# Fundamentals and development of Gestalt Therapy in the contemporary context[1]

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If we look at the various descriptions of the basic principles of Gestalt therapy from its foundation to the present day, we can see how the core values of our approach have been described in different ways[2]. Every time we try to describe our theory, we need to in-scribe this description in the historical moment in which we live and in the current needs of present society. In this way it may seem that the original principles are completely changed in modern descriptions, but they are in fact the result of a natural and obvious evolution of the relationship between society and psychotherapy – as well as of society and anthropology, society and economics, society and technology, etc. In order to support and be in line with the necessary development that our approach , like any other, needs, without losing our roots, a hermeneutic method is needed (Spagnuolo Lobb, 2001a): it allows the original principles of our approach to be located in a certain socio-cultural context, and considers their development in parallel with the development of the needs of society and culture. To accomplish this aim, it is important to define the epistemological principles of Gestalt therapy, which need to be respected, since they constitute the boundaries within which any development has to take place. For example, the technique of the empty chair, a basic and brilliant one which incarnates a core spirit of our approach, needs to be used considering the changed social feeling. The empty chair was created in order for the client to focus on her/his bodily experience, and therefore give support to her/his self-regulation, which emerges first of all from physiological (as opposed to mental) experience, as it is harmonized with the systems of previous contacts (the definition of who I am) and with the capacity to deliberate. That basic technique was invented at a time when to trust one's own potentialities was the necessary ingredient to become independent of the other. Without going into details of this particular technique which I will discuss later, what I would like to underline for the moment is the fact that when we use the empty chair today, we must take into account that the main need of our present society is not to get rid of bonds and become autonomous, but to create bonds where we can have the experience of being recognized and restrained by the other. So the technique remains one of our best, but we need to use it with a different aim (and with a different accent on what to support).
This hermeneutic maneuver is basic for our model to survive and develop[3], and saves us from applying concepts and techniques in a naive way. It is particularly important if we want to treat serious disturbances and orient ourselves in the realm of psychopathology, which today has taken ground in everyday life. The survival of our model depends on our skills in addressing psychopathology (Francesetti, 2005).

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[1] This chapter is a synthesis of the first two chapters of Spagnuolo Lobb M. (2011). *The now-for-next in psychotherapy. Gestalt therapy recounted in post-modern society*. Milano: FrancoAngeli.
[2] See a recent study on development of Gestalt therapy values in issue 2012-1 of the French Journal *Cahiers de Gestalt Therapie*, in particular Spagnuolo Lobb, Cascio (2012).
[3] This has been the theme of the 6th European Conference of Gestalt Therapy "Hermeneutics and Clinical" (Palermo, Italy, October 1-4, 1998) that I have organized as President of the European Association for Gestalt Therapy (EAGT).

We all know that Gestalt psychotherapy was not born to cure psychosis or serious disturbances. At that time, however, psychotherapy in general did not address the treatment of serious disturbances. The bi-univocal link between psychotherapy and society has always put in the foreground the lack of consistency in the relationship between the individual and society emerging at a particular time. At the birth of Gestalt psychotherapy this missing consistency was seen in questions like "who owns the truth? The healer or the helped? Does human relational suffering include a dignity and a potential autonomy, or is it simply a matter of a lack of social adjustment? Do social minorities and "different" feelings and ways of being need to be controlled and brought to "normality", or do they rather need to be supported as an important resource for the self-regulation of society?
Psychopathology was not among the main interests of psychotherapy at that time: serious disturbances were in fact considered a fairly separate event from daily life; crazy people lived in mental hospitals and social problems were of a different sort.
When, over the years, the whole of society had to cope with psychopathological suffering, it became impossible for psychotherapy to avoid an interest in it. Since the 80s, any psychotherapy model that has had an interest in surviving has had to deal with the reality of the ever increasing spread of serious disorders, looking for new thoughts and techniques to prevent and treat them.
What is usually meant by the term "serious disorder" is the experience in human relations of uncontrollable anxiety, the feeling of losing oneself, the perceived inability to continue to live one's own daily life.
In this chapter I will first make an excursus on the development of social feeling and psychotherapy in the last 60 years (since Gestalt psychotherapy was founded). Then, in the light of present society, I will describe the basic principles of our approach, its fundamental values. I will subsequently describe the Gestalt concept of psychopathology as creative adjustment, locating it in contemporary society, and will motivate the necessary change for Gestalt therapy to deal with the term "psychopathology", which was till the 80s banned from our language.
I will try to assess all the theoretical statements with clinical or relational examples, in order to be consistent with the pragmatic soul of Gestalt psychotherapy.

**3. Development of social feeling and psychotherapy**

Almost all the psychotherapeutic approaches were founded around the 1950s, and then spread in the following twenty years. Since then, our patients have changed greatly, and so we are challenged to modify both the formulations and the method, on the one hand keeping faith with the epistemology of our approach and on the other creating new instruments to solve today's problems. Let us reflect on the clinical development of these 60 years.

- *1950s-1970s* – These were the years when the majority of the psychotherapeutic methods were spread to the greatest degree. In this period, defined by sociologists as "narcissistic society" (Lasch, 1978), all the new psychotherapeutic approaches were aiming at the resolution of a relational and social problem: how to give more dignity to the capabilities of real life, which had been in the shade in last formulations of Freud, who had attributed more power to the strength of the unconscious. Freud's own more or less dissident "offspring" – Otto Rank, with the concept of will and counter-will (Rank, 1941), Adler (1924) with the concept of will for power, Reich (1945) with his absolutely trusting perspective on sexuality (see Spagnuolo Lobb, 1996, pp. 72 ff.) – had expressed, at the beginning of the century, a change of psycho-social

perspective on human relationships: the children's (and the patient's) "no" is healthy, the emotions of power are "normal", bodily energy and sexuality can be fully experienced without falling into orgiastic disorder. The philosophical equivalent of this change is found in the thinking of Nietzsche[4], while at artistic level new forms, which ranged from jazz to surrealism (we may think of the deconstructed figures of Miró), reflected the desire to affirm new subjective perspectives. At the political level the emergence of the rights of minorities as a development of dictatorial regimes testified to the desire to give dignity to any and all human forms of existence. All the psychotherapeutic currents that arose in the twenty years from 1950 to 1970 (as well as some "revisions" of psychoanalysis) had in common the desire to give greater dignity and trust to individual experience, considered of fundamental importance for society. The ego was re-evaluated, attributing to it a creative, independent power: the child had to be liberated from the father's oppression and patients from the social norms. Even madness was no longer seen as an irrecoverable lack of the sense of reality, as domination by a destructive unconscious, but as an opportunity to understand an otherwise unreachable part, which though deviant was also a source of creativity: the schizophrenic's word salad, like a picture that expresses emotions without structure, has a value in itself which, though it is quite other than rationality, supports the creative, independent power of the human being. The emerging need was to rediscover oneself as important though deviant, or not dominant.

Gestalt therapy, in this context, declined this need, founding a theory of the self[5] capable of grasping the experience during a process of contact of the organism with the environment (as opposed to intrapsychic), revealing the creativity of the ego in this process, which is at one and the same time creator and created. The middle mode which is incarnated in the esthetics of Greek culture (in the West, it is only in the Greek language that certain verbs have a "middle mode"[6]) also characterizes the description of the self, which "is made" at the boundary between organism and environment, by means of an esthetic process, awareness, presence to the senses, as an intrinsic quality of a good contact. Another original concept with which Gestalt therapy made its contribution to the emerging needs of society in the 1950s refers to the positive nature of conflict in human relationships: the suppressed conflict leads either to boredom or to war (Perls, 1969a, p. 7). Going through the conflict is a guarantee of vitality and of true growth.

But what were the sentences, the typical language of patients in the 1950s? The heart of the request for psychotherapy in those years could be: "I want to be free"; "Bonds are suffocating: they stop me fulfilling myself with my potentialities"; "I'm asking for help to free myself from the bonds that oppress me." "I'd like to leave home, but I can't do it", "I can't stand it when my father orders me to do things". The clinical evidence of the 1950s-1970s emerged around these experiences. There was a need to expand the ego, to give it greater dignity, a need for independence. The experiential ground from which this need emerged was more solid than it is in our days: intimate relationships were more lasting (although often leveled out by normative factors), and the primary family relationships were certainly more stable.

The therapist's answers were: "You have the right to be free, to fulfill yourself, to develop your potentialities"; "I am I and you are you …". In short, what was supported was self-regulation and

[4] See comparative studies by Polster (2007), Crocker (2009).

[5] Gestalt psychotherapists choose to write the words "self", "ego", "id" with a lower-case initial letter to signify a procedural, holistic definition of these terms, as opposed to the tendency to objectify them, considering them as applications.

[6] The "middle mode", or *diathesis*, is exclusive to the Greek language and indicates a special participation of the self in the action. It often indicates the subject's great interest in the action in which s/he is involved; it corresponds to the reflexive in Italian and in English.

separation from bonds, at the cost of caring for what happens at the contact boundary with the other.

- *1970s-1990s* – These years were characterized by what Galimberti (1999) calls the "technological society", precisely because they put the machine on a pedestal, and alongside it they put the illusion of controlling the human emotions, especially pain, and considered the relationships of the *oikòs*[7] to be a "blunder", a hindrance to productivity, which in contrast was seen as the only reliable value. Love and pain, two emotions which in reality are inseparable, were in this period considered irreconcilable. If considered as the product of the "narcissistic society", the "technological society" could be defined as "borderline". This generation had on the one hand the strong pressure of successful parents, who wanted their children to be "gods" like them; on the other the lack of support for their own wishes and for their attempts to be someone in the world. The child of a god doesn't make mistakes! This generation, which on the one hand grew up with the illusion of being exceptional, and on the other had to conceal the sense that they were bluffing, developed a borderline relational modality: ambivalent, dissatisfied, incapable of separating themselves in order to affirm their own values. The flight of the young into "artificial paradises", their anger at their parents as bearers of values remote from their humanity, facilitated the spread of drugs, but also of important group experiences. It was no accident that in psychotherapy these twenty years saw a special interest in groups: the group was perceived as one (sometimes the only possible) source of healing.
  Patients' phrases in the 1970s and'80s might for example be: "I've fallen in love with a colleague, I'm having an affair with her, my wife doesn't know, and I don't know whether to tell her or not", "My parents are always nagging me, when I'm in a group I feel freer, smoking a joint is a liberation from the daily oppression", "Drugs (or my job or my lover), that's my main bond, the bond with my partner is an optional extra". There was a search for the self outside the intimate bonds, an attempt to solve the difficulty of being-with via the illegal substance or via work. In the '90s, only ten years later, the search for the self was transformed into a need to feel oneself in solitude: "I'd like to feel myself, find myself. At times I'm forced to fast so as to feel myself through hunger. Everybody wants something from me and I don't know how to find out who I am", or "I have a relationship with a man that lives 600 miles away. I don't know much about him. At first it was nice to be together when we met. But now it's a bore. We just don't know what to do. Do you think that's normal?"
  The therapist's answers were: "Trust yourself – go back to the origins of your being (in phenomenological terms) – find out who you are by concentrating." Or else: "Let's see what's happening between the two of us". In practice, all the methods were addressed at that time to what in Gestalt therapy we call the "contact boundary": a new way of looking at transference and counter-transference. "Trust in self-regulation, both of your emotions and of the space between the two of us". In other words, the Perlsian slogan "lose your mind and come to your senses" was revised as "follow your incarnate empathy", "I recognize myself in your glance".

- *From the 1990s to 2010.* In social feeling the interest in technology (a resource that by now is taken for granted) and the ambivalence towards one's own value gave way to a sense of liquidity, as Bauman (2000) puts it so well. The children of the "borderline society" are

[7] In Greek "house".

experiencing the absence of intimate, constitutive relationships: parents have been absent, in part because they were busy at work (the value diffused by society was the value of technology), and worried about the imminent social crisis, in part because they were incompetent on the relational level (borderline ambiguity is poured out on the offspring with an emotional detachment). The generation of these twenty years also grew up in a period of great migratory movements, in which many people were unable to rely on the intergenerational tradition for support and a sense of rootedness (Spagnuolo Lobb, 2011a). Traditions are often lost and the village squares have been replaced by the virtual "squares" of the social networks. The social experience of young people today is "liquid": incapable of containing the excitement of the encounter with the other and extremely open to the possibilities of exchange offered by the globalization of the communicative flows. The child doing homework, for instance, at the moment when s/he has difficulty needs a restraint and an encouragement, in order to solve it by using the energy that animates her/him. But there is no one home to tell, no restraining wall that can make her/him understand what s/he feels and what s/he wants. So s/he goes on the Internet, where a research engine provides the answer; her/his excitement is scattered and strewn round the world and s/he finds every possible answer, but does not find a relational container, a human body, but just a cold computer incapable of embracing the child. The unrestrained excitement becomes anxiety. This is disturbing and in order to avoid feeling it the body must be desensitized. This is why today we have many anxiety disorders (like panic attacks[8], PTSD, etc.), difficulty in forming bonds, pathologies of the virtual world, body desensitization. Our patients, especially the youngest ones (as anyone who has to do with adolescents or young couples knows), say things to us like: "I made love with a boy for the first time, but I didn't feel anything", "In a chat online I feel free, but with my girlfriend I don't know what to talk about", "Nobody really interests me", or " On our honeymoon my husband told me he's had another woman for a long time". Forms of malaise emerge linked to a body insensibility that appears in the relationship. It is even difficult to perceive the other: the field is full of anxiety and worries.

The therapist responds by supporting the physiological process of the contact (the *id* of the situation, as Robine, 2006 says): "Breathe and feel what happens at the boundary". Further, s/he supports the ground of the experience: s/he identifies how (with what modality of contact) the patient maintains the figure (or the problem). In other words, the therapist focuses on the *support of the process of contact*, where once s/he had to direct attention to the support of an egoic individuality, to favor its emergence among other individualities. In other words, if previously being healthy implied finding the reasons for winning, for emerging in the battle of life, today it means experiencing the warmth in intimate relationships, and the emotional and bodily reaction to the other. In groups, the therapist supports the harmonious self-regulation that comes about when one lives a horizontal (equal) context in which it is possible to breathe and give mutual support.

**Development of basic values: the importance of the hermeneutic method**

From what I have said thus far, Gestalt therapy reached its maximum diffusion at a cultural moment that has been defined as the "post-modern condition" (Lyotard, 1979). Criticism of a priori values, dictated by criteria outside the individual's experience, and the consequent need to free

[8] See Francesetti (2005).

oneself from the traditional points of reference (the "fall of the gods") envisioned by post-war culture determined this condition of evaluation of the egoic creativity, at the expense of "letting oneself go to the environment", or if you like to emotional bonds. This was clearly a necessary stage in order to reach personal autonomy in the face of a social axis polarized between authoritarianism and dependence.
In the '80s there was widespread interest in relationship. In these years some philosophers put forward "weak thought" (Vattimo, Rovatti, 1983), according to which freedom from paradigms determined a priori is an opportunity to build new, genuinely independent certainties, not polluted by values that have been handed down and hence are not one's own. It was a matter of faith in the uncertain, of the affirmation of the value of the "pure" relationship, able to create new solutions precisely from the uncertainty of the fleeting moment. Weak thought gave excellent expression to the Gestalt faith in the now and in the creative power of the self-in-contact. How could one fail to be fascinated by the prospect of letting the new solution emerge for the patient from "nothing" from the nakedness of the relationship? All the expectations of the Gestalt therapist of creating through her/his very presence, and together with the patient, a solution that does not need the support of the analysis of the past were welcomed. Many writers on Gestalt, myself included, stressed the positive value of uncertainty as against the false security given by schematic systems; Staemmler (1997, p. 45) for instance, states that cultivating uncertainty ought to be the fundamental value of the Gestalt therapist, and Miller (1990) affirms the value of the psychology of the unknown. I personally create the concept of improvised co-creation (Spagnuolo Lobb, 2003; 2010), as a Gestalt counter-melody to the concept of implicit relational knowledge of Stern et al. (1998; 2003). In other therapeutic approaches too stress was laid on the importance of not allowing oneself to be tempted by the power given by diagnostic certainties in psychotherapy (cf. for example Amundson et al., 1993).

But this optimistic view of post-modern uncertainty, shared in the Gestalt ambit as far as letting oneself go to the here and now of the therapeutic contact, clashes with an experience of emergency that, in the absence of a secure relational ground – to which I referred above and which has been much discussed in Gestalt circles (cf. for example Cavaleri, 2007; Francesetti, 2008; Spagnuolo Lobb, 2009) – is readily transformed into traumatic experience. Clinical evidence today is characterized by widespread anxiety (panic attacks, post-traumatic stress disorder, attention deficit and hyperactivity in children), relational disorientation (disorders of sexual identity, conflicting relational choices, difficulty in maintaining couple or intimate bonds), bodily desensitization (lack of sexual desire, self-harm with the aim of feeling oneself, anhedonia or lack of feelings).
What value can Gestalt therapy bring today to the panorama of psychotherapies?

Our hermeneutic gaze tells us that the basic intention of the founders of Gestalt therapy, when they wrote the founding text, was to dissolve the chief neurotic dichotomies (Body and Mind; Self and External World; Emotional and Real; Infantile and Mature; Biological and Cultural; Poetry and Prose; Spontaneous and Deliberate; Personal and Social; Love and Aggression; Unconscious and Conscious).

Every time we want to develop our theory, we need to keep faith with this aim: how can we be psychotherapists who help people (with their relational suffering) to overcome dichotomies?

The art of the Gestalt therapist, therefore, is a difficult one: it is difficult both to apply it and to transmit it, because it implies remaining wholly adherent to a spirit, to principles, without abandoning the creativity that our passion allows us.

Until twenty years ago it was difficult to remain in the relationship; today it is difficult to feel oneself in the relationship, sometimes even sexually: the clinical evidence ranges from ambiguity in the choice of partner (Spagnuolo Lobb, 2005d; Iaculo, 2002) to the inability to feel sexual desire in the body. The Gestalt reading of "liquid fear" (Bauman, 2008) corresponds to a feeling in which the excitement that should lead to the contact becomes undefined energy: mutual mirroring and relational containment, the sense of the presence of the other, the "wall" that allows us to feel who we are – these are lacking

I believe that today psychotherapy has a twofold task: to *resensitize the body* (overcoming the dichotomy of virtual/real), and to give tools of *horizontal relational support*, that can make people feel recognized by the glance of the equal other (overcoming the dichotomy of vertical/horizontal in healing contacts).

## 1. Basic principles of Gestalt therapy in clinical practice

Certain epistemological principles of Gestalt therapy seem to me to currently define the specificity of the approach as compared to others. This is what I would answer today if someone asked me what is specific to Gestalt therapy.

### 1. From the intrapsychic paradigm to the paradigm of the co-created betweenness

In the current cultural trend centered on the relationship, Gestalt therapy redefines in terms of co-creation the original intuition of the founders, which considers experience as a happening at the contact boundary, in the "between", which is to say between the I and the you (Spagnuolo Lobb, 2003b).

In the field of clinical psychological practice, Gestalt therapy, thanks above all to the contribution of Isadore From, passed from the viewpoint of the organism/environment *interaction*, aimed at the resolution of the individual needs (see Wheeler, 2000b), to the viewpoint of the *organism/environment field,* a unitary phenomenal event, from which modalities of contact emerge, that the psychotherapist welcomes in order to favor the clear perception and hence the spontaneity of the self of the patient.

One clinical example of this is the case of the patient who says to the therapist: "I was in a terrible state last night and I didn't sleep". According to contemporary Gestalt therapy, he is expressing not only an experience that belongs to himself ("I'd like to understand better my terrible state"), but also something that belongs to the present contact with the therapist (the *remembered* "terrible state" is a way to speak of the *actual* one, it is a matter of figure/ground dynamic, of picking certain parts from the ground of experience of contact with the therapist, instead of others, in the very moment of the present session with the therapist). Perhaps he wants to communicate to her an anxiety concerning the previous session, or the session that is about to begin; for instance, he might want to say: "At the last session something happened that made me anxious. I hope that today you'll realize the effect it had on me and be able to protect me from the negative effects". This relational reading (it would be more correct to call it "situational") allows the therapist to come out of the traditional intrapsychic view, namely to work on the "terrible state" and see what emerges, and sees the treatment as a process related to the patient's being aware of the satisfaction (or sublimation) of needs, to enter fully into the post-modern perspective, which collocates the

treatment in the space co-created by the patient and the therapist, in which new patterns of contact are built up, which free the spontaneity of the self.

Moving from the intrapsychic paradigm to that of the "between" implies that the therapist sees her/himself and the patient not as separate entities but as a dialogic totality – the patient in dialog with the therapist/the therapist in dialog with the patient (Yontef, 2005). Every communication on the part of the patient is inscribed and receives meaning from the *Gestalt* of the mutual perceptions, in which the relational intentionality is expressed.

An example may clarify this. A patient says: "I feel a tension in my stomach, I don't know … it's as if I were angry". The therapist who uses an "intrapsychic" approach will direct her/himself to try to understand from what past experiences this anger comes, what or who the patient is angry with, etc. Her/his questions will be of the type: "Concentrate on your body and see what this sensation reminds you of". If, instead, s/he uses the paradigm of the "between", s/he will direct her/his attention to what in the "between" has caused the figure of tension in the stomach and of anger to emerge. S/he will ask questions such as "How does being-with-me make the tension in your stomach and the anger emerge? What are you angry with me about? And what are you holding back towards me that provokes tension in your stomach? " After a certain disorientation, in which the therapist invites him to take his time and breathe, the patient replies: "When I think that you made me wait fifteen minutes before seeing me, I get furious". At this point an opening appears which allows the recovery of a previously interrupted relational pattern. The patient can be spontaneous with the therapist, and can dissolve the retroflection that was creating the tension in the stomach, as the habitual relational pattern.

This type of therapeutic dialog opens to the patient the possibility of overcoming the relational anxiety that he was attempting to avoid with interruption of contact (and which he then forgot). Once the relational intentionality has been brought back to the contact boundary, the therapist can use a variety of Gestalt interventions capable of supporting the energy of contact, by this time conscious.

## 2. The therapeutic relationship as a real "fact": the sovereignty of the experience

Broadly speaking, psychotherapeutic approaches consider the therapeutic relationship a virtual tool to improve the real relationships of the patient's life[9]. Gestalt therapy, in contrast, attributes to the therapeutic relationship the character of a *real experience,* which is born and has its own history in the space that lies "between" patient and therapist.

The therapeutic relationship is in fact considered not as the result of projections of relational patterns belonging to the patient's past, nor only as a laboratory in which "tests" are carried out on relational patterns that are more effective for the outside world, for real life. Between patient and therapist there comes into being a unique, unrepeatable relationship, in which the reciprocal perceptions are modified, in which the patterns of the past are developed with a view to improving *this* relationship, not that of the past. It is what happens between this specific therapist and this specific patient that constitutes the treatment, one of the many possible experiences of treatment. This implies that the Gestalt therapist immerse her/himself fully in the relationship, that s/he use her/his own self. The treatment is in fact based on two real people, who although they may also be revealed by means of techniques, stake themselves spontaneously, through their human limitations,

[9] By way of illustration, see Spagnuolo Lobb, 2009c.

in a relationship clearly defined by their complementary roles: one who gives the treatment and one who receives it. Recalling an example that Isadore From used to relate, a patient had recounted a dream to him, beginning with the words: "I had a little dream last night". Isadore was rather short. Fully conscious of this limitation, which stimulated in his patients reactions that were often not displayed out of "good manners", he immediately replied: "Yes! Little like me". The patient was struck by this little joke, stopped for a moment feeling ill-mannered and then burst into freeing laughter. His breathing became fuller and he was able to enter into contact with feelings of tenderness and trust towards the therapist, feelings he had previously blocked. That very encounter between therapist and patient, in the humanity of their limitations, had given the patient the possibility to open up in the relationship with the most hidden feelings, and with a sense of trust in the other which it was difficult for him to experience. This example shows how – for Gestalt therapy – it is the real encounter between two people that produces the treatment, an encounter in which there occurs a novelty capable of reconstructing the patient's ability for contact.

A similar perspective has to be found in Stern (2004; Stern et al., 2003) who considers an important factor for psychotherapeutic change the "signature" that the therapist puts in his/her intervention (a particular smile, a particular way of speaking or looking, etc.), which gives the patient the sense that *that* is the way s/he (the therapist) cares about a significant other.

## 3. The role of aggression in the social context and the concept of psychopathology as unsupported *ad-gredere*[10]

Fritz Perls' intuition on childhood development, which gives value to the deconstructing implicit in the development of the teeth (*dental aggression*, Perls, 1942), is based on a conception of human nature as capable of self-regulation, certainly positive as compared with the mechanistic conception in force at the turn of the 19th-20th century (with which Freudian theory was imbued). The child's ability to bite supports and accompanies her/his ability to deconstruct reality. This spontaneous, positive, aggressive strength has a function of survival, but also of social interconnection, and allows the individual to actively reach what in the environment can satisfy her/his needs, deconstructing it according to her/his curiosity.

The physiological experience of *ad-gredere*[11], which supports the more general organismic experience of going towards the other, requires oxygen, in other words has to be balanced and supported by exhalation, a moment of trust towards the environment in which the organism relaxes its tension and control, to go on to take another breath (and oxygen) in a spontaneous, self-regulated manner. The pause in control, letting oneself go to the other or to the environment, is the fundamental cue for the control/trust rhythm to be able to occur spontaneously, so to reach the other balancing active and restraining presence, creativity and adjustment, assimilating the constitutive novelty of contacting the other.

When this support of oxygen is lacking, excitement becomes anxiety. The definition we give of "anxiety" in Gestalt psychotherapy is in fact "excitement without the support of oxygen". The physiological support to reach the other is lacking. The contact comes about in any case (it could not fail to come about as long as there is the self, or as long as there is life), but the experience is characterized by anxiety (Spagnuolo Lobb, 2005c). This implies a certain desensitization of the

[10] See Spagnuolo Lobb (2011, pp. 130 ff.) for a wider description of the concept of aggression today and the methodological consequences for clinical practice.
[11] In Latin "ad-gredere" means "going-towards".

contact boundary: in order to avoid perceiving anxiety, it is necessary to put to sleep part of the sensitivity in the here and now of contacting the environment; the self cannot be fully concentrated, awareness decreases, the act of contact loses the quality of awareness and of spontaneity[12].

For this reason, the Gestalt therapist looks at the bodily process of the patient-in-contact, and suggests breathing out in the event that s/he sees that, concentrating on a significant experience, s/he is not exhaling fully. The therapist knows that in this case the patient's physiological experience is of an excitement without the support of oxygen, s/he knows that the patient is distracted at that moment from the therapeutic contact and cannot assimilate any novelty contained in it. In other words, the therapeutic contact cannot come about without the support of oxygen, in that the change for Gestalt therapy concerns all the psycho-corporeal and relational processes. It is necessary to suggest to the patient that s/he breathe out in order to have the support of oxygen to accept the novelty brought by the therapeutic contact.

Gestalt therapy thus wonderfully puts together the "animal" soul and the "social" soul, for centuries considered mutually antagonistic in western philosophical culture: if the contact is a super-ordinate motivational system, there is no separation between instinctive motivation to survival and social gregarious motivation.[13]

The stress Gestalt therapy puts on relationality thus has an anthropological valence in considering self-regulation (between deconstruction and reconstruction) of the organism/environment interchange and a socio-political valence in considering creativity a "normal" outcome of the individual / society relationship. *Creative adjustment* is in fact the result of this spontaneous strength of survival that allows the individual to be differentiated from the social context, but also to be fully and importantly part of it. Every human behavior, even pathological behavior, is considered a creative adjustment.
The concept of *ad-gredere* finds its Gestalt specificity in the formation of the contact boundary.

## 4. The unitary nature of the organism/environment field, tension to contact and the formation of the contact boundary

According to the Gestalt perspective, individual and social group, organism and environment are not separate entities, but parts of a single unit in mutual interaction, and consequently the tension that there may be between them is not to be regarded as the expression of an irresolvable conflict, but as the necessary movement within a field that tends to integration and to growth.

Our phenomenological soul reminds us of the impossibility of getting out of a field (or situation) in which we find ourselves, and gives us tools to operate with, while remaining within the limit imposed by the "situationed" experience. The founders of Gestalt therapy from the very first proposed the "contextual" method (Perls *et al.*, 1994, pp. 20-21), which, many years before Gadamer, proposed a hermeneutic circularity between the reader and the book: "Thus the reader is apparently confronted with an impossible task: to understand the book he must have the 'Gestaltist' mentality, and to acquire it he must understand the book" (Perls *et al*., 1994, p. XXIV).

Gestalt psychotherapy borrows the concept of "intentionality" (Husserl, 1965) from phenomenology. Consciousness exists only in its "relating to", in its "in-tending towards" an object, in its transcending itself. It is in the act of "transcendment" that subjectivity is formed (Spagnuolo

[12] These concepts are the basis of the theory of Gestalt therapy (see Francesetti, Gecele, Roubal, in preparation).
[13] Daniel Stern's theory of intersubjective knowledge as superordinate motivational system in humankind confirms the intuition of the Gestalt theory of contact, brought to light a good 50 years earlier (see Spagnuolo Lobb, *et al.*, 2009).

Lobb, Cavaleri, forthcoming). “If the person is formed essentially in being formed, in being intentioned, in entering into contact with what surrounds her/him, this implies the need for psychopathology and psychotherapy to address the analysis of this continual transcending, being intentioned, entering into contact. It is in this relationship with the world, in this in-tending towards it, that the origin of mental suffering and at the same time the space of the treatment must be identified” (Ibid.).

In Gestalt therapy we speak of “intentionality of contact” and, in so doing, we consider both the physiological “aggressive” strength (as explained in the preceding section) that accompanies going towards the other (from the Latin *ad-gredere*), and the evidence of being-there-with, the constitutively relational physiology of the human being.

Here we have a way of describing the process of contact focusing on the totality/differentiation rhythm that characterizes the movements of being-there-with in a given situation, according to a typically Gestalt epistemology (see, among others, Philippson, 2001).

From an initial undifferentiated unitary state, in the field energies and hence differentiations emerge, which lead to the emergence of differentiated perceptions constituting the contact boundary, the place where the intentionalities of contact are fulfilled in the concreteness of the here and now of the contact. The process of the making of the self-in-contact is precisely this going through an initial lack of differentiation, which gives way to a growth of excitement, accompanied by the perception of a novelty in the phenomenological field. It is precisely the excitement of the senses that allows differentiation (I realize that my movement is different from others’, so I identify myself, I define myself precisely because I am different from them). The contact boundary is defined by meeting one another in diversity, which is then developed in deciding the movement towards the other, undertaken as from the solidity of one’s own diversity (from the ground of self-awareness).

Going back to the examples of the preceding sections, communicating to the therapist one’s nocturnal agitation or describing the dream as “little” are the contact-boundaries co-created in a field.

## 5. A psychotherapy based on esthetic values

The word “esthetic” derives from the Greek word Aestetikòs (“write” in Greek), which means “related to senses”. In Gestalt therapy the term *contact* not only implies that we are interconnected beings, but also expresses a consideration of the physiology of the experience. Interest in the mentalization of the experience is decidedly replaced by interest in the experience generated by the concrete nature of the senses. We use the term *excitement* to refer to the energy perceived in the physiology of the experience of contact (Frank, 2001; Kepner, 1993). The concept of excitement is for us the physiological equivalent of the phenomenological concept of intentionality (Cavaleri, 2003).

The concept of *awareness*, quite different from that of consciousness, expresses being present to the senses in the process of contacting the environment, identifying oneself in a spontaneous and harmonious manner with the intentionality of contact. Awareness is a quality of contact and represents its “normality” (Spagnuolo Lobb, 2005c). Neurosis, in contrast, is the maintenance of isolation (in the organism-environment field) through an exacerbation of the function of *consciousness*.

This concept provides the therapist with a mentality with which to be present at the contact boundary with the patient and allows her/him to avoid facile diagnostic readings of the other. Only faith in the intrinsic ability of the human being to do the best thing possible at a given moment and in a given situation can direct the Gestalt therapist towards being in the therapeutic contact and relationship, not depending on diagnostic patterns outside it. It is this awareness that allows her/him to find a new therapeutic solution every time.

## 6. The figure/ground dynamic

As a clinical consequence of these hermeneutic aspects of the therapeutic contact, the therapist feels that s/he is part of the situation, supports the *ad-gredere* implicit in differentiation (which should be the patient's and one's own), collocates her/himself in the role of treatment, finalizing to that end her/his behavior, remains at the contact boundary with the senses, rather than with mental categories. Additionally, taking the view of the unitary nature of organism and environment, the therapist asks her/himself: "How do I contribute to the patient's experience at this moment?". The question is not posed in terms of action/reaction, nor in terms of taking on responsibility, but is rather: "From what ground of the experience of the therapeutic contact does the figure that the patient is creating emerge?" It is not a matter of a moral attribution of responsibility, but of being curious about the perception that the patient has now, in this specific given situation. It is a "lively" taking care of the patient's perception, of which the therapist is profoundly part, with her/his emotions and sensations, which certainly participate in the co-created phenomenological field. It is the definition of the therapeutic situation itself (the therapist provides treatment to the patient who requests it) who "sets" the phenomenological field in which both therapist and patient are immersed.

For example: the patient tells the therapist that he dreamed of an insurmountable wall the night before the session. The therapist wonders: "How was I an insurmountable wall for this patient during the previous session?".

It is a matter of referring not to the transferal logic of projection, but to the figure/ground dynamic. The therapist asks her/himself: "Why, of the many possible stimuli that my current presence can provide, does the patient extrapolate some and not others?". The hypothesis is that this particular stimulus hooks to a relational need that the patient is motivated to solve. The patient's "projection" (it would be better to call it perception) always has a hook in the therapist, whose personal characteristics are considered necessary aspects for the co-creation of the relationship.

In the clinical example, the patient, at the beginning of the session, says: "Last night I dreamed about a wall. It was in front of me, insurmountable. I could see neither the beginning nor the end of it. I woke up with the feeling of not being able to go ahead, I didn't know where else to go". From what experiential ground does the figure of the wall emerge? And further, still more importantly, what intentionality of contact determines the formation of this figure? If the background of the experience belongs to the phenomenological field co-created by the presence of the patient and the therapist, the formation of the figure must have to do with this contact. The therapist asks: "How was I an insurmountable wall for you at the previous session?" The patient, a little upset, says: "You... the wall...?" Therapist: "Concentrate on the experience of the wall in your dream and think about our last session. Do you think there's some similarity?" The patient concentrates, then: "It was when I got upset in front of you. At that moment I'd have liked to embrace you. You were

impassive. I felt the way I did in front of my father when I was little. I was never able to tell him if I had a problem or if I was happy. All my attempts to reach him were aborted by his severity. His grave look was like a bolt of lightning that nailed me down. I felt off balance with you: I didn't know where to go at that moment. Maybe it's no use hoping to be spontaneous". The therapist: "So I was a wall for you when I didn't accept your emotion. Thank you for giving me the opportunity not to be that way now. Try to tell me what you didn't tell me about your emotion at the last session. I'm listening". Patient: "I'm a bit ashamed". Therapist: "You're so used to having insurmountable walls in front of you that you're embarrassed when you don't have them". Patient: "Sure, it's something new for me". Therapist: "Take a breath, look at me and, when you're ready, tell me – as you breathe out – about your emotion. I'm listening". The patient takes a deep breath, looks at the therapist and manages to say: "You're important for me. I like your patience, the warmth I intuitively feel in you when I look at you. Thank you for being here with me". Therapist: "How's it going now?" Patient: "Fine, I feel I've done what I wanted. I feel light and I know where I want to go. It was important for me to tell you that".

Defining the figure brought by the patient (the insurmountable wall) as an emerging property of the figure/ground dynamic that animates the therapeutic contact made it possible for the therapist to retrace the patient's intentionality of contact and to support it so that it might be developed in the contact between them. It might be asked how important it would have been in this case to favor the "transition to the act" with a real embrace. In my view, the support in this case had to be directed to revealing the wish for the embrace, to defining himself as someone who wants an embrace, rather than putting into effect the bodily movement: A support to the *personality-function* rather than the *id-function* of the self (see Chapter 2). It is this support to the contact with the other according to the definition of the self that will then make the concrete embrace possible. It is important that the Gestalt therapist should not consider the transition to the act as a cure-all for the patient, but rather develop the sensitivity to discriminate what is actually useful to the patient; the risk is retroflection, on the part of both the therapist her/himself and the patient, of unspoken emotions. This condition would create dependence and desensitization at the contact boundary between them. Before the seduction of an embrace from the therapist, then, the patient says nothing, but remains with a confused aftertaste (that was not really what s/he wanted), which might be made explicit outside the session, in the form of criticisms of the psychotherapist or of psychotherapy. Tracing what intentionality of contact animates the formation of the figure from a specific ground of the patient's relational experience is a fundamental ability for the Gestalt therapist, in order not to remain naively bound to obsolete, generalising humanistic patterns.

### *7. The self as process, function and event of contact*

What led the group of founders to create a new theory of the self was a weakness in the psychoanalytic theory of the ego: "In the literature of psychoanalysis, notoriously the weakest chapter is the theory of the self or the ego. In this book, proceeding by not nullifying but by affirming the powerful work of creative adjustment, we essay a new theory of the self and the ego" (Perls *et al.* 1994, p. 24, trad. it. p. 58).

The self, the hinge on which all psychotherapeutic approaches are based, is conceived in *Gestalt Therapy* as the ability of the organism to make contact with its environment--spontaneously, deliberately and creatively. The function of the self is to contact the environment (in our terminology, the "how" of human nature).

To think of the "self as function" still represents a unique perspective among personality and psychotherapeutic theories. The theory of Gestalt therapy studies the self as a function of the organism-environment field in contact, not as a structure or an instance. This approach is based not so much on a rejection of contents and structures, but simply from the conviction that the task of anyone who studies human nature is to observe the criteria that produce spontaneity, not the criteria that allow human behavior to be schematized.

What does it mean to say that the self, as function, expresses a capacity or a process? Let's take as an example the newborn baby sucking milk: s/he *knows how* to suck. The child's ability to suck (and later to bite, chew, sit up, stand, walk, etc.) brings the child into contact with the world and supports her/his spontaneity. If the child is forbidden to suck (bite, chew, stand, walk, etc.), s/he must compensate by doing something else to make contact, thereby seeking a creative adjustment to the situation. For example, if a child is given bad milk or punished for trying to crawl, stand, or walk, s/he is significantly influenced by this experience. However, Gestalt therapy is not interested in judging the quality of the milk or the parents' behavior; rather, it is focused on how the child reacts. This allows us to look at how the organism can be supported in order to re-acquire its spontaneous functioning, which for us is the aim and the means by which it lives: contact brought about through various abilities. What helps patients rediscover their spontaneity is not only knowing what was not good but also experiencing new possibilities of making contact or rediscovering their ability to spontaneously make a new creative adjustment—a new organization of the experience of the organism-environment field.

## 7.1. The three functions of the self

Having defined the self as the complex system of contacts necessary for adjustment in a difficult field, the authors of *Gestalt Therapy* identified certain "special structures" which the self creates "for special purposes" (Perls et al., 1994, pp. 156-157). These structures are clusters of experiences around which specific aspects of the self are organized. Although *Gestalt Therapy* uses psychoanalytic terms (especially the id, the ego), borrowed, as the authors themselves say, from the psychological language then in force, they are described in experiential and phenomenological terms, as capabilities of integrated functioning in the holistic context of the experience that constitutes the self. This epistemological inconsistency generates confusion. In any case, rather than replacing these terms with others that are more experiential, the recent theoretical development of Gestalt therapy is directed to putting in the background those partial structures of the experience of the self, in order to shift the focus to other processes, such as the co-creation of the contact - boundary. Id, ego and personality are just three of the many possible experiential structures: they are understood as examples of the person's capacity to relate to the world: the id as the sensory-motor background of the experience, perceived as if "inside the skin;" the personality as assimilation of previous contacts; and the ego as the motor which moves on the basis of the other two functions and chooses what to identify with and what is alien to it. Now, we will examine these three partial functions of the self.

### *The id-function of the self*

The id-function is defined as the organism's capacity to make contact with the environment by means of: a) the sensory-motor background of assimilated contacts; b) physiological needs; and c) bodily experiences and those sensations that are perceived "as if inside the skin" (including past open situations). (Perls *et al.*, 1994, pp. 156-157).

*a) The ground of the sensory-motor experience of assimilated contacts.* In the various chapters of *Gestalt Therapy* there are different definitions of "contact" that at times seem to conflict. For example, contact is a constant activity of the self (the self being in continuous contact), while also being described as a significant experience capable of changing the previous adjustment of the self. What, then, is contact? Is it sitting on a chair (physical contact between parts of the body and the chair) or something like making love for the first time with all the fullness of our being with the person with whom we are deeply in love? *Gestalt Therapy* makes reference to two kinds of contact: assimilated contact and the contact which brings novelty, which leads to growth.

In general we do not need to check every time, when we are seated, whether the chair is strong enough to hold us or whether we have to reconstruct the whole series of proprioceptive and motor coordinations that permit us to remain seated. Only a deconstructing event, such as the chair wobbling or breaking, would reactivate the self at the contact boundary between our body and the chair. Sitting on the chair includes the experience of the ground (which we need not recall as a figure) acquired in previous contacts, and becomes "taken for granted".

At the beginning of life, the individual has to learn everything, and everything is a novelty to be experienced, deconstructed and assimilated. The newborn child experiences a connection between crying and mother's arrival (or failure to arrive) and learns to regulate her/his inner sense of time. When mother does not respond, s/he may experience the anguish of abandonment. The sensory-motor ground of assimilated contacts, then, pertains to those specific acquisitions relating to the complexity of psychophysical development (Piaget, 1950) and of bodily experience (Kepner, 1997).

*b) Physiological needs.* In the context of Gestalt therapy theory, where the self is a function of the field, physiological needs constitute the excitement of the self that comes from the organism. The self can be activated by an internal excitement (generated by the emergence of a physiological need or event) or by an external influence (received from an environmental event). This distinction, however, exists only in our minds, since the self is a function of the field, an integrated process in which an environmental element may stimulate a physiological need in the same way as a physiological need may stimulate the perception of a part of the field not previously perceived. For example, seeing a fountain as we walk along under a blazing sun may remind us of thirst, just as thirst activates us to the search for water in the environment. These perceptive, relational dynamics were originally identified by the Gestalt psychology theorists (Köhler, 1940; 1947; Koffka, 1935).

*c) Bodily experience and what is experienced "as if inside the skin".* This third aspect of the id function synthesizes the preceding two, giving the sense of integration in an experience of basic trust (or lack of trust) in making contact with the environment. It reflects the delicate relationship between self-support and environmental support, between the sense of internal fullness and the sense that the environment can be trusted. The two experiences are linked; the more one experiences the sense of being able to trust the environment, the more one experiences an internal fullness as a relaxation of anguish or of physiological desires. Vice versa, the more secure one feels internally, the more it is possible and functional to entrust oneself to the world. Laura Perls was

particularly attentive to this interconnection in her clinical work. Her attention to the patient's posture and gait enabled her to modulate her intervention, privileging the sense of self-support arising from the relationship with environmental support (L. Perls, 1990). Isadore From, on the other hand, connected psychotic experience to a powerful anxiety that characterizes contact-making through this experience of the self. For psychotics, the experience of what is perceived as "inside the skin" proves to be highly anxious-making and (what is still more important) is perceived as undifferentiated from or confused with what is "outside the skin". In other words, in the psychotic disorder we see the lack of perception of the boundary between the inside and the outside (see Spagnuolo Lobb, 2003a).

### *The personality function*

The personality function expresses the ability of the self to make contact with the environment on the basis of what one has become. “The Personality is the system of attitudes assumed in interpersonal relations … is essentially a verbal replica of the self” (Perls et al., 1994, p. 160). Thus, the personality function is expressed by the subject's answer to the question "Who am I?" It is the frame of reference for the basic attitudes of the individual (Bloom, 1997).

Contrary to what might be inferred from a parallelism with psychodynamic theories, the *personality-function* is not a normative aspect of the psychic structure. The *personality-function* expresses the ability to make contact with the environment on the basis of a given definition of self. For example, if I think of myself as shy and inhibited, I set up a completely different kind of contact with my environment than someone else whose definition of her/himself is as daring and extroverted. This concept recalls the empirical “me” of G. H. Mead (1934), whose theory influenced Paul Goodman (see Kitzler, 2007). The *personality-function*, in fact, pertains to how we create our social roles (e.g., becoming a student, a parent, etc.), how we assimilate previous contacts, and creatively adjust to changes imposed by growth.

Thus, one of the basic aspects a therapist must look at is the functioning of the self at the level of *personality-function*. For example, an eight-year-old boy spontaneously uses language appropriate to his age. If he expresses himself in adult language, this may be viewed (as it is a modality of contacting the environment) as expressing a disorder of the personality function. The same may be said of a woman of forty who talks like a sixteen-year-old, or of a mother who behaves like a friend or a sister towards her children, or of a student who behaves like a professor, and obviously of a patient who defines her/himself as a person who has no need of help.

### *The ego-function*

The *ego-function* expresses a different capacity of the self-in-contact: the ability to identify oneself with or alienate oneself from parts of the field (this *is* me, this *is not* me). It is the power to want and to decide that characterizes the uniqueness of individual choices. It is the will as a power, in the sense of Otto Rank’s thinking (1941, p. 50), which is organized autonomously, and is neither a biological impulse nor a social drive, but rather constitutes the creative expression of the whole person (Müller, 1991, p. 45).

Thus, the *ego-function* intervenes in the process of creative adjustment by making choices,

identifying with some parts of the field, and alienating itself from others. The ego is that function of the self that gives an individual the sense of being active and deliberate. This intentionality is spontaneously exercised by the self, which develops it with strength, awareness, excitement and ability to create new figures. “It is deliberate, active in mode, sensorially alert and motorially aggressive, and conscious of itself as isolated from the situation” (Perls et al., 1994, p. 157). According to *Gestalt Therapy*, these are precisely the characteristics of the ego function that lead us to think of the ego as agent of experience. And once we have created this abstraction, we no longer think of the environment as a pole of experience, but rather as a distant external world, thus unfortunately seeing ego and environment not as parts of a single event.

The *ego-function* works on the basis of the information coming from all the other structures of the self. The ability to spontaneously deliberate is exercised in a harmony with the ability to contact the environment through what is perceived as if "inside the skin" (*id-function*) and through the definition given to the question "who am I?" (*personality-function*). It is the capacity to introject, project, retroflect and to fully establish contact

A didactic example may be useful here. An emotion, normally experienced as a unitary phenomenon, can be described according to different functions of the self. According to the *id-function* when experiencing emotion, the muscles are perceived as relaxed or rigid and breathing is experienced as free and open or constricted. The *personality-function* defines the emotion as part of the self ("I'm the sort of person who feels these emotions"). The *ego-function* allows the development of excitement connected with the emotion, e.g., by introjecting (defining the experience as "I'm moved, it’s okay with me"); by projecting (noticing the excitement in the environment too, for instance saying something like "I can see that other people are moved too"), or by retroflecting (avoiding full contact with the environment, pulling back or turning the energy on to the self, e.g., "I want to handle this experience alone.")

The founders describe these *ego-functions* both as ability to make contact and as resistances to it (loss of *ego-functions*). This double use of the above terms reflects a fundamental consistency with the epistemological principles of Gestalt therapy, which does not separate healthy from pathological processes. However, the use of the same terms to describe normality and psychopathology may give rise to confusion, if the epistemological principles of process and phenomenology of the Gestalt theory of the self are not thoroughly learned.

### *8. The experience of contact–withdrawal from contact*

Attention to the process in Gestalt therapy leads us to see the experience of contact as it develops, thus considering the time dimension. In fact, in an ordinary healthy experience,

> One is relaxed, there are many possible concerns, all accepted and all fairly vague–the self is a ‘weak Gestalt.’ Then an interest assumes dominance and the forces spontaneously mobilize themselves, certain images brighten and motor responses are initiated. At this point, most often, there are also required certain deliberate exclusions and choices. … That is, deliberate limitations are imposed in the total functioning of the self, and the identification and alienation proceed according to these limits. … And finally, at the climax of excitement, the deliberateness is relaxed and the satisfaction is again spontaneous. (Perls *et al.* 1997, pp. 185-186,).

The self is defines as the *process* of contact and withdrawal from contact. It is the process by which the self is expanded until it reaches the contact boundary with the environment and, after the fullness of the encounter, withdraws. The experience of contact is described in *Gestalt Therapy* as the evolving of four phases *(fore-contact, contact, final contact, post-contact)*, each with a different stress on the figure/background dynamic.

The activation of the self is called *fore-contact*, the moment at which excitements emerge which initiate the figure/ground process. As an example of the development of the self, let us take the need of hunger. In *fore-contact* the body is perceived as ground, while the excitement (need of hunger) is the figure. In the following phase, that of *contact*, the self expands towards the contact boundary with the environment, following the excitement which in a *sub-phase of orientation* leads it to explore the environment in search of an object or a series of possibilities (food, various types of food). The desired object now becomes the figure, while the initial need or desire withdraws into the ground. In a second *sub-phase of manipulation*, the self "manipulates" the environment, choosing certain possibilities and rejecting others (it chooses, for example, a savory, hot, soft food rich in protein), choosing certain parts of the environment and overcoming obstacles (it actively looks for a place, a restaurant, a bakery, a diner where the chosen food can be found).

In the third phase, the *final contact*, the final objective, the contact, becomes the figure, while the environment and the body are the ground. The whole self is occupied in the spontaneous act of contacting the environment, awareness is high, the self is fully present at the contact boundary with the environment (the food is chewed, tasted, savored) and the ability to choose is relaxed because there is nothing to choose at that moment. It is in this phase that the nourishing exchange with the environment, with the novelty, takes place. This, once assimilated, will contribute to the growth of the organism.

In the last phase, *post-contact*, the self diminishes, to allow the organism the possibility of digesting the acquired novelty, and to integrate it, quite unaware, in the pre-existing structure. The process of assimilation is always unconscious and involuntary (like digestion). It may become conscious to the degree that there is a disorder. The self, therefore, ordinarily diminishes in this phase, withdrawing from the contact boundary.

It is clear that this example cannot do justice to the complexity of the system of contacts of the self, which are constantly in action, at various levels, and which constitute the current experience of the individual. One may read a book (mental contact) lying in a hammock (taken-for-granted contact, unless the hammock overturns), listening to the birds singing (acoustic contact), smelling the scent of the flowers (olfactory contact) and relishing the warmth of the sun (kinesthetic contact). In this complex system of contacts, however, the organism is prevalently centered on one—the one it chooses and identifies with in order to grow. It may be reading the book if the emerging need is linked to mental growth, or listening to the birds singing if this acoustic contact evokes emotions and thoughts that are important at that moment, or something else.

At this point it must be admitted that an important limit of the theory of the experience of contact developed in the founding volume (Perls *et al.*, 1951) is the lack of differentiation between human and non- human environment (see Robine, 2006). The most important originality of this theory consists in looking at the contact from the perspective of the “between”, of the contact boundary. An absolutely necessary development is the specification of the difference between the contribution of a (non human) environment, which does not react, and that of a (human) environment which

reacts to the creativity of the individual equally creatively. As Wheeler (2000b) stresses, this homologation leads to a perspective centered on the individual rather than on the act of co-constructing the contact. This is the *growing edge*, the boundary in development, and the challenge of the theory of the experience of contact today.

### *9. The disorders of the functioning of the self. Psychopathology and Gestalt diagnosis*

"A strong error is already a creative act and must be solving an important problem for the one who holds it" (Perls *et al.*, 1994, pp. 20-21). The first question we ask regarding the issue of psychopathology is: "How can we speak of psychopathology in Gestalt therapy?" (Robine, 1989). The basic understanding of resistances as creative adjustments leads us think of psychopathology in a remarkable way. We believe that any symptom or behavior that is usually defined as pathological is a creative adjustment of the person in a difficult situation. The so-called losses of *ego-function* are creative choices to avoid the development of excitement during the various phases of the experience of contact with the environment. This excitement, as it is not supported, would lead to an experience of anxiety, as I've said before.

Habitual interruptions of contact lead to the accumulation of uncompleted situations (interrupted spontaneity leads to open Gestalts and unfinished situations), which consequently continue to interrupt other processes of meaningful contact.

The *anxiety* accompanying the primary interruption of contact (which, as the situations are repeated, becomes habitual) is the consequence of excitement not being adequately supported by oxygen (adequate breathing) at the physiological level and by environmental response at the social level. (Spagnuolo Lobb, 2001 a, 2001b). This type of excitement cannot lead the organism to the spontaneous development of the self at the contact boundary. Retroflection is the interruption most often seen by the therapist in the patient. You must "peel the onion", as Perls put it, in order to arrive at the primary interruption.

Many of us, especially within the *New York Institute for Gestalt Therapy*, wondered what is blocked, in the case of the interruptions described by Perls *et al.* (1994, pp. 228-239). Is the contact blocked? And how can the contact be blocked if there is always contact? What else, then, is blocked? My answer is that the spontaneity with which contact is made is blocked, not the contact as such (Spagnuolo Lobb, 2001e). The contact in fact comes about in any case, it is the quality with which it happens that changes, making it less spontaneous and hence a source of anxiety.

Spontaneity is the quality that accompanies being fully present at the contact boundary, with full awareness of oneself and with full use of our senses. This is the condition to see the other clearly. A dancer moving spontaneously dances with grace, but without knowing which foot moves first. When *spontaneity* is interrupted (the dancer might be afraid of not moving his feet at the right moment), excitement becomes anxiety to be avoided (dancing becomes heavy); the *intentionality* is developed along complex, distorted lines (the self-who-dances becomes for instance the self-who-watches-the-person-who-dances); and the *contacting* comes about with anxiety (of which one is unaware) and happens via introjecting, projecting, retroflecting, egotism or confluence.

To take another example, if a young girl spontaneously feels the desire to hug her father, and she encounters the father's coldness, she interrupts her spontaneous movement towards him, but she does not block her intentionality to contact him. The excitement of "I want to hug him" is blocked in an inhaling movement (she holds her breath), and, unsupported by oxygen, becomes anxiety. In

order to avoid this anxiety, she learns to do other things, and forgets it. What she does is to establish a contact by means of styles of interruption or resistance to spontaneity such as:

- *Introjecting*: the development of excitement is interrupted using a rule or a premature definition, (e.g. "you shouldn't be expansive," or "fathers should not be hugged").
- *Projecting*: the development of excitement is interrupted by disowning it and attributing it to the environment (e.g., "my father is rejecting me," or "my expansiveness must be wrong for him");
- *Retroflecting*: the development of excitement is interrupted by turning it back on herself instead of letting it lead to fully contacting the environment (e.g., "I do not need -- it is not good for me -- to hug him").
- *Egotism*: contact with the environment happens, but it is over too soon, before the novelty brought by the environment is contacted and assimilated (e.g., the girl hugs her father but does not experience the novelty of this event, and says to herself: "I knew that hugging him wouldn't be anything new for me").
- *Confluence*: the girl's excitement is not developed, since the process of differentiation of organism from environment does not even start (e.g., she takes her father's coldness as her own attitude and does not even think of the possibility of hugging him).

Besides the above-mentioned "losses of the *ego-function*", we need to ask which function, the *personality-function* or the *id-function*, is mainly disturbed. When there is a disorder of the *personality-function*, a rigidity or anxiety towards a novelty in the field regarding social relationships disturbs the contact and the ego loses certain abilities. One example might be that of becoming a mother, which requires not only a biological change but also a change in social relationships (being mother of a child). What seems new is defined as "not for me" by the *ego-function* (in that the support of the *personality-function* is lacking), which cannot adapt to the changes in the social relationships or in the cultural values or the language presented by the current situation. In conjunction with the *id-function*, through which what is felt is organized, disorders of the *personality-function* contribute to the loss of functioning of the ego and are at the root of neurotic disorders.

In contrast, in the case of psychoses, there is a serious disorder of the *id-function*: the ground of securities arising from assimilated contacts is missing and the ego cannot exercise its ability to deliberate on this ground. Thus contacting is dominated by the sensations that invade a self which, so to speak, "has no skin." All that happens on the outside is potentially experienced as if it were also happening on the inside: the self moves without the clear perception of the boundaries with the environment (confluence), in a state in which everything is anxiety-inducing novelty (one cannot be sure that there will not be an earthquake in a few seconds) and nothing can be assimilable (because nothing can really be recognized as different, as new). This disordered experience of the *id-function* can be read in the breathing and posture, in the way the patient looks at others and in her/his manner of relating in general, as well as in her/his language. The body and the language are, indeed, for this reason the most important tools of phenomenological reading for the therapist. For example, a patient might define her/his experience by saying: "Your voice has entered my brain", or "That glass of water has destroyed my stomach", or "It wasn't the hero of the film who was bleeding, it was me, but you could see it on the screen", or again "When you smile I breathe easier". These examples remind us of the strict connection between external and internal in the case of psychotic

experiential structures, and the need to consider them in the therapeutic intervention (Spagnuolo Lobb, 2002b, 2003a).

I shall go more deeply into Gestalt diagnosis in Chapter 4, which is devoted to this subject. The aim of this section is simply to define the epistemology of psychopathology and of Gestalt diagnosis[14].

## 10. Psychopathology as creative adjustment

What has been said thus far implies a number of fundamental points. First of all, to consider human development and psychopathology as *creative adjustment* (see Spagnuolo Lobb, Lyon, 2003). There are not some behaviors that are mature and right and other behaviors that are mistaken or immature. The terms "healthy", "mature", or "pathological", "immature" all make reference to a norm external to the experience of the person, set by someone who is not immersed in the situation (and who for precisely this reason can claim to be "objective"). The phenomenological perspective, though in the dilemma between subjectivity and objectivity that is a central question in the thought of many philosophers (from Husserl to Heidegger to Merleau Ponty and in some respects also Kierkegaard and Adorno), considers experience to be that which gives *the* knowledge, and which can in no way be replaced by conceptual analysis (Watson, 2007, p. 529). Hence it is important to consider the intentionality of a behavior, in other words the contact that animates and motivates it. A knowledge which is incarnated, intentioned-to-contact and esthetic, rooted in the unitary nature of organism/environment, is what does most justice to our approach. As Merleau-Ponty (1965; 1979) reminds us, phenomenological knowledge every time implies a "re-learning to look": in the world of phenomenology knowledge does not exclude intuition, in that it emerges from perception (Merleau Ponty, 1965) and – since perception is based on the senses – it is strictly linked to esthetic judgment. Defense, which in a psychodynamic perspective has traditionally been seen in its impedimental aspect to the therapeutic process, in the Gestalt approach is seen, in contrast, as a relational ability based on a *process* of creative adjustment to be supported. This permits psychotherapy to move from an extrinsic model of health to an esthetic model, based on the current perception of the encounter between therapist and patient, so on factors intrinsic to the relationship (see Spagnuolo Lobb, 2011, pp. 117 ss.; Francesetti, Gecele, 2011). Gestalt diagnosis focuses on the modality of contact with which the person avoids the anxiety of the excitement of contact, and makes it possible to identify the type of contact on which the therapeutic relationship will be staked.

Hence the clinical problem that is posed to the Gestalt therapist is in line with phenomenological research, which, starting from the natural evidence, arrives at a transcendental knowledge, setting aside any judgment and letting ourselves be guided by intuition. It is also in line with pragmatism, which roots the experience in the sensation (James, 1983) and considers it to be an esthetic process of the organism and the environment in co-creative equilibrium, gifted with grace, harmony and rhythm (Dewey, 1934)[15]. The Gestalt therapist does not intend to bring the patient to a "healthy" or "mature" standard of experience or behavior, but to lead her/him to (re)appropriate spontaneity in making contact, to (re)acquire the fullness of her/his being-there in the contact. The therapeutic task consists in helping the person to recognize the creative experience of her/his adjustment, re-

[14] See also Francesetti, Gecele (2010).
[15] See Bloom (2007, p. 100).

appropriating it in incarnated manner, without anxiety, in other words with spontaneity.

In the current scientific fervor for the relationship, neuroscientific research, which with ever-increasing emphasis confirms the relational nature of the brain,[16] and the most recent reflections of Daniel Stern (2010), who sees in the perception of forms in movement the basic unit of consciousness, confirm the intuition of the founders of Gestalt therapy, according to whom the primary reality is the co-created presence at the contact boundary, the *Gestalt* emerging from the encounter of the intentionalities of contact.

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[16] Gallese's most recent studies (2007) specify that the ability to intuit the other (attributed to the mirror neurons) is linked to the perception of intentional movements: the mirror neurons are activated in front of an intentional movement made by the other, not in front of a repetitive movement.

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