therapist: A gesture, something your husband ... how do the two of you feel right now? Look at each other for a moment. Maybe this way it's easier. You haven't looked at each other like this for a long time! Look at each other, just stay like this, looking at each other for a while. How do your bodies feel when you look at each other?

Husband: I feel light, my body feels light.

Therapist: And towards your wife?

Husband: I'll keep saying that she seems overburdened even with regard to her body.

Therapist: Fine. And how do you feel your husband?

Wife: I feel... as if a conversation started. As if I was seeing my husband after long time.

Therapist: Having looked at him made you open some space.

Wife: Yes, yes, a dialogue.

Therapist: You liked being looked by your wife and looking at your wife?

Husband: Maybe being looked, yes, looking at her I don't know.

Therapist: The heaviness issue. Good.

Daughters knock.

Now the family is recomposed of the clarity of the boundaries: the parents, who are starting to get together again, and the daughters who have embarked on the path of differentiation in a peaceful way. (see Fig. 5)

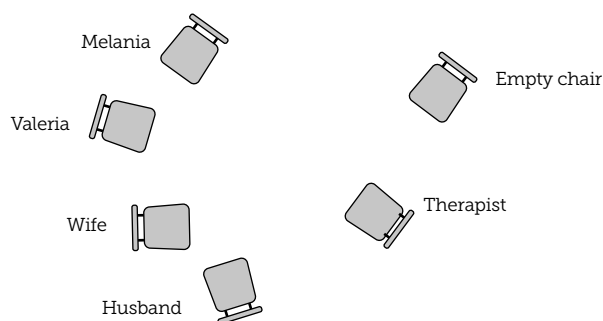


Fig. 5

Therapist: Just a moment, we are coming!

(to the couple) We're going to have a conversation with your daughters now before dealing with you, and then we'll see how it's going with Valeria.

Come in! (Therapist welcomes the girls)

You may not even reveal where you've been, but tell us how it went, if you want to say it, Valeria, how did it go?

Valeria: Good, but I need to reveal!

Therapist: Wow! (Addressing Melania) can it be revealed?

Melania: Rather not!

Valeria: I would actually like to reveal her business!

Melania: Nothing illegal!

Therapist: Nothing illegal, but you have kind of a... well, intriguing complicity! It's intriguing. Ok, we'll leave you with your complicity. Okay? I'd say it this way, I talked to mum and dad and it was a very important moment for your family. Do you know (addressing Melania and pointing at her mother's belly) they already chose a name?

(Addressing the mother) Decided?

Wife: Yes. Federico.

Therapist: (to Melania) Do you like the name they chose?

Melania: More or less.

Therapist: (to Valeria) Do you like it?

Wife: I didn't share it with them.

Therapist: Good, it's an important moment for the family, because there is: Melania pacing up and down to get out, and is already out; Valeria saying: is it better to stay home or out? On one hand, her sister calls her out, on the other hand what would she do without mum? And also without dad, since it's dad that takes her for a ride! I'd do it this way: next time, if everyone agrees, I'll meet only mum and dad, and after having seen them 2 or 3 times, the four of you will join in again. Fine for you? However, meanwhile, establish some intrigue between the two of you. What a gaze, Valeria, congratulations! It seems that there's intrigue! So, let's do it like this: (looking at the girls) you'll have fun in the meantime, and we (looking at the couple) will see each other some more time. Deal?

All: Yes.

Therapist: Well, then have a lovely evening. Bye, it has been a pleasure... (Greeting one by one)

4. Giusy's failed degree

Session led by Giovanni Salonia

A family – made up of mother, father, the eldest daughter Giusy and the younger Alessandra – requested an intervention by the Therapist. They enter the room, where six chairs are arranged in a circle. They present themselves one by one to the Therapist, who welcomes them and who introduces himself to each one.

M.: Mother;

F.: Father;

G.: Giusy, elder daughter;

A.: Alessandra, younger daughter;

T.: Therapist.

The family entered the room, where there are six chairs; the members of the family introduced themselves to the therapist, who shook their hands and introduces himself. (see Fig. 1)

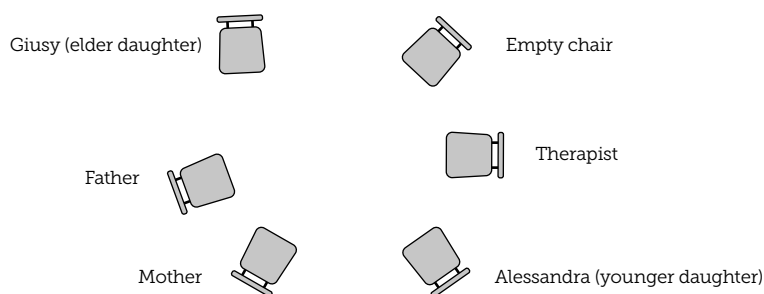


Fig. 1

T.: Giovanni!

G.: Giusy!

A.: Alessandra!

T.: How old are you? (Addressing the elder daughter)

M.: Twenty-one. (The mother responds on behalf of the daughter)

T.: You? (Looking at the younger daughter)

A.: I'm nineteen!

T.: Madam?

M.: I'm Ada.

F.: Stefano.

T.: Good, make yourselves at home! Was it easy getting here?

M. & F.: Yes, yes fairly!

T.: Because, sometimes, it is hard to find parking here!

M.: No!

T.: Who drove?

M.: My husband drove!

F.: She is my navigator!

M.: I make him take shortcuts so that we arrive on time!

T.: Why have you come here? Generally, people come because there is something that they would like to improve! Who is going to introduce themselves first? Alessandra, the younger one? Or, Dad? Who is going to start?

F.: Look... It's better that I don't say anything!

T.: Ok, let's start with the youngest then... Alessandra, why have your parents decided to do this? Whose decision was it?

M.: Mum decided! Because...

T.: I imagine you are happy to be here, right? (Smiling)

A.: Because I also don't understand what I have to do with it all...?

T.: Exactly!... What do you usually do at this time? Gym, do you do gymnastics...

Do you study?

A.: Yes, I go to the gym and then I study!

T.: Be patient! In your opinion, why do you think your parents have decided to do this?

A.: Mmm... because... maybe they didn't understand the situation very well? There was a small problem with my sister and they decided to come here. However, exactly why, I don't know...

T.: What does this have to do with you? (smiling)... Well you know, since at home... You talk and you don't talk, let's say it is better to say everything in public...! Alessandra (with an affectionate tone), if it were to depend on you, what would you change at home?

A.: Mmm... maybe... the conversation!

T.: Between whom?

A.: Between us (pointing to the sister) and our parents, in particular my Dad!

T.: Mmm, ok! We already have a plan: to improve the conversation between yourselves! Now let's pass to another young lady... Hello Giusy, is it also good that you are here?

G.: *Mmm... I feel bad, because I know that the cause of all that has happened to the family is mine...*

T.: *What has happened, Giusy?*

G.: *Mmm... I let my parents down, especially my Dad. He doesn't want to speak to me... mmm...*

T.: *But what happened, Giusy?*

G.: *I let them down!*

T.: *You let them down...? Ah! I understand: you didn't meet their expectations...*

G.: *In short, I feel alone... like everything is against me, as if I were a bad person, and... when Mum asked me to come, rightly... I thought we should give it a go! Also, because... I would like to rebuild relationships, however... I feel bad!*

T.: *Is it hard?*

G.: *Fairly!*

T.: *Certainly, I can imagine... So, you would like to improve the relationship with your parents, in particular with your Dad... I understand that...*

G.: *Yes! Yes, even though I find that Mum is warmer, more involved, I find that with Dad, this fractiousness has been created, this wall that I am unable to... that we are unable to overcome!*

T.: *There is a lot of clarity in your family! Everyone has clear ideas! Good...! Madam? (Addressing the mother) Why did you come here? What would you like to improve between yourselves?*

F.: *Go on, tell him! (The father intervenes with an arrogant tone and a little angry, expressing himself in dialect)*

G.: *If you behave like that, I am not going to want to try this!*

(There is some confusion between members of the family who in turn raise their voices and talk over each other)

T.: *Does it always happen like this in your family?*

M.: *I think it is important... my suggestion to come here... In the beginning there was some hesitancy, however then they all accepted and... certainly, I also felt like a failure as a mother in the situation that we are about to recount... because I didn't know, maybe, how to create good conversation with my daughters, with my husband, to have had little trust perhaps towards my daughters, however... I would like to regain this, here, and do it in a way that will also establish a mutual respect, a good...*

T.: What would you improve, in practice, in your family?

M.: But... certainly, the conversation... the...

T.: Between whom?

M.: Certainly... between me and my daughters... but...

T.: Both of them? (Pointing to the daughters)

M.: Yes, yes... both of them... that they don't need to be scared of... of us, as parents!

T.: How do you know that they are scared?

M.: Because, we are here, hiding from things... maybe, they are scared of an overreaction...

T.: In the sense that you have discovered something that they have hidden from you?

M.: Yes... therefore...

T.: Do we leave this thing covered up? Or do we find out what it is?

M.: But... now we find out, we find out because...

T.: Is this regarding one of your daughters?

M.: Yes... It regards...

T.: Ask for permission, ask for permission; who does it regard?

M.: Giusy.

T.: Do we find out or do we leave it covered up? (Addressing the daughter)

G.: Mmm... Ok, if it is important, we can find out!

T.: Whatever you say, Giusy! Tell me... How can I say it...? Do you trust me?

G.: Yes! We can find out!

T.: Would you like to tell us or shall they tell us?

G.: Mmm... Perhaps, they should start and...

T.: ... and you can correct them! If you do not agree with their story, say... stop!

They can stop, and you can correct them...

G.: Ok!

T.: Ok?

G.: *Ok!*

T.: *Madam...!*

M.: *So..., (sighing) Giusy is our first daughter and I think that, as parents, we are happy to have these children: to have expectations, we give them our trust, freedom... She (looking at Giusy) after school, decided to study away from home... and she is... in Rome, and... certainly, I am a bit of an...anxious mother, I call her continually and... however... here, she has undertaken a course of study that she is enthusiastic about and... we are happy about this, because she also got on really well from the outset! The bachelor's degree that she has chosen in oriental languages is coming to an end... so... we are also waiting to take part in her graduation... and for some months, here, I have been helping her with her final dissertation, the introductions...*

T.: *Do you work?*

M.: *Yes, I'm a teacher!*

T.: *Mmm!*

M.: *Whilst my husband is an agronomist!*

T.: *Mmm!*

M.: *In short, we are awaiting the date... because the thesis has already taken place...*

T.: *Even I am waiting! (With an affectionate smile)*

M.: *Yes! At some point, we are expecting the announcement of the lists of graduates and... we often log onto the site, but... I became aware that she wasn't on the list of graduates! I called her and she told me that there had been some problems with the secretary, because she hadn't paid her fees! I asked her to immediately find out and find a solution and to understand what had happened! I called her the day after, she told me there was a bill she needed to pay, but in reality, it just didn't seem right to me... a reason, here... honestly, I got a bit annoyed, and with a rather angry tone, I wanted, I asked her what... that she needed to tell me the truth, because here she was, she was hiding too many things and... she broke down in tears on the phone, telling me that in reality she would not be graduating, because she still had five exams to complete, the dissertation was still not finished and... and this... a little, it... was a particularly hard situation, I felt, when I put the phone down, like a failure as a mother, because perhaps there is something, some problem that she has had and not told me about!*

T.: Ok! Do you follow, Giusy?

G.: Yes. More or less, yes...

T.: Does more or less mean something...

G.: Yes, but this is it... mmm, she didn't mention, however, that I have gotten so behind with my studies, with the subjects, because I went through a horrible period, because a relationship ended that I really believed in, an important relationship...

T.: When did it finish? Two years ago? Last year?

G.: A year ago, more or less and... I haven't been able to get on with things. I've been stuck all over the place... I have felt alone: I haven't been able to tell them about these difficulties... apart from Alessandra, to whom I told a few things but to mum and dad, I haven't been able to...

T.: So it wasn't something that happened just like that... There was a reason!

G.: Yes!

T.: Good! Let's listen now to the pater familias... What would you change in this family?

F.: Look, I don't know what to do anymore! I have given everything to my daughters... Neither of them have ever missed out on anything... I was so happy, we were preparing everything, the party! The degree! You can imagine, a daughter graduates... and instead... I come to discover that in the end... Not only she did not sit for her exams, but moreover... she completely took us for a ride! From my point of view, I did everything that I could and perhaps I did too much... but if these are the results... well, you tell me!

T.: I understand. So... it is very clear... It's a family in which there is a lot of clarity!

G.: Yes, however, Dad doesn't understand that I didn't do it to disappoint him or because anyhow... I feel bad knowing that I have disappointed him... but I was in a bad place, I needed someone at that moment to help me: it wasn't bad will, because I didn't want to study or not give him the satisfaction... He sees this aspect, but he doesn't understand my illness...

T.: Now let's see, Giusy, certainly... little by little,... otherwise you wouldn't be here...! One question... (addressing the parents) When you were Alessandra's or Giusy's age, how was it? What was the situation? At twenty-year-old, at eighteen... What was your situation at their age, did you ever have any problems?

M.: Well... I...

T.: Let's start with your husband, madam.

F.: Doctor... I went to university, and for the most part I worked, I paid to do the exams, like everyone else! I didn't ask this of my daughters...!

T.: Did you ever have any doubts?

P.: Such as?

T.: You didn't ever have any tough times?

F.: But everyone has tough times!

T.: And when you had tough times, when were these? At what age?
(the father remains pensive)

T.: A lot of time has passed, hey! At what age do you remember having a tough time?

F.: Maybe the first few years... After we got married! You know how many costs there are...! How difficult it is...

T.: How did you feel in those years in which you had a few difficulties... alone?

Together? How did you feel?

F.: Hey...! Luckily my wife was there...

T.: So... you didn't feel alone...? And when someone feels that he/she has problems... How is he/she? Does one have a desire to do other things?

F.: Mmm... no, not really, I think!

T.: Good...! Madam, you... at what point in your life did you get into any difficulties?

M.: Well... in adolescence... I also had some difficulties...!

T.: What kind? Tell us, go on...

M.: Mmm, I left home at fifteen.

T.: Whilst saying goodbye or slamming the door?

M.: Eh...? No, I left home slamming the door... together with a boy... I let down...

T.: (Addressing the daughters) Did you know that? Did you know that?

G. & A.: No, no!

T.: What effect does that have on you both?

G.: I feel closer to her, more human! Because... we always feel like she is so upright, so rigid!

M.: Well... I am quite helpful, open, in short... I teach and, with kids I try to also be...

T.: Did you also know that about your Dad... during the first few years that he was married...?

M.: Mmm... but it wasn't him...

T.: What effect does it have on you to know that Dad, in the first few years that he was married, had some tough times?

A.: Strange, because he always seems like a person who is very sure of himself,, and that he always knows what needs to be done...

T.: ... and instead, even he...

G.: It honestly doesn't interest me... They had no interest in my illness!

T.: So the war has begun! What do you say, shall we make war? Whilst we are there... we shall do it all the way! What do you say, Giusy? You come here and tell your Dad all the things you like... Do you like (addressing the Dad) your daughter talking to you?

(The Dad nods)

(Giusy gets up and goes and sits facing her father)

T.: What effect does it have on you facing each other? (Long silence)

G.: I am sorry that I have disappointed you, because I knew that it was important to you... rightly, as a Dad, you want to be proud of me. I am really sorry about this, but I wasn't well and at the time I didn't have anyone close by, especially my parents. (she gazes at her mother) I didn't feel close to you both...

T.: Giusy... one at a time: speak with your father, then, if need be, the other can talk... one at a time, however!

The mother, at the invitation of the therapist, goes and sits near to Alessandra, perhaps to ease the direction Giusy's glance as she is talking to the father. (see Fig. 2)

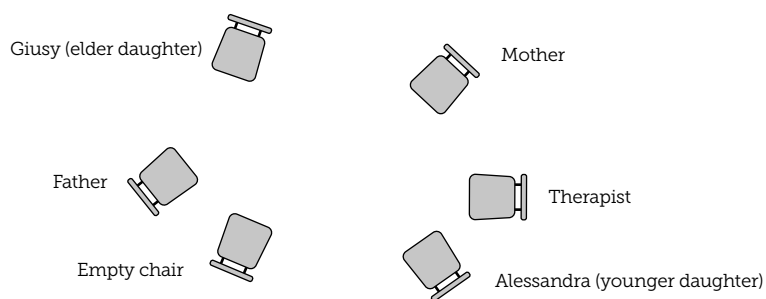


Fig. 2

G.: *The thing that I am sorry about is the fact... the fact that, even now that this situation has come out, I have felt bad, you, you got annoyed, you criticised me, you took the words right out of my mouth, but... you never asked me how I was feeling, what had happened to me, what I had experienced, in other words you focused your attention on the failure that, for heaven's sake, you have all the reasons in the world to because... I am sorry, it's true, but I don't feel close to you, you have lost sight of the thing that, in my opinion and all things considered, was more important!*

T.: *What effect does it have on you to hear your daughter saying these things?*

F.: *Well... I...*

T.: *What effect does it have on you?*

F.: *It makes me reflect, for sure... you are also right, but...*

T.: *Speak to her!*

F.: *But what you need to fundamentally understand is that I tried to grow beyond our possibilities and then you hint at such a thing, that... in the end it was enough... in any case the thing that annoyed me more was the lack of... how do I say it, the joking: months of saying, so we then prepare, we do this, we do that... instead, I then come to discover that the situation is totally different and then you tell me that I should continue to ask you how you are and how you are not when, in the end, you only tell me things that aren't true! Luckily your sister, in a way, put a flea in our ears so we were able to find out, if not who knows how much time would have passed before we discovered the truth...*

T.: *What effect does it have on you hearing this, Giusy?*

G.: *He is right, I am sorry, my sense of guilt is increasing, my regret is increasing, my suffering...*

T.: *What do you want to say to your Dad about this?*

G.: *That... you are right, for this I am saddened, for this I have mistaken... to not have the strength to inform you of what was happening, but, unfortunately, it was a series of things that... I reacted badly, I didn't have the strength to tell you, because also when we spoke on the phone, you could hear that I was talking a bit strangely, you would ask me... what's up? However, you took it for granted that it was tiredness due to the degree... It's normal, you are at the end now, how lovely, now we can party, so this intimidated me a bit, into closure... I had difficulty telling you 'no'. effectively the strange voice wasn't down to tiredness, but it was down to this and that... because it is as if, in any case, if I let you down, even if then, I... I gave you both more... in short, I understand it!*

T.: *What effect does it have on you to listen to this from your daughter?*

F.: *It seems to me that finally we are starting to understand each other.*

T.: *And what are you going to say to her, by the way?*

F.: *I can tell you that, from my point of view, I will try to listen to you more, maybe at the start we will try to avoid these situations.*

G.: *I, what I now want to know, in other words... We can break down this wall, in other words... either you will always continue to have this disappointment and look at me with the eyes of a disappointed father, or you give me another chance... and we can break down this wall?*

F.: *We will see, if you give me the satisfaction of this degree... and then we can try to...*

T.: *It seems a little bit that you are understanding each other more! (Addressing Giusy's sister, Alessandra)*

T.: *What effect does it have on you to see your father and your sister talking together?*

A.: *Well, I am happy, yes... because I have seen them at home... They no longer ate at the same table: when one was there, the other wasn't... and so...*

T.: *Do you also have something to say to your father?*

A.: *(With an endearing and playful tone) Dad, will you send me to University in Rome?*

The therapist invites Alessandra to stand up and sit opposite her father, Giusy goes and sits in Alessandra's place. (see Fig. 3)

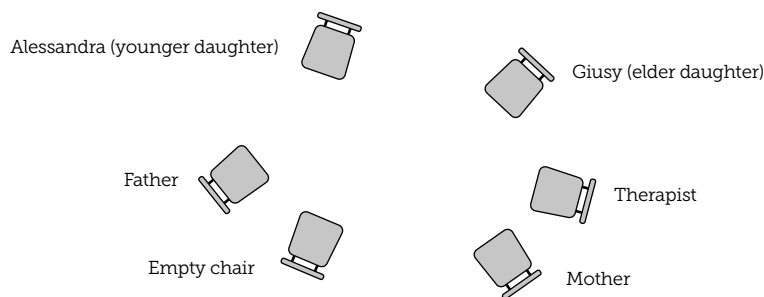


Fig. 3

A.: (With a serious tone) I'm also sorry for hiding all this from you in the beginning, but I did it... however for Giusy, because it didn't seem right to me to be a spy and then... I wanted her to tell you both... it was something important! Now, I also hope that we can have this kind of conversation going forward...

T.: Whilst you are both there... Do you both want to say anything else to your Dad? Are there any other conversations to be had? Try to speak, all three of you... then we can bring in your Mum... (addressing the Lady) You, madam, for now... you are enjoying this...

M.: Yes, I am...

T.: You are enjoying this, right?

M.: Yes, yes... I am...

T.: Enjoy it, Madam!

M.: Yes... it is a real pleasure for me to see... because it is in reality something that doesn't happen... ever! Because... it is true that each of us has our own way... but, he is much more reserved... he prefers to distance himself rather than confront things...

T.: I imagine that you, happy that at school all the students are happy with you... then you arrive home... and he doesn't talk... damn it! (Addressing everyone) Tell yourself three things that you like, reciprocally... Then will we bring in Mum at this point? Madam, come on, sit here... (The therapist makes some space near to the husband)... close to your husband, don't worry! All of you try and tell each other three things that you like about one another! (see Fig. 4)

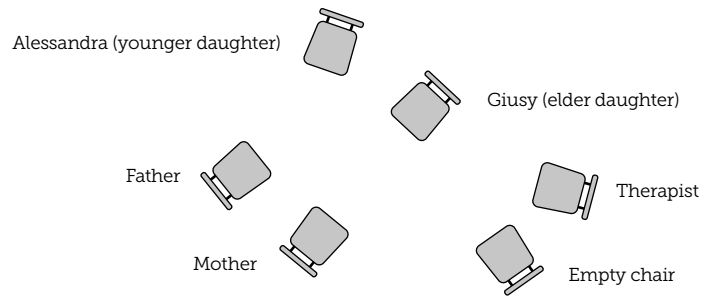


Fig. 4

F.: Who is going to begin?

T.: (Looking at Alessandra) Would you like to?

A.: No! Not this time!

T.: No, if you don't want to, no! Not this time! Will the parents begin?!? They are parents, they must be parents: I think it's right?!? Please go ahead!

M.: Well... I will start...

T.: The teacher!

M.: I will start with my husband, the things that I like about him.

T.: Tell them to him! (indicating the husband)

M.: Yes! The three things that I like about you are: the availability when one asks something of you and... the other is that... however, sometimes I like that... you try to defuse a situation, however... (looking at the therapist) Can I also say something negative?

T.: (With a playful tone) Madam... it was to be expected...!

M.: I like the fact that you defuse some things, whilst others you prefer to switch off to, in other words, I like this...

T.: We have two things!

M.: The last is that you adapt easily... to everything! About Giusy, I like her...

T.: (Addressing the daughter) Your!

M.: Your desire to make friends and... then, because you are a bright person, and the other because... I understand that you are someone who likes to say what you think and, maybe, you should... there you go... you should have less fear, however, especially of us...

T.: Madam, always three to one!

M.: About Alessandra, I like... this... her...

T.: Your. (addressing the daughter)

M.: Your availability, really, to listen, to stand by... others and... I also like your radiance, because you are also a bright girl, and then... I like your... the fact that you think before doing something!

T.: Good! How are you doing? (Addressing the daughters) Did you know these things, that Mum had this...

A.: No, we didn't know this!

T.: Has it been a surprise? Shall we let Dad continue? You can also say something negative, three to one... (With a playful tone, addressing the daughters) Perhaps you will both say something more! Don't worry! Dad, after you!

F.: Yes! (Looking at the wife) About you, I like, just, the capacity that you have to listen, especially to... understand various situations, surely more than I can! Then, very related, in my opinion, to this is... part of your character, but that... in my opinion, you are a very good person, and this is the second important quality! And then, I see you as a very calm person, in life in general... so, a stable person! One thing that you could improve... is, for example... I don't know, at this moment in time, nothing comes to me!

M.: However... I like him! He has told me that I am calm, whilst he always tells me 'You are always agitated!'

T.: Did you also both know that Mum and Dad, between themselves, say nice things to each other?

A.: No, in front of us, no!

T.: In front of you both, no, but, deep down... Well, to your daughters... say something nice!

F.: About Giusy, ok, the fact that I didn't like... Ok, we understand! It was the lack of sincerity in this case, but I know that she has many other positive qualities, like, for example, the ability to not give up, the ability to fight, in a way, to not beat herself up and... also like you, as her mother, the ability to listen to people! And we already have three things...

T.: There are already three, Giusy?

G.: Yes!

T.: And what are they? Go on!

G.: He said... the ability to not give up, to fight and to listen!

T.: It is true, give up and fight, they seem like synonyms to me... now it is there, come on! But where you find her, at the computer? if you are looking for her (addressing daughter Giusy), you find a quality!

F.: Doctor, my daughter really is beautiful...

T.: Tell her, then!

F.: But... also such a quality...??

T.: Why is to be beautiful not a quality?

F.: (Silence)

T.: What are you doing? Are you thinking about it?

G.: Dad is very shy!

F.: For Alessandra, a quality that she has... is loyalty, that you have demonstrated towards your sister at this time. You are a very loyal person... she is also a strong person!

T.: No, 'she' doesn't exist!

F.: You are also a very strong person, and another quality that I appreciate a lot is your ability to be emphatic... to try and think about all of us, how to find a way to cause the least damage in the family!

T.: Did he say two or three?

F.: Three!

T.: What do you say? Do we send him to the oculist?

F.: Doctor, I told you that both of my daughters are beautiful!

T.: I would like you to tell me the diversity of beauty: Giusy's beauty and Alessandra's beauty! How are they different, from a man, the beauty of Giusy and the beauty of Alessandra? Madam, are you worried, no? No jealousy, right!

M.: He is a Dad!

T.: He is a Dad, indeed!

F.: You are asking me to have a preference between my daughters!

T.: No!

M.: No!

F.: ... (Silence) mmm...

T.: It needs to ripen...

F.: I have found myself with two daughters at University... all of a sudden! (Smiling)

A.: Enjoy it! (Smiling)

T.: Good, it appears, all things considered, that these are new conversations and so, at times, it is difficult! Would you both (addressing the two daughters) say something nice to your Dad and your Mum, not just nice things, but also things that you would like more from Dad and Mum?

G.: Yes, I wanted to start, however, with my sister... speak to my sister!

T.: Yes, certainly! Turn your chairs around and speak to each other!

They sit one in front of the other. (see Fig. 5)

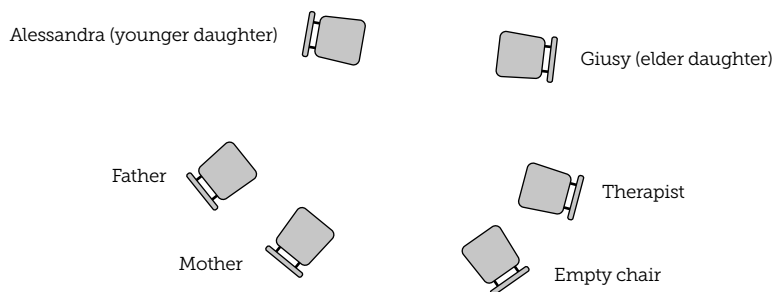


Fig. 5

G.: The positive things, you know them...

T.: And say them again!

G.: I have told you often: that you are, other than my sister, you know, one of my friends, actually, my best friend, you come to meet me, you are the only person that has listened to me, advised me, you have given me support at this difficult time...

T.: Giusy, nice things, said in passing... seem...

G.: Things lose their value if said quickly!

T.: One at a time!

G.: You are someone capable of listening, capable of advising, capable of... making yourself feel nearby also when you are far away... even so, you were in Ragusa, I was in Rome, so there was distance between us...

T.: Then?

G.: *You kept the secret, even though I knew that keeping the secret was causing you grief because you were having to go against Mum and Dad's faith, like I was doing, but... you didn't want to get Mum and Dad into any difficulty and I know that it cost you and I am asking for your forgiveness for ever getting you into this situation in the first place.*

T.: *It seems to me that your sister is very reliable: a person who keeps secrets is reliable!*

G.: *The only thing that I would like to tell you is to not make my mistake with Mum and Dad: to not say anything to them, like I've done! Seen that we have had this situation, try to now... to have a more open relationship with them, more confidence, because then... you feel terrible!*

T.: *Whilst we are here, (addressing Alessandra) would you like to say three things to your sister?*

A.: *Yes, ok, in the meantime, thanks for what you have said to me... it's also been a difficult situation for me. It is not always easy to say things to Mum and Dad, so I also understand what you were trying to do, but I would like to say that I think you are such a smart sister. You are a bit like a role model to me, also for ever having undertaken your university studies, your desire to go away from Ragusa, to emancipate yourself. In my opinion, you are a very intelligent person, and then I like this relationship that there is between us, that we really tell each other everything, that you are a friend as well as a sister and, in other words, I am happy about how things have gone with them just now...*

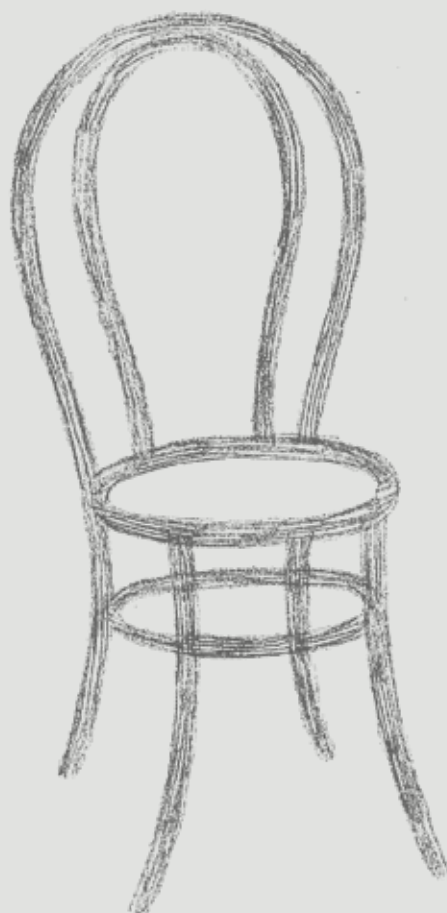
T.: *What effect does it have on you hearing your daughters speak like this?*

M.: *It moves me!*

T.: *And you? You have grown some beautiful and very bright daughters, capable of talking. I have to ask, what you want to say to Mum and Dad. Do it at home! As an exercise! Within 15 days, one month, we will meet again to see how it has gone, however choose a day in which you will continue the exercise. It seems to me that, by now, you have found the right formula! Ok? We are done!*

M. & F.: *Ok! Thanks!*

G. & A.: *Ok! Thanks!*



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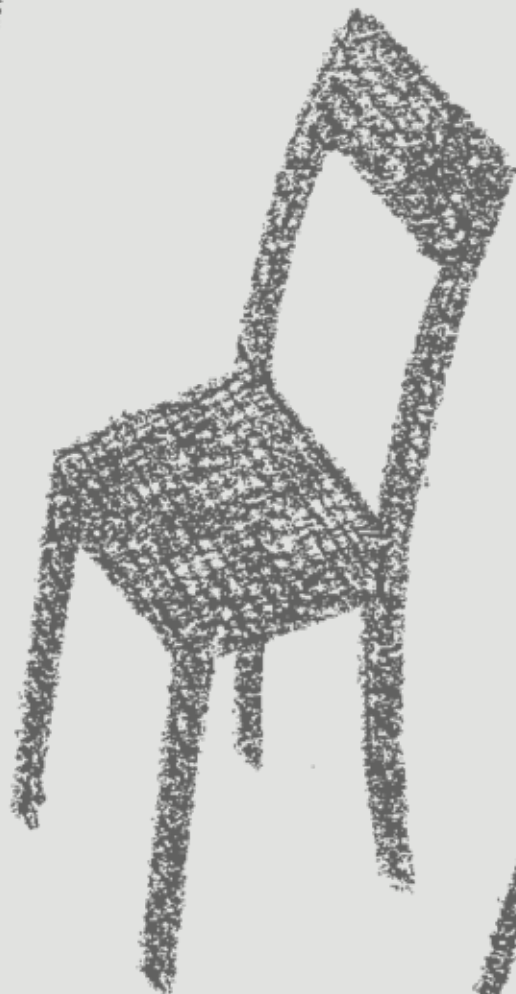
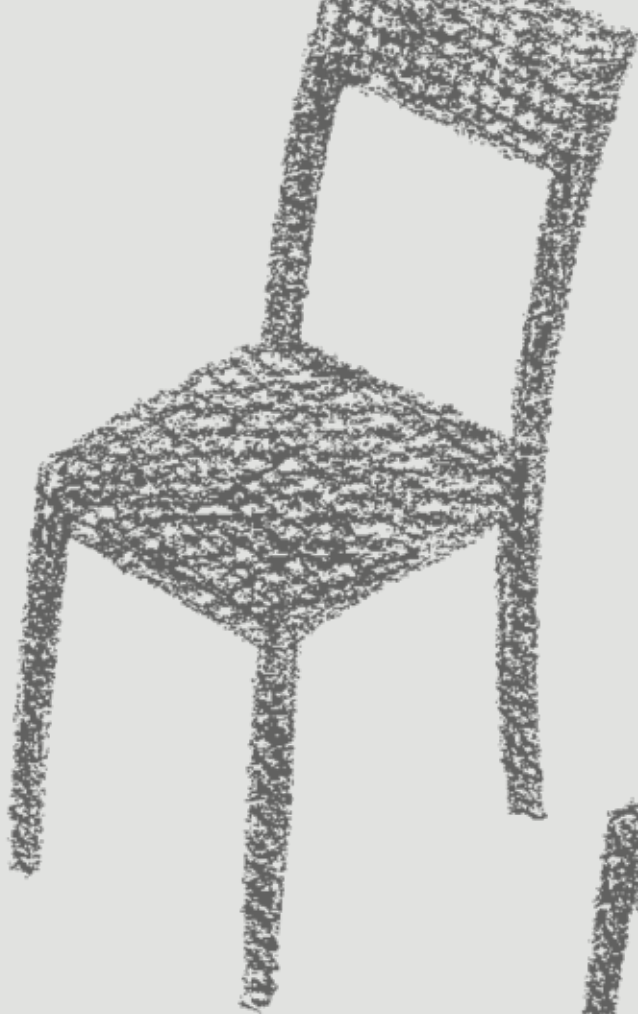
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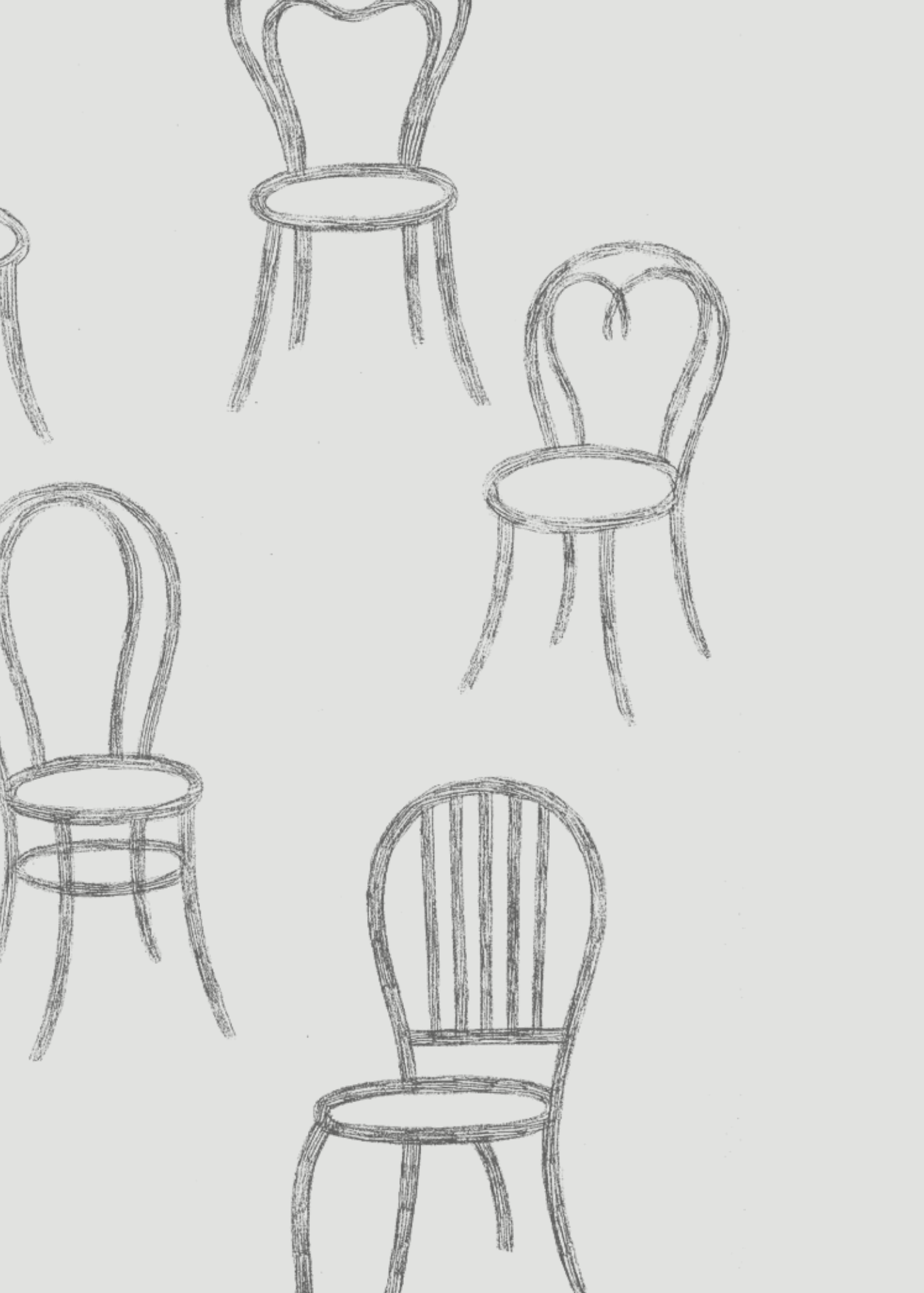
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