

A dialogue between
Nancy McWilliams and Margherita Spagnuolo Lobb

The therapeutic presence in psychoanalysis and in Gestalt psychotherapy An update in present society

Margherita: Hello, Nancy. Welcome to Syracuse.

Nancy: *Thank you.*

Margherita: And thank you very much for having accepted to dialogue about our methods. The first topic I'd like to address is the presence of the psychotherapist. I know that you consider yourself a faithful psychoanalyst to Freud, and that you experience the original theory and method as a method that includes already many things; so you like to be faithful to ethical presence and also warm and sensitive presence. And we know that Gestalt therapy is characterized by a more active, let's say creative and active presence. In the book *Gestalt Therapy*, the founders speak of a presence "from human being to human being". Psychotherapeutic treatment is seen as a real, co-created meeting between two people who get both involved. Therefore the therapist presence is part of the experiential field and his/her feelings are an important tool, like the "other side of the moon" of the client's experience. The resonance of the client's suffering in the field is perceived by the therapist as "aesthetic relational knowledge" (this is the way I have called it, using a similar concept of Stern's), which includes his/her embodied empathy and resonance to the client's experience.

This might seem a different approach on the presence of psychotherapist, at least in theory, from the psychoanalytical one. I'd like to dialogue with you about that, if you want to say something. What is the psychoanalytical presence?

Nancy: *It's an interesting question. You characterized me as faithful to Freud, and I'm faithful to certain elements in Freud that are important to me, including his deep curiosity, his respect for patients. When hysterical women were being treated as if they were just... making it all up, he took their suffering seriously and he learned from them, a way of helping them. So there was, despite many areas where he was not at all "modest", there was humility about his willingness to learn from the patient, and I've always felt there's a difference between a psychoanalytical sensibility and a particular technique. It's my understanding that the Gestalt movement was partly an effort to correct the tendency among many psychoanalysts to make a fetish out of a particular version of psychoanalytical technique. They often quoted something that Freud had said about that, they made it sound very sterile and medical because, at least in the United States, medicine was under some attack and they were trying to show how systematic and sterile they were, that this was really a teachable technique. And I think there have been many negative effects to trying to define psychoanalysis according to a technique. At the same time I was personally very much helped by a psychoanalyst who had a fairly traditional technique. He did not speak much, when he did he would just help me explore more deeply, he kept an eye on where I think he thought was a resistance to my opening myself up. But he didn't "bomb" me with interpretations the way I've known some analyst to do.*

Margherita: Laura Perls used to say that there are as many Gestalt therapies as many Gestalt psychotherapists. We might say so also for psychoanalysis.

Nancy: *Yes, I think there's something about any good therapist that involves some qualities that Freud had, which is an I-thou relationship as Martin Buber would say, that kind of ethical presence, the respect for the patient, a deep curiosity and willingness to acknowledge what you don't know. I always admired Freud for changing his theory over time when he felt there was a problem with it.*

Margherita: Yes. I've always admired Freud for his professional and dedicated attitude to his patients, which shines through what he wrote about them.

Nancy: *Yes. And seemed to be genuinely interested in them and caring about them, so... those were the things that I've identified with, I've always been very uncomfortable with that sort of a.... I think that is a perversion of the original psychoanalytic presence...*

Margherita: Yes.

Nancy: *...to try to say that there's a particular type of therapy and it's the best therapy and if you do less than 4 times a week on the couch with the therapist behind the patient it's not true psychoanalysis, I think that's a misunderstanding.*

Margherita: What you say makes me think to the criticism that the founders of Gestalt therapy, all well educated in psychoanalysis, did to overcome the rigidity of the psychoanalytical approach and the limitations of a society which could not recognize the creative power of its citizens.

Before the foundation of Gestalt therapy, in 1942, in the book *Ego, Hunger and Aggression*, Perls criticized Freudian evolutionary theory for not having taken into due consideration the child's ability to deconstruct reality when, thanks to the development of teeth, he can deconstruct food. To society he challenged the attitude that tends to sedate the aggressive, destructuring and creative capacity of individuals and therefore the possibility of welcoming people's creativity. He saw creativity as the result of the ability of individuals to deconstruct (ad-gredere) reality, then linked to the possibility of acting on things, destructuring them and then giving them back a creative form, with which to identify themselves. In this way Perls proposed a positive reading of the relationship between nature and culture, and an integration of the impulses in social life. Gestalt psychotherapy proposed a phenomenological understanding of clinical disturbances, a displacement of the observation point: theory and practice must direct their attention to contact, the space in which the individual and the environment become involved with each other. Provocatively, they stated that the patient does not come to remember himself, but to "do" himself.

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At the beginning there was therefore a critique of society, because it denied to citizens the right to make their own creative and active contribution, and at the same time a critique of psychoanalysis, because it taught patients to know everything about themselves, but did not restore their vitality, that comes from identifying with what one is. That's where Gestalt therapy comes from.

Nancy: *Yes, and I never understood it that way, that's interesting. I didn't really see. There's, within psychoanalysis, some similar critiques, like the Sullivians for example. You've mentioned them in your own writing. Or the work of the modern psychoanalysts, Bob Stolorow is one of them. They had the same reservation, but I had not understood that there was the foundation of the Gestalt critique.*

Margherita: Yes. And he was very much in line with the trend of narcissistic society of that time, because he supported a lot the narcissistic wish to do their own things. And then, so, after 20 years, or 30 years, in the 80s, this was not up to date anymore, because we needed to find other ways to be present with our clients. We could not stress always the autonomy and the creative aggression of the person, because the clinical evidence changed, the client changed, and so the client became less structured, more fragile. If you tell to a fragile person: "Be creative, do whatever you want" and there's not enough support in the experiential ground of the person, than that person cannot do that, unless he or she splits, detaches from actual contact and becomes either aggressive or depressed, but not empathic.

Nancy: *Yes, they get into a self state where it's narcissistic entitlement rather than healthy aggression in one of their self state and a terrible depletion and incapacity in another, and both of them are torture.*

Margherita: Yes. So I think in Gestalt therapy we developed a lot from that original fixed creative aggressive attitude to a more adjusted to new clients' attitude. And so today we think that what is very important is that the presence of the therapist has to support the experiential ground of the person...

Nancy: Yes.

Margherita: If we take, for instance, the experience of borderline clients, we know that they are debating between good and bad parts of themselves, so, they cannot choose what they want, who they are. And the therapist has to support the ground experience, first of all the relational experience: "I'm here to listen to you, I'm here to... maybe also to tell you what I feel when you do certain things, I'm here to remake a story, a relational story with you".

Nancy: Yes, yes.

Margherita: So...

Nancy: *Well, as you know there's a convergence there, of the correctives to early psychoanalysis, of contemporary relational psychoanalysis, and intersubjective psychoanalysis, that's also adapted, perhaps a little bit less self consciously, about what it was in the society that they were responding to. But that has gone in the direction of sometimes effective self disclosure, much more appreciation of the therapist inevitable involvement in the process, as opposed to being an objective observer outside the individual. So there's some convergence there of a sense of their needing to be a moral live... other person in related metrics.*

Margherita: Yes. To revise the concept of neutrality, for instance, in psychoanalysis.

Nancy: Yes, yes.

Margherita: Can you say something about the neutrality in psychoanalysis?

Nancy: *Well, I don't have a problem with what I understood to be neutrality, but have a big problem with how it was often defined. I always liked Anna Freud's definition, which is: the therapist should try to maintain an equal distant position between the Id, the Ego and the Super Ego. So you don't uncritically support the person's drives, like they have a drive toward a sexual object, that would be problematic in some way. You don't support their drive, unambivalently you don't support all the realistic reasons why it's a problem, and you don't come in on the side of their Super Ego and start moralizing to them about how bad it would be to behave. You take an equal distant position of curiosity, trying to open things up. But I think the term "neutrality" has often meant to people something rather different from what Anna Freud defined, which is a kind of effort to erase the therapist as a person, to be so blank that there's a kind of denial that it is a true person activity.*

Margherita: Yes.

Nancy: *And I know many people who had analysis with therapist who wouldn't answer a question because in some sense that way they would violate a rule of neutrality, wouldn't ever say something about themselves, even if the patient was asking a simple question, like: "Have you seen such and such a movie?", because the patient wanted to talk about the movie. And it would be helpful to know whether the analyst had seen it. So I've always had a problem with rigidity in psychoanalysis or anything. But neutrality has been a particularly badly interpreted construct, I think.*

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Margherita: Our position as Gestalt therapists is to work at the contact boundary with the client, and to experiment on a new way of making contact in the here and now. We are phenomenological, so we work on the process of contact in the here and now. This allows awareness (the ability to be fully present at the contact boundary with the other) to be the guide, so as to find a new therapeutic solution that always comes out of the experience of the situation and therefore out of how client and therapist work to co-create it. The therapist allows the sensations of the phenomenological field, activated by meeting the client, to change her, and this provides access to the depth of the client's emotion and to the relational processes that are possible for him. If a client has an issue about, you know, sexuality, what we look is how he tells us that. The how.

Nancy: Yes.

Margherita: And then we experience what we feel when the client tells it in that way. Therefore the therapist's act of sensing/perceiving is not only empathy, an identification with the client's experience, but also resonance, a personal and sensitive reaction to the field in the presence of the client. With it, the therapist can see the beauty, the harmony and grace, with which the client has faced life's difficult situations, all the while maintaining the intentionality of contact with significant others and the reactions of others—the resonance of the field. The therapist's aesthetic relational knowledge allows her to engage in a dance with the client, whose steps are a co-creation based on the musical rhythm of both, starting from the "givens" of the situation gleaned from her experiential background, and following her desire to reach the other—the client's "now-for-next".

These are the basic elements for us to understand the contact boundary that client and therapist are building together, and the intention of the therapist is to remake a story, to remake a better possibility for the client to make contact with more spontaneity.

Nancy: Yes.

Margherita: I think this can be very much connected with the attachment theory.

Nancy: *Very much. Which has also been... I'm having a fly here... that's also been very influential for the relational psychoanalyst as well, who have described that... you get into a relationship with someone, and you understand that the two of you will end up enacting some things from the client's history, but it's your job to make them come out differently, by understanding your own role in the process, as well as what the patient brings to the process.*

Margherita: Yes, sure. Do you feel that you do the same or similar things when you're in front of the client? Do you think in terms of "present moment", of the here and now, and what you're both doing? Or you're more focused on "interpreting" what the client says?

Nancy: *I think it partly depends upon the client. Mostly, I try to approach clinical work with my natural curiosity about how to understand this person, how to try to feel that person's suffering, and I think that's a process that goes on all through the therapy, it's not like that you figure it out and then you have your interventions. I'm more likely not to interpret so much as raise a question. "I wonder if the reason that you do, this has something to do with your mother..."*

Margherita: You raise a question ...

Nancy: *"...what comes to your mind about that?" Or: "I feel as if when you and I are in this conversation, it's as if we are a mother, a critical mother and a defensive daughter, is that how you're feeling as well? is that what's going on now? and how can we find a different way to experience this?" So, yes, I think I've been very influenced.*

Margherita: Somehow, yes. Cause we think in terms of "bodily" experience, and so we know that the way this client is with the therapist has been learned in the past, in previous contacts.

Nancy: *Yes. I think we're behind you there, because I think psychoanalytic attention to the body is... is getting to be a very hot topic in the field, but it's been slow. It's come mostly through the experience of working with people with serious trauma, where their body has been very closed down in certain ways, and the only way to feel that is to feel your own body in relationship to the client. So I think you've been aware of this for much longer than we have. And psychoanalysis... tilts toward being overly intellectual and overly about understanding cognitively. Sometimes at the expense of raw re-experience.*

Margherita: Yeah, that's a... we've been influenced by Reich.

Nancy: Yes.

Margherita: The concept of character armor was Reich's answer to Freudian concepts of remotion and sublimation.

Nancy: Yes.

Margherita: That we call "retroreflection".

Nancy: Yes.

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Margherita: Fritz and Laura Perls have thought to the depth of experience as embodied relationships. And the body, which is the organ of contact par excellence, gathers both memories of previous contacts as well as the creative integration of actual contacts.

Another thing I'd to talk with you is the new clients, the new clinical evidences, which, as we were telling before, are more on the side of personality disorders, so ... less neurotics, and more serious disturbances.

Nancy: *Yes.*

Margherita: This shift has supported the spread of more consistent and dedicated studies on this particular experience, that of borderline clients. While before borderline clients were merely those who were not neurotics nor psychotics.

Nancy: *Right.*

Margherita: Thanks to studies like those by Kernberg, we know that the structure of the experience of borderline clients is a complex one, and develops in variuos ways.

Nancy: *Yes.*

Margherita: Borderline personality disorder faces a human drama that is much more complex than that of the repression of the emotions and consequent lack of autonomy. It pertains to a more delicate experiential field, in which uttering one's emotions leads to an expansion of the self which is always dramatically conflictual: a profound sense of split leads the sufferer to desire and at the same time loathe contact with the other. The wound experienced by these persons has to do precisely with the contact-boundary: the difficulty of defining oneself solidly and of defining the movement of the self in relation to the environment, the I in relation to the You. So, how do you define the borderline suffering?

Nancy: *I think there's a very profound identity disturbance, both in terms of being able to integrate good self states with bad self states, but also being able to feel some continuity in time, that you are the person who was once a little child, and you can imagine yourself going forward in the future. Cause borderline people get frozen in the present. And also a kind of integration between the psychological self and the body, because many people with borderline diagnosis treat their body as a foreign object. You can burn it, you can cut it, you can starve it. So there's an identity problem that splits off aspects of experience into disowned states, that need to be integrated. I think I've been very influenced by Kernberg observation about the defenses that are characteristic of people with borderline psychology, splitting, which goes with what I just said.*

Margherita: Primitive defenses.

Nancy: Primitive defenses, generally extreme denial, extreme idealization, or devaluation, I would say dissociation also, omnipotent control, projective identification, primitive forms of projection and introjection... and withdrawal, some people simply go away, they go inside. So, those things can be profoundly negative in their consequences. If somebody sees a lot of splitty people and ends up hating them and they don't quite get why, if they use a lot of withdrawal, they become extremely isolated socially, if they use a lot of primitive projection their experience gets paranoid and so people end up mistreating them in the ways that... they expect to be mistreated. So, those things have influenced me a lot. The type of suffering is ... I think Masterson captured something with the idea of abandonment despair. I think they have a terrible problem in the separation-individuation field, or in what Panksepp calls the "Panic system", the attachment, separation system, when they are close to people they feel controlled and they have to fight their way out from under, and when they are too distant they feel devastatingly alone and abandoned. And both of those states of mind, of being controlled by others and dominated, or being completely alone and neglected, are extremely toxic to all mammals.

Margherita: And also the anger, like I think Gunderson say.

Nancy: Yes.

Margherita: In Gestalt therapy we draw on Isadore From's lesson about this suffering. He provides a phenomenological reading of contact, centered on the intentionality of their behavior and on the esthetics of the contact set in motion by patient and therapist. Isadore said that the borderline's primary intentionality in contact is to preserve a laboriously constructed sketch of the self. This simple observation illuminates us on the behavior of borderline patients and their "now-for-next". Isadore brought out the borderline patient's anxiety developed in the primary relationships, when faced by the adult's attempt to define him/her in intrusive/abusing terms. In order to define her/himself against the invasion of the adult in her/his (fragile) boundaries, the person develops an incomprehensible language, with the aim of preserving the sketch of the self. From's Gestalt definition brings out two fundamental aspects of the borderline experience: the sense of having built up a sketch of the self, obviously to be maintained (as instinct for survival) and the dignity, the beauty, the harmony with which the person maintains this sketch of the self. With a phenomenological attitude, the Gestalt therapist is focused on the intentionality of the borderline client to reach the other as a whole, and on his/her pain for not being able to experience an integrated self.

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Nancy: *A sketch?*

Margherita: A sketch of the self.

Nancy: *Very nice.*

Margherita: And they work hard to keep this sketch of the self, all their ungraspable behaviors can be seen as an attempt to do that. They have to protect themselves from the other. From the invasion of the other. And they do this with dignity, they do this with a beauty, in an artistic way.

Nancy: *Yes.*

Margherita: Do you like this?

Nancy: *Yes, I do, because I always look for ways to understand what's the patient's achievement, what is the health-seeking element in something that can look so pathological from the outside? What problem is the patient trying to solve? And a very talented observer or therapist can see the beauty in this kind of...*

Margherita: ..behavior. Let's take for instance a client, a borderline client, who sits and looks sad, and you say: "You look sad today", and he tells you: "No at all, I'm not sad". And then after a little while, from nothing, he says in a determined way: "I'm sad today". They don't want to be defined by the other, they want to be the ones who say how they feel. And they do it with some... with anger, I mean, the anger is also a sort of support to their keeping the sketch of the self. That's what they have, the tool they have.

Nancy: *That's their version of self respect. Yes. That's a very nice way to think about it.*

Margherita: Yes, so the example that I make, as you know, is that a client tells the therapist after a session where there was some warmth, and the therapist thought: "This is a good session". And he saw the client very fluid, very warm, and he thought: "This was a good session". But then, of course, the client has a second reaction...

Nancy: *Right, that reaction is always dangerous. A wonderful session...*

Margherita: Yes, and the client feels the need to protect from the intrusion, potential intrusion of the other, so does something negative like disturbing the therapist, calling the therapist at midnight or at two in the night, because he feels bad. The therapist doesn't answer, but in the next session he is disturbed. If he would be an "old" Gestalt therapist, used to treat more solid experiential structures, he would trust this anger, and he would say:

“You shouldn’t have called me last night, you must do it by yourself”. But if he is updated with the borderline client’s fragility and need of integrity, he would look at the aesthetics, at the beauty of how the client says that. When the client says, instance: “I will never trust you again”, he would see the dignity by which he says that. So the Gestalt therapist today sees the anger and the ungraspable behavior of the borderline client like a defense of his sketch of the self, and second he looks, with aesthetic criteria, at the harmony, the artistic way the client’s says so.

Nancy: *Interesting.*

Margherita: The therapist might say for instance: “I am touched, I’m impressed by the dignity by which you have said that”. So this is a message for the client that the therapist has got his/her intentionality.

Nancy: *Yes, it’s interesting cause I’ve been trained to say things like that, for example with a very devaluing patient: “I’m so impressed that you’re able to find every mistake I ever make”, you know. “Nobody has appreciated all my defect quite as brilliantly as you”. But I think I would explain it in a different language, what that does. But there is some effort there to note the intentionality and detoxify it, because it’s not saying: “You shouldn’t have done that”, it’s saying: “I get that there’s a hostile intent’, and isn’t it.... attractive, in some kind of way?”*

Margherita: Yes. And “you do that to save yourself”.

Nancy: Yes.

Margherita: Not to kill the other, or to destroy the object.

Nancy: *Yes. And that also helps the therapist to save the his/her own sense of self.*

Margherita: Yes. To feel detached.

Nancy: *In being so devalued you find some way to turn that into humor or appreciation, you feel better about your own self.*

Margherita: Yes. Going back to a wider look at society, this is probably the suffering of many people today.

Nancy: *Yes, I think so.*

Margherita: If we think to people who kill other people with no reasons or they even kill their parents or children with no reasons, with primitive tools, like knives, axes or things like that... what do you think? Could they be included in this kind of suffering, or it’s another thing?

Nancy: *I think people who do those kinds of extreme behaviors are often roughly in a borderline range of people, and I have the impression that in their histories they haven't felt anyone's devotion. One of the things that's happening to people these days is, at least in the United States, it's very hard to get long term devoted therapy. There's the idea you should come in and have a quick intervention and that should be fine. So some of the people who have committed these horrific crimes, they have seen therapist before but they've told: "Ok, you had therapy, it didn't work, let's put you on a medication". Being treated like and object that way and have people throw medication at you and have your parents feel like: "OK, the doctor thinks you need to be drugged"... the child can feel that is such an affront to their humanity, that they have to do something that restore some sense that they're in control, and they are in a rage, of course.*

Margherita: Yes. And it's a lack of relationship, intimate relationship, it's a repetition of a schema, relational schema.

Nancy: *Yes. I think so. And I'm nervous about the future, because more and more, one sees parents who aren't relating to children, they're on their cell phone... and the child is sort of an accessory...it's hard to find families that really enjoy parenthood, for many reasons. Most of them involving economy, and having to work, etc.*

Margherita: Yes, it's very true, we have... much to do!

Nancy: Yes.

Margherita: Ok. So, if you want to say something else here...

Nancy: *Oh, I want to thank you for inviting me to this beautiful place, and also for stretching my mind into a better understanding of Gestalt therapy, because I was exposed to it early in my career, but I have something of a negative reaction to Fritz Perls, based on my personality, which is very sensitive to any domination by charismatic men. I immediately... want to fight. And probably if I had been his patient he could have done something positive with that, but I was put off by the idea of... of his style, and so I went in a different direction, and I have lost contact with the approach.*

Margherita: Did you know Perls, Hefferline and Goodman's book? How did you know, in the early age, Gestalt therapy?

Nancy: *A little bit. I mean, I was influenced by some of the ideas, the idea that every image in a dream is the dreamer, and also it's about the therapy, it's about the therapist. The empty chair technique interested me as a technique. I had colleagues, like my colleague Jill Stein, with whom I wrote one of my earliest paper, she was trained in Gestalt. So I have been influenced, but I haven't witnessed its evolution over the past decades.*

Margherita: Thank you very much for your time for this interview and for your openness.

Nancy: *My pleasure.*

Margherita: I learned a lot from you and I really much enjoy the way you are.

Nancy: *Thank you. Likewise.*

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