Contact and diagnosis in a clinical setting

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Margherita Spagnuolo Lobb
References


How can we define psychopathology in GT?

• Lack of spontaneity
• Missing sensitivity
• A way of being at the contact boundary (with more or less anxiety)
• A figure/ground configuration of the experience
• We need to develop skills to support the ground experience – not only the figure – of the client
Figure and ground experiences of the self

• Developmental aspects of a person are part of the ground experience in any given situation of a therapy session.

• The sensed or aesthetic qualities of this experience are considered as shaping different “sufferings of the between”.
The perspective on development

The Polyphonic Development of Domains

An Aesthetic and Phenomenological Glance to Development and Clinics

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The Polyphonic Development of Domains

- The concept of domain
- As opposed to the concept of developmental phases, which imply an external, not phenomenological criteria
- Allows the Gestalt therapist to stay with the freshness of the present contact with the client,
- and to consider, in his/her work, the “depth in the surface” in therapeutic contact-making
The Polyphonic Development of Domains

- The PDD is in line with the theory of complexity.
- If we instead compare the child’s behaviour with what is “normal” in a phase, we lose the possibility to see creative adjustment.
- “Losses of ego-finctions” can be considered as acquired competences experienced with more or less anxiety.
- Desensitization, our category for psychopathology, is a consequence of not being recognized by the significant other.
- In other approaches, they see an “atypical” inner decision which brings the child to act.
- It’s the luminous body of the child and the parents’ bodies, activated by a pleasant surprise, that determine our “diagnosis.”
Here-and-now situation

Embodied empathy

learning

imagination, discovery

safety

autonomy

Domains – competences of contact

Development

Domain of being confluent

Domain of introjecting

Domain of projecting

Domain of retroreflecting

Domain of egotism

Gestalt map of polyphonic development of domains
(from Spagnuolo Lobb, 2012)
# The Ground of Assimilated Contacts: the *Polyphonic Development of Domains*

<table>
<thead>
<tr>
<th>Domain</th>
<th>Excitement</th>
<th>Life ability</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being confluent</td>
<td>Being part of the environment</td>
<td>Embodied empathy</td>
<td>Confusion</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Madness</td>
</tr>
<tr>
<td>Introjecting</td>
<td>Giving names</td>
<td>Learning</td>
<td>Depression</td>
</tr>
<tr>
<td>Projecting</td>
<td>Plunge into the world</td>
<td>Imagination, discovery, courage</td>
<td>Paranoia experience</td>
</tr>
<tr>
<td>Retroflecting</td>
<td>To be well confined in oneself</td>
<td>Safety</td>
<td>Solitude</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Well-informed</td>
<td>Grandiosity</td>
</tr>
<tr>
<td>Egotism</td>
<td>The pleasure and pride in being oneself</td>
<td>Autonomy</td>
<td>Control, boredom, void</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Finding a strategy in a difficult situation</td>
<td></td>
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</tbody>
</table>

*Excitements, life abilities and risks of each domain of assimilated contacts (Spagnuolo Lobb, 2016, p. 36)*

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The figure

The dance (or contact) steps

• The experience of the situation includes the experience of the other, who is an important moderator of the sense of self (Stern, 1985).

• The observation focus switches from the client to the phenomenological field s/he is in, and to the reciprocity, in other words the reciprocal act of moving-towards-the-other that characterizes our lives.

• Dance is the way in which the two intuit, see and recognize each other, adjust to one another, take bold steps together, have fun, reach each other, let oneself go to the other/take care of the other.
**Excitement at the contact boundary, vital competences and risks of contact-making domains in the caregivers/child field (Spagnuolo Lobb, 2016, p. 53) – THE DANCE STEPS**

<table>
<thead>
<tr>
<th>Domains of contact co-creation</th>
<th>Experienced excitement at the contact boundary</th>
<th>Vital competences</th>
<th>Risks when the contact boundary is desensitized</th>
<th>The therapist’s (or researcher’s) resonance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>To intuit each other/resonate with each other</strong></td>
<td>To feel one’s own and the other’s feelings and movements in the field</td>
<td>Embodied empathy Being attuned</td>
<td>Confluence Confusion Madness</td>
<td></td>
</tr>
<tr>
<td><strong>To perceive each other</strong></td>
<td>The self activates in contacting the other</td>
<td>To perceive with senses open Staying with the diversity of the other</td>
<td>It’s impossible to perceive the other. The need to control the diversity of the other takes over the field</td>
<td></td>
</tr>
<tr>
<td><strong>To recognize each other/intentional resonance</strong></td>
<td>To resonate with the diversity of the other bringing one’s own uniqueness in the field</td>
<td>To creatively differentiate from the other</td>
<td>It’s impossible to resonate with otherness Depression</td>
<td></td>
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<tr>
<td>To adjust to one another</td>
<td>Energy for contact is perceived in a middle mode: active and passive at the same time</td>
<td>To contain one’s own energy and moderate it, synchronizing it with the other’s energy</td>
<td>Rigidity, Inability to negotiate one’s own presence with the other’s the other is either introjected or abused</td>
<td></td>
</tr>
<tr>
<td>To take bold steps together</td>
<td>Sense of risking with the other It’s possible to create a third reality together with the other</td>
<td>Courage, Agency Capacity</td>
<td>To project Paranoiac experience Boredom</td>
<td></td>
</tr>
<tr>
<td>To have fun</td>
<td>It’s possible to exhale To let the control go</td>
<td>Trust in the world and in oneself</td>
<td>Control, Paranoia, Obsession</td>
<td></td>
</tr>
<tr>
<td>To reach each other</td>
<td>Feeling that the tension towards the other has reached its goal</td>
<td>Efficacy Trust in one’s own ability to reach the other To use one’s own strength at the benefit of the other</td>
<td>Being unsatisfied</td>
<td></td>
</tr>
<tr>
<td>To let oneself go to the other/take care of the other</td>
<td>Feeling of being-with the other</td>
<td>Intimacy</td>
<td>To retroreflect Solitude Grandiosity Egotism</td>
<td></td>
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</tbody>
</table>
The perspective on psychopathology

- Clinical evidence: the main disturbances of our time are
- Anxiety disturbances (fobia, panic attacks, PTSD, etc)
- dissociations
- Anedonia
- Depression
The challenge for psychotherapy models today

- A consequence for our work is that we cannot use traditional Gestalt techniques with nowadays sufferings.
- Those techniques imply a kind of relational experience that is no longer available.
- Today we need to work on the ground: support the id-functioning, the body feeling-in-contact, so that people can (re)build the sense of self-in-contact, and orient themselves with the energy that comes from senses.
- Our clients need to feel rooted into relationships today, not to get rid of relational bonds. It’s the opposite clinical problem of when GT started.
Gestalt therapy treatment today

• Aims not to satisfaction of individual needs, but to create a new experience of contact which makes spontaneity possible

• Being aware of our finitude is the challenge of psychotherapy today. The therapeutic condition is a humble one: an uncertain, aesthetic, procedural art that enables people to create more spontaneous contacts and be more creative citizens of this society.
Three main principles for a Gestalt therapist to stay in the here-and-now

1. The **phenomenological criterion**
   Participation vs. objectification.

2. The **aesthetic perspective**
   We use our aesthetic relational knowledge to support the now-for-next of the client: via attunement and resonance.

3. The **contextual or field method**
   «It’s meaningless to define a breather without air» (Perls et al., 1994, p. 35).
   The unitary nature of the organism/environment field: the stomach cramps become experience for a baby when the mother comes (or doesn’t come), and the anguish for a client becomes experience when the therapist moves (or doesn’t move) in front of it.
The suffering experience of the ground (Spagnuolo Lobb, 2016b, p. 284)

<table>
<thead>
<tr>
<th>Perceptive style</th>
<th>The (co-created) ground experience</th>
<th>Excitement and growth at the contact boundary</th>
<th>The (co-created) emergent experience of the field</th>
<th>&quot;Diagnostic&quot; feelings in the field</th>
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<td>Neurotic</td>
<td>The ground is sufficiently clear about who feels what and provides a basic existential safety. This normal condition can be experienced on a continuum which ranges from a less to a more anxious perception.</td>
<td>The contact boundary is partly desensitized (as an effect of anxiety), some spontaneity is lost, the other (environment) cannot be reached with a good balance between active and passive presence (middle mode).</td>
<td>In case of desensitization of the contact boundary, the ego-function cannot deliberate in the fullness of senses: the other is not seen clearly and some figures can be predominant and not “in contact”.</td>
<td>The field is experienced as reliable and clear, although with painful contents.</td>
</tr>
<tr>
<td>Psychotic</td>
<td>The ground is so full of anxiety that it’s difficult to see who feels what and to rely on some feeling of safety.</td>
<td>There is no perception of the contact boundary; there is not a distinct self and a distinct environment, one cannot feel oneself-in-contact.</td>
<td>No clear figures are possible. They are based on the need to control (paranoiac) or to suspend (depression) or to enforce (schizophrenia) the excitement for contact.</td>
<td>No perceived possibilities in the field to stop or calm the anxiety.</td>
</tr>
<tr>
<td>Borderline</td>
<td>The ground experience is unstable and polarized: opposite (bad and good) perceptions of oneself and the other.</td>
<td>The contact boundary is characterized by the activity of preserving a “draft” of the sense of self, in order not to be swallowed into “fusion” with the environment and madness.</td>
<td>The wish to overcome the unstable and contradictory sense of self and reach the other with a differentiated sense of self is the recurrent figure.</td>
<td>What seems stable can become unstable. The client can never be sure that the therapist is good (or bad); the therapist can never be sure that the client’s (good or bad) experience will last.</td>
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# The traumatized ground

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<td>Traumatized/abused</td>
<td>Collapsed sense of ground: mixed feelings and confusion about roles and moral aspects (nothing is sure any more); it’s impossible to integrate the episode(s) and let another figure emerge</td>
<td>Dissociation: the self continues to exist on “another level”, where the traumatic situation doesn’t exist</td>
<td>The traumatic figure becomes a fixed one, in a compelled way. The figure is not the solution for an intentionality for contact, it doesn’t close the gestalt</td>
<td>Everything has to remain under control and not openly said</td>
</tr>
<tr>
<td>Traumatized/loss</td>
<td>Collapsed sense of ground: sudden and uncontrolled loss of ground security</td>
<td>The self cannot integrate the new situation, and continues to function trying to ignore the novelty</td>
<td>Figures are no longer supported by habitual ground, they can be repeated (obsession) or forgotten (anaesthesia)</td>
<td>A void (like an air bubble)</td>
</tr>
</tbody>
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