

# **Psychotherapy in Postmodern Society**

## **A Social Tool in Support of Human Resources of the Time<sup>1</sup>**

Margherita Spagnuolo Lobb<sup>2</sup>

### **1. The Evolution of Social Feeling and Psychotherapy**

Talking about psychotherapy and society is a fascinating subject because it allows us to understand that different psychotherapeutic approaches, different schools, are not isolated developments of a clinical thought, but that they are constantly “contaminated” both by different interpretations of psychic distress which characterize each social period and by emerging needs. The effectiveness of an approach does not depend on its theory, but on the extent to which it is open to social trends and whether at the same time it brings innovative thinking to the society in which it is inserted.

Leaving the definition of psychotherapy<sup>3</sup> and specific factors of different approaches<sup>4</sup> to other works, here I intend to introduce the historical-evolutionary line between psychotherapy and society, focusing on the contemporary period, defined as “Postmodern Society.”

Psychotherapy will be considered here as a social tool in support of the human resources of the time. In this regard, it makes no sense to think that some psychotherapeutic methods are more effective than others for certain disorders: any psychotherapeutic method becomes a way to look at the social needs of the time, of course applied in a specific technique, which is primarily capable of providing a basic integrated support both to the individual and to society. Psychological problems of every time express its positive openings as well as its failures. The methods of treatment are being born and renewed within a given social context, so as to respond to disorders but

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Psychologist, Psychotherapist, Director of the Postgraduate School of the Gestalt Institute HCC Italy (Syracuse, Palermo, Milan). Honorary President of the Italian Gestalt Psychotherapy Society (SIPG), President of the Italian Federation of Gestalt Schools and Institutes (FISIG), former President and Honorary Member of the European Association for Gestalt Therapy (EAGT), former President of the Italian Federation of Psychotherapy Associations (FIAP). Director of the magazine Quaderni di Gestalt (Notebooks of Gestalt).

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This topic is elaborated by Migone (2004); Spagnuolo Lobb (2008).

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See Migone (2004); Spagnuolo Lobb (1996; 2008).

also to the emerging needs of their time. Paraphrasing Winnicott we can say that theories are like games, which allow us to stay in the reality and to share it, they are a language that implies a mental code necessary to analyse human relationships. What changes from one approach to the other is the use of language so that similar things are called differently. “But there are no approaches that are better than others, there are only approaches that are preferred to others” (Spagnuolo Lobb, 2011, p. 248). In fact, it may happen that good therapists of different approaches are found to do similar things in the setting. I myself have often worked with colleagues having opposite approaches to mine and I was pleasantly surprised at the similarity with which we moved in front of the suffering of our patients (cf. Stern, 2006; 2010; Mahoney et al., 2007).

The goal is the same for all approaches: solving the problems of human suffering as they get revealed in a given social moment.

## **2. The Beginnings of the Psychotherapeutic Science: the Culture that Keeps the Nature at Bay**

The first two psychotherapeutic currents, psychoanalysis and behaviourism, born at the beginning of the twentieth century, started from two opposite premises: psychoanalysis was an intrapsychic approach that studied deep internal motivations of the human behaviour; behaviourism, on the contrary, following the model of empirical sciences, studied environmental factors that stimulate and strengthen observable and measurable behaviours.

Although theoretically opposed, both of these approaches were inserted in the cultural context of Europe of that time, attaching primary importance to the needs of culture to “normalize” discomfort, associated with impulsive nature (in the case of psychoanalysis), or with a lack of training (in the case of behaviourism). I will focus on some aspects of psychoanalysis which gave a fascinating contribution to the consideration of individual / society relationship.

Freud (1856-1939) attributed “civilization and its discontents” to an insuperable contradiction between individual needs and social obligations, and suggested adapting the needs of individual to social issues as the only possible solution (Spagnuolo Lobb et al., 2001). Thus he attributed scientific capacity (using poetic language) to a belief, common of his time, that the integration between spontaneous and creative growth of an individual and society, between nature and culture, was impossible. The “civilization and its discontents” represented a normal evolution of the individual / society relationship. Maturity was defined as the ability to move from the pleasure principle to the reality principle: the instance of the superego, consisting of internalized social norms, was the consequence of this approach.

Although disputed among the academic world as detached from scientific criteria, psychoanalysis embodied the belief that the individual had to adapt to society. At a pedagogical and social level, it meant relying on the introjection mechanism. Learning poems and rules by heart, endorsing an idea by reciting its manifesto, were common educational methods, whereas being like others, adhering to a standard of conduct and / or living were a healthcare model. It seems that the intent was to protect the society from the disturbing presence of what is different. Normalization, which was obtained until then by segregation in the case of mental disorder, according to Freud's theory could be reached in a non-violent way, through a long process of transition to the reality principle.

The culture of the time was inspired by the Enlightenment ideals which put on the pedestal the intellect and considered emotions as animal baseness. With his discovery of the id, Freud gave emotions dignity and charm and he called for a normative instance (the super-ego), capable of guaranteeing society's need to avoid tribal orgy.

The society still could not conceive of a link between nature and culture, and it is not surprising that a few decades later culture was crossed by important dictatorships, which responded, among other things, with both extreme and fictitious clarity, to the social need to be protected from what you cannot control. Psychoanalysis was born from a dichotomous thinking about nature which threatens culture. The discovery of the id and the instance of the superego described well the thought of the time, which could not give to the Ego an integrative, creative and project-oriented function that was given to it in the following decades. This tendency to contain the impulses by giving them a sense is also present in the psychotherapeutic technique. Freud started from the attempt to overcome the limits of hypnosis (which in the nineteenth century was the only existing psychotherapeutic technique) by asking the patient to make free associations *while being awake*, instead of putting him in a state of trance. To the naive trust in reason which was typical of the previous century, Freud contrasted the existence of a powerful unconscious reality, as storage of childhood traumas maintaining the neurosis. His technique was putting these traumas under the control of reason, giving the proper role to emotions, once considered disturbing elements of reason. Freud now considered the importance of their influence on reason and transformed the disturbances that they create in the human mind into the possibility of integration that enriches the quality of reason.

### **3. The Thirties: the Triumph of Subjectivity**

Both the Freudian and the behaviourist perspective went into crisis in the early decades of the twentieth century, as the epistemological and cultural paradigms which kept them upright, as well as their conception of the relationship between the individual and society and between psychotherapy and social context, collided with a new way of looking upon "reality". Their very "children", more or less Freudian dissidents - Otto

Rank (1941), with the concept of will and counter-will, Adler (1924) with the concept of will to power, Reich (1945) with his absolutely confident outlook on sexuality (cf. Spagnuolo Lobb, 1996, pp. 72 ff.), Karen Horney (1988) who, in her *Last Lessons*, recommended strongly to analysts of Chicago to be less moralists with their patients - announced, at the beginning of the century, a change of psycho-social perspective on human relationships: child's "no" (and patient's "no") is healthy, emotions of power are "normal", bodily energy and sexuality can be experienced fully without falling in orgiastic disorder. The corresponding philosophical change is found in the thought of Nietzsche, whereas at the artistic level new forms, ranging from jazz to surrealism (we may think of Miró's unstructured figures) reflected the desire to affirm new subjective perspectives.

The entire culture of the time, from literature and philosophy to expressive art, questioned the concept of "objective" reality. Phenomenology, with its emphasis on intentional subjectivity of feeling<sup>5</sup>, existentialism<sup>6</sup>, with its emphasis on the intrinsic value of individual existence, and many other cultural and scientific evidence, not least the studies on perception of the Berlin School (academic phenomenology which gave scientific importance to subjective perception)<sup>7</sup> had undermined the concept of objectivity of reality. If the so-called "objective" reality is a perceptual construction, the applicable standard is also a social construction and as such it can be taken apart and reconstructed to form different figures (just like the figures of Escher). Modern society witnessed the fall of the gods: all that was taken for granted did not come from a divine rule, it was not an "a priori" that transcends individual interests, but something that can be called into question. Therefore the idea that the therapy had to consist in pure introjection of a unique model of health became unacceptable.

While the Western world witnessed the emerging of dictatorial or totalitarian regimes, as an attempt to keep in force a social anchor that was crumbling<sup>8</sup>, on the ground of the society's perception relativism of values made its way, which on one hand deconstructed the established power and on the other hand sustained the power of subjectivity and

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The concept of Husserl (Welton, 1999) on intentionality and the mundane Ego (therefore incarnated and inseparable from the world) is the epistemological ground on which the subject becomes constitutively relational and creates a new concept of the self as a function of the field organism-environment. The separation subject/object becomes a secondary dichotomy with respect to an underlying reality which is the "world-of-life" and which is perceptible through the lived body (Spagnuolo Lobb, Francesetti, 2013).

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Sartre (2008) said that it was necessary to choose between living and telling, as if telling was a devitalized act (as normed) whereas living did not require intermediaries between nature and man. Existentialism imposed to look at the dignity of individuals rather than to adapt them to the norm.

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Cf. Cavaleri (2013); Spagnuolo Lobb (2013b).

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Thus we can explain the consent even of significant men of culture, philosophers and psychotherapists, such as Heidegger, to dictatorial regimes. Cf. Polster, 1998.

therefore the possibility of integration between nature and culture, between impulses and social life. This value will serve as the basis for all psychotherapeutic approaches in the fifties, starting with those humanistic.

Along with disintegration of the basis of the common social rule, the sense of psychotherapeutic practice was deeply touched. It was the “normality” in itself that was called into question. The experience and the patient's personal history were looked upon in a different way: not by reducing them to a rule but by appreciating them for their unique meaning. From Zola's novels to phenomenological psychiatry<sup>9</sup> the concept of therapy was crossed by an aesthetic attitude (cf. Spagnuolo Lobb; Francesetti, 2015), in which the patient/therapist relationship got reversed by giving the patient, not the therapist, the power of cure (Cavaleri, 2009).

Therefore in the 1930s – 1940s, the univocal voice of the therapist was called into question to the advantage of the person's subjectivity. We could say that there was an increase of interest in the Ego, in the individual's capacity to create reality, whereas the interest in the id and elusive power of unconscious impulses got diminished.

This period is the cradle of many new psychotherapeutic approaches (cf. Bocian, 2012) such as the humanistic approaches, but also of deep revisions of the existing psychoanalytical and behaviourist models, which tend to engage with the social need to establish harmony between individual impulses and social growth. Thus emerges a new idea that the individual is self-regulated if he is fully present with his senses, i.e. if he is fully aware and if he sees the other.

#### **4. The Fifties: the Power of Rebellion**

After the World War II, the world changed radically. The United States, New York in particular, enjoyed a vibrant intellectual vitality, as a result of the exodus of the best European minds due to racial persecution. Those were scientists, philosophers, artists, writers, psychoanalysts, all eager to share their art and their thoughts, to honour their exodus and to respond to the horror of Nazism. Thus many psychoanalysts both orthodox and dissident ones (such as Karen Horney, Otto Rank, Wilhelm Reich, Frederick Perls) came into contact with new thoughts and theories about humanities, such as phenomenology, existentialism, and the American pragmatism. To them we owe a new way of looking upon human experience.

From the thirties to the sixties of the twentieth century the philosophical movement of

<sup>9</sup> "According to Jaspers (1913), the therapist aims to understand the patient's lived experience through empathy, without looking for naturalistic explanations; we should add to this the attention to counter-transference and co-constructed lived experience. According to the lesson of Merleau-Ponty (1979), the body experience (constitutively related) is the place that brings patient and therapist in contact with the flow of the "world-of-life" from which emerge feelings, emotions, thoughts and, therefore, the therapeutic direction. " (Spagnuolo Lobb, Francesetti, 2013, p. 292)

American pragmatism was in vogue. Its main exponents were: William James (1842-1910)<sup>10</sup>, John Dewey (1859-1952)<sup>11</sup> and George Herbert Mead (1863-1931)<sup>12</sup>, founder of symbolic interactionism.

In the fifties we wondered if human behaviour was mainly determined by genetics or by social conditioning<sup>13</sup>, while pragmatism studied in deep the processes of social interaction, communication of meanings and symbols that lead to the creation of the mind and of the self.

The focus on experience (sensory experience in pragmatism and intentionality in phenomenology) and on concreteness of social relations rather than on imaginary inner worlds as proposed by Freud, led psychotherapy to get interested in what works in human relations (the study of normal processes) rather than in what does not work (the study of pathology), in tension towards the future inherent to any behaviour rather than in reasons related to the past. Many new models, both humanistic ones and those developed within the psychoanalytic or behaviourist world, were created with a mission to refer to the spontaneity of human functioning, avoiding to devitalize it with theories derived from stories of patients' suffering. The world of psychotherapy became interested in what was effective in therapeutic actions carried out successfully and for this reason it had to overcome certain dichotomies:

1. the dichotomy between theory and practice: the theory must capture the spontaneity of patient's life and not weaken it with predetermined patterns;
2. the dichotomy of the professional role, between the one who knows (the therapist) and the one who has to learn (the patient): the therapist is defined as a patient's fellow traveller, the one who accompanies him in his growth but does not impose any new content or ways of growth;
3. the dichotomy between nature and culture: the impulses must find their dignity of expression, essential for the person's autonomy. What creates wellbeing has the right to be experienced;
4. the dichotomy between the individual and society: "civilization and its discontents" is definitely replaced by belief in self-regulation. If the individual is in touch with the world through his senses and conscience, he can find adequate

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American philosopher, psychologist and physiologist, he claimed that the experience comes from the senses, and consciousness from the experience.

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American philosopher and pedagogue, studied the processes of consciousness and argued that the individual's thought comes from the experience.

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American philosopher, sociologist and psychologist, he is considered to be one of the founders of social psychology. According to G.H. Mead, the mind emerges from the social act of communication. Consciousness is not separated from action and interaction, but it is an integral part of both of them.

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For a compendium on psychology of personality of the time cf. Franta (1982) and Spagnuolo Lobb (1982).

ways to integrate fully into society. In this regard, living fully one's impulses allows to give a creative and unique contribution to society, which is the opposite concept to that of Freud's civilization and its discontents;

5. the dichotomy between the id and the superego: the concept of self-regulation takes off the regulatory function of the superego. The rules emerge from mutual recognition of human beings in interaction, not from involvement of an external imposition.

In the fifties, the overcoming of these dichotomies allowed integration of body and mental experience, of impulses and reason, but also of the individual/society relationship into a unified concept of the self. In the world of psychotherapy emerged a different anthropology, more positive, allowing us to switch from polarization between individual needs and social needs to their integration, through a process of structuring and restructuring of the meanings created in the relationship (cf. Spagnuolo Lobb et al., 2001).

Almost all psychotherapeutic approaches were founded in the 1950s and spread in the next two decades. Since then, our patients have changed a lot, therefore we are challenged to change both the formulations and the method, while remaining faithful to the epistemology of our approach on one hand, and creating new tools to solve today's problems on the other hand. I think that it is crucial to reflect on the clinical development of these last 60 years in order to understand the background on which to build the thought and psychotherapeutic method of today.

Sociologists have defined the past twenty years as "narcissistic society" (Lasch, 1978) and all psychotherapeutic currents founded in that period (as well as some "revisions" of psychoanalysis) were united by the desire to give greater dignity and confidence to individual experience, considered of fundamental importance for society. The Ego was re-evaluated attributing to it a creative power and power for independence: the child had to break free from the oppression of the father and the patients from the social norms. Even madness was no longer seen as an irrecoverable lack of sense of reality, as a domination by a destructive unconscious, but as an opportunity to understand an otherwise unreachable part, which though deviant was a source of creativity: the schizophrenic's word salad, just like a painting that expresses emotions without structure, has a value in itself, although it has nothing to do with rationality, it supports the creative and independent power of the human being. All the new psychotherapeutic approaches were intended to solve a relational and social problem: to give more dignity to the capabilities of real life, left in the shadows by Freud's last formulations which gave more importance to the power of the unconscious. At the political level, the emergence of minority rights as a development of dictatorial regimes testified to the desire to give dignity to any human form of existence. The emerging need was to rediscover oneself as important even if deviant, or non-dominant.

Various methods of treatment, particularly the humanistic approaches, applied, more or less explicitly, the overcoming of these dichotomies and the concept of self-regulation in crucial theoretical and methodological aspects. In the case of the Client-Centred Therapy of Carl Rogers it was the unconditional acceptance, for Transactional Analysis it was the integration of the states of the Ego, for Gestalt psychotherapy it was the creativity that comes from keeping the energy from going to the other, deconstructing the reality to create new adequate figures in contact with the environment, for cognitive behavioural approaches it was the functional learning and cognitive representations (Kendall-Hollon, 1979; Mahoney, 1974; Meichenbaum, 1977), for body therapies it was the reappropriation of emotions that were repressed through body stiffness, for family therapy it was the adjustment of a system that seeks to maintain homeostasis. In summary, all the psychotherapy world had realised, in those years, the necessity – discerned at a social level – of integrating the naturalness of the person, hence also the impulses, in social living, and to enhance the role of the Ego in regulation of the relationship individual / society, - as a condition, so that each individual can give its own unique contribution to society.

From introjection as a fundamental model of learning (and change), as proposed by the post-Romantic culture of the early twentieth century (the cradle of dictatorships, of patriarchal family, of the sense of belonging as obedience), the focus was shifted to rebellion and to differentiation of the self as a pattern of normal growth. Firstly the youth protest and then the global one, the decisive contributions of the Frankfurt School of Sociology and of the Antipsychiatry movement (cf. Laing, 1969) gave a clear picture of how vital was the energy and how strong were the creative potentials of the rebellion (Spagnuolo Lobb et al., 2001). As a result, in order to grow the patient should know how to say no, he must be able to rebel, even to the psychotherapist (as implied by Otto Rank, 1941): it was exactly the opposite approach to the one prevailing at the turn of the twentieth century, which instead considered necessary for the patient to accept the analyst's interpretation (or the social conditioning), in order to ensure the positive transference and therefore the cure.

What were the patients' typical sentences in this period? The heart of the request for psychotherapy at that time was: "I want to be free"; "Bonds are suffocating: they prevent me from realizing my potentials"; "I need help to break free from the bonds that oppress me." "I would like to leave home, but I cannot." "I hate it when my father orders me to do things." Institutionalized intimate relationships had the sense of sacrifice for the other; they were perceived as an obstacle to a person's growth and maturity: they took away individual freedom. Growth was associated to the condition of being alone, of being free from bonds. The experience in groups was sought in order to be able to do what you wanted, and be free. The groups were a place of individual growth.

The clinical evidence of the 1950s –1970s emerged around these experiences. There was a need to expand the Ego, to give it a greater dignity, there was 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 enduring (though often flattened by regulatory factors), and primary family relations were certainly more stable.

The answers of the therapist were: “You have the right to be free, to realize yourself, to develop your potentials”; “I am myself and you are yourself ...” What was in fact claimed was the right to take care of oneself, to develop one’s human potential to the detriment of attention to what happens at the contact boundary with the other.

## **5. The Seventies: the Triumph of Technology and the Release from Bonds**

The seventies witnessed the birth of what Galimberti (1999) called the “technological society”, exactly because it puts on the pedestal the machine, and along with it the illusion of controlling human emotions, especially the pain. The *oikòs*<sup>14</sup> relationships were considered almost as a “hiccup”, an obstacle to productivity, which was considered to be the only reliable value. While the previous two decades had seen the emergence of the Ego power and the ability to integrate the instinctual nature in social life, in this period it seems that the power to handle the relationship between the individual and society is given to an external element: the machine. It's the post-war period, marked by the prominent desire to build, to produce a new world. On one hand the mankind seems shaken by a frenzy of omnipotence, it looks like the beginning of a new enlightenment period even if this time it does not give value to the human intellect but to a wonder created by man, that soon seems to live its own life (the technology, of course), so much that the machine seems to be more reliable for production purposes than the human. On the other hand it seems that the social life was crossed by disappropriation of the self, led by a “post-narcissistic” generation, grown up with the illusion of having to be perfect, without support to its own weaknesses, in order to deny the fear of being a bluff.

This generation had, on one side, the strong pressure by affirmed parents who wanted their children to be “gods” like them, and on the other side the lack of support to their desires and attempts to be someone in the world. A child who makes mistakes is not the child of god! The result was a relational model that could be called borderline: ambivalent, unsatisfied, unable to detach themselves and to assert their own values. That was the generation that developed a great technological and manufacturing expertise (it was the period of economic boom for the Western world) along with a great insecurity in intimacy and in recognition of the other. Love and pain, two actually inseparable emotions, were considered irreconcilable at that time.

The escape of young people in “artificial paradises”, the anger toward parents as bearers of values detached from their humanity, on one side facilitated the expansion of drugs, on the other side provided an opportunity for significant group experiences. Not by

chance, in the psychotherapy of these two decades there was a special interest in groups, perceived as (sometimes the only possible) source of cure.

In the distress of the 1970s – 1980s, drugs were considered to be an artificial paradise where young people took refuge from conflicting feelings toward parents who were, on the contrary, socially realized and focused on themselves. In that social context, it was appropriate to support young people to become independent from hampering bonds. This need was the fruit of cultural development of subjective experience typical of the fifties. The content of values of clinical interventions was focused consistently on support to the separation from the other or from the system of reference. In family therapy, for example, the need for “exit from the system” was brought into attention - for teenagers first of all, but also for “immature” adults - as a therapeutic goal that would release the stress that families brought in therapy. Actually, the solution to family problems was basically found in the individual's separation from the system of reference, in his freedom and creative identification rather than in controlling and/or confusing standardization. This perspective was shared by all psychotherapeutic approaches, including Gestalt therapy.

Another interest that psychotherapy begins to cultivate in this period is psychopathology. The study of serious disturbances becomes necessary in a world that has lost the point of reference. Hence the important studies in psychoanalysis of Mahler (1968), and then Kernberg (Clarkin et al., 1999) and Kohut (1971) on the narcissistic disorder and borderline personality disorder, as well as treatments of the families of psychiatric patients (Minuchin, 1974). The humanistic approaches are still anchored to the support of human potential.

Patients' sentences in the 1970s and 1980s could be, for example: “I'm in love with a colleague, I have a relationship with her, my wife does not know, and I do not know whether I should tell her.” “My parents are bothering me, when I am in the group I feel more free, smoking weed is liberation from the oppression of my daily life.” “Drugs (or work or lover) are my main bond, the one with the *partner* is optional.”

Groups were no longer an opportunity for growth, but rather for confluence (with drugs) or freedom from family and work problems. There was a search for oneself outside of intimate relations, an attempt to solve the difficulty of “being-with” by using substances or through working.

The responses of therapists were in support of identification, against standardization of relational experience: “Trust yourself - discover who you are while concentrating – be courageous to break free from your bonds”.

Some philosophers, in the eighties, presented the “weak thought” (Vattimo, Rovatti, 1983) which called for freedom from certain a priori determined paradigms as an opportunity to build new certainties, truly independent, non-biased by inherited values and thus not intrinsic. This optimistic view was disconfirmed over the last thirty years: the human creativity presumably free from the ties with the past did not lead, as expected, to new cultural achievements but to an extreme condition of uncertainty and isolation.

Some unpredicted social factors are responsible for this failure: the lack of relational ground, not feeling part of anything or anyone, which stems from the lack of time with the significant other. Even the current economic crisis, which is also a crisis of values on which our society is based, is the consequence and at the same time the cause of “fluidity” of economic laws and continuous innovations which, in the absence of traditions, make it all possible and nothing certain.

However, at the end of these twenty years emerges a widespread interest in relationships. All psychotherapeutic approaches turn to relational concepts and change accordingly the focus of the therapy. The greatest interest prevails with the discovery of the mirror neurons by a group of researchers at the University of Parma (coordinated by Giacomo Rizzolatti and composed by Luciano Fadiga, Leonardo Fogassi, Vittorio Gallese and Giuseppe di Pellegrino) that, having given scientific evidence to spontaneous and intuitive knowledge among humans, sustain the fundamental importance of relationships in life, in development and in psychotherapy.

## **6. The Nineties: the Relational Turn in a time of Liquidity**

The absence of points of reference (the “fall of the gods”) determined what was defined as the postmodern condition (Lyotard, 1979). In these twenty years the sense of uncertainty and the need for relationships which characterizes the postmodern society is expressed in various social conditions. The cultural ground of the past twenty years is characterized by the large migration flows which create a condition of constant closeness to the stranger. On the other hand, the globalization of communications and trade allows us to learn about or purchase products from any part of the world. While at the level of intimate relationships, there is a clear lack of affective containment and intercorporeal competence: parents are embarrassed in front of the needs expressed by a little child, for example, they do not understand why the child cries, and they are turning more and more to internet search engines, such as Google, for answers. The lack of capacity for empathy makes parents embarrassed in front of the needs of the child and unable to make him/her feel comfortable. In the long run, this causes in young people a widespread inability to relax, even in everyday life. Anxiety is the most common feeling, and leads to body desensitization. Computer is the best friend, even if it is cold.

The observation of Gregory Bateson (1973) about the “transfer” of mental disorders from one family member to the other and his focus on what we call in Gestalt therapy “contact boundary”, which already in the fifties represented the icon of the new psychological perspective as well as the development of infant research since the early sixties, finds scientific evidence at this time in some discoveries of neuroscience and cultural support in a widespread need to get out of an individual perspective in order to enter a more complex one that gives birth to the self from the relationship. Each epistemological framework brought to light with its own language, that which, , depending on

epistemology, was called the ecological perspective, or holistic, or Gestalt, or relational, or field, or systemic perspective. In psychoanalysis, that was a new way of looking at transference and counter-transference, in the humanities Fritz Perls' slogan "Lose your mind and come to your senses" was replaced by "I recognize myself in your eyes." In the public opinion of the time, the interest in technology (now a foregone resource) and ambivalence towards one's own value gave way to a sense of liquidity, as nicely described by Bauman (2000). The children of "borderline society" experienced the lack of intimate relationships, of constitutive ones: the parents were absent, a bit because they were busy working (the value conveyed by the society was the technology), because they were concerned about the incumbent social crisis, and a little bit because they were incompetent at the relational level (borderline ambiguities were poured out to children with emotional detachment). The generation of these twenty years has also grown up in a period of great migration flows, in which many people cannot lean on intergenerational tradition for support and sense of rootedness (Spagnuolo Lobb, 2013). The traditions are often lost and the town squares are replaced by virtual squares of social networks. The social experience of young people today is "liquid": unable to hold the excitement of meeting with each other and extremely open to the possibility of exchange offered by globalization of communication flows. Let's take the example of a child doing homework, the moment he has a difficulty he requires containment and encouragement to resolve it, using the energy that animates him. But he cannot find anyone at home to whom he can tell it, there is no containment "wall" or hug that could make him understand what he feels and what he wants. Therefore he turns to the Internet, where the search engine provides you the answer; his excitement gets spread around the world and he finds all the possible answers, but he does not find a relational container, a human body, what he gets instead is a cold computer unable to hug him. The uncontained excitement turns into anxiety. Anxiety is annoying and in order to avoid it, it is necessary to desensitize the body. That is why today we have so many anxiety disorders (panic attacks<sup>15</sup>, PTSD<sup>16</sup>), depression (Francesetti, 2015; Spagnuolo Lobb, 2014), attachment disorders, pathologies of the virtual world<sup>17</sup>, bodily desensitization (Spagnuolo Lobb, 2013th), eating disorders which look more like addictions, while addictions are more like trauma outcomes (Pintus, 2015).

In the 1990s, the search of the self turns into the need to feel solitude: "I would like to hear myself, to see myself. Sometimes I am forced to fast in order to feel myself through hunger. Everybody wants something from me and I cannot find out who I am", or "I have a relationship with a man who lives 1,000 kilometres away. I do not know much about

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Cf. Francesetti (2005).

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Cf. Taylor, 2015; Cascio, 2011

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Cfr. La Barbera, 2000.

him. At first it was nice to be together when we met. But now it's getting boring. We don't know quite what to do. Do you think that's normal? “

Our patients, especially the youngest ones tell us things like: “I made love for the first time with a guy, but I didn't feel anything”, “I feel free when I am chatting, whereas with my girlfriend I don't know what to talk about.” “No one gets to really interest me.” Or: “On our honeymoon my husband told me that he had been seeing another woman for a long time.” We can notice discomforts related to insensitivity of the body in relationships. It is difficult even to perceive the other: this area is full of anxiety and worries. “I'm with the other (individual or group) as long as I need him”: anxiety makes them lose the ability to experience the full potential of being-with. “I'm in the group when I feel lonely and when I don't feel like being alone. The people around me are like isolated planets that move around me.” There are no emotions, or bonds, or affection. “Relationships are stressful. I feel at peace only when I'm alone in my room and I can chat with whoever I want and as long as I want to.” Virtual reality is much easier than the real life. “I feel deeply alone: no one is home.”

Until twenty years ago it was difficult to stay in a relationship, today it is actually difficult to feel oneself in relationship, sometimes even sexually: clinical evidence range from the ambiguity in the choice of the gender of partner (Iaculo, 2002) to the inability to feel sexual desire in the body. The Gestalt interpretation of the “liquid fear” (Bauman, 2008) corresponds to a perception that the excitement which should lead to contact becomes undefined energy: what is missing are the mirroring and relational containment, the sense of the presence of the other, the “wall “that allows us to feel that we are there.

During the last decades, for example, we have seen that, with the evolution of social trends, the time when a couple goes to therapy has changed. In narcissistic society, where self-assertion was the predominant value, the couple went to therapy after the famous ten years of living together, with the intention to live better the autonomy of the individual. In borderline society, where the need to find stable one's own identity was predominant, a couple was being treated a bit earlier than ten years of common life, in line with the common intention of partners not to feel deceived or threatened by the other. In the liquid society, dominated by the search of the sense of self, of one's own body, the couple goes to therapy soon enough, after a few years or months of living together, in order to feel emotions toward each other and the full presence of self in the contact, to get to know their boundaries in contact with the *partner* (Spagnuolo Lobb, 2011, p. 181 ff.).

The therapist responds to these clinical questions sustaining the physiological process of contact (the id of the situation, according to Robine, 2006): “Take a breath and see what happens at the boundary.” Furthermore, he supports the ground of the experience: 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 to the process of contact*, whereas once he had to direct his attention in support of the individuality of the Ego, in order to encourage it to emerge among other individualities. If previously being healthy

implied finding the reasons to win, to rise in the battle of life, today it means to experience warmth in intimate relationships, and the emotional and bodily reaction towards the other. In groups, the therapist supports the harmonious self-regulation which is attained by living in a horizontal context (equality) where you can breathe and give each other support.

I think that today psychotherapy has a twofold task: to *resensitize the body* and to provide *tools for horizontal relational support*, which can make people feel recognized by the eye of the equal other.

## **7. The Postmodern Society in the Years 2010: the Fear of Death and the Need for Rootedness**

The contemporary social life is marked by two strong and distressing experiences: “door to door” terrorism and migration flows. The first one gives a sense of powerlessness and existential distress: none of us has the certainty of returning home alive when we get out. The chance of dying entered the sphere of daily work (such as the massacre of Charlie Hebdo in Paris in January 2015) or that of free time (such as the Bataclan massacre of November 2015 in Paris). The enemy does not have a clear identity: it can be a nice boy next door or an anonymous customer in a supermarket. A recent research in primary schools has shown that eight out of ten children are afraid of dying or that their parents could die while they are at school. What kind of therapy can we provide to cure this anxiety that seizes by surprise a generation that grew up in the comfort of the economic boom or – even worse - in the loneliness of play station? The only antidote, I think, is the concreteness of relationship, to find the anchor in love for the significant other, and the humility to recognize our limits, to give up grandiose omnipotence to which the narcissistic culture has accustomed us.

On the other hand, the *migration flows* make us feel uncertain and ambivalent: how much should we open the doors to foreigners? The sense of uncertainty that is in the DNA of the postmodern society is embodied in the fear of losing home, work, land, other things: goods already precarious. Both of these traumatic experiences of our time (terrorism and migration) are an attack on our anaesthesia, a provocation to our inability to meet the neighbour or to help our children to give sense to their lives.

Today we are witnessing the need, which comes from different sides, to rediscover the strength of social life. Philosopher Ferraris declares the end of post-modernism with the advent of neo-realism, which could be defined as a way of communication that adheres to the facts, perhaps scarcely creative and not very emotional, but “secure”. Today we must admit that - despite the fact that creative identification remains a universally recognized value for the healthy development of both the individual and the relationship - the goal of therapy in contemporary society can no longer be interchange or identification, but on the contrary it should be the sense of belonging, rootedness, the deep sense of being-with. If

in the seventies the problem of the Western society was the denial of aggression, today it is *the denial of the need for rootedness*.

I am referring to the derogation, almost an annihilation of the vital importance, that our government expresses towards the needs of young people to get a job, towards the need for housing of immigrants and the need for constituent affection of children, who often suffer the lack of physical or relational presence of their parents (who are away from home, or distracted, or anxious), regardless of conditions of separation or family reunification (which also contribute to changing significantly the anthropology of family relationships). I do not think that we realize quite enough (or that we are helped to do so) to what extent, from the moment they were born, children live an emotional abandonment and confusion about the emotional points of reference, of how rare is a 24-hour physical closeness between parents and children, that once was considered “normal” at least until the first year of age. Today children grow up adapting themselves to the lack of caregivers, developing anxiety towards the containment of their own emotions and a habit not to share them (the other is not present, or is always busy, or he may be a malicious paedophile).

This condition does not improve over the years, on the contrary the society becomes more and more demanding and false heartedly caring. Compulsory education requires capacity of concentration and dedication to studying, enrolment at universities is a kind of lottery, a job, if you find one, requires significant sacrifices and gives few guarantees. Emotional relationships, in these stressful conditions, are not always a relaxing option or a shelter in which to rest and sleep (rather than exercise its relational creativity).

The experiential knowledge of young people today has to do with those who must navigate very quickly in a complex world, in which educators - parents and teachers - know less than the students: we are referring here to the world of the Internet, and working relationships that are based on values very different from those of 20 years ago. Young people must move without a clear sense of where they are going, of equilibrium that exists between them and the environment, and must do so quickly: the videogame goes on incessantly and will not wait. They learn how to cope with this emergency through trial and error and they cannot waste time between the games. Sometimes they do not even know if they have won or lost the “games” that they are playing. They cannot relax, there is no orientation phase in their lives: too many emergencies, too little time and no adult who knows better than them.

What lacks in family relationships today is a possibility to build a sense of *safety net* for its members, the sense of presence, knowing that the other “is at home”, even if in a manipulative and aggressive way, but still present. In other words, if years ago *family psychotherapy had to be centred on support to separate from inhibiting relationships, today it should be focused on building relationships so far inexistent*.

Today's families bear a different kind of discomfort: children who fall victims to drugs and other substances that actually create dependence; eating disorders whose clinical

manifestations are more and more articulated in a universe of symptoms in which the contact with the naturalness of the body is lost; anxiety and sense of alienation from the self (or depression), a dramatic manifestation of deep loneliness that comes from the lack of relationship rather than from the need to be different.

This is the new reality of family relationships, and each approach has to deal with the need for change in related clinical practice. Treating a family with serious dependency disorders as if it were a family that does not allow children's liberation is a clinical error that we cannot afford.

However, young drug addicts today, even earlier than the incapacity to attain autonomy from their family, suffer from bodily desensitization, which protects them from the anxiety generated by the lack of relational containment. The use of toxic substances is not needed, as in the seventies, to feel capable of autonomy but to feel one's own body, to feel alive (although such use ends tragically with anesthetizing or death). The clinic of families with addiction problems - or any other epidemiological problem of youth disorders - should therefore be addressed to the discovery of the self-in-contact between members, starting from the feelings of the body and the emotions aroused by the presence of other family members.

Body awareness, emotional containment and full presence at the contact boundary with the other, with necessary modifications to be made in individual clinical cases, may be a new paradigm of family therapy, as opposed to the paradigm of independence and liberation that characterized the birth of the family movement, and which was shared by the humanistic movement.

Today, in the liquid society of uncertainty, the adults, descendants of narcissistic society, accustomed to solitude that allowed them to emerge as individuals from inhibiting relations are challenged to re-immense themselves in the relationship with their children, threatening the sense of failure of their own self ( "I'm an incapable parent"). Only this concrete presence can give them the containment of a real contact, the sense of "home", no matter if they meet the requirements of an ideal self that does nothing but take them away from the concreteness of the senses.

## **8. Psychotherapy in Postmodern Society: from Support of the Figure to Support of the Ground**

The psychotherapy clinical work evolved starting from supporting the autonomy which implies the sense of self, through supporting the "feeling to feel" (Damasio, 1994; 1999), to supporting the "embodied simulation" (Gallese, 2007; Welsh, Spagnuolo Lobb, 2012) as a process of intentionality shared during the therapeutic session. This deep and procedural recognition allows the patient to feel rooted in the relation. From the clinical point of view, we must focus our attention on the feelings of the therapist and the patient

at their contact boundary, on being “the self” in the here-and-now of the encounter: “How do you feel with me right now?” Not only from the mental point of view, but “how do you breathe?”, “what are you looking at?” what is your posture, muscle tone, physical excitement when you are in contact with me?

The mission of psychotherapy today is to create a sense of belonging in a relationship where you feel recognized, to revitalize the contact boundary with the other (to feel the body), to give sense to implicit intentionality of the contact, to provide tools for horizontal support.

What is missing in our society is the ability to stay in the relationship starting from the *containment of the initial chaos*, which would allow individuals to experience that sense of granted security that comes from the “obvious” presence of the significant other and from which can emerge differentiation of the self. What is missing is the relational ground on which the experience of novelty can rest upon. It is necessary to support the experience of “aggressive” emotion (from Latin *ad-gredere*) with a relational *ground*, so that it can lead to a contact with the other rather than to its indiscriminate destruction. Without the sense of solidity of the ground, the figure cannot be formed clearly.

Today we have lost the ability to live the *conflict*, which is essential for the vitality and growth of any society. In order to feel the conflict, it is necessary to experience the power that comes from the feeling (physiological and psychological) of being rooted to the ground, and from a sense of harmonious and spontaneous self. An example would be to ensure that primary school children start their day with a body relaxation exercise, rather than with a task to which they immediately react with distraction and hyperactivity. This basic experience would allow children to stay in class with a more confined sense of self. Another example in the labour market could be starting the day at the factory with *briefing* time, where those who want can tell the group of colleagues with what body sensation and relational emotion starts their day. And so on: all of socialization and employment agencies should take into account this need for relational rootedness.

The therapeutic relationship, like any other relationship, has to cope with this sense of emergency containing the chaos that characterizes the beginning of each experience. In addition, it must be based on procedural and aesthetic aspects, defined elsewhere as implicit narrative aspects (Spagnuolo Lobb, 2006; Stern, 2006) able to build the *ground* of acquired certainties from which the figure can then emerge clearly differentiated and with relational strength, with the charm that characterizes the harmony of the opposites in the figure / ground dynamic. Without the sense of solidity that comes from the earth, from the ground, we cannot orient ourselves in relationships - especially in difficult ones - with clarity, and with confidence that the acceptance of the different has its own demands.

The clinical problem is no longer to support the independence in the contact, but to support the relationship so that the feeling of self can find a solid relational containment to get oriented in the contact. Therefore therapeutic relationship must provide not so

much courage to break preconceived authoritarian rules as the sense of security in the relationship and in the other, which allows a clear perception / differentiation of the figure and a clear ability to act as a conscious co-creation sustained by curiosity towards the other.

For example, in families, parents should be helped to see the relational physiological processes of their children (how they breathe while doing homework) and not to fall into temptation of the battle between the Egos (who is right). Groups must support the harmonic self-regulating process which results from horizontal relationships. The successful completion of the postmodern process implies capturing this need that underlies the neo-realistic appeal: to make evident and support concrete certainties on which to draw, rather than claiming the Ego's capacity to create solutions that would otherwise remain ideals. We could say that the Gestalt neo-realism is to grasp the *now-for-next* from being-there in the contact. It is the parent who supports the breathing of the child while doing homework, the intentionality that - once recognized by the other - allows you to feel at home in the world.

## **9. The Ethics of Aesthetics as a Treatment Trend in Postmodern Society**

The relational milestone that crossed all the psychotherapeutic approaches from the 1980s onwards was supported by scientific researches that marked our century: firstly, the discovery of mirror neurons (Gallese et al., 1996), and then the definition of bodily processes as the forefront of the training of the mind and of the self (Damasio, 1994; 1999). These two scientific evidences (the intentional resonance in contact with the environment and location of the experience of the self in the sensory body) oriented all the psychotherapy towards new trends.

First of all, we are referring to concrete relationship, the bodily one, not the one represented internally. The focus of treatment and understanding of mental distress has been moved to the contact boundary, to what is happening here and now in the concrete encounter, bodily and sensory. The interest of all approaches, even of those traditionally intrapsychic, has shifted on to the “between”. Today the approaches based on theories of the relationship are rediscovering these aspects with a different emphasis. The therapist is trained in techniques that include bodily processes (breathing, posture, muscle tension and mutual synchronization between therapist and patient). The spread of EMDR and other techniques of neuro-postural approach to trauma express clearly the need to provide our patients with relational rootedness that passes through bodily synchronizations.

The concept of diagnosis has become more flexible and contextualized. Even the DSM-5 looks upon the diagnostic data, which were previously considered as stable and stabilizing the therapeutic relationship, as temporary, as something that should be

contextualized in other aspects of the individual and of the situation in which s/he is inserted.

The challenge that psychotherapy experiences trying to give support to the possible resources in an uncertain and liquid society, desensitized in the body, globalized, virtual, pushes it beyond some social aspects, such as the dichotomous thinking that separates the good from the evil, the healthy from the ill, the body from the mind, and even the self from the world.

A possible support for a teenager who pines about his sexual identity, feeling attracted (not fully among other) to both males and females, is not to decide an orientation (which would not fully resonate in his body), but to feel one's own body when the breathing is relaxed, to identify oneself with the feeling of the body even if unexpected, and to feel recognized in this existence by the therapist.

The ethics of aesthetics solves the dilemma between the Freudian individual's needs and the needs of society (Spagnuolo Lobb et al., 2001). It is opening an international psychotherapeutic debate as an epistemological possibility adequate to the anxiety of our days, since it brings out the values of the self-regulation of the relationship. A boy realizes that he does not want his mother, not as a reaction to the sense of guilt, or through denial, but when, in the full presence of the senses, he sees that the mother wants the father (or another man), not him. He realizes that the mother is tender with him, that she feels proud of him, but that she does not have sexual desire towards him. The ethics of the aesthetic guarantees the fullness of presence with each other: there is nothing that should be avoided. On the contrary, it is exactly the avoidance of clear perception at the contact boundary that leads to the lack of ethics. Embodied empathy leads to self-regulation of the contact as it gives support to intentionality of the contact that moves the behaviour of human beings, even the most aggressive ones.

For this reason the ethics of aesthetics resolves the *split* left by the Freudian theory of individual and social needs and entrusts the embodied empathy and the senses with the control of human relations: an opposite perspective to the Freudian. If we see the *split*, we need a superego. If we consider that there is harmony in everything, we need to be more in touch with our senses.

Actually we should seize the *now-for-next* of the patient in contact with us: we start from the pain, from the harmony that inhabits it and from the intentionality of the contact that was mortified. We look at the pain as it emerges from the experience at the contact boundary, with grace, vitality and orientation.

## **10. A Clinical Example: a Mother's Issue**

I chose this example to describe a new concept of psychotherapy's depth: this is a look on the physiology-in-relationships of today's families. There creeps the danger of an agonizing loneliness that characterizes the experience of young people and which leads to

clinical manifestations mentioned earlier.

A mother came to talk to me concerned about the behaviour of her second child, an eleven-year-old girl. The lady is unemployed, her husband (father of the girl) has a plumbing services company and spends most of the time at work, as it represents the only source of family income. He chose a marginal role at home, entrusting the task of educating their children to the wife, who does not complain about that during our encounter. The first child is a 15 year old male, quiet, passionately dedicated to the computer. The little girl has always been a bit restless and often expresses discontent in various ways: a difficult character that cannot stand to be limited. Her mother used to please her always, she never gets angry, and she explains everything in a calm manner. The mother reacts to the difficulties of her daughter with a kind of Pollyanna complex: she supports and appreciates her intelligence anyway. It happens that the girl often suffers from headaches. According to the medical examinations, it is not anything organic. This pushes the mother to consult a psychotherapist. She says that the girl is often nervous, she accuses the parents for various reasons, sometimes even strange, such as not letting her travel with the whole family. In short, according to the mother, it seems that any excuse to criticize is good. The headache appears in times requiring effort (homework). The girl says she does not want to study, but the way she says it looks like she implies a question to the mother: "Do you want / think I can bring myself to study?" It is the mother herself to tell me about this feeling and yet she does not know how to tell her daughter "yes." This elusiveness of the other is perceived both by the child and the mother, on the basis of an apparently very positive relationship, this is a typical situation of family relationships today: an impalpable absence of the other. I ask the mother: "What difficulties do you have to accept that your daughter might fail in doing her homework?" She responds immediately: "None. There is nothing wrong about my daughter." I tell her: "I ask you to pay attention to the sensations of your body before answering. When you see that your daughter cannot bring herself to do homework, what do you feel deep inside? Let the answer emerge from the sensations of your body." The mother reflects, breathes in, and then replies: "I feel deeply anxious. I wonder what I was not able to give her. Why does she fail? And what can I do myself if she fails? Then I get overwhelmed by distress. Now I understand that in my relationship with her I deny my distress and I see 'blindly' only her intelligence, which at that moment is completely useless. I do this so as not to feel her discomfort which I could not handle." I take advantage of this moment of opening up of the mother to me and I continue: "And what do you think that your daughter feels when you - denying your anxiety - tell her that with her intelligence she is definitely going to make it?" The mother continues: "My daughter does not feel accepted in her discomfort, she understands that my anxiety makes me blind and therefore she protects me, she does not say anything, she closes in front of me. I think that at that point she bursts with her anxiety and the inability to tell it to someone, and so comes the headache."

I always get emotional when a parent is aware of being loved by his child perhaps more than he is able to love him. I believe that is the moment in which the universe is revealed to the person: despite the sincere commitment and creative effort that all of us put in being-with, the key to building an active and responsible society is to realize that it is not all there, that the other loves us more than we think, and it makes our Ego surrender to a higher beauty. Regaining this sense of reliable alterity, the possibility of entrusting the others with what we cannot do, is in my opinion the fundamental ethical value of any therapeutic intervention.

Going back to the mother's issue, I say: "It is a difficult time for your daughter; at the age of eleven she has many new sensations and many commitments. The habit of being always pleased makes her refuse to do her homework when she finds it difficult, that is, avoid the risk of being humiliated by not being able to make it. She herself said that her daughter sometimes says: "I don't want to be humiliated in front of the class." Apart from the fear of failure, there is a desire within your daughter, which is normal for her growth: that the headache does not block her, that she can normally engage in doing her tasks despite the limits of headaches, that she can feel able to overcome what previously seemed impossible, and that she can therefore be defined as a smart girl in the society. This will be possible only if your daughter could confide in someone her fear of failure, without feeling guilty or judged. For your daughter, feeling that you are worried about her becomes a bond that does not allow her to grow. It would be magical for your daughter to feel recognized in the concrete efforts that you are putting to be there for her, it would be relaxing if someone told her: I see that you are very determined not to give up and to keep going: when you are afraid of not being able to do something, the headache will help you not to fail."

This idea convinces the mother: it seems to her as a good solution not to superficially neglect the discomfort of her daughter, and at the same time not to let her get stuck in the mud with an understanding attitude. The intentionality of the girl is to grow, and to "grow" means to succeed despite the fear, despite the headaches that she actually feels, but she cannot help the fear that they entail. In this case the help that the mother can offer to the daughter is to balance a positive attitude - that alone would contribute to supporting the narcissistic style (an appeal to the ideal self "you are smart and you can do it") which is dangerous because it does nothing but maintain a sense of fragility of the girl and makes impossible the revelation of the real self - with concrete recognition of social self-regulation processes and intentionality to be valuable for society.

A similar "revelation" at the contact boundary between mother and daughter has to pass now through the sensitivity of the body, through the mother's ability to find out in her own body the sense of anxiety of not being a good mother when she sees her daughter discouraged, and on the other side to perceive in the body of the daughter (in her breathing, posture, the way she breathes when she looks at her, etc.) the desire to succeed and to be recognized in this by her mother. In the context of bodily desensitization in

which the primary intimate relationships are being developed today, this is the “truth” that has to be reached in the relationship between parents and children: a co-presence, first of all sensory, that Merleau-Ponty (1979) has rightly called intercorporeity.

The co-creation of the therapeutic experience is motivated - supported and directed - by an intentionality which for the Gestalt approach is always an intentionality of contact with the other (I call it *now-for-next*).

The patient's feeling is mirrored in his aspiration towards the significant other in the here-and-now and the therapist's feeling is used as a “world-of-life” of the patient, as a spontaneous environment that reacts to the patient and is in turn acted by him / her, except that, unlike the patient, the therapist has a map to read the contact that takes place in the here-and-now of the therapeutic encounter. The contact line between therapist and patient is the place of the therapy and the patient tends to be spontaneous with the therapist more than he was in previous significant relationships. Today the therapy consists in the relational recognition of the blocked intentionality of contact, which can be unfolded with the therapist.

In the current scientific fervour for relationship, the neuroscientific researches which with increasing emphasis confirm the relational nature of our brain<sup>18</sup>, and the latest reflections of Daniel Stern (2010) who sees the unit of measurement of consciousness in the perception of moving shapes, confirm the trend of contemporary psychotherapy. According to this trend, the primary reality is the presence co-created at the contact boundary, the *gestalt* emerging from the encounter of the contact intentionalities.

## **11. Conclusions: the Ethics of a Hermeneutic Approach to Training and Clinic**

Various psychotherapeutic approaches are deeply linked to the society in which they were born as well as to the emerging social needs. Therefore it is important to start from the hermeneutics of each approach in order to use it appropriately. One should bathe in the sea of the chosen approach, going all the way to the bottom, fully identifying oneself with it, in order to learn its language systematically. It is like knowing how to read music in order to play it. Only when the language has been assimilated so much that you deeply understand its meaning, is it possible both to communicate with colleagues who use other languages, and to make it evolve with the evolution of society, opening yourself to listening to and understanding different music, played by other approaches.

It seems to me that this is the first necessary act of honesty and fairness towards those

who mastered the art of psychotherapy. Psychotherapy students do not have to learn fundamentalism, but the ability to work within the limits, first of all their own limits and then those of the model, as well as within the limits of the situation.

At this point, regardless of the approach, a psychotherapist has a social and political mission as he helps the individuals to regain an inspired vitality and different faiths, while getting themselves rooted in their significant and constitutive relations and overcoming the current impasse made of fear of death and emptiness of values.

A psychotherapist cannot regard himself as a private operator (Lichtenberg, 2009): his work is also political and his efforts in groups are the most effective support he could give to the actors that move the social welfare gear.

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