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# International Journal of **PSYCHOTHERAPY**

Journal of the European Association of Psychotherapy

**Volume 25**

**Number 2**

**Summer 2021**

*A Special Issue: First Online Session with an Adolescent Girl  
From 12 Different Perspectives*



# International Journal of PSYCHOTHERAPY

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The International Journal of Psychotherapy is a peer-reviewed, scientific journal and is published three times a year in March, July, and November, by the European Association of Psychotherapy (EAP). The EAP is a member of the World Council for Psychotherapy (WCP); and an International NGO member of the Council of Europe.

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**Published by:** European Association of Psychotherapy (EAP)

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ISSN: 1356-9082 (Print); ISSN: 1469-8498 (Online)

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The International Journal of Psychotherapy is a leading professional and academic publication, which aims to inform, to stimulate debate, and to assist the profession of psychotherapy to develop throughout Europe and also internationally. It is properly (double-blind) peer-reviewed.

The Journal raises important issues in the field of European and international psychotherapy practice, professional development, and theory and research for psychotherapy practitioners, related professionals, academics & students. The Journal is published by the European Association for Psychotherapy (EAP), three times per annum. It has been published for 24 years. It is currently working towards obtaining a listing on several different Citation Indices and thus gaining an Impact Factor from each of these.

## **The focus of the Journal includes:**

- Contributions from, and debates between, the different European methods and modalities in psychotherapy, and their respective traditions of theory, practice and research;
- Contemporary issues and new developments for individual, group and psychotherapy in specialist fields and settings;
- Matters related to the work of European professional psychotherapists in public, private and voluntary settings;
- Broad-ranging theoretical perspectives providing informed discussion and debate on a wide range of subjects in this fast expanding field;
- Professional, administrative, training and educational issues that arise from developments in the provision of psychotherapy and related services in European health care settings;
- Contributing to the wider debate about the

future of psychotherapy and reflecting the internal dialogue within European psychotherapy and its wider relations with the rest of the world;

- Current research and practice developments – ensuring that new information is brought to the attention of professionals in an informed and clear way;
- Interactions between the psychological and the physical, the philosophical and the political, the theoretical and the practical, the traditional and the developing status of the profession;
- Connections, communications, relationships and association between the related professions of psychotherapy, psychology, psychiatry, counselling and health care;
- Exploration and affirmation of the similarities, uniqueness and differences of psychotherapy in the different European regions and in different areas of the profession;
- Reviews of new publications: highlighting and reviewing books & films of particular importance in this field;
- Comment and discussion on all aspects and important issues related to the clinical practice and provision of services in this profession;
- A dedication to publishing in European ‘mother-tongue’ languages, as well as in English.

This journal is therefore essential reading for informed psychological and psychotherapeutic academics, trainers, students and practitioners across these disciplines and geographic boundaries, who wish to develop a greater understanding of developments in psychotherapy in Europe and world-wide. We have recently developed several new ‘Editorial Policies’ that are available on the IJP website, via the ‘Ethos’ page: [www.ijp.org.uk](http://www.ijp.org.uk)

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The IJP Website: [www.ijp.org.uk](http://www.ijp.org.uk)

The IJP website is very comprehensive with many different pages. It is fairly easy to negotiate via the tabs across the top of the website pages.

You are also able to subscribe to the Journal through the website – and we have several different ‘categories’ of subscriptions.

You can also purchase single articles – and whole issues – that are downloaded directly as PDF files by using the CATALOGUE on the IJP website (left hand side-bar). Payment is only by PayPal. We still have some printed copies of most of the recent Back Issues available for sale.

Furthermore, we believe that ‘**Book Reviews**’ form an essential component to the ‘web of science’. We currently have about 60 relatively newly published books available to be reviewed: please consult the relevant pages of the IJP website and ask for the books that you would enjoy reviewing; and – as a reviewer – you would get to keep the book. All previously published Book Reviews are available as free PDF files.

We are also proud to present a whole cornucopia of material that is currently **freely available on-line** (see box in top left-hand corner of the website). **Firstly**: there are several ‘Open Access’

books and articles, free-of-charge for you to read – if you wish; **next** there are an increasing number of free “Open Access” articles; **then** there are usually a couple of articles available from the forthcoming issue, in advance of publication. In addition, there is an on-going, online ‘Special Issue’ on “**Psychotherapy vs. Spirituality**”. This ‘Special Issue’ is being built up from a number of already published articles and these are now available freely on-line, soon after publication.

Finally, there are a number of previously published **Briefing Papers**: there is one on: “*What Can Psychotherapy Do for Refugees and Migrants in Europe?*”; and one on an important new direction: “*Mapping the ECP into ECTS to Gain EQF-7: A Briefing Paper for a New ‘Forward Strategy’ for the EAP*”. Because of a particular interest that we have in what is called by “Intellectual Property”, we have also included a recent briefing paper: “*Can Psychotherapeutic Methods, Procedures and Techniques Be Patented, and/or Copyrighted, and/or Trademarked? – A Position Paper*.” Lastly, as part of the initiative to promote psychotherapy as an independent profession in Europe, we have: “*A Position Paper on the Nature and Policy Applications of Appropriate Psychotherapy Research*”, which we have published in a recent issue.

## Editorial

Courtenay Young

*Editor, International Journal of Psychotherapy*

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Dear Readers, dear Colleagues, dear Members of the EAP,

We are still in our (silver) 25<sup>th</sup> year of publication and so, we have a surprise: a different type of Special Issue: one that is almost unique.

One of the EAP's 'daughter' organisations in Italy, the Italian Federation of Psychotherapy Associations (FIAP), which is the National Association for Psychotherapy in Italy, has its own Journals Committee. A year ago, it initiated a project, which chose the case of an adolescent girl, who, having availed herself of psychotherapy in the lockdown period due to the restrictions caused by the COVID-19 pandemic in the spring of 2020, began her sessions on-line with a psychologist-psychotherapist. The transcript of this first session was then 'commented' on by authors from the 12 different Italian Journals that make up the FIAP Journals Committee: each commentary represents a different approach: i.e. from a different modality of psychotherapy. The transcript, a follow-up commentary by the therapist, and all these different commentaries have now been translated into English and are being published here, with yet another commentary, this time from a non-Italian, Dan Anders Palmquist, with a totally different experience, outlook and criteria. We think this is a sort of "ground-breaker", but – no doubt – someone has done something like this before. Anyway, we hope that you enjoy this new type of Special Issue.

However, this account – of a single session with a young girl – reminds me of a famous account of a session with a 7-year old girl given by R. D. Laing. It illustrates – for me – the 'efficacy' of sometimes stepping outside of the normal face-to-face, verbal psychotherapy that has been the virtual norm for the last hundred years or so (Hillman & Ventura, 1993) and furthermore, the many different ways to make 'relational contact' with the client which gives

psychotherapy its ‘effectiveness’ (albeit, in this case, non-verbal contact (see Westland, 2012). Now, with the impositions of the Pandemic, we are all having to find new norms. Let us hope these are just as, if not more, efficacious:

*“She was brought along by her father because she had stopped talking. He brought her into my room and he left. She sat on the floor, crossed her legs, and just sat there – not particularly withdrawn but certainly not looking as though she was interested to play or to have any conversation. She sat there like a sort of miniature Buddha, and I was sitting in my chair and I couldn’t imagine how I might get to her. I asked if she’d like to talk and she had nothing to say. So I got off my chair and sat there on the floor in front of her. There was no plan that I worked out. She allowed me to touch the tip of her little finger with the tip of mine and gradually allowed me to touch the tips of [all] her fingers with the tips of mine. And I shut my eyes. I had a flash when I did that ... a pang ... of anxiety that she might do something to my face. Maybe I was picking up something from the tips of her fingers, but it went away. And I allowed myself to become completely absorbed in the kinesthetic sensations at the tips of her fingers. And for something like forty minutes or so, nothing [happened] except a gradually developing movement/dance with the tips of her fingers. ... It became absolutely imperative that I not lose touch with the tips of any of her little fingers. And I imagine it began to feel as important to her as it did to me. After about forty minutes, I opened my eyes and as I opened my eyes I found her opening just at the same moment, without a word having been spoken. So we withdrew our fingers from each other, and went back to my chair. I said to her, ‘Bring your dad along now if that’s all right with you’, and she nodded. He told me later [that] as he was walking along the road with her towards the car he turned to her and said, ‘[W]hat went on between you and Dr. Laing?’ She turned to him and said, ‘[I]t’s none of your business!’ And these are the first words she had spoken in about two months!” (Thompson, 2015, p. 118–9)*

This session – on-line because of the CoVid-19 pandemic – also reflects an earlier issue when we published a set of ‘Guidelines’ for working on-line, compiled by Adrian Rhodes, a previous EAP President (see Vol. 24, No. 1, March, 2020), which are also published on the EAP website. For the last two years, we have found ourselves – as psychotherapists – in a totally different world, with totally different parameters in our daily practice. Even if things get back-to-normal relatively soon, it will definitely be a new ‘normal’. The incidence of on-line therapy will not be going away – with all its different implications for our professional practice. These will be easier for some psychotherapeutic modalities than for others: anyway, it will almost certainly change all of our ways of working.

The different working perspectives, identified by the different modalities, are also highlighted in this issue, and yet ... there are some common themes that emerge, basic psychotherapeutic parameters, which again echo an earlier article by Scott Miller (Vol. 18, No. 2, July 2014) that discusses the “common factors” theory.



We hope that all our new readers will become interested, not just in our achievements and our ‘back catalogue’, but also to the future: of new “Special Issues”; of new “Special Collections”; and also of on-going dialogues between our authors (who bravely submit their manuscripts), our Editorial Team (who steadfastly process them), and our readers (who hopefully ‘digest’ them). In this way, we – the Editorial Team – feel that we are contributing to the ‘growth’ of international multi-disciplinary psychotherapy.

In this light, we can also proudly announce that the EAP – in its 30<sup>th</sup> Anniversary Celebrations next March (2022) – has been asked to produce another Special Issue for this event. So, watch this space!

We also need to thank our (as yet unpublished) authors, who are waiting patiently in line for their articles to get into print. Your turn is next!

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# First Online Session with an Adolescent Girl: From Twelve Different Perspectives

Margherita Spagnuolo Lobb, Paolo Migone  
& Maria Luisa Manca (Editors)

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## Introduction

The “Journals Committee” of the Italian Federation of Psychotherapy Associations (FIAP – [www.fiap.info](http://www.fiap.info)) is based on the dialogical principle amongst all the various Italian psychotherapy methods. These psychotherapy journals are the place in which these diverse methods continue to grow, where they confront each other internally and encounter other approaches, where they process and refine new ideas and practical applications, develop their clinical praxis, and present their research from within the sector.

The goal of the FIAP Journals Committee is to create opportunities for the Italian psychotherapy journals to challenge and support each other, beyond self-referential close-mindedness, in the confidence that it is exactly this sort of openness to the other that allows for the development of one’s own identity. This was the conviction upon which the co-ordinators founded the Committee. Margherita Spagnuolo Lobb, editor of the Journal *Quaderni di Gestalt* (Gestalt Therapy Journal), conceived

of it in 2005, a year in which, as President of FIAP, she organized the conference: “The Explicit and Implicit in Psychotherapy”. She invited Paolo Migone, co-editor of the journal *Psicoterapia e Scienze Umane* (Psychotherapy and the Human Sciences) and Maria Luisa Manca, at the time president of FIAP, to be by her side.

The enthusiasm which the Italian journal editors collaborating on this project accorded to the meetings is a sign that we all needed this dialogue and that together we can make our approaches more visible, and give greater scientific dignity to each and every journal associated with these perspectives. One of the issues we have most addressed in our meetings has in fact been the exchange of practices on indexing and on the type of articles published by the various magazines.

The aim of the work that we are presenting here is to achieve an in-depth and practical dialogue on clinical treatment among the many methods. Taking inspiration from an already completed article from one of the associated

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International Journal of Psychotherapy

Summer 2021, Vol. 25, No. 2, pp. 9-12: ISSN 1356-9082 (Print); ISSN 1469-8498 (Online)

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Submitted: August 2021; DOI: 10.36075/IJP.2021.25.2/Spagnuolo Lobb/Migone/Manca

periodicals, *Costruttivismi* (Constructivisms), edited by Lorenzo Cionini, we asked the editors of the associated journals to comment, from their viewpoint, upon a specific case in terms of how it emerges as the description of a first session. We chose the case of an adolescent girl, who, having availed herself of psychotherapy in the lockdown period due to the restrictions caused by the COVID-19 pandemic in the spring of 2020, began her sessions on-line with a psychologist-psychotherapist. It seemed to us that this clinical example presented two interesting and particular features: the fact that it is a therapy begun on-line, and the fact that the patient is an adolescent, a thirteen-year-old girl.

This chosen situation plays a new and necessary clinical role in this period, because it deals with an age group that we should particularly focus on during this pandemic (teenagers suffer from the restrictive measures more than others), and because of the on-line setting that we have been, willingly or unwillingly, forced to adopt.

To allow the reader to gather and integrate the aspects that seem most interesting to compare and contrast from the standpoint of the various approaches, we have posed several questions to the therapists/authors. These questions, regarding the modalities of diagnostic-framing for the case, and those regarding the carrying out of the therapeutic process, appear below. Naturally, we have given the contributors the choice of whether they wish to answer in precise fashion or to merely keep them in mind as they formulate their comments. We have also requested the representatives of the diverse journals to participate in their capacity as therapeutic experts in therapy work with adolescents.

Almost all of the journals which belong to the Committee responded: so, here are 12 essays that represent ten of the different member as-

sociations of FIAP. Here is the list of authors (in alphabetical order) and of their respective journals (for each contribution, not only the journal but, where possible, the FIAP association membership is also indicated):

1. **Livia Agresti**, *Corpo e Identità*, "Società Italiana di Analisi Bioenergetica" (SIAB)
2. **Fabio Bassoli**, *Maieutica*, "Società Italiana di Psicologia e Psicoterapia Relazionale" (SIPPR)
3. **Marco Bernardini**, *Psicobiiettivo*
4. **Francesco Canevelli**, *Rivista di Psicoterapia Relazionale*, "Società Italiana di Psicoterapia Relazionale e Sistemica" (SIPRES)
5. **Lorenzo Cionini & Isabella Mantovani**, *Costruttivismi*, "Associazione Italiana di Psicologia e Psicoterapia Costruttivista" (AIPPC)
6. **Antonello D'Elia & Anna Mascellani**, *Terapia Familiare*, "Accademia di Psicoterapia della Famiglia" (APF)
7. **Lapo Felicioni**, *Rivista di Psicosintesi Terapeutica*, "Società Italiana di Psicosintesi Terapeutica" (SIPT)
8. **Margherita Spagnuolo Lobb & Silvia Tosi**, *Quaderni di Gestalt – Gestalt Therapy Journal*, "Società Italiana Psicoterapia Gestalt" (SIPG) and "Federazione Italiana Scuole e Istituti di Gestalt" (FISIG)
9. **Marcello Mannella**, *Psicoterapia Analitica Reichiana*, "Società Italiana di Analisi Reichiana" (SIAR)
10. **Paolo Migone**, *Psicoterapia e Scienze Umane*
11. **Anna Rizzuti & Valeria Verrastro**, *Quale Psicologia*, "Società Italiana di Psicoterapia Strategica" (SIPS)
12. **Riccardo Zerbetto & Paola Dei**, *Monografie di Gestalt / Gestalt Monographies. Rivista Quadrimestrale di Psicoterapia tra Scienza e Arte*, "Federazione Italiana Scuole e Istituti di Gestalt" (FISIG)

The adolescent girl was called 'Anna' by her therapist, who has kindly furnished the transcription of the first session, as well as a final summary of the therapeutic process, published after the responses from the various authors. The therapist, whom we sincerely thank, has wished to remain anonymous in order to protect her patient's privacy.

Here is the questionnaire / guide that we (the Editors) proposed to the participant authors:

1. What is the problem presented by Anna and, if your approach anticipates this distinction, what would be the "question" posed to the therapist? Would you feel limited or facilitated by the defining of this aspect in an on-line setting?
2. What do you believe might be Anna's expectations with respect to psychotherapy? Do you think it would be advisable to encourage a redefinition of these expectations?
3. In terms of your model, what initial hypotheses can you make in relation to the professional framing of the case – and why?
4. In what way do you think that the on-line setting could prevent the spontaneity of the therapeutic work and, on the other hand, how do you think it might facilitate it?
5. How do you imagine the patient could situate herself within the particular therapeutic relationship that is developed on-line? What kind of relationship do you think it is advisable to attempt to build and what kind of difficulties might arise?
6. Which elements could you suggest to explore further in the sessions following the first meeting?
7. What aspects do you consider to be necessary to work on during the therapeutic process?

Our colleagues (above), representing a variety of approaches, were requested to write essays of no more than 3,000 words. Reading their commentaries is like taking a very interesting journey into the different clinical epistemologies, and into the therapeutic soul of the person who wrote them. Beyond the particular orientation which they advocate, and beyond their language and specific references, we feel that they all revealed a great sense of humanity.

If Anna were our daughter, we would have no preference with regards to whom to send her: we would know that, in each and every case, regardless of the different settings or frames of reference, she would feel welcomed and find humane competence, capable of providing the relational groundwork upon which her healing could spontaneously take root and grow.

This is what we can learn when engaging in a respectful and trusting comparison between diverse orientations. The choice to train in a particular type of psychotherapy is a question of personal preference (one chooses the suit of clothes that fits best), and often the 'persona' of the therapist is a more important factor than the school to which he/she belongs. What confirms this is the fact that, when two good therapists representing different approaches work together, they do very similar things, regardless of their terminology or the specific praxis they engage in.

It is an ethical issue, especially for someone who conducts training. It is about humbly transmitting the message that all schools of thought have something important to teach us. It is about facilitating the experience of exchange with other approaches, whilst taking care of providing good training within one's own chosen path, so that the exchange may not falter and end up causing confusion.

Having expressed our ethical position towards the different orientations, and with a sense of respect and esteem towards all of our FIAP colleagues, we hope you enjoy the readings that follow!

## The FIAP Journals Committee:

- **Margherita Spagnuolo Lobb**, *Quaderni di Gestalt* (Gestalt Therapy Journal) (Coordinator)
- **Paolo Migone**, *Psicoterapia e Scienze Umane* (Psychotherapy and the Human Sciences)
- **Maria Luisa Manca**, Past-President FIAP

# Transcript of the First Online Session with 'Anna', a 13-year-old girl

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**Therapist (T):** Hi, how are you?

**Patient (P):** Uh, well, I'm hanging in there... during the quarantine... *[the reference is to the COVID-19 quarantine]*.

**T:** On top of our usual personal issues, now we have to put up with this, too!

**P:** We could have done without it!

**T:** I have spoken with your mom a bit. Did she tell you?

**P:** Mmm *[she nods her head]*

**T:** ...She pointed out several things. I asked her if it was you or them who had thought about therapy, and she told me that you, too, wanted it ...

**P:** Yes. Actually, the desire to interact with a specialist came to me after I had seen a movie called Lucia's Grace (*Troppa Grazia*)<sup>1</sup>, which is about this woman who talks to the Virgin Mary, who gives her instructions. So, I said to myself, why not try? ...

**T:** And the woman in the film, what does she ask for?

**P:** In the film, the woman is a surveyor and her work is mapping out something in a field, but the Virgin Mary tells her that she mustn't build anything, that she has to make a church... so I had this revelation...

**T:** *[laughing]* You're telling me that you want me to provide you with a revelation!

**P:** *[she laughs]* Yeah, if only... No, actually, I made the mistake of telling about this [vision] to Mom and Dad. At the beginning, only my best friends knew, then ... I also told my parents. When I got home after a week-long ski holiday, I told my Dad ... The first time I saw "It", I was going to school. It was 7:45 in the morning, on Wednesday, December 11, 2019. He had been hanged from the Old Hospital... uh, and nothing ... just like that. Now, it's about three months that I've been seeing it... It doesn't happen often, mostly when I'm feeling pretty calm ... But this thing makes me anxious because, maybe when I'm with my friends, I'm afraid to enjoy the moment, because then this thing here might happen ...

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1. **Editor's Note:** A film directed by Gianni Zanasi, 2018.

**T:** Listen, but ... this figure ... I mean this person, no? Because, it is a person ...

**P:** Yes, but I don't like to think of it as a person, because I'm afraid that I might convince myself that it's really real, and seeing that it isn't... I don't want to.

**T:** Mmm... How should we call this vision?

**P:** Uh, I don't know.

**T:** Because I think it's important to give ... I mean I also think it's a fantasy that your mind is creating regardless of what you wish, however what our mind produces tells us something that we can't express any other way ... like in words ... So, maybe it would be important to understand what that figure, that man there, is saying. You usually see him in somewhat negative situations, right? Tell me a little about what it's like, when you see him ... How about the first time?

**P:** I don't remember it really well, because, well, it's not exactly pleasant ... So, I don't remember the moment when he appears, but I do remember in perfect detail one detail that I know really well – the way he died – but it's weird for me, because he's a totally black figure. He seems ... I don't know... but the thing you see is the detail of the death. It seems like a comic strip when I see him; a very realistic comic strip. You see, the only thing I know is that he has blue eyes. Once, I was out with my friends (with one of my friends actually), there was a broken window and he [the man] took a piece of the glass and he stuck it into his eyes, and that's when I saw that they were blue ... That's it, nothing else ... That was the tenth time that I saw him die. Then, two days ago, when I was in bed and talking with my best friend, the "thing" began to talk to me, and then it said, "*Bad, very bad*". I have a really beautiful relationship with my best

friend, because I love him so much and the fact that it had said, "*Bad, very bad*" while I was talking with my friend made me think a lot [*she begins to cry, she never looks at the video camera*]. Because this "thing" wants to make me do dangerous things against my will. I find it difficult to study. I can't concentrate, and then, my sister who had begun to smoke and then stopped and I know where her e-cigarette is, and a voice says, "*Take it, take it*", but the problem is that, if this is the way things are, okay. But, one day, he was standing on a bridge, and it was as if he was extending his hand to me, as if to say, "Come with me", and it was very difficult in that moment because I'm afraid that one day I won't be able to resist, as long as they [the stresses] are stupid things, OK, but I'm afraid that I could do serious things for a problem that doesn't really exist... [*she cries*]

**T:** Why do you say that the problem doesn't really exist?

**P:** Because it doesn't exist...

**T:** Perhaps that figure doesn't exist, but what does exist is something inside of you that is not well...

**P:** [*she cries*]

**T:** Anna ...

**P:** I'm sorry, but it's very hard to look at you because ... it's very hard ...

**T:** It's also hard for me not to be in the same room with you now .... [*long silence*]

**P:** Mmm ... [*long silence*]

**T:** May I ask you a little thing about the telephone call yesterday with your best friend?

**P:** Yes!!

**T:** It said to you "*Bad, very bad*", but referring to what?



**P:** Because I'm afraid this "thing" wants me to get angry with the people I love and it's as if he was saying to me, "Hurt him" ... it's so hard, also because I'm the kind of person that really can't bear the idea that people might be suffering in a really bad way ...

**T:** In what sense, Anna, talk me through it. If you see that someone is suffering, what happens to you?

**P:** I feel really, really bad. Even if I have nothing to do with it, I feel guilty. I feel a lump in my throat [*she cries*], and it's always been like this, since I was little, because I have always been an aggressive kid, and when I maybe also hurt another kid or a friend, by accident, then after, even if it wasn't that bad, I felt as if it was the worst crime in the world, like pulling some girl's hair by accident. I just felt so bad. I felt remorse for such a long time and it's still like that even today ...

**T:** But even if someone gets hurt and it has nothing to do with you?

**P:** Yes, exactly! [*she cries a lot*]

**T:** [*affectionately*] Hey, there! Hello! [*She tries to engage with the girl through the screen ...*]. And so yesterday with your friend you were afraid ...

**P:** Yes, very afraid for him ...

**T:** What is your friend's name?

**P:** Antonio.

**T:** And he's a classmate?

**P:** No, he's a year older, he's a schoolmate.

**T:** And for how long have you been friends?

**P:** Uhm, for a while, about a year ... More or less, yes ...

**T:** Listen, but are you just friends?

**P:** A little while ago, I knew he was attracted to me ... anyway, now I think it's pointless to have **that** kind of a relationship ... [*Due to the internet connection, what she says here is incomprehensible*] At the beginning, I had already rejected him, and still I'm scared to ruin my relationship with him ... because ... [*she changes her tone, takes a stance on it*] couples are disgusting/ If you look at it objectively, it's disgusting being in a couple, because, you fight, "Yuck". I don't like all that mushy stuff, and then since all these things have been happening to me, I've been cutting myself off from people because I'm afraid I'll hurt them. I'm becoming anti-social. Only my girlfriends know about this and Mom and Dad ... whom I should not have told.

**T:** Anna, why do you say that about your Mom and Dad?

**P:** Because ... no, because I don't know, or I don't know if they deserve it, or I don't deserve it ... because Dad ... at first, I had a great relationship with him, I told him everything. The first time [it happened] I told him, and only him, as soon as I came home. Then, just two weeks later, before the [CoVid] quarantine, I came back to the subject and he had already forgotten, and this really hurt me a lot. It was a very serious thing for me ...

**T:** What makes you think that he might not have kept you in mind?

**P:** [*she cries*] I don't know, but it made me hate him ... Then, okay, let's not even talk about my Mom. I don't talk to her. We don't have a very good relationship because I'm really scared of her, or I'm not sure what. Let's just say ... she bugs me, or I'm really afraid of her judgement because she's very strict, so I talk very little with her, almost never about serious stuff, but when I told her about this thing, I said it was a private

thing, and not to talk about it, and yet she went ahead and told other people, and this made me really angry. I decide when and who to tell about my problem. She even told it to the mother of a friend of mine from Udine.<sup>[2]</sup>

**T:** Can you tell me a little more about that?

**P:** In June, we went to Udine to live with my grandfather, to keep him company, because my grandmother had died. My Mom had been there since April. I went to school there in September, and it was the hardest time in my life. There were many bullies who picked on me because of what I looked like and other stuff. My classmates spread rumours about me and that embarrassed me, even if I usually don't care that much about such stuff. Here, in my own city, I had my friends who supported me. There, I was alone and insecure. Then, by chance, my mother lost her job. I was feeling pretty terrible. My brother and sister had settled in quite well, but we came back anyway, also because my Dad had never come. He had his work in this city, his friends were here. I was so happy to come back, but at the same time, I didn't want to go because it meant my grandfather would be left alone. He and my grandmother had such a beautiful relationship. My grandfather was not the same. I wanted to stay there with him ...

**T:** You're very attached to your grandfather ...

**P:** Yes, I am! *[she cries]* Because he's fantastic, the most beautiful person I have ever known – intelligent, friendly. He never feels regret, never holds a grudge, and, in his life, he's gone through a lot. He spent three days in jail, but he never held a grudge against the people who betrayed him, and this he passed on to me, too. I'm extremely

open to forgiving ... even with my parents. But, I think that if I had a daughter with problems like this, I wouldn't forget about it, but then ... Maybe he had his reasons, something to do with his work or whatever.

**T:** Mmm... Anna, when in December, [the vision of] that man appeared for the first time, how were you feeling? Do you remember anything in particular?

**P:** No, I was feeling well. I had come back to my city a few months before. In Udine, I had undergone a change. I had seen so much hate and cruelty that I had become a little like this – in school I was having problems with friends. I was stuck-up. I had made everyone hate me, because, in Udine, no one supported me, and here I was pretty unbearable. Then, in school, I went to the office, and we talked with the school psychologist, and I was able to change for the better certain of my defects....

**T:** But in your opinion had these defects first shown up in Udine?

**P:** No, I went to Udine in a very, very, very good mood.

**T:** So, you wanted to go there.

**P:** No, wanting to go is something else ... Here, I had my friends ...

**T:** *[interrupting]* Your father was also here. It's a big deal to leave your school, father, friends, and your city at the end of your first year of middle school ...

**P:** I know *[she cries]*, but what made me able to say "Come on, You can do it" is that my grandfather was all alone and that drove me to try my best, but I minimized the possible problems, because I thought that I would be able to find great people like here, but

2. **Editor's Note:** Udine is a city in north-eastern Italy, between the Adriatic Sea and the Alps.

it didn't work out like that ... I behaved the way I always do. Maybe it means that I was already pretty obnoxious before. Maybe, in Udine, everybody was obnoxious so it seemed as if I was the least obnoxious of all, I don't know, but I came back here, and – within two weeks – half the school hated me, and everyone in my class, and so I understood that it was me, not them ...

**T:** So, give me an example of what you were doing that was so horrible.

**P:** I inherited from my dad a sense of humour that verges on sarcasm ... and I was jealous, possessive, and this ruined the really good relationships that I had, and then, fortunately, at least in part, I was able to sort them out.

**T:** And so, even talking with the psychologist helped.

**P:** Yes, and I also write a lot. I like it. In Udine I didn't express myself or vent with anyone except my grandfather. Writing was a way to express my feelings.

**T:** Do you write a diary?

**P:** No, I write texts because I prefer to scatter my problems on loose pages that perhaps get lost....

**T:** [playfully] Me, too, I like writing, and reading, and reading what other people write!!

**P:** No, I don't like reading. They always forced me to read, as opposed to my sister who has always read a lot...

**T:** Mmm... Listen Anna, you were saying that the first time that you saw that figure, you weren't feeling so bad...

**P:** No, because I had been able to patch up the relationships that I had ruined before Christmas...

**T:** ...You know, I find it hard to believe that you made yourself so despised.

**P:** Yeah, but I assure you... You know those girls that no one wants to talk to...

**T:** That seems impossible to me! Maybe you were angry? Maybe you identified with those bad kids in Udine?

**P:** I mean... I hated myself, I had become just as unlikeable as them. In Udine, the whole school hated me, except for one kid that I said... that I've known forever... He's the son of the mother whom my mother had told that thing about me. Even if she was a friend, telling her was not justified... And then there was another girl, who wasn't mean to me... The minority group, which I belong to, is made up of four catty girls. If you get a reputation, it lasts for life... I don't know... As for the rest... Okay, so I got my first period in the first year of middle school. I'm very shapely, and there, instead, the girls were all physically little, and male hormones were running wild. They were thinking of one thing only, and they couldn't care less about anything else where I was concerned... I was attractive... I mean there was one boy, the leader of the bullies, who was attracted to my body, I don't know, I really don't care, and obviously I rejected him. I said to him: *"We've only known each other less than two days, and it couldn't be that now, merely because I wear a C-cup, I'm the most beautiful and most likeable girl."* So, rumours were spread, he had a lot of influence. They also asked me such intimate things that they really disturbed me, because I'm obsessed with privacy... it was really difficult... they asked me uncomfortable questions, and then suddenly it was as if I had made all kinds of admissions – all of this in ten days...

**T:** I now understand better. These things you are telling me are very important... You arrived like a bomb. You rejected the bully, and this had repercussions that were not

your fault, and then, maybe you reacted, and maybe you became disagreeable... I think what you are telling me is very important.

**P:** I don't know, everything happened so fast, so suddenly. I am the kind of person who doesn't like to fight with anyone.... I've always been an egocentric kid, and then I had to wrestle with this thing that I want everyone to like me. It's always bothered me if I didn't have a good relationship with everyone. To say that it still bothers me wouldn't be true anymore. In the end, I can't change people, so if you don't want a relationship with me, you probably have good reason. I've made my peace with that side of me now... Oh well...

**T:** Anna, I don't know you that well, and what I'm saying, I'm saying after hearing you now... but what I'm hearing is that you're very hard on yourself... and you judge things you've done or said very harshly... a bit too much...

**P:** But, I'm trying to be objective... Being hard on myself helps me to face things that... I'm very emotional and extreme in nature... since I'm little I have tried to build this bubble around me where I'm the perfect little girl who pleases everyone. After it was difficult to open my eyes, but it has been one of the positive aspects of my growing up because it has helped me...

**T:** But, since when do you think that you opened your eyes and saw all these awful things about yourself?

**P:** I think when I came back from Udine, because I came back to my city, and I felt I was unlikeable, and it didn't suit me...

**T:** Listen Anna, I have the feeling that it's not coincidental that that figure, that "thing", who wishes to punish you, to make you throw yourself off the bridge, as if you were

guilty or don't have the right to live, has shown up now when you've begun to see these terrible things in you...

**P:** But, I honestly believe that I'm fine with this thing. OK, these things happened, so it goes. Let's be calm and cool and face them... because I'm actually okay with myself... I don't have problems. I mean, I accept myself... and I tell myself: you're okay. It's all right...

**T:** Let's say then that your head says these things to you, but there may be a deeper part of yourself that is not happy to be like this – hated, awful... You were saying that all your life you made all these efforts to be cute and lovable... and all of a sudden, all these efforts went out the window, and you became horrible and everyone hated you... *[smiling]* But it's normal to be a little lovable and a little despicable... and I understand when you say that it's a good thing that these parts of your character appeared... but I feel that, if your head says it's a good thing here, however, in your belly, something isn't happy and isn't so accepting of certain less pleasant parts of yourself...

**P:** In the end, I think that I don't want to think... actually... I'm very rational... and I have always tried to be objective with myself, and understand. If you have a problem, you solve it, and if it's not solvable, then you sort out the way you face it... and this helps me a lot. Thinking makes everything easier...

**T:** From one side... however, from another... first you said that you don't want to think...

**P:** Well, I tend to look for problems that I don't actually have and... nothing, that's the way it is.

**T:** Listen Anna, it's really been a pleasure to meet you, even though I'm sorry we could

not have met in person. I think that we could go a long way together... So, if you've also felt good with me...

**P:** I felt really good... In the end, I didn't hold everything inside me, and I like it that you're someone who isn't part of my family... I felt good... and then the fact that I was able to talk to you about how I am now, in my opinion, helps me a lot, because in the office with the school psychologist, I didn't talk about this "thing"... I mean it's easier to talk to someone who isn't a relative. It's easier, but not taken for granted...

**T:** Well, this time you talked a great deal about your flaws. The next time I would like to learn about those aspects of yourself that you judge to be your strong points, the good parts inside you.

**P:** There are few of them, but...

**T:** Even if they are few, I would like to know them...

**P:** Okay, I'll think about it... In my opinion, it's easier to see one's flaws than one's virtues. Virtues are less visible... Flaws float to the surface more easily.

**T:** Yes, and then you told me that your mom is very tough on you, and sometimes demanding people emphasize one's defects, not out of cruelty, but because of their character... They see one's virtues but... You know, like those strict teachers, who don't say: "*You did that well*", but say instead, "*You made a mistake here*"

**P:** Mmm ...

**T:** But each of us, even the most horrible [*speaking playfully*], has many worthwhile things inside ...

**P:** Ah well, I hope so, if not, we're in a very bad way!!

**COMMENTARIES ON THE FIRST  
ON-LINE SESSION WITH 'ANNA':  
FROM TWELVE DIFFERENT  
PSYCHOTHERAPEUTIC  
APPROACHES**

# 1 An Uncanny Encounter with the ‘Thing’

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## Abstract:

Online sessions with a young pre-adolescent are evaluated in the light of the theoretical model of bioenergetic analysis. The focus is on psycho-corporeal and relational aspects that characterize the particular phase of development. The “uncanny thing” appears; what is no longer secret resurfaces and creates anxiety, disorients, frightens. The virtual setting of online communication makes the eyes the energetically charged element of the couple at work; the looking at each other is the shared aspect that approaches and moves away at the same time trying to capture the absent non-verbal language. Emotional and bodily motions, sexuality and separation aggression must be considered in the treatment.

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Right from her first words, Anna brings us into the chaotic and unrelenting world of a pre-adolescent struggling with her inner turmoil. Everything demands to be defined, and to find a more tolerable and manageable framework.

A film drove her to ask for help, a film (*Lucia's Grace*, 2018, by Gianni Zanasi) in which the Madonna provides a “revelation”; guides towards the building of self. Thus, from the beginning, we have the appearance of an element on the borderline between reality and fantasy, between the inside and outside worlds, between disconcerting sensorial/corporeal ex-

periences from which to flee towards magical and omnipotent solutions.

Anna seems to move with ease within the virtual. Technology belongs to her and she communicates with fluency, while her battle proceeds on a more intimate level.

How alarming is this symptom that Anna is experiencing? How capable will the therapist be in containing her own fears and remaining free and unfettered during the encounter? Anna shows us the way. That Madonna in the film encourages one not to build now, but to stop and explore one's own “church” and, when

Anna is asked if she is seeking enlightenment, she is able to smile, and so lets us understand that she is well-aware of the phantasmatic elements she bears within her.

And then, another ‘film’ comes into play, a ‘horror film’, the Man in Black, the “uncanny thing” whom she sees die over and over again in very gruesome ways and who fiendishly disturbs and frightens everyone. What is occurring here is the “uncanny” – exactly as Freud meant it in his 1919 essay. Freud links the perception of a “double” to the uncanny, on the part of a subject who is undergoing a regression to a primitive period of psychic evolution in which there is no clear separation yet, between the boundaries of the Ego and those of external reality and of the other. The uncanny, which in the German term *Unheimlich* signifies “not familiar, unknown”, also recalls the opposite term, *Heimlich*, which signifies “familiar, intimate” but also “kept hidden, veiled”. Therefore, what is uncanny is everything that must remain secret, intimate, concealed, but that, on the other hand, is resurfacing and throws us into a state of uncertainty and apprehension. It disturbs, disorients, and frightens us.

Anna talks about her “man in black” as a silhouette: “*It seems like a comic strip when I see him, a very realistic comic strip*”, who kills himself in different ways, manifesting himself in all his monstrousness and aggressiveness. It is so alien, but – at the same time – it is familiar. She describes it like a very real visible and audible hallucination, in all its particulars, including the date and time of its appearance, so that it lies outside her, but also confirming that she knows well that it lies within her.

How well are we able to listen to the uncanny evoked inside us? How well can we tolerate it, and at the same time continue to listen to what Anna is communicating?

The idea that we must formulate some diagnostic hypothesis exists, but – as Bioenergetic

Analysts – we know well that the definition of the dominant character structure, which we make with a careful and sensitive reading of the body – in the case of a preadolescent – is not really possible, because other psycho-physical dynamics are at play. The whole body is engulfed in turmoil, and the primary elements as well as those linked to the pre-oedipal phases, are in reorganization mode and searching for a new framework into what is to become the structure of the future adult. At such a time as this, everything is in progress – in a strenuous evolutionary process that must be supported and protected – and it is our job to follow this process. Therefore, we will make a non-structural hypothesis, which is only a procedural/energetic one, which captures the on-going psycho-physical forces as they are set in motion – all the actions both internal and relational, which we are observing and in which we are participating in first person.

It should be considered, however, that, in a video call, the “interactive dance”, (as it is called by Daniel Stern) involved in the communication is limited. It is imperative that we stay focussed and ask ourselves about how the relationship becomes conditioned by the means we are using, and think about the new way in which this setting contains and defines the relationship itself and the therapeutic process. It is not yet well-clarified. The entire scientific community is questioning and formulating hypotheses that only time and research will elucidate.

In terms of Anna, who is being met – in this moment of difficulty – with a first encounter in a remote setting, I believe that it might be beneficial to her to begin expressing herself to another “unknown” and detached adult, who – because she is just that – allows Anna to confront a real/virtual, real/fabricated circumstance that is so close and reflective of her internal goings-on.



Here, we have an *apperception*, which Anna prefers to call “the thing”, in-as-much as it is a non-defined entity that is both outside and inside her. As Winnicott teaches us (in this case, as well), it is not necessary ever to ask if it exists in reality or not, because it seems to come to terms with those same attempts of integration belonging to the primary stage. Here is a something that has no space on the inside, and is seen from the outside, and – as such – is received by the therapist and retained until the moment that it can be given back in a processed form, but also, until it can be made an active and liveable part within the therapeutic relationship itself.

Her aggressive urges frighten the patient. They are not easy to experience and contain, and a remote relationship can be more reassuring and manageable. However, I maintain that the move to in-person sessions could help to generate a growth process and an integration necessary for Anna, an opportunity to live the process of subjectivation by means of placing all the new urges into the therapeutic relationship, a passage that gets the real/virtual phenomenon to take on the living form of two bodies that can pulsate and dance together – precisely those bodies that so disorient our young patient.

As Bennett Shapiro, a Bioenergetic Analyst noted for his work on “devils”, says: “... *our dark parts must be transformed, even in the therapeutic setting, and not avoided. It would be important to personify them in order to be able to communicate with them, charge them energetically, face them, become aware of them, and take possession of them*”.

But what are these dark parts personified by Anna and why have they emerged with such vehemence now? The disturbances about which Anna tells us are first and foremost physical, those transitions linked to a body that is changing fast, transforming, becoming

sexual, experiencing new and urgent arousals; a body that seems to elude control and – in so doing – reality also appears to be uncontrollable. Anna is full of an emotional charge that is familiar and alien at the same time, because it is so strongly rooted in the body, but in a body that has exploded suddenly with its “C-cup bra”. She is trying to define herself, but (as Lowen tells us): “*coming to know one’s own self has to do with entering into contact with the body*”, and now this contact is a harbinger of new energies – a new expressive potential – and which is difficult to integrate with that reassuring image of the girl that she was up until a little while ago. A libidinous and aggressive charge is emerging (in the Latin sense of the term *ad grado*), meaning “*going towards with force*”, which also becomes a “going against” against the other and oneself. The man in black that is throwing her off-balance always appears when she is in the company of a boy, while she is walking, and she sees him sticking a piece of glass into his blue eyes, or when she is “*in bed and talking with her best friend*” and he urges her to act and do “*dangerous*” things.

Eyes and ears are the bearers of turmoil! Anna often cries in front of the video camera, while from the other side of the monitor, at that unreal distance, the therapist is forced to see the foreground of the action on the screen, and witness those tears, which move her but make her impotent. The crying is to remain enclosed within us; it invites us to stay connected to her great desire, but also to the shame she feels to be seen like this, in her awkward attempt to take her first independent steps. While she becomes a magnet for other uncanny attentions, the attentions of her male contemporaries, whose “*hormones were running wild*”, who “*found her body attractive*”, are really disturbing her. We hear in these words the entire “*fast and sudden*” eruption of sexuality in a body felt exclusively as an object of another’s sexual desire, and not yet as a subject that can

get excited and feel desire. Arousal seems to be dangerous, a bringer of death, as her visions can inform us.

I am emphasizing the element of the eyes, of looking and being looked at, because this seems to me to be crucial – both as an emerging theme in this moment of development, and as a meaningful element in the video-call meeting. In this setting, in fact, the eyes are the energetically charged feature within the working duo: looking and mutual observation is the shared aspect that brings together and pulls apart at the same time. It is a tight wire, which binds the two figures and sometimes divides them, and with which one tries to figure out all of that absent non-verbal language, to which our spontaneous communication is connected through interaction and self-regulation. The Bioenergetic Analyst, in addition to the techniques and body experiences he/she has to offer, has an internal system, based chiefly on listening to one's own and the other's body language. This idiom, which has embodied our story, once deciphered, brings us directly into unconscious registers.

There is a risk to this on-line encounter: when there is a desire to grasp everything by means of an intense and concentrated look, acute tension is created in the ocular area, which also entails a significant energetic block at the base of the neck. I believe that from this circumstance comes a particular sensation of fatigue that overtakes us after an on-line session. It would therefore be important to relax our gaze, to keep it soft, and, with a typical freely fluctuating attention, to let ourselves listen to Anna's breathing, her energy, the way in which she expresses it, her tone of voice, her silences, but also the colour of her skin, the temperature, the shadings and the vibrancy of the eyes, the expressiveness in both the face and the body micro-movements. These – and other elements – are also discernible on the

screen, if we restore that tri-dimensionality, typical of a breathing body, to the image.

It is equally essential (as therapists) to listen to our own body, which also breathes – our energy movements, our visceral sensations – are all highly significant indicators of those transference and countertransference movements inherent in the relationship and in the ongoing relational therapeutic process. Such an open and fluid attentiveness can guide us into Anna's troubled worlds to help her to integrate and express them, and give a voice to them with a word made flesh – a vibrant, direct expression of an energy movement linked to listening.

Going back to the reflected image, Anna seems to be asking herself if that image is really her, and what is that body, vibrant and full of sensations, which she feels within her. There exists a body object and a body subject that continually try to keep together. Both the therapist and the patient are therefore asked (if not required) to make this effort of integration in every single encounter. Just think of how each of us, besides looking at the other on the monitor, also sees him/herself in a tiny box. What a novel and uncanny experience in communication!

What comes to mind is the continual and spasmodic use of 'selfies' on the part of adolescents, who click and post non-stop on social media. The 'selfie' represents an object image to share, to carry outside oneself, perhaps in order to delay something that helps them to define a fragile, still unformed identity.

Shame also appears in Anna's gaze, an emotion that Schore (2003) defines as an inhibitory response when "*the frontal cortex is not yet able to modulate our responses and is linked to negative convictions towards ourselves and towards those experiences considered unacceptable such as anger, sexuality, and the need for others*".

These are exactly the three emotions that seem to dominate the conflict-ridden experience recorded in the session, with an emotional intensity that is (not yet) easy to contain and modulate.

Aggressiveness reappears in the form of the fear of harming the people whom she loves – an aggressiveness, always imbued with both its affirmative and assertive potential, as well as its destructive potential. An aggressiveness that also reflects back to a known past (*"since I was little ... I have always been very aggressive"*) with which she now has to come to terms, with her new abilities and strengths of expression. It's also an aggressiveness towards herself, and which the Voice, as it extends a hand, seems to intensify with an invitation to walk onto a bridge. This is (potentially) an act of self-punishment for having those impulses that are so compelling and novel that it makes her feel messed up, bad, and deserving of everyone's loathing. These are aggressive urges typical of the preadolescent, seeking his/her path towards an ever more autonomous manifestation of him/herself, and who needs the strength to be able to separate from those parents, idealized during childhood, but who trigger intense feelings of guilt.

The father is now mentioned. Initially, Anna had revealed her secret to him, but she now feels betrayed by him, because she was not heard. He is a father who can no longer protect her and from whom she must distance herself. It will now be Anna who has to push him away in order for her to be able to move towards other male figures, but she can only do this through disappointment and anger. She is suffering and working so hard to direct her desire elsewhere, to pull away from that beloved oedipal father (*"at first I had a great relationship with him"*). Let us remember that the first time that the man in black appears is when, after months of absence from her father and her home town, she comes back after having

lived through a physical change, and a difficult crisis with her male contemporaries.

Her anger towards her harsh and invasive mother is something else. Anna says of her (almost as if talking to herself): *"... she bugs me and I'm really afraid of her judgement"*. Here, we have a reverberation of that judging and punitive part of her. We have heard how strong it is in her. These are pre-oedipal aspects that are inserted into this oedipal mother, who does not allow her to feel sexual desire, a pressure that creates conflict in her and against which she has to defend herself. It awakens a sense of disgust in her. She will therefore say: *"... couples are disgusting, if you look at it objectively, it's disgusting being in a couple, because you fight, yuck, I don't like all that mushy stuff"*. The mother is not a supportive presence, nor a refuge for her. Indeed, it is she who has – and creates – problems. She is overcome by her grief for her own mother, loses her job, involves her children, and then has them change their city and school.

Out of this emerges the need for external help (the image of the Virgin Mary), for a figure that can contain and protect, but also help with managing the sensations, and with the possibility of expressing them – a therapeutic figure that is able to recognize her and make her feel like the creator of her future adult identity. In other words, this represents a bridge that will allow her to separate and become distinct, without experiencing considerable angst and the relative defences.

Already, in this first meeting, we can observe how Anna often objects to the therapist's statements, especially those which try to be reassuring. It seems that she wishes to be seen in all her aggressiveness. When she says: *"I accept myself ... and I tell myself: you're okay"*, it's as if she's saying that there are no terrible things – as the therapist has argued – because she does not want to be a child again, who is

seeking consolation: “*In the end, I think [that] I have always tried to be objective with myself, and understand. If you have a problem, you solve it.*” In that last remark, she is reasserting her power over the precious things inside herself, which she does not wish to reveal, but she knows they are there because she says: “... if not, we’re in a very bad way”.

I believe that exactly this ambivalence will be the first element to address in the therapeutic journey, a first step towards the recognition of her aggressive/separative action, of a person that is being defined, and who can live her aggressiveness and sexuality without having to project it outside of herself anymore. Another aspect to work on would be the re-appropri-

tion of a ‘lived-in’ body that she senses, that can freely express her emotional stirrings, and of which she might feel more and more the mistress.

Our task is to help her and then to listen to herself in order to become a “distinct person” who (in the words of Lowen), may have “... *an alive and vibrant body that can feel the reality of its being. The life force of the individual and the quantity of his/her perceptions are a measure of his/her contact with reality. The individuals who feel are people who have both feet on the ground. We say of these people that they have grounding.*” Thus, let us help Anna as she becomes an adult – who, with both feet firmly on the ground – will walk more confidently in the world.

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## 2 Anna and the Revelation

Fabio Bassoli

*Maieutica* ([www.fiap.info/maieutica](http://www.fiap.info/maieutica))

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### Abstract:

This paper presents the diagnostic hypothesis of a clinical case, based on psychiatric nosography of the French tradition, from Magnan to Ey. This approach frames the expression of the adolescent crisis as a potential acute hallucinatory state, mostly known as *bouffée délirante*, which can result in a total regression of symptomatology. A further hypothesis presented comes from the systemic approach, which takes into account the importance of the life context of the patient, from her tri-generational family to her bio-psycho-social network. As a conclusion, this paper suggests tackling this critical situation by applying an individual and family psychotherapeutic approach for a treatment of the crisis.

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### Diagnostic Hypothesis

We propose a psychiatric diagnosis, but not according to the current diagnostic manuals (DSM-5 or ICD-11). The symptomatology presented directs us towards a diagnosis of an acute psychotic episode nosographically systematized by the French school from Magnan (1866) to Ey (1989), namely the “acute delusional-hallucinatory syndrome” with a confusional rift, better known as acute ‘*bouffée délirante*’. In these instances, importance was given to the reactive aspects, enough to be re-defined by the Scandinavian school, and then by the American school. In this specific case, what is indicated is an abrupt passage from an apparent normality to symptomatological manifestations belonging to a first acute

psychotic episode. From the literature at our disposal, the prognosis for such an episode – even within a wide variability – seems oriented towards a more severe psychotic pathology, or towards a total regression without residual defects. In this last scenario, what turns out to be crucial are the early treatments, whether psycho-pharmacological or psychotherapeutic, which – as they are associated with the possibility of contextualizing additional procedures – often facilitate the potential for a cognitive and relational critique of the subject. In his clinical experience, on the part of the patients, Searles (1965) discloses “painful truths” about themselves and their relationships with other family members: truths that describe traumatic experiences of growth, or ones that produce defensive behaviours, ex-

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International Journal of Psychotherapy

Summer 2021, Vol. 25, No. 2, pp. 27-30: ISSN 1356-9082 (Print); ISSN 1469-8498 (Online)

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Submitted: August 2021. DOI: 10.36075/IJP.2021.25.2.5/Bassoli

pressed through psycho-pathological symptoms.

## A Systemic-Relational Hypothesis

According to the systemic model, the construction of a relational hypothesis starts with the analysis of the referral for a consultation, of the setting, and of the context (in keeping with Bateson's [1972] meaning) within which the definition of the counselling relationship emerges.

The analysis of the referral and the relationship between the referring health professional, the referred (individual, couple, or family) and the therapist brings with it important information, useful for the presentation of the setting and the redefinition of the request, which, in the case presented here, is manifested in an appeal for help, acceptance, and a "revelation" for how it is metaphorically presented by the girl and mirrored by the therapist in the moment in which it is offered as an equally metaphorical response. The request comes from Anna's mother, even if it isn't clear what role any previous psychologist could have had in the referral for consultation. It is therefore relevant to retrace the passage that ends in the recorded conversation, delving into the relational aspects that constitute the often complex system tackling the problem.

Anna's relationship with her mother appears significant, in tri-generational terms as well, when we learn that in the family history, there is a recent event, a bereavement in relation to the death of the mother of the mother of the girl; one which has considerably destabilized the relational equilibrium of the family, forcing this young teenager to choose between her two parents, two different and distant cities, two academic environments, one with positive significant ties, and the other with obvious integration difficulties, culminating in vic-

timization by bullies. All this takes place in a phase of the life cycle in which a girl of thirteen ends up being overrun by double bonds, for which she can only decide not to decide, and so she enters into a situation of confusional stalemate, in which the delusional and hallucinatory state shifts the problem onto something else, with the symptom taking on the pragmatic effect of shifting onto itself attentions that should be turned elsewhere. But this obviously is only a hypothesis, one which, however, can orient the therapist towards activating the evident resources still available to Anna, who is asking for help in a disorganized fashion, but with a clear appeal to be accepted and "seen" – as my teacher, Gianfranco Cecchin (1987) would have said.

Having made these prefacing remarks that may gravitate towards different visions, but ones not necessarily at variance with each other, I am now prepared to briefly answer the recommended questions.

**Q1)** The on-line setting, today extremely necessary, can become – in this instance – one in which we have a young adolescent, (just as in other albeit extremely serious and taxing settings) and an important resource, especially in the defining of the helping and psychotherapeutic relationship: namely, by redefining the setting, with the limitations and advantages of the requirement of non-presence, and by creating an alliance of intentions finalized to accept the request, not by using instructive modalities but by co-constructive modalities. The positive nuance expressed by the therapist at the end of the session, not made with strategic finality but in the spirit of receptiveness towards the transformative potential of psychotherapeutic work, confirms these premises.

**Q2)** In close connection to my first answer, I certainly believe it to be worthwhile to re-



define the expectations placed in the psychotherapeutic context, through a reality analysis, conceivable because of Anna's good compliance and her critical abilities, although compromised by the demonstrated disturbances of the content of her thoughts and by her hallucinatory state.

- Q3)** I reiterate that the systemic hypothesis is **one** hypothesis and not **the** hypothesis. As well, in accordance with the relational model, the building of a good therapeutic relationship is crucial, so that it might accommodate the request – albeit with the objective of widening the field of observation from the here-and-now to the generational history of the implicated system. The on-line setting is simply different from the face-to-face one. One needs to use the difference as training, facilitating the possibilities with respect to the constraints.
- Q4) and Q5)** It is evident that the distance between therapist and patient, especially in an on-line setting, must be considered, meta-communicated, and positively characterized ... as an opportunity to overcome the likely resistances often inherent in the appeal for help. In this sense, the therapeutic work is facilitated.
- Q6)** In accordance with the systemic approach, the re-interpretation, from a relational vantage: – of the story told by Anna; – of the possible connections between the events that happened; – of her state of

confusion: – of the angst determined by the delusional content: – and by the hallucinations, all remain an objective priority of a psychotherapy that should share common areas; 'shared' even though different. A psychotherapy without adjectives, yet adhering to its own epistemological roots, can constitute a good entry point into all situations in which it is considered useful for the building of an effective therapeutic relationship.

- Q7)** The traumatic event has hypothetically caused an upheaval in Anna's intra- and inter-personal relationships. Therefore, the difficult phase of the life cycle of the adolescent, the explicitness of intense uneasiness in her relations with her mother, and with her father, and between these same parents – all predispose a therapeutic structure towards creating a meeting of the family in a particular setting, so as to place this side-by-side with that of the individual work, and keeping them both complementary. It is obvious that the building of a complex therapeutic system, in particular the kind needed to be set up in a case like the one proposed here, which requires (as has already been said) consistency and respect between the various psychotherapeutic approaches, whose potential for effectiveness is achieved only if one is successful in sharing the goal of implementing the resources, both individual and familial, of the people involved.

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### 3 “Lucia’s Grace”

Marco Bernardini

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**Abstract:**

In the commentary on the clinical case, I have tried to follow the indications received relating to the evaluation of Anna’s uneasiness. I analyzed the case in terms of a psycho-diagnostics setting and also the therapeutic process. I then considered the subjective emergence of a thirteen-year-old girl in the more complex picture offered by the systemic-relational perspective, opening the setting to people who are significant for Anna, with a view to enhancing the affective and emotional resources. Finally, I referred to the current moment, determined by the pandemic, considering it the dramatic protagonist of our lives.

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#### The Request for Help

The phone call that preceded Anna’s first session must have been very important, seeing as it drove the mother to “at least” seek help for something that was happening to her daughter, and it led to finding an available psycho-therapist.

At the service of the university that I attended at the beginning of my training, within the Department of Psychiatric Sciences at Sapienza University in Rome, Professor Luigi Onnis (2006) was in charge of the Multi-specialty Department (UOC) of Family Therapy, where an essential space was dedicated to the initial telephone contact: a data sheet, organized on many levels, accumulated the urgent reasons of the request for help, and built around it an

anamnestic map in which, right from the beginning, the following were connected: the reasons for the request, the life-cycle phase, and the opportunities for the involvement of the significant system.

The accumulated requests were then discussed by the team so as to design a hypothesis for a convening of a meeting, one capable of gathering together the most resources possible to make available, at the difficult moment, evidenced directly (or indirectly) during the phone conversation. The convening of the first session was established in keeping with the greatest opportunities.

This type of work methodology immediately takes into consideration the need for a multi-focal vision that the mixed group of practitioners definitely represents, towards

the more significant multi-focalities in which the individual and his/her system move.

It was in this sense that the beginning of the dialogue, stimulated by the mother, and another special mother – the Madonna – struck me. In the 2018 film of Gianni Zanasi *Lucia's Grace*, in particular, those parts narrated by Anna seem to be inverted: in reality, in the film, the protagonist is a woman in difficulty due to a series of disappointing emotional relationships: she is the mother of a troubled adolescent daughter, whom she struggles to understand and to heed. In the play of identifications, the Madonna (in the film) appears in the clothing of a pre-adolescent, who urges the other mother not to bow to the speculative and ruined interests of the ecosystem. Thus, I wonder ... about is whom Anna speaking? What anxieties is she experiencing? What kinds of fragility and loyalty is she projecting onto the mirror of her adolescence?

A team, when dealing with such a phone request for help, can give relevance to these – and many other – voices, in a process of creative and constructive hypothesizing (Cecchin, 1987). Then, finally comes the convening of a meeting, leading to the appointment that will surely try to involve all the significant and close people in the life of a thirteen-year-old girl, like Anna. In this sense, we bring together requests that, for example, in a work that is nowadays considered almost historical: *“What Works for Whom? A Critical Review of Treatments for Children and Adolescents”* (Fonagy et al., 2002) highlights by affirming *“the need to always involve the family when the difficulty concerns a child or an adolescent”*.

The meeting with Anna – and her family – would then be viewed as an offer for further help, as an opportunity to resume that story, apparently either forgotten by the father or broadcast by the mother, in a transmission of the information that Anna herself had entrusted

ed to her. It was, in fact, to them that Anna had offered up her fears and she is (still?) waiting for them to be heard and valued.

The reasons for convening such a ‘family’ session would furthermore allow for an in-depth diagnosis, which would consider all the factors at play on an individual and at a family level. On the individual level, besides what is being evoked by Anna’s visions, it would be useful to ask ourselves about her growth process and about the suffering linked to it. This – taking into account the online setting – could be carried out by administering two projective tests, such as Machover’s (1951) *“drawing of the human figure”* and Corman’s (1964) *“drawing of the family”*. Both could be undertaken by Anna and then ‘acquired’ in order to make the questions more complex, especially those related to identity building, to the psycho-sexual dimensions, to the relationship with the body, and to the emotional language of anger and shame. The drawing of the family would bring us closer to Anna’s internal relational world, to the affective dimensions and the range of attachments in her family’s sub-systems. The evaluation, on the individual level, could be completed with a self-administered test such as the SCL-90-R (Derogatis, 1994), capable of orienting us towards the characteristics of a clinical treatment. Anna and her family could then respond to the questions of Faces-IV (Olson & Gorall, 2006), providing, on the diagnostic level, a complete vision of the family life, pointing out its functional, as well as its problematic aspects, the quality of communication and the levels of satisfaction.

## The Therapeutic Plan

These reasons for providing more resources to deal with the malaise that Anna is experiencing constitute a base dimension, considering the situation from which the family is hastily seeking to break free. Anna’s story addresses,

in a significant way, what has happened in a rather indefinite time period. The grief – over her grandmother's death, and the fact that her grandfather is suffering an unbearable loss – seem to place, over an undefined time, a burden on this nuclear family of Anna, which – as she is being swallowed up by an appalling loyalty – is falling apart. She remains defenceless against the call of this pain that causes her mother to move, first by herself and then with her three children, to her hometown. In the meantime, Anna's father is far away, absent.

It is in this series of events that Anna lives her confusion: the loss of perfection; her improbable inclusion into her academic environment; in a family space – only in relation to her mother's affiliations; one which is experienced as hostile from every other point of view; lacking enough time to make it her own; and lacking in the attention that a transition – such as this one – should have dictated that she should have been able to endure it. Then, upon returning home, when everything might have gone well, the symptoms begin.

During this process, I would try to share a therapeutic plan that was able to take into account all the various victims of this story: victims of old loyalties, like the mother and the victims of a fragile family evolution – the father, the mother, and the children. This would constitute a profound paradigm change of approach, on both the individual and family level.

Up until the Seventies, the individual level, not only from within a systemic sphere, was in fact described according to a diachronic point of view from biological heritage, from aspects of temperament, and from genetic predisposition, while the synchronic viewpoint was pragmatically related to the cognitive, emotional, and physical development throughout life. Today, thanks to the progressive integration of the languages of the neurosciences, both approaches have been amplified, restor-

ing complexity to human existence. Similarly, on the synchronic level, as Bateson was already proposing in 1972, a vision of the "individual as system" is identified, in which the cognitive dimensions, just as the affective and emotional dimensions, are continually connected and remodelled, in an inherent feedback between the intrapsychic and the external world.

## The Adolescent Crisis in the Family

It is Haley (1973), who for the first time, spoke about the crisis of transitions between one stage and another in the life-cycle. It was he who recognized the appearance of distress and the symptomatic emergency within a family member, tied to the points of intersection of the family history, emphasizing how – in such cases – a family's difficulty in achieving a satisfactory evolutionary negotiation is highlighted, or – as Bateson would say – a "recalibration" can lead to an interruption or a dislocation during the course of the family life cycle.

As such, the therapeutic work with Anna's family cannot just be limited to considering the times of each family member and the way in which they interpenetrate each other, but must also concern itself with a specific time devoted to the family as a system, recognizing the specificities of that *family life-cycle*. In addition, similar connections between the specific family time and the current cultural time can be uncovered. It therefore becomes imperative to assess, not only the extent of the existing stresses on the life-cycle, but also their connections to family themes, and to the triangulations and the preconditions emanating from the family tradition and also, broadly speaking, from the culture.

Bowen (1978) also highlighted that the triangle between themselves and the parents is the most important primary life triangle, the one

from which a person develops triangular relational models that remain relatively fixed in all future relationships; but which don't have to prevent the processes of individuation and differentiation. But, it is also possible to achieve this individual differentiation by means of an emotional incision.

Denial is certainly the most obvious result of its ineffectiveness and its intensity can be thought of as proportional to the unresolved emotional attachment to one's own parents: Anna *pretends* to be more independent than she actually is. She is trying to achieve emotional distancing, either by means of internal mechanisms, or by actual physical distance.

In terms of the theory of family systems, a more separated adolescent, who – in her childhood – has already begun the process of emotional growth, will continue to carry forward a growth process, which can be further experienced during their adolescent years. This growth process thus becomes an opportunity to begin to assume responsibility for oneself, rather than a struggle against the unresolved fusion with one's parents.

But if, from a descriptive viewpoint, adolescence is often the moment in which one denies attachment to one's parents and one then assumes extreme oppositional positions in order to demonstrate the fact of having grown up, at the same time the intensity of the rebellion will be a noticeably exact index of the degree of unresolved emotional attachment to one's parents and between the generations.

## Anna and Identity Building

For Anna, as well, adolescence from the individual perspective, therefore, very strongly suggests the theme of identity: with self-affirmation, or with the question, "Who am I?"

By virtue of a concept of the individual as a system, the weaving together between the intrapsychic and the reality of the social world is highlighted, within the dialectic between complexity and unity: fundamental dimensions for identity organization and belonging. But the possibility of *being*, just like the fear and angst of *existence*, cannot disregard subjectivity, or how Anna sees herself and feels. In this sense, "... subjectivity must include concepts like mediation, synthesis, integration and dialectic tension. In this way experiences that are typically conceptualized as individual are often better understood as events that develop in a continuous feed-back with the other" (Seligman, 1995).

If we can imagine a dynamic process, inserted into an evolutionary continuum, in which "... it is not possible to experience one's own individuality without experiencing the tension between separation and connection" is substituted for a linear succession through stages and foreseeable crises, of which the "second separation and individuation" would represent a definite passage. "This process of keeping together this apparent paradox is a vital act in the construction and realization of a personal identity."

"A real separation involves an ability to recognize both the difference and the similarity, and paradoxically it is the latter, rather than the former, that creates a sign of autonomy. In fact, the adolescent with a confident sense of 'relationship and similarity' with the caregiver is able to endure his/her physical distance, while a youth who perceives his/her own self as completely different, will feel the loss of identity if he/she tries to separate him/herself" (Fonagy & Target, 2001) – a feeling that Anna seems to experience when she is devoted to herself in a positive sense. It is here, in fact, and not in the negative moments, that the terrifying images of death and abandonment occur.

## The Benefit of a Systemic Vision

These reflections have tried to underscore an essential concept: the indivisible complementarity of two evolutionary processes interacting with one another: that of Anna, who has to confront and resolve a delicate "crisis" of passage, and that of her system of belonging – to the family – that must complete, within its own life-cycle, the transition from the phase of "child rearing" to that of "setting the child free", made more difficult by the circumstances of mourning and loss. The same interdependence between the two developmental processes means that one both refers to the other and cannot take place without the other.

## The Language of Terrifying Visions

Over the course of the research [coordinated by Professor Onnis (2017)] into psychotic situations, we found, on both the family and individual level, non-explicit stories containing family "experiences", usually enclosed within the register of the implicit, which on the level of "family myths" take on extremely peculiar forms.

Often, we are dealing with "myths of unity", which are considered necessary to maintain at all costs and which naturally possess a specificity with respect to the family history. These myths are often accompanied, in a mirror-like manner, by those we have called "phantoms of a rupture"; in other words, fears that every movement of autonomy and separation by the members can be destructive to the system, as if every process of individuation represents a threat of disintegration to the family unity, rather than a transformation of the affective attachments (Onnis, 2014). The work with Anna's family could explore these dimensions, already evoked in the first individual session,

but – perhaps this should be emphasised – not before having built a meaningful relationship of trust between all the members of Anna's family and the group of therapists.

## Family Therapy in the Time of COVID-19

*The human, social, political and economic tragedy that we are living through has, of course, affected Anna's images of death. It does not only represent an additional burden, but rather it is experienced as an upheaval affecting time, emotions, bereavement, and closeness with others. This tragedy has imposed itself upon us and must be examined, and we are fully aware that we are still swimming through the devastating waves of this process. The Madonna invited the film's protagonist to not go along with the egotistical intentions of the developers, advising her to safeguard that space by building a church there. Now, our spaces have been altered. Bereavement and despair move within them without an apparent horizon. All of this cannot be kept out of the therapy spaces. Indeed, therapy has to make space for it, not in order to celebrate itself within the setting, but in order to listen to the unlistenable.*

Thus, the family therapy that I have practiced over these months has journeyed over solid ground, and at the same time, inside the homes and rooms of families across the web. This is not the place to do an in-depth investigation into such a large issue, but I have been positively impressed by the shared presentations and clinical processes, characterized by an additional level of reflectiveness, of the democratic nature of engagement and exchange with the families.

*"Dear Anna, We have not eradicated these demons. We have denounced them before the congregation of ourselves. They will continue to dance the Samba in our vigils, and strangle us in our sleep."* (De Luca, 2017).

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## 4 Anna's Ghost

Francesco Canevelli

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### Abstract:

There are three main points that are raised concerning the case under examination. Firstly, the characteristics of the help-seeking behaviours in relation to the goal of building a therapeutic alliance are highlighted. Then, the developmental aspects of Anna's discomfort and the connections with events and relationships within the family system are considered. Finally, the quality of the therapeutic relationship and the structuring of the setting are discussed.

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### The Request for Help, its Management, the Determination of the Setting

The first question that the presentation of Anna's case puts forward, as most cases do, is that of the definition of the nature of the request addressed to the therapist, as well as its numerous facets and implications. In fact, the connection to the mother is mentioned; a mother who is identified as the "bearer" of the request for help, a sort of "ambassador" for the daughter's turmoil, but also of her own preoccupations and of the entire family system. The definition of these aspects therefore becomes a priority in order to lay out the conditions for "entering into therapy" (Cirillo, Selvini, & Sorrentino, 2016). Anna's expectations, more than being oriented towards

a "journey", seem to express a need for "salvation"; the hope for an enlightened and enlightening process that will forever 'ward off' the terrifying images that appear before her. Moreover, we are dealing with fully functional expectations with respect to her phase of development and to her ability to face the terror provoked by all that is happening to her: there is a longing for a magical recovery of a newly infantilized situation in which the narrative of self is entrusted to "powerful" and reassuring figures whom she can let guide her. At the same time, Anna already seems "to pull back" the hand that "has cast the stone" that revealed what she had experienced ("I made the mistake of telling this to mom and dad").

It is therefore indispensable that, in terms of the possibility of undertaking an authentic psychotherapeutic "journey" (and thus to move away from the search for the image of

salvation), the request for help and the expectations connected to it will be treated on a basic, preliminary level. In particular, the position of the parents in relation to both the request for intervention and the definition/description of the problem must be carefully evaluated. This work of redefinition is – in fact – essential to arriving at a definition of the most appropriate format of the journey, and more generally speaking, its feasibility. Hearing the parents' positions, and their personal preoccupations and descriptions of what Anna is going through, represents the necessary condition for setting up the relationship of remedy on a foundation that facilitates multiple levels of alliance – an alliance, on the one hand with Anna, and – in this case – an alliance based first and foremost on the ability to connect with her anxieties and so to provide a first level of containment. The alliance with the parental positions must be able to function as a guide and resource for a wider exploration of the girl's relational world, with the additional contribution of multiple voices and images.

In terms of this first objective, the on-line setting unquestionably presents several critical issues linked to the practicability of the spaces and moments that could involve a joint conversation with Anna and her parents and/or at least a parallel conversation with her parents, separate from the one with Anna, chosen to be undertaken on the basis of an assessment of the best opportunity. By the end of this phase of analysis and the redefinition of the multiple aspects and the diverse implications of the request for help, it should become possible to formulate a subsequent work plan that could be acted upon, based on what emerges, in a joint family setting that envisages the presence of Anna and her two parents, or, if in an individual therapy setting with Anna, accompanied by meetings with her parents to be held in a manner to be determined.

## Anna's Malaise from a Developmental Perspective

The necessity of declaring a work setting that “*keeps together*” attention on Anna's delicate developmental needs and the equally delicate evolving movements of her relational framework scenario is strongly stimulated by the images connected to the girl's malaise and the explanatory hypotheses generated by these images.

Anna, in fact, describes the images and her intrusive thoughts, which, on the one hand, terrorize her, but – at the same time – seem to “*keep her company*” in this stage of her development (“*It doesn't happen often, mostly when I'm feeling pretty calm*”). It is a development strongly marked by the experience of a “break”, of a comprehensive discontinuity that is produced on numerous levels between interlocking parts.

The first level of discontinuity, which Anna moreover conveys with a great deal of immediacy, is represented by the experience of the corporeal Self, obviously physiological, which – for her – seems to have immediately suggested a dramatic fracture, and also, in a very short time, to have been experienced in its most radical form. The rapidly sexualized image that is suggested to her, on the one hand, by her physical perceptions is then exponentially confirmed by the “*mirror*” of her peers, which reflects unacceptable levels in that they are connected to a position of a mere “*object*” of the others' desire. This first basic level of discontinuity of the experience of herself acts on what could be defined as the “*skin*”, with all its various functions, creating some important “*cracks*”, some real “*fault lines*” (Anzieu, 1985). This is not just about a metaphorical image, but about a concrete experience of a preadolescent who, on the one hand, is experiencing an internal pressure that is pushing the “*skin*” towards an explosive fracture, and, on the



other hand, is experiencing the reappearance of external mirrors that thrust in the direction of implosive breaks (as in the need to “*disappear from the sight of the others*”) because of the untenability of the images that they bring to mind.

Another level of discontinuity is represented by the irreparable fracture that Anna senses – with respect to the narrative level that defined her self-recognition up until a few months before. We are dealing with a self-narrative that has in a large measure borrowed from the descriptions, the representations, and the interactive and narrative “styles” that belong to her family specifically (Canevelli & Schepisi, 2015). The suggestions that the girl seems to propose – with regards to this constituent aspect of the sense of self – refer to a narrative oriented towards a “*perfectionist*” sense, within which her role, and the expectations regarding her, place her in a position in which she feels she has to have “*good relationships with everybody*”. Anna, thus, feels especially compelled by the need to make others feel good, and so she is particularly exposed to feelings of guilt, linked to a possible perception of inadequacy, with regard to this identity “*task*”. The characteristics of this narrative – that has established the girl’s sense of self – are definable in terms of “*hypercoherence and hypercohesion*” (Liotti, 2001), and therefore of little adaptability with regard to the dissonant modes of experience, which therefore amplify the level of the perceived split up to the point of characterizing it as irreparable. In fact, they suggest a typical “*conflict of loyalty*” (Boszormenyi-Nagy & Spark, 1988) with respect to the family mandates and with respect to the criteria of self-recognition.

The third level of the experience of discontinuity, as recounted by Anna, is attributable to the domain of the roles and reciprocal positions assumed within the relational family dynamic; and, in particular, the one relative

to her relationship with her parents. In this context, Anna describes an obvious imbalance, characterized by a preferential intensity towards her father, and a greater distance and rigidity experienced in her relationship with her mother. The image that emerges from all this is therefore that of a classical triangular configuration – inside of which, what is reinforced for Anna – on the one hand – is the gratification and the recognition obtained in the framework of the relationship with her father, and – on the other hand – the ever-renewed need to earn the somewhat difficult maternal approval. Both of these “*forces*” have played an important role in progressively determining the appropriation of positions of “*perfectionist*” quality, centred on her own “*goodness*” and – on her extensive adherence to the expectations of others as a semantic guide of sense attribution to the experience of self in the world (Ugazio, 1998).

With regards to this third level as well, the events of this latest period in Anna’s life – and that of her family – seem to suggest significant experiences of discontinuity. Her mother had been intensely absorbed in her grief over the loss of her own mother. Anna had also been extremely ready to make an effort: towards becoming closer to her mother and her maternal grandfather; to recover the relationship with a very important figure for her, even though he has been physically distant. At the same time, a distancing from her father had become reality, a distancing first experienced as a simple removal, but then culminating in an experience of deep disappointment, tied to the fact that her father did even not “*remember*” the initial revelation of her malaise. The triangular structure that she had previously managed, in a stable and balanced way, the sub-division of the roles and emotional exchanges (Bowen, 1979), between Anna and her parents, appears to be definitely lost, and this brings with it mixed and conflicting emotions

between them, of confusion, loss, anger, and fear (Selvini Palazzoli *et al.*, 1988).

## “Emptiness” and Dysregulation

The description of the different levels of Anna’s experience of intense discontinuity with respect to her sense of self brings us to the consideration of the recognizable link between the experiential plane and the manifestations of the malaise due to it. The physiological need “*to separate in order to reconnect*” (Madonna & Nasti, 2015), and the developmental necessity connected to the building of a new, more autonomous self-narrative, is manifesting itself within Anna, as a phase of “breakdown”, of marked polarization, in which the field is dominated by the experience of disconnection, and therefore of irremediable loss. In fact, what is still missing are the conditions for a plausible narrative, since they are no longer usable, or they have indeed become unreliable, being the narrative references belonging to childhood. On the psycho-pathological plane, this condition is at the base of a painful experience of “emptiness”, which concerns the various, previously explored, levels: – the emptiness within the perception of the physical self; the emptiness caused by the lack of acceptance in the eyes of her peers; the emptiness in the unreliability of her expectations, of her representations, of the parental narratives; the emptiness caused by the loss of a role in her significant relationships; and ultimately an emptiness in a personal sense. The main implication of this comprehensive range of comparison with the “emptiness” is represented by the difficult regulation, sometimes by dysregulation, of feelings, appetites, impulses, and of her positioning in her relational universe. In fact, what is missing is the regulative effect of the relationships (at the various levels), and of the recognition within them and

with them as the basic organizational function of the representations of self with the other in a given world.

In Anna, dysregulation seems to come into being through the loss of control over the world of her imagination, which – all of a sudden – presents to her intrusive scenes and equally intrusive and “dangerous” thoughts. It is a dysregulation that tends towards a depressive colouring, hinging on the sensitivity of the girl to the themes of guilt and inadequacy with respect to a perfectionist narrative profile, and at the same time based on experiences of loss (whether real or metaphorical), which have occurred in a short period of time. On the basis of her previous organization, Anna, in fact, appears more exposed to forms of a “resolution” of her experience of emptiness; ones that are organized in a self-destructive and “protective” sense of the significant relationships (restrictive behaviours, self-harming, social withdrawal, ritual implementation), rather than in a direction of the loss of control, or towards the search for replacement “comforts” (inappropriate sexualization, substance abuse, bulimia, antisocial behaviours, etc.).

## The Therapeutic Relationship

The described scenario suggests connections of meaning with respect to the manifestations of Anna’s malaise and, at the same time, signals the need to create a caring relationship that operates initially in terms of becoming tuned to her experiences of emptiness and the confusing and overwhelming “cocktail” of her emotional states. By means of a constant “emotional decryption” style of work (Ceccarelli, Canevelli, & Schepisi, 1997), indications for a better structuring and coordination of the setting will become more and more available for a prolonged treatment over time. This type of preliminary work will be able to offer, in

fact, precious clues to the possibility for Anna to enter into a real therapeutic relationship, in terms of sufficient autonomy, or instead, to demonstrate as preferable the conditions of working (or alliance) to be broadened in an organic and stable fashion to include the parents-daughter triad (at the moment, there is not enough information on the siblings to imagine a frame for their possible involvement, which could prove to be unacceptable to Anna and her parents). Even in the case of a confirmation of an accessible space for individual therapy for Anna, it would still be crucial, within the context of defining the setting, to specify the type of parental accompaniment acceptable to this experience of their daughter's. In fact, it is about reserving a significant space for attention and reflection for the images relating to the dimension of parenting (Nanzer, 2016), stimulated within the parents by the comparison with the manifestations of Anna's malaise, with the emerging characteristics of her repositioning in the universe of family relationships, and with the demands that they receive from this development process, in personal and transgenerational terms (Cambiaso & Mazza, 2018). The goal of this type of work – conducted in alliance with the parents – is to guarantee in the first place that

the therapeutic work of the girl is undertaken in a “safe” environment, one which does not expose her to untenable “*conflicts of loyalty*”, which, in terms of the foundations upon which Anna has been formed, would call for protective demands vis-à-vis her parents and sacrificial ones vis-à-vis herself. In the second place, for the work focussed on parenting, the goal is the preparation of a relational groundwork most predisposed to the mutual recognition of the new and developing individualities of all the family members, by restructuring in an “embodied” dimension the “limits” specifically belonging to the parenting function (Canevelli, 2001).

The on-line setting, as has been suggested, although with some “technical” difficulties, can accommodate the management phase of the request and its implications, the work of defining the problem, necessarily multi-voiced, as well as the definition of the treatment's format. In any case, I believe that one must hope that the beginning of the psychotherapeutic journey can take place in a setting in which the work, described above as “emotional decryption”, draws nourishment and sustenance from the “in person” exchanges of the therapeutic relationship.

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# 5 Anna and the Fear of Serenity

Lorenzo Cionini & Isabella Mantovani

Costruttivismi ([www.aippc.it/costruttivismi](http://www.aippc.it/costruttivismi))

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## Abstract:

After having formulated some hypotheses on how could the explicit and implicit demands be configured: those posed by Anna to the therapist, the authors, through a punctual analysis of the transcript of the session, propose a professional construction of her disorder which is consistent with an intersubjective constructivist perspective, leaving aside any diagnostic categories, aims at comprehending the meaning and the “function” of her symptoms. The apparent incoherence that the frightening and terrifying image appears precisely in moments of great serenity seems functional to prevent her from being with pleasant sensations and experience affective closeness, towards which she anticipates betrayal and disappointment. A hypothetical trace of the conduct of the therapeutic process is then presented.

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Anna meets with her therapist for the first time – so it would seem – after having expressed the desire to do so to her parents. Initially, her expectations would appear to be inconsistent for psychotherapy, with respect to the reference that she makes to the “Madonna” of the film that “*gives her instructions*”. However, considering how young she is, and the course of the conversation in which she appears willing to tell, “*How I am now (...) with someone who is not a relative*”, her attitude seems to change and her request is implicitly restructured as a real request for help, so that she can open herself up and find some sense in the strange “thing” that appears to her in certain moments. Therefore, it does not seem

necessary to explicitly redefine the treatment goals, anticipating – considering the premises – that this might spontaneously occur within the intersubjectivity of a good therapeutic relationship; in the hope that the online setting does not limit it too much.

## What is the Problem presented by Anna and what is its Genesis?

It would seem that the problem(s) arose during a very “difficult” period, which has damaged – to some extent – her already precarious equilibrium:

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International Journal of Psychotherapy

Summer 2021, Vol. 25, No. 2, pp. 43-47: ISSN 1356-9082 (Print); ISSN 1469-8498 (Online)

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Submitted: August 2021. DOI: 10.36075/IJP.2021.25.2.8/Cionini/Mantovani

- The death of her grandmother and the worry over the subsequent loneliness of the grandfather described as an affectively significant person for her (*"He's fantastic, the most beautiful person I have ever known"*), and so he is also a person in need of nurturing in this situation of bereavement;
- The prolonged transfer to Udine, with just the mother ... with whom *"we do not have a very good relationship because I am very afraid (...) of her judgement, because she's very strict, (...) so I talk very little with her, almost never about serious stuff"* and the complete absence of her father with whom *"I had a great relationship (...) I told him everything"* who, for the entire period of around six months, never reconnected with the family: *"my dad never came"*;
- The transfer to a new school in which she experiences, in a totally unexpected way, many difficulties of a relational sort never encountered previously: *"... but I minimized the possible problems, because I thought that I would be able to find great people like here, but it didn't work out like that"*. She was bullied by her classmates, especially by the boys, but she also wondered if, and by how much, all this was her fault: *"I behaved the way I always do. Maybe it means that I was already pretty obnoxious before. Maybe in Udine everybody was obnoxious so it seemed as if I was the least obnoxious of all, I don't know"*, with an ensuing sense of confusion with respect to herself and others, accentuated by feeling *"alone and insecure"*;
- The return home, experienced in ambivalent terms: on the one hand, she was *"happy"* about it; on the other, anxious due to the fact of leaving her grandfather alone (*"my grandfather was not the same anymore, I wanted to stay with him"*).

The return to her own school, as well, was difficult in the beginning, presumably because of the sense of confusion with regard to herself, which she brought back with her: *"In Udine, I had undergone a change. I had seen so much hate and cruelty that I had become a little like this (...) stuck-up, unbearable"*, and *"I came back here, and within two weeks, half the school hated me, and everyone in my class, and so I understood that it was me, not them (...) and this ruined the really beautiful relationships I used to have"*.

A little while after the return home, the situation seemed to improve, also because of the help from the school psychologist, who (presumably) succeeded in calming Anna (NB: something to be explored in subsequent sessions), especially with respect to some of her behaviours, which she lived through in a negative way, by helping her to get along with her old friends: *"... and then, fortunately, at least in part, I was able to sort them out (...) because I had been able to patch up the relationships that I had ruined before Christmas"*. Obviously, in this type of school setting, it wouldn't be possible (even if one wished it) to confront the deepest nuclei of Anna's malaise, connected to her identity-building and to her experiences with her attachment figures.

## What initial hypotheses can be made with respect to the professional construction? What is the meaning and the function of the 'Symptom'?

Anna seems to have problematic relations with both her parents, even though they are somewhat different from each other. The relationship with the mother is felt as distant, demanding, and judgmental: *"... she bugs me, I'm really afraid of her judgement, because she's very*



strict, so I talk very little with her". Moreover, she is described as someone unavailable, in terms of sharing what she is going through, as well as unreliable: "I said it was a private thing (...) and yet she went ahead and told other people, and this made me really angry".

The situation with the father is different. It is possible to hypothesize that Anna has constructed an image of him that, at least – in part – is idealized. In that moment, when she confides "only to him" and "as soon as she came home" the first time that she had had those "strange visions of the thing", it seems that the father did not take her seriously and, over the course of only 15 days, in fact, "... he forgets about it", thus causing Anna extreme disappointment, which she experiences intensely. Crying, she states that "this really hurt me a lot. It was a very serious thing for me" and, indeed, ultimately she says: "... it made me hate him", even if she adds an "I don't know" to this final affirmation – which seems to reflect her confusion with regards to the two highly contrasting images of him, and, in mirror-like fashion, with respect to the two images of herself: the bad girl versus the victim of the "wickedness" of others.

Over all this, hovers a pervasive sense of guilt, which Anna attributes to herself, but whose origin and meaning she cannot grasp, and which drives her to perceive herself as egocentric, selfish, emotional and excessive. It would seem that guilt is necessary to cover up her anger, which she has felt, but which she cannot totally legitimize (especially with regard to those figures who are affectively significant). Guilt appears useful for making sense of her inexplicable feelings; it seems to be the result of a dissociative process between different parts of the Self, which presumably protects her from feeling her pain through and through (Bromberg, 2011; Cionini & Mantovani, 2016). She speaks, in fact, about a "bubble" that has been created "since I'm little" in order to try

"to be the perfect little girl, who pleases everyone", because "It's always bothered me if I didn't have a good relationship with everyone". And it is also in the forefront "with respect to everybody", that we can imagine her parents, in particular, to be.

Despite the fact that she does not say anything specific about the relationship between her parents, the reference to couples who "are disgusting" makes one think that the relationship between them might be problematic. This would seem to be confirmed as well by the total absence of the father, who – during the long period of six months spent in Udine – didn't show up, even for a few weekends.

It is striking that the figure of the hanged man from the Old Hospital (the "thing"), having materialized in Anna's imagination in the period immediately following her return home, regularly appears when "I am feeling pretty serene". In particular, she emphasizes how the "thing" reveals itself when she is relating to Antonio, her best friend: "Then, two days ago, when I was in bed and talking with my best friend, the 'thing' began to talk to me and it said «bad, very bad». I have a really beautiful relationship with my best friend, because I love him so much, and the fact that it said «bad, very bad», while I was talking with my friend made me think a lot (she cries)". "A little while ago, I knew he was attracted to me (...). At the beginning, I had already rejected him, and still I'm scared to ruin my relationship with him ... because ... couples are disgusting, if you look at it objectively, it's disgusting being in a couple, because, you fight, yuck".

But not only with Antonio. In fact, there are many moments in which, during the session, she reiterates the relationship between moments of serenity and the appearance of the "thing": "... when I'm with my friends I'm afraid to enjoy the moment, because then this thing will happen". This is true when she is with her

dearest friends (*"I'm afraid this 'thing' wants me to get angry with the people I love and it's as if he was saying to me «hurt him»"*) as well as for herself (*"... this 'thing' wants to make me do dangerous things against my will"*). For Anna, therefore, the "thing" seems to prevent her from allowing herself to get close to the people whom she cares about, and to hold on to pleasant feelings that could turn out to be "false", causing her to experience betrayal and disappointment. At the same time, it also serves to give sense to her feeling of guilt, to her fear of feeling deeply and expressing anger, which in turn would hurt others. It can be seen as a fantasy, which allows her to say to herself what she could not/must not feel, but which is also part of her discomfort; it is as if, albeit within the fear that it generates, it allows her to give substance to otherwise inadmissible feelings.

## Which aspects would it be useful to work on during the therapeutic process?

At first, in order to facilitate the development of a therapeutic relationship, we would suggest starting from daily life situations to help observe and understand her ways of presenting herself in her relationships with her peers, and allowing her to begin to "make order" with regard to her "confusion" towards herself and herself with others. How does she believe she has positioned herself in the "ruining" and then in the "sorting out" of her relationships with her friends?

Simultaneously, or immediately afterwards, we would try, together with Anna, to take hold of the image of the "thing" starting from, on the one hand, the consideration that this thing almost possesses for her the reality of a physical person – *"completely black (...) seems like a comic strip (...) very realistic (...) has blue eyes"*

and *"is the detail of the death"* – and, on the other hand, that it arises *"mostly when I am feeling pretty calm"*. How is it that it wants to drive her to hurt the people she loves as well as herself? We would speak of this with her to help her to make sense of it. What is it trying to say to her? Maybe that she felt bad for having experienced *"... something she was not supposed to feel"*, and so she ends up feeling guilty? Maybe, she cannot feel anger because then she would risk acting on it and end up hurting those she cares about?

All of this is very difficult. Goals that would require a good deal of time to explore, considering that – at the same time – however that what appears, from this first session, is a girl of only thirteen and, at the same time, a rather mature one.

Once, Anna might be able, within a safe therapeutic relationship, to legitimize her feelings of anger and to get in touch with her fear of an affective closeness felt as dangerous, in that it represents a possible source of disappointment, it could be useful to suggest to her a meeting together with her father, during which she could give voice to those feelings, so hard to express, ones which she experienced over those long months.

With respect to her fears over her relationships with her peers, the ones to whom she is particularly attached, we could propose that she visualize extremely pleasant situations to help her get in touch with, and give substance to, her fears of hurting others and/or ruining her relationships.

It is hard to say more, in that what could be depends a great deal on how the relationship with Anna develops during the therapeutic journey, and on the proportions into which it gets co-structured as a space within which she might be able to create new and different relational experiences.



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## 6 Anna and the Figure of the Hanged Man

Antonello D'Elia & Anna Mascellani

*Terapia Familiare* ([www.fiap.info/terapia-familiare](http://www.fiap.info/terapia-familiare))

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### Abstract:

Anna lives an emotional distress during the COVID-19 pandemic. She has hallucinations and sees an unknown hanged male and shows also paranoid interpretation of some facts of her life. Many events happened to her and in her family during the previous months. In order to understand Anna's symptoms, we have used our multigenerational approach to family and individuals together with the developmental paradigm, the balancing of dynamic and relational aspects of the individual, the central role of context and history. The virtual scenario seems to be relevant because the setting is online. The journal *Terapia Familiare* was part of the planning of a project of writing a paper in which prominent journals members of the "Italian Federation of Psychotherapy Associations" (FIAP) contribute to comment on the same clinical case.

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We have chosen to keep to the proposed question/answer format in order to facilitate the comparison between the various points of view. Consequently, the result does not resemble an article, but approximates to more of an interview.

**Q1)** The first question asks, in some ways, whether the session could have gone differently in normal circumstances and not in those of an emergency and lockdown due to the COVID-19 pandemic. That the request comes through the mother is inevitable; it seems relevant that Anna

makes the association between the film's protagonist (dialoguing with the Virgin Mary) and psychotherapy. The choice of a film of this type for a thirteen-year-old makes us imagine her as a delicate child with a rich internal world – so rich that it must be inhabited by a ghost. Is it a visual hallucination? An auditory one? A pseudo-hallucination? Is it the manifestation of an obsessive thought that is projected onto a macabre figure, or does it creep in like a voice that incites evil? In what particular moment in the personal and family

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International Journal of Psychotherapy

Summer 2021, Vol. 25, No. 2, pp. 49-53: ISSN 1356-9082 (Print); ISSN 1469-8498 (Online)

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Submitted: August 2021. DOI: 10.36075/IJP.2021.25.2.9/D'Elia/Mascellani

life cycle is the request for help situated, or rather, the acceptance of the request, coming from the mother, whom we later discover to be considered harsh and not a good confidante? And the father – such a good “friend” – what happens to him? And the brother and sister? Perhaps it is too early to ask the girl these questions, but they are (probably) the ones that the therapist is already asking herself from the start.

**Q2)** The reference to the film’s protagonist as a circumstance for accepting to have a meeting is interesting. Perhaps she is awaiting a miracle that would cause evil to disappear. Perhaps she is requesting a stage setting in which to be recognized and seen, a leading role that validates her internal life, a space for “another opportunity” that she requests from the therapist, a representative of a world outside the family. One could immediately work towards a redefinition of the expectations in terms of “reopening the door to hope” in the family relations, at the moment perceived as inescapable and unchangeable.

**Q3)** In terms of age, Anna is in an initial phase of disengagement. The identity boundaries are malleable, permeable, and must be measured by the belonging/separation binomial, by the encounter with her peers, by her impulses, and by the recognition of her internal world as the foundation of the Self. Some elements inspire hypotheses on multiple levels.

The first concerns the generations: the mother has recently lost her mother, and she has already changed cities in order to be closer to her parents; and then to her father, who is now alone. She has also undertaken to move her children with her, creating a type of separation, especial-

ly seeing as the father did not follow her. On the maternal side of things, the recent bereavement, the relationship with the father, the mobilization of the filial forces to compensate her father for the loss of his wife, the idealized representation that Anna has of her grandfather (“... *the most beautiful person I have ever known ... He never feels regret, never holds a grudge, he was betrayed, he went to jail but he never held a grudge ...*”) make us think of a family mythology that passes through the side of the family of maternal origin. Furthermore, the presence of the tormentor ghost, the hanged man with the blue eyes (her father, she says, then a boy that she likes), who incites her to harm herself or others, leads one to hypothesize an oppressive, powerful, and controlling figure, who hovers over the family and who sanctions her transgressions, or her transgressive thoughts (we are in the oedipal zone).

The second concerns the parental couple. The mother is described as strict, does not inspire trust, but she talks to her father, even if he forgets what she has told him about her ghost. Her mother has lost her job and the father has stayed home when the rest of the family moved to the mother’s hometown. Perhaps, the issue of the couple has already been dealt with in this way, by giving priority to the maternal affiliation: “*Couples are disgusting*”, Anna says, “*the fights, the mushy stuff*”. She can’t put the pieces together.

The third refers to Anna. She is in an important stage of her life. She has recently developed. She is pretty and desirable, and she desires: she is growing up; and this situation is propelling her beyond childhood. Her secret establishes boundaries with the external world, but is also unbearably guilt-inducing, and so she can’t keep it exclusively for herself.

The ghost is presented in a framework, which has the characteristics of obsession (how many numbers does the girl list, starting from the apparitions of the ghost: ten!), which fits together with her phase of development, the eruption of the impulses to control, dangerous pleasure (“... *having a relationship now is useless*”), the sense of guilt (“... *since I was little*”), forgiveness as a solution, harm endured or inflicted (as a child she was aggressive ... later she was subjected to bullying ...), good and evil as split dimensions. A rich internal world that is not reflected on the exterior. It seems that there may be a structuring and destabilizing confrontation, in terms of identity, with boundaries (individual, family), with loyalties (can one grow up without betraying and hurting any of the people one loves?), with the role of the secret. The fear of conflict is blocking the narcissistic dimension (“*I’m the most beautiful and the most likeable girl.*”) and is leaving her in the middle of the road between her father and the boy she likes, but has rejected, between the growing up and the not being able to stop herself, except by paying the price of life itself. Someone has to die, perhaps even in a violent way, inside herself, in order to make space for her future.

**Q4)** See Question 5.

**Q5)** Anna is 13 years old. For her generation, meeting over the internet is routine and therefore even the first session with a psychologist to tell her “secret”, probably does not constitute an insurmountable difficulty, in fact perhaps it facilitates her willingness to bring her fear outside the walls of her home, by staying there. This “domestic” dimension represents a facilitating element and the girl does not seem to be inhibited. Actually, she feels comfortable – even as she shows her emotion-

al involvement – allowing herself to cry without fear. Where does the conversation take place? Where has Anna decided to connect with the therapist? How does she let her enter her home? The on-line setting also takes into consideration these variables, inverting the roles between therapist and patient: the former virtually enters the house, as if for a “strange” home visit, but, on the other hand, the patient, as well, enters the therapist’s space, which doesn’t always correspond to that of her professional office. In fact, in the lockdown period, we are often dealing with personal domestic spaces. These are two situations that are conditioned then by the requirement of isolation, to which both parties are subjected, a condition that introduces a decisive variable even for the person who has already been practicing on-line sessions. That this absolutely benefits or hinders the quality of the encounter is consequently difficult to say. In this case, we are dealing with a first conversation to get acquainted and this is probably helped by the unprecedented situation.

**Q6)** See Question 7.

**Q7)** Having seen the first individual contact after an explorative phase, finalized and directed towards verifying the possibility of maintaining a therapeutic alliance also as a function of the initial disengagement, we would request the involvement of the family very quickly. We must understand into which emotional and affective context Anna’s contact with the dead man, who appears to her, falls: the quality of the family transactions and climate is decisive for following the diagnostic process that takes place during the course itself of the clinical process. In particular, the reintegration of the father, who has forgotten the ever so delicate confidence of

his daughter and has betrayed her need to be seen (“*If I had a daughter with problems, I would not have forgotten*”), would make it possible to give substance to a very introjected and disappointing dimension in real life. The onset comes right at the moment when the girl is contending with her curiosity, which is also eroticized, for that which is male (she was out with a boy when the dead man appeared). Moreover, it could clarify what might have been his role in the re-composition of the family in December, in the middle of the school year, with the return of everyone home. The dead figure, among other things, appeared for the first time precisely in December, when she came back to the city where she lives, and the family was physically reunited. As for the mother, a real death has taken place, that of Anna’s grandmother, and we do not know how the woman may have experienced and confronted this event, and if she may or may not have had the tools and the personal and relational resources to undertake to work through the ordeal, concentrated as she was on her father, now alone to whom she “offers” her assistance and the relocation of her children, an act which divides the family by leaving the father out. And then, there are the sister and brother who have lived through the

same sequence of events and faced them who knows how. Anna is aware of her rich interior world (“... *it was difficult to open my eyes, but it has been one of the positive aspects of my growing up*” she says, when also re-evaluating this experience of the ghost, which, although agonizing, is useful to her, not the least of which because it induces her to seek help from an adult who is not a family member, such as the therapist, and may encourage her to move forward). She also sees her resources: “*But I honestly believe that I’m fine with this thing ... I’m actually okay with myself ... I mean, I accept myself ...*,” she declares, in a seemingly incongruent manner, but consistent with her fear of conflict, which is transformed into a repetitive thought, and the images that represent it and from which she would like to be released: “*I don’t want to think ...*”

Restored to her family environment, with her symptomatic exit contextualized, validated in the work of building into the adult she will become, safeguarded by the therapist in her intimate space, and supported in a possible disengagement, not accompanied by punitive persecutory fantasies, Anna will be able to find a space for herself, uncontaminated by a dead hanged man who, like the figure in tarot cards, prefigures change.

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# 7 Anna, her Parts and the World

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## Abstract:

After a premise on the on-line setting, a reconstruction of Anna's (aged 13) narration follows. The narration is based on a first session by phone during the COVID-19 pandemic. Anna brings a variety of problems; anamnesis and diagnosis are possibly re-definable with the passing of time. Problematic issues, risk factors and resources, level of awareness and reality testing are analyzed. Some therapeutic hypotheses follow, such as – for example – narration also through art therapy techniques, in order to: elaboration-integration-awareness-action into the world; all this with the aim of finding herself and identifying as the person whom she aims at becoming and being able to become. In the whole process, a dialogue with (and between) her sub-personalities in conflict is important.

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## Premise

First of all, it is necessary for the on-line setting to be able to manage some critical issues in the fluidity of the process and, in the introduction of some remote techniques, also due to objective difficulties with privacy. We know that, in general, in these on-line sessions, there has been no lack of problems or rejections, with regards to this service, suggested by many therapists to their patients, sometimes because of the predicament in finding physical spaces and precise moments able to provide the peace and calm necessary at the time of the session.

Being home with co-habiting family members can influence the setting, sometimes directly due to possible intrusions, and due to the experience of the patient, who could feel apprehension with regards to his/her privacy, something that Anna says she feels as a basic need (let us keep in mind, however, that in this case, she decided to turn to this service).

Another motive is the technical use of the technological tool in itself, but this aspect does not concern so much the younger generations used to virtual contact, except for the fact that remote therapy affects the setting transversely, regardless of generation, therapist, or patient. Therefore, as a general observation, this

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International Journal of Psychotherapy

Summer 2021, Vol. 25, No. 2, pp. 55-60: ISSN 1356-9082 (Print); ISSN 1469-8498 (Online)

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Submitted: August 2021. DOI: 10.36075/IJP.2021.25.2.10/Felicioni

latter factor becomes something to reconsider after the events of the last few months and of those to come, and it is essential to keep it in mind and give it due consideration, according to the circumstances.

In Anna's case, it nevertheless seems possible to proceed, by creating a positive and trusting therapeutic alliance, by better clarifying requests and goals, and also by regularly monitoring this component that we have to manage in this historic moment.

## Reconstruction of Anna's Story

Anna accesses the telephone psychological support services through her mother, then who speaks with the therapist about her daughter's difficulties. This is during the first quarantine phase due to the COVID-19 pandemic (March – May, 2020).

She recounts that, in June, because of the death of her grandmother, she moved to Udine to the home of her grandfather (an important figure) with her siblings, the home to which her mother had gone in April. Her father, on the other hand, stayed at home for work. In September, while in her second year of middle school, she began to have big problems in terms of her changing cities and school, and she now finds herself bullied and picked on by the boys, because she is quite well developed physically, compared to her female peers. Anna says that: *"... it was the hardest time of my life"*, and she is referring to the fact of the other pupils taking a dislike to her, because she snubbed them. Then, having returned to her city, she was not able to pick up her friendships as they were before, and she also made herself despicable to her school mates, whom she was sorry to have left at the end of the first year of middle school. She realizes then that, in her opinion, she was responsible for certain of the reactions on the part of her peers.

It must, however, be remembered that the first issue to emerge from the session concerns a recurring vision that was evoked (starting from December 11, 2019), after recently returning to her city after the move to Udine. On this occasion, Anna "sees" a figure in black being hanged, like a *"... very realistic comic strip,"* and she adds that – from then on, every now and then – it happened to her when she *"... is feeling pretty calm"*, and that *"... makes me anxious because maybe when I'm with my friends I'm afraid to enjoy the moment, because then this thing here will happen..."*. She knows that it isn't real, but she doesn't want to think about it too much for fear that she might begin to believe it, and it doesn't seem as if she wants to contend with it too much. However, she remembers a detail: one time *"... he took a piece of the glass and he stuck it into his eyes, and that's when I saw that they were blue"*. The figure drives her to do dangerous things, and she becomes worried that she might hurt others and herself. Besides this, she abstains from her pleasant moments, such as when she was together with her best friend. She says: *"... the 'thing' began to talk to me and it said 'bad, very bad' "*. The boy is not her boyfriend, she says. They have known each other for a year, but Anna maintains that she does not want to have a couple relationship because it disgusts her, in keeping with her experience of the parental couple.

Her relationship with her father is one of distrust, especially after she tells him of her vision. Her revelation seems to have been met with indifference. She feels that her mother is harsh and judgmental. She says that she is afraid of her. What is more, she feels betrayed because she told her mother of her anxiety in confidence *"... and yet she went ahead and told other people"*.

Anna also refers to the fact that she suffers a great deal for the suffering of others, and that she tries to please everyone, but, on the other

hand, she declares that she has been an “aggressive” child, for which she feels remorse.

## Anamnesis<sup>[1]</sup>

We cannot think about a real anamnesis, as we are dealing with one first video-call conversation. It would neither be possible, nor much less correct to make a diagnosis, but we can hypothesize by making an initial evaluation.

In Psychosynthesis, an anamnesis is necessary through a historical-biographical reconstruction, a psychopathological status test, a general personality evaluation, and an existential evaluation – all this through conversations and targeted techniques possibly applicable over time. Additionally, from the perspective of Psychosynthesis, after an initial evaluation, the diagnosis is more realistically constructed during the therapeutic process. For this reason, as far as possible, and considering the brevity of her story and the absence of a history, which would tell us more about her, we will build an overall view that will help us frame Anna's experience.

Anna shows a good sense of awareness, and the reality test seems sufficient, but – despite this – the narrative leaves us with a sensation of disorder, and her affirmations do not always seem consistent. The processing on the emotional level, nonetheless, in fact remains incomplete, and there seems to be a certain confusion in the description of the causes and effects of her malaise. On the other hand, her identity-in-the-making, together with the anticipated puberty, make some of her absolute declarations, together with inconsistencies and uncertainties, characteristic of adolescence.

She has lived through the mourning of her grandmother, an initial separation from her mother who left for Udine, then from the father, who has remained at home for work, and naturally the change of school and city, with the abandonment of her school friends – all of which occurred in a very important moment in her development.

The family situation does not seem, among other things, to be of the best with respect to the necessity of being seen and heard, and the ability to trust, with the only role model being identified as the grandfather, given that he is a “*beautiful person*,” “*capable of forgiving*,” but that now because of his bereavement “*... is no longer the same*”.

There does not seem to be a good relationship with her peers; even the school friendships that she had before moving to Udine, are not as stable as they were. Essentially, the family experience does not appear to be sufficiently supportive and her peers do not seem to be a good resource today. Both are risk factors, even if her mother dealt with the task of calling the therapist for Anna (it would be interesting here to find out about the dialogue they had).

Anna seems pervaded by two polar emotions: a sense of guilt and anger, and this conflictual polarity probably competes with an existential and emotional confusion, which emerges out of her colourful personal story. We are dealing with anger towards parents and friends, and towards herself (we must keep in mind that one time the figure that appears to her wanted to “convince her” to throw herself off a bridge together with him), and a sense of guilt for the responsibility that she feels when others suffer, whether she is to blame or not, and which is probably her underlying emotional state, having become consolidated over time – we

1. **Anamnesis:** a preliminary case history of a medical or psychiatric patient, or a reminiscence.

do not know how much was due to a structural tendency, or how much was due to educational and environmental causes (let us remember that the mother is described as strict and judgemental).

She wants to be perfect and please everyone, and says that she is very hard on herself in order to understand better her states of mind, but, on the other hand, she claims that she is at peace with herself and accepts herself as she is.

## Risk Factors and Resources

From the brief and cursory reconstruction of Anna's telephone conversation, what emerges, on the one hand, is a typically adolescent picture with identity crisis dynamics; idealization and devaluation of some role models; moreover, we can perceive some difficulties in the placement of the precocious beginning to her physical, physiological, and aesthetic changes, and of her relationship with her peers, especially in terms of her affectivity/ sexuality, and her "disturbing" idea of a the couple relationship. Anna specifically describes herself as a child, who has been rough with other children, and tough with herself, which makes us think of a tendency to acting out and to a judgemental and an already quite influential Superego. A sense of guilt compensates the anger that seems to be, all things considered, fairly contained thanks to her mature defences such as repression, rationalization, and intellectualization.

Her level of awareness and reality testing, her introspective capacity and the typology of defences would make one exclude psychotic symptomatology linked to her "visions," rather making one think of an anxiety-depressive state with obsessive traits and thought compulsion reiterated in the destructive images of the seductively deadly figure with blue eyes (a detail – this of the eyes – interesting to explore).

As hinted, we are, however, considering the diagnosis as an evolving process, and the initial hypotheses as a broad framework. The diagnostic process, particularly in adolescence, necessitates continuous attention and revision, especially in terms of the traits of a constantly evolving personality. This thought compulsion creates a state of angst and at the same time most likely conveys that anger, which Anna does not seem to be able to allow herself to feel on a conscious level. Then, again, her introspective abilities, even though naturally filtered by her defences and fears, her level of maturity, and especially the fact that she sought help, before this therapist, from the school psychologist, then through the on-line psychological help service, all indicate a certain basic resilience upon which she can rely in her quest for a therapeutic path to follow.

Anna's malleability, characteristic of her age, demonstrates that she is predisposed to undergoing changes within the therapeutic process, if well-contained and well-supported.

## Therapeutic Hypotheses

Anna writes, even if sporadically and chaotically, and apparently without any revisions of the content. Writing is one of the techniques from within the perspective of Psychosynthesis that can be used to enhance the therapeutic process. This predisposition of Anna's could be encouraged and reinforced to make it an excellent tool for its cathartic and narrative characteristics, and to explore the unconscious, for example through a diary.

In addition, over time, when possible, an in-depth study of the image of the dying figure with the blue eyes seems necessary, by creating a dialogue between the parties, both during the therapeutic sessions and through the use of creative techniques and art therapy (drawing, painting etc.), something not that

easy to make happen by video call, but not impossible. We would exclude the ‘empty chair’ technique, which, for various motives to do with the setting, we do not find appropriate in this situation. Understanding better what this figure wants, where it comes from, and, if there are events, facts, or real people that have contributed to its appearance are all elements necessary for the comprehension of this anxiety-producing symptom.

Perhaps Anna, even though she jokes about it, would really like to have an epiphany and resolve her difficulties in a flash. In fact, she saw a film where this happened, and this had motivated her to seek out help. Obviously, this is not possible and she knows it, too, but it is possible to walk together and proceed through small partial progressions, and try to arrive at moments of insight, by creating order in the confusion that Anna is experiencing, towards a final and meaningful synthesis in her therapy. In addition, in order to untie the knot that this recurring and destructive thought continues to tighten, it is also necessary to prevent the chronicity and exacerbation of the persecutory thoughts or ones that drive Anna to act out, something, she says, and understandably so, that she fears. We must always keep in mind that it is essential to respect the timing and the potentiality for working through on the part of the patient, still a young adolescent, and more than ever in order to maintain a good therapeutic relationship. The containment aspect and that of reciprocal trust seem here to be of primary importance. In this dialogue between the parties (in Psychosynthesis, we can define them as sub-personalities), we need to also take into account the possible protective functions that this image can bring with it, such as that of avoiding the risk of an emotional breakdown, brought on by a conflict experienced mostly internally and at a more conscious level.

Probably Anna’s experience of anger is untenable on a conscious level, and so gets defensively transferred from the emotional level to that of thought and imagination, thus becoming a character, which, although described as imaginary, becomes real in its persecutions. By becoming something “*other than itself*”, it assumes a disempowering function with respect to the internal anger that Anna is not able to manage. She and the others are the victims, and Anna tries to prevent it from doing harm, fighting in this way against this outward manifestation of the “*thing*”, but ultimately against herself.

If we consider the figure in these terms, Anna is victim and perpetrator at the same time, but integrating the two parts is not feasible for her now. In order to make it happen, the persecutor must be undermined and the victim supported by working on the process of integration of the two functions, something that can provide Anna’s ego with a tool for working through and transformation. This “*figure in black*” would not then be only the cause of malaise, but, above all, a symptom: a symbol and a sign. We can interpret it as a need that coincides, in Anna’s historic moment, with “the best that she can do” to endure her malaise, and we must take all this into account, moreover, without minimizing the angst that this thought disorder creates in her.

Hand-in-hand with this, in Psychosynthesis, we bear in mind the development of the various levels of personality, like sensations, emotions and feelings, impulses and desires, imagination, thought, intuition. These functions should ideally aim towards a good integration for a harmonious development of the personality.

Anna says that the *thing* is trying to make her do dangerous things against her will. Restoration to the Ego of a centring, that might make it go back to being a centre of volition,

would help Anna to manage these resources of hers, allowing her to express herself in the external world with her own inner voice, as well as and especially through her actions in the world. This would favour a sense of gratification, self-esteem, and self-efficacy.

The process of working through-integration-awareness-action in the world could for its part lead to deconstructing the need to make the *thing* speak and so it would lose its significance. If it is true that all this seems complicated especially in adolescence, it is exactly the neural malleability, and that of the unconscious, much greater in youth, that

facilitate this work – therapeutic and maieutic work at the same time. Considering Anna's age and her developmental stage, it is also important to remember the educational component, in the etymological sense of the term: to guide and enhance the discovery, the knowledge and expression of the self, and to reinforce the ability to act in the external environment, in tandem with the structuring of mind, soul, and body.

For Anna, this means to find herself and to recognize herself as the person that she wants to and can become.

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# 8 The Aesthetics of Contact with Anna and the Dance of Reciprocity between Therapist and Patient

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## Abstract:

The authors comment on the session with Anna from the point of view of Gestalt therapy, particularly in its phenomenological, aesthetic and field approach. In order to frame Anna's request, the authors focus on the experience of both the young patient and the therapist, in the "here and now" of the session. They look phenomenologically at their experience and how they make contact with each other. The symptom is seen as an attempt to adapt creatively, maintaining the intentionality of contact with the significant other. Gestalt therapy looks at the reciprocity between therapist and patient, at the dance that emerges from their intentional experiences, as a specific and decisive contextualization of the psychotherapeutic treatment.

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## Anna's Request and Therapeutic Reciprocity

First of all, we would like to express the sense of beauty that we felt upon reading this therapeutic interaction. We appreciated how the therapist always emphasized the patient's positive life force, before her fears, and how she transmitted empathy and closeness while respecting the boundaries of her young patient

and her need for dignity. Gestalt psychotherapy, especially its relational development (see Jacobs, 2009), sees the reciprocity between therapist and patient, the dance that emerges from their intentional experiences, as a specific and decisive contextualization of psychotherapeutic treatment.

In order to frame Anna's "problem" and her "request", we will focus on the experience of

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International Journal of Psychotherapy

Summer 2021, Vol. 25, No. 2, pp. 61-66: ISSN 1356-9082 (Print); ISSN 1469-8498 (Online)

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Submitted: August 2021. DOI: 10.36075/IJP.2021.25.2.11/SpagnuoloLobb/Tosi



the young patient and on that of the therapist, in the here-and-now of the session. We ask ourselves: what is Anna feeling when encountering this therapist, how does she creatively adjust her desire (strong and confusing) to be helped in the concrete presence of the therapist? And then: What does this therapist feel when encountering Anna? How does she creatively adjust her professionalism and her human ingenuity in order to bolster the patient's need to anchor herself to someone, in order to contain the "frenzied" energy that emerges from her suffering?

In a phenomenological way, we will look at the patient's experience in terms of what she intended in her contact with the therapist. Anna's appeal to the therapist could therefore be formulated like this: *"I want to know if I am going crazy and I would like you to accompany me, be near me, and not leave me alone in this difficult moment of my development"*.

From the Gestalt viewpoint, the "problem" or "symptom" is a creative language that expresses, both a deterioration of the spontaneity of the Self, as well as an attempt to creatively adapt, maintaining the intentionality of contact with the significant other. Anna made a great sacrifice in her life when she accepted to go to Udine to stay with her grandfather, giving up her friendships, at an age when the need for peer endorsement is very strong. The experience was traumatic. She had to cope with the ostracism and humiliating attitudes of the "pack" and she did this in a way that her suffering would not detrimentally affect her family, especially her grandfather and her mother.

Anna independently decides, with the support of her family, to go into therapy: a creative act in itself, which implies a willingness to change (Spagnuolo Lobb, 2013a). We appreciate the way in which the therapist does not let herself get upset by Anna's visions, but instead,

endeavours to expand Anna's awareness, by creating bridges between the patient's experiences and her strange perceptions.

## Anna's Expectations and the Phenomenological Field

Anna's expectations may be described, in the language of Gestalt, as the desire to recover the life force that she seems to have lost after the move to Udine. Her social skills before moving, her family ties, her love for her grandfather, and the desire to be useful to the people whom she loves, are all things that are "killed" by the vision of the man who dies all the time in a vicious manner. And just as vicious are the accusations and slander with which she feels bombarded in her new school environment. We believe that Anna expects to recover that energy with which she has always felt associated. *"Yes, but I don't like to think of it as a person, because I'm afraid that I might convince myself that it's really real, and seeing that it isn't... I don't want to"*.

As Fabbrini & Melucci write (1992, p. 7): *"Adolescence is not a disease"*, nor is it only crisis and malaise. Adolescence is a life driven towards change, which calls upon the adult world to harmonize itself with this transition.

Anna feels disillusioned in her expectations in relation to her parents and her peers. Rather than redefining her expectations by trying to rationalize her fears and what happens, we would work on the possible expectations in her relation to the therapist. Does she feel that her expectations in relation to her have been met?

We would ask ourselves, in terms of the phenomenological field (Spagnuolo Lobb, 2018a), what does her experience, and her desire to navigate it with an older woman, evoke in us, and how would we share our own emotions in order to make the experience a newly positive one for her.



## Navigating (dia-gnosis) Anna's Suffering

Anna's visions indicate both a fear of losing the unity of the Self, as well as a creative defence against the traumatic outcome due to the move to Udine. During this transition, an unexpectedly negative one in her life, her entire relationship with her peers, which is fundamental in adolescence, suffers a collapse. It is a nightmare that she stoically resists, despite her attempts to speak to her father and mother. In the end, she decides to do it alone and says nothing, as well, in order not to further worsen the difficult climate surrounding her family. The change in the relationship with her peers becomes intensely traumatic, especially since Anna does not have a secure base to which to anchor herself. Here, she describes the moment when the first vision arrives: *"I had seen so much hate and cruelty that I had become a little like this – in school I was having problems with friends. I was stuck-up. I had made everyone hate me, because in Udine no one supported me, and here I was pretty unbearable"*.

Anna exacerbates her doubts (already typically experienced in childhood) about her own personality: *'Am I good or am I bad?'* The borderline experience, which as we know can be a transitory phase in adolescence (Kernberg, 2001; Ammaniti & Muscetta, 2001) makes headway, and manifests itself with obvious characteristics: opposite perceptions (good and bad) of oneself and the other. There is difficulty in seeing oneself as an I, separate from the You. What in the perceptive field seems to be certain and stable one moment can afterward become uncertain and unstable. Anna perceives the process of contact with the significant other as unreliable (Spagnuolo Lobb, 2014b).

The vision seems to represent the malice that has suddenly entered Anna's life. The fact that it gets projected to the outside allows her the possibility of differentiating herself from it.

However, there is the risk that this "thing" will contaminate her, that she will obey the bad things. *"I feel really really bad. Even if I have nothing to do with it, I feel guilty, (...) and it's always been like this, since I was little, because I have always been an aggressive kid"*.

Gestalt diagnosis is based on an aesthetic relational perspective (Perls *et al.*, 1951; Spagnuolo Lobb, 2018a), by integrating the diagnoses from the manuals (DSM-5, ICD-11) with ideographic details that guarantee a targeted and deep intervention, with which the therapist can intuit aspects of the phenomenological field, belonging to the significant other.

Anna's visions do not have the characteristics of the hallucinations of schizophrenics and they would be much more concerning if they were being experienced by an adult. In the case of an adolescent, the ample margins of psychic flexibility are evidence of a transient disorder. Looking at other relational aspects will help us to create an accurate diagnostic and prognostic framework. During the session, Anna seems to experience the presence of the therapist with more and more integrity and awareness. This will also allow her to assimilate new positive connections and to maintain and revise her own "self-placement" when facing life's continuous changes (Conte & Mione, 2008). This perception of the continuity of the Self's experience will be the necessary support for coping with "cruelty" and the figure in black.

## The On-line Setting and Reciprocity through the Screen

In a phenomenological approach, the on-line setting is, just like any other type of setting, a *"given situation"*, which involves limitations and possibilities, whether in the case of an unavoidable choice (safety regulations, geographical distance, etc.), or in the case of a free

choice. The question therefore is not if this particular type of setting prevents therapeutic spontaneity, but how the therapist, with this type of setting, is able to assist the spontaneous emergence of the patient's Self, which for us is the goal of psychotherapy (Spagnuolo Lobb, 2013a).

Anna is frightened. She needs to be supported and to be able to rely on someone. The screen makes it impossible to express the function of support through physical closeness. The risk is that she might feel alone. As therapists we must therefore create a sense of closeness through our speech, our gaze, by involving the body (for example: *"Breathe while you look at me: What do you see? What do you feel looking at me?"*).

Conversely, the screen can allow a greater emotional closeness precisely because it protects the patient from the risk of physical advances. The entire dance of reciprocity (Spagnuolo Lobb, 2019) is played through this little piece of the world.

## The Therapeutic Process with Anna

The therapist and Anna build a lively and friendly relationship during the first session. This makes us feel hopeful that this reciprocal understanding and respect might make it possible for Anna to feel grounded in the relationship, for her to find in the dialogue with the therapist, the reasons for her experiences, and to situate them within the context of her evolving suffering. Anna needs to be acknowledged in her attempts to adapt to the difficult family situation and to be seen by a significant other, in her effort to endure all the cruelty inflicted upon her.

As Gestalt therapists, we would pay attention to storing up all the harmony and the life force to which Anna becomes connected with the

therapist in the here-and-now of the session (Tosi, 2016; Conte & Tosi, 2016). We would work to re-sensitize the boundary of contact, in order to feel the energy that promotes the going towards the other, but also to be able to make contact with her angst, contain it, and take care of it.

In any coming sessions, we would like to suggest an effort be made to observe and bolster Anna's psycho-physiological process in her contact with the therapist. *"Breathe and feel what takes place between you and me"*, is a basic technique that enables the contextualization of the emerging contents in the relational process. For example, when Anna says: *"But I'm trying to be objective (...) since I'm little I have tried to build this bubble around me where I'm the perfect little girl who pleases everyone"*, and we could answer, *"I think I understand that, when you look at me and breathe, you have feelings, which you are trying to put aside in order to be objective. I wonder if you are making that 'bubble' with me, too, now..."*.

We would also like to address the modalities of contact whereby Anna maintains the pathological figure (the vision) and explore those resources that she has at her disposal to experience new ways of being with her world and with the therapist (Spagnuolo Lobb, 2018b).

Since Anna is an adolescent, we think that the work with her should be as brief as possible, almost like putting her back on track after the derailment, without dwelling on detailed elaborations of her contact modalities. Within this ethical work context with adolescents, we would ask her if she would feel comforted by an intervention with her parents. At her age, emotional detachment from her parents is difficult and often accompanied by a sense of guilt or a relinquishment of her own life force (Lipani, 2016). An adolescent can feel facilitated by the therapist's assuming the responsibility of the parents.

## Social Ethics in the Work with Adolescents

Adolescents embody a crucial transition for society: from the *oikòs* (family household) to the *polis* (city). Their malaise emerges in this developmental context and finds its place in a specific society. Our society is extremely stimulating and not very restraining. Most of all, it has no place for adolescents. When an adolescent cannot draw on the certainties acquired within the family, nor on the people and places that he/she perceives to be on an equal level, the excitement provided by this novelty is not experienced as a possibility for growth, but as a loss of ground, an experience of existential

vulnerability, associated with suffering that impacts both feelings and identity. (Spagnuolo Lobb, 2016a; Levi, 2016).

The work with adolescents should include in some way the whole of the social community. On different levels, we would make every effort so that adolescents such as these might find places in which to express (in a clumsy and creative way) their autonomy, so that adults might learn to trust in them (Ammaniti, 2018; Ammaniti & Spagnuolo Lobb, 2020), and recognize their intention to make a valid contribution to society. The malaise of today's adolescents is linked to a theme of social ethics that no psychotherapist can avoid.

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## 9 Anna and her ‘Shadow’

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### Abstract:

In Anna’s life, some experiences made her missing her childlike lightheartedness. Anna discovered the problematic nature of existence and she is afraid to enter the world of adults. Her discomfort manifests itself in the vision of the “totally black person”. The therapist has to make her understand that that vision expresses some unrecognized aspects of herself which assume a persecutory character. Anna needs both an affective and structuring therapeutic position which repairs her father’s “absence” and unlocks those blocked parts of hers in the relationship with her mother, in order to be supported in entering the social world.

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The “Italian Society of Reichian Analysis” (SIAR), initiated in Rome in 1992, has reclaimed and developed the Reichian technique of Character-Analytic Vegetotherapy, which is characterized – not only by Character Analysis (Reich, 1933), but also by the administration of body acting, postures, and movements – aimed at, and designed to revive emotionally pregnant moments in childhood history (cfr. Ferri, 2012; Mannella, 2014).

### Facing the Shadow

Anna is thirteen years old, has entered puberty, and is in the transitional stage from the world of the family to the world of society. This transition is animated by the fact of being

physically precocious. Over the course of a few months – the summer ones lived in Udine – various experiences took place, ones which caused her to lose her child-like “light-heartedness.” These are: the experience of death (that of her grandmother), the sadness for her grandfather’s loneliness, the encounter with the psychological violence of her contemporaries and their awkward and unpleasant sexual advances, the “disorientation” for the loss of childhood, the fact that her father had forgotten her confidence with regard to her vision, and the fact that her mother had communicated her secret to a friend without asking her permission. Thus, within a few months, she discovered the problematic nature of existence.

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International Journal of Psychotherapy

Summer 2021, Vol. 25, No. 2, pp. 67-71: ISSN 1356-9082 (Print); ISSN 1469-8498 (Online)

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Submitted: August 2021. DOI: 10.36075/IJP.2021.25.2.12/Manella

**(Question 1:** *“The on-line setting, generally speaking, does not facilitate communication. Not being physically present makes it difficult to achieve an empathic relationship and to fully comprehend her request. In the on-line setting, the body is not present in its immediacy and entirety, and the mirror communication is in some measure undermined. Consequently the “certification” of the hypotheses and reflections around the patient’s request loses concreteness because they cannot be fully compared to the energetic, expressive, and behavioural tone of the patient. Having said this, I consider the on-line setting valid in the case of emergency situations or in the face of particular personal situations. I also recognize that for certain typologies of patient – those that have problems of opening up and reticence – it can constitute the ideal medium for communicating.”*)

In Anna’s request for help, one can sense an understandable ambivalence. On the one hand, as we have seen, she already – implicitly – perceives the inadequacy of her own way of being and therefore “asks” the therapist to help her enter the adult world; on the other, however, one can sense the uncertainty about fully confronting the effort of that developmental transition. The hesitation to explore a new way of being is evident in her attempt to return to being the perennial good girl. *“I was stuck-up. I had made everyone hate me, because in Udine no one supported me, and here I was pretty unbearable. Then, in school, I went to talk with the school psychologist, and I was able to change for the better certain of my defects (...)”, “I had been able to patch up the relationships that I had ruined before Christmas”.*

The vision of the figure *totally in black* is then the result of her ambivalence, of her internal conflict between the desire and the fear of leaving behind her childhood state. It is not coincidental that the vision appears when Anna feels calm – *“Now it’s about three months that I’ve been seeing it... It doesn’t happen often,*

*mostly when I’m feeling pretty calm”* – when she thinks that she has finally regained her former inner equilibrium, that is when she deludes herself into thinking that she has returned to being the girl of old.

**(Question 2:** *The therapist has to delicately explain the contradictory combination of aspirations throbbing within her, and make her understand that her vision is not necessarily damaging, but gives expression to some aspects of herself, up until now unrecognized and blocked – we will see which and we will see why – and when projected into the external world end up being experienced as persecutory).*

In Anna the image of the “good girl” is still strong. Rather than abandon the image of the kind-hearted child, rather than committing to being more adult in the world, Anna “prefers” to negate and ultimately “kill” those parts of herself that do not harmonize with the childish representation of herself. The way in which Anna makes the *totally black figure* die is significant: with a piece of glass, *“He took a piece of the glass and he stuck it into his eyes, and that’s when I saw that they were blue... That’s it, nothing else”*. Anna blinds the *blue eyes* of the *totally black* person by whom she does not want to be seen and whom she does not want to see. The *totally black figure* therefore represents the symbol of the internal knot in which she is trapped and struggling.

To put it in Jungian terms, Anna is living through the confrontation with her *Shadow*. Only through its integration into her conscious personality, will she be able to find those resources for going beyond her state of infantile dependence and get ready to enter society.

**(Question 6:** *“In the subsequent sessions, I would definitely try to explore the character of her relationship with her parents starting from an analytic-psychodynamic investigation.”*)

Returning to Rome, Anna is no longer the “good” and “carefree” girl she once was. In-



deed, she becomes aware of, although in a rather confused way, the precarious nature of her own way of being. She therefore decides to consult a psychotherapist. Anna explicitly asks to be helped in order to get rid of the vision of the figure *all in black*. She is convinced that her malaise depends entirely on that experience. However, she is implicitly asking for something else: she is asking to be helped to grow up so that she can confront the complexity of the world.

## Anna can't handle entering the world of the grown-ups

Anna is living through a transitional moment. She is thirteen, and has a body that excites desire (or lust) in boys of her age. Her precociousness is not only physical. She is thoughtful and is very able to tune into herself. The emotional knot into which she has tangled herself is due to her difficulty in overcoming her childish image of the good girl, an image which no longer seems to fit. Adhering to that image has not been at all simple because it has involved repression of parts of herself and caused a great deal of anger, becoming more and more pronounced as the exercise of self-control has grown greater over time.

Anna was “coerced” into this by a mother of whom she is *very afraid* because she is strict and judgemental, to the point, we can surmise, of falling into non-affectivity and castration: “Then, okay, let's not even talk about my mom. I don't talk to her. We don't have a very good relationship because I'm really scared of her, or I'm not sure what. Let's just say ... she bugs me or I'm really afraid of her judgement, because she's very strict, so I talk very little with her, almost never about serious stuff”.

Anna has done everything to conform to her mother's *desiderata* – “since I'm little I have tried to build this bubble around me where I'm the perfect little girl” – to the point of intro-

jecting her harsh and judgemental attitude: “*In my opinion, it's easier to see one's flaws than one's virtues. Virtues are less visible ... Flaws float to the surface more easily*”. Consequently, she has exercised a continuous control that has brought her to set aside her little girl sensibility – the inevitable anxieties and fears, the being moody and needy of attention and cuddling – and precociously become a little woman. The confusion that she feels at the first manifestation of love feelings towards Antonio, her best friend, is emblematic of this: “*if you look at it objectively, it's disgusting being in a couple, because, you fight, yuck, I don't like all that mushy stuff*”. Anna is afraid of opening herself up to feeling, of revealing her need for love, her need to rely on someone. She can't handle showing the needy part of herself. She is afraid of not being accepted. She is afraid of admitting her dependency. (**Question 3**).

Anna does not speak with her mother, and when it does happen never seriously. She implements an avoidance mechanism: she doesn't speak of herself, of the things she cares about most. She keeps them to herself. She protects them from her mother's harsh judgement. Anna hides herself from her mother's gaze, and actually ends up hiding herself from herself (the blue eyes of the vision that get blinded are they the eyes of the mother or her own?). Anna has “chosen” to identify herself with those parts of herself that her mother might want and could accept. Anna is a prisoner of the judgemental glare of her mother.

Probably, the mother also had a difficult relationship with her parents: for example, her sense of duty impels her to rush to support her father at the death of her mother, “abandoning” her family for months. Probably Anna's mother was not “seen” by her parents. And it is probably for this reason that she has not been able to “see” her own daughter, thus deterring her ability to achieve autonomy.

Undoubtedly Anna, being a young girl, does not feel seen. One episode truly pains her: her mother has talked about her trouble with a friend without asking her permission. She has treated her not as an adult who has a right to privacy and to a choice in terms of personal issues, but like a child, for whom only parents can decide what is right to do. All of this engenders anger in Anna, an intense anger that she, however, is not yet able to accept.

The theme of anger, as we have seen, is central to the primary relationship. Anna has not fully repressed it. To some extent, she has sensed it and expressed it: *"I have always been an aggressive kid"*. This tells us that she, in some way, has entered the *muscular phase*, which she is going through to separate herself from her mother and to create autonomy (according to SIAR, the muscular phase – which begins around the first year of life – marks the start of the progressive autonomy building of the little child).

And it is precisely in relation to this attempt to move forward developmentally that the father's "absence" is identified along with the insufficiency of the *normative function* of the family, namely of that parental attitude that progressively helps the child to initially go beyond his/her dependence on the caregivers and then on the family context. In Anna's story, the father seems to be positioned in the background of the family scene. I imagine him as a caring father, affectionate and devoted to the family, a father who has somehow been able to build a relationship with his daughter since early childhood – *"at first I had a great relationship with him, I told him everything"* – but not able to keep it up during the separation from the mother and the progressive building of Anna's autonomy. But, above all, he is completely incapable now of supporting his daughter in her move towards entering the social universe. This is evidenced by the fact that he definitively disillusions Anna. At the out-

set, she confides in him, and asks for his help with her problem: *"The first time I told him, and only him, as soon as I came home"*. Her disappointment is huge – *"I came back to the subject and he had already forgotten, and this really hurt me a lot. It was a very serious thing for me"* – and she realizes that she cannot depend on his help. It is in this moment that she acquires an awareness of the absence of family reference points and decides to ask for advice from *"a more specialized person"*.

## The Therapeutic Plan

At this point, it is time to structure a therapeutic plan. From my viewpoint, Anna, trapped between her desire and fear of abandoning her childish state, most importantly needs a normative therapeutic place achieved through an affective modality, one that is structuring but not judgemental (**Question 5**), and may compensate for the "absence" of the "father" and can *free* those parts of herself that were blocked in her relationship with her mother, and at the same time bolster her in her move to enter the social world. In Reichian terms, we can say that Anna needs to activate her thorax (the fourth Reichian body-level) (Reich, 1933; Ferri & Cimini, 2012).

**(Question 4:** *I do not see any way in which the on-line setting could facilitate the spontaneity of the therapeutic function. Indeed, this modality would constitute a serious obstacle to the therapeutic or Reichian approach. First and foremost, it would be more difficult to modulate and make the patient feel the body-centred countertransference; but it would even be more difficult to propose – something that moreover is probably not very viable and therefore not functional at Anna's young age – the actings of the Character-Analytic Vegetotherapy technique. For instance, it would be complicated to propose the acting of our technique of the "nose-sky" [a technique that would be too long to describe here in detail] with*



*a stable functional luminous point for the overcoming of the maternal fixation. For therapeutic meanings and the operating description of the actings, we refer you to Nigosanti, 2017.)*

**Question 7:** In Anna's case, I would work on this aspect – without losing sight of her move

to enter the social world – for a good amount of time exclusively through character analysis. Only after having helped Anna to see herself, with her own eyes, I would work more decisively on the theme of anger and self-affirmation to help her to complete her developmental move of entrance into the social world.

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# 10 Commentary on the Case of Anna

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## Abstract:

In this comment, three issues are discussed: **(1)** The problem of on-line psychotherapy: it is argued that in many aspects on-line therapy can be similar to off-line therapy, and this can be true especially for adolescents, who are “digital natives” and who, paradoxically, might even perceive on-line therapy more “normal” than off-line therapy; **(2)** Privacy: the patient raises this issue in reference to her mother, and it is suggested the hypothesis that this could be an allusion to the patient’s privacy with her therapist; **(3)** The nature of Anna’s “hallucinations”: it is argued that very likely they are not psychotic but “dissociative” hallucinations, that may improve during treatment.

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Commenting on a first session implies working with very little data, and that is not easy. However, it is a useful exercise for seeing the way in which everyone reflects on clinical material. My point of view is psychodynamic, so it could be interesting to compare my reflections with those of colleagues who represent other schools of psychotherapy.

To begin with, I would like to offer two words about the on-line setting. I maintain that it is one of the many clinical situations to which we can apply our general theory of reference, and that it is a mistake to conceive of the on-line setting as something “special” or “different” in the sense that, depending on the variables

that we are considering, there can be a much greater difference between two therapies, both of which are not on-line, than between a therapy not on-line and one on-line. Those who believe that the on-line setting is necessarily “different” are possibly exposing an incorrect theory of technique, which could cause one to *commit errors in non-on-line therapy as well*. I cannot delve any further into this problem and the reasons behind my statements here, and so I refer you to other works (for example, Migone, 2003, 2013, 2015, 2020, 2021a, 2021b). In this case, where we are dealing with an adolescent and therefore a “digital native”, the on-line setting can be the most normal thing

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International Journal of Psychotherapy

Summer 2021, Vol. 25, No. 2, pp. 73-77: ISSN 1356-9082 (Print); ISSN 1469-8498 (Online)

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Submitted: August 2021. DOI: 10.36075/IJP.2021.25.2.13/Migone

in the world, and – if the therapist sees it as a problem – then he/she may be revealing a prejudice of a theoretical or a cultural kind. In this instance, the therapist, and correctly so, absolutely does not raise the problem of the on-line setting, in which the patient seems to feel remarkably at ease.

What observations can be made about the clinical material? I will only mention a few reflections, which can serve as a stimulus and which could be delved into and possibly validated during the course of therapy. Among the many aspects that could be discussed, in order not to make this contribution too long, I will choose only two main ones: the need for privacy and the symptom of the hallucinations.

One initial theme that was raised by the patient was that of privacy: the patient makes repeated hints at this theme; for instance, she complains that her mother has broken her trust by disclosing to a friend's mother things that Anna had secretly revealed to her. This narrative could be an unconscious allusion to the therapist and could thus represent a warning (*"Do you, therapist, on the other hand, know how to maintain a confidential relationship with me?"*). According to one of the precepts of psychodynamic therapy, the stories that a patient tells, and the references he/she makes to others, could – but obviously not always, as it depends on specific conditions too lengthy to examine here – have transferential aspects, meaning that these concern the relationship with the therapist as well; and there are also those that actually hypothesize that, in these stories about other people, there could be greater elements of "truth" with respect to conscious and explicit stories about the therapist him/herself, because the metaphor would guarantee greater freedom of expression (see, for example, Langs, 1985).

In the same way, children are capable of talking more about their family conflicts

through play, in-so-far as it is a metaphor (a doll can be a symbol of the mother, or of a little sister), whereas if children are explicitly interrogated about their relationships with the parents, or with a brother, they may be less able to say what they truly think, because they are defending themselves from arriving at a complete understanding. Be that as it may, here the therapist does his or her best by immediately saying to the patient, at the beginning of the session, that she has spoken with her mother. Thus, she is not hiding anything, because it is this way that trust is reinforced; the patient must feel that nothing is being concealed from her, and that the special relationship is – not with the mother, but with the patient, even if she is underage and thus non-autonomous with regard to the therapy.

Another, quite important theme, is that of the "hallucinations": are they of a psychotic nature? More data is necessary to respond to this question, but everything she says makes us think that they might not be of a psychotic nature, but rather, as we used to say, of a "hysteric" nature (today we say "dissociative"). The reason for being able to make this hypothesis is based, first of all, on the fact they are not only auditory hallucinations (typical of schizophrenia), but mostly visual, and I would predict that – over the course of the therapy – they will diminish and gradually will no longer appear. Besides this, the patient is able to speak about these in a detailed way and, it also seems – but this must be further explored – that she is, at least, in part, aware that they are "hallucinations"; if this is so, they are no longer automatically psychotic symptoms in a strict sense, given that we know that psychotic hallucinations by definition have "the character of reality".

One interesting aspect concerning the hallucinations, is that they do not appear when the patient is under stress but when she feels well. In fact, she says, speaking of this problem: "It

*doesn't happen often, mostly when I'm feeling pretty calm*". Initially, the therapist misunderstands her, and in fact she asks, referring to the image of the hanged man: "You usually see him in somewhat negative situations, right?" But, after a few minutes, she inquires more correctly and corrects herself: "You were saying that the first time that you saw that figure you weren't feeling so bad...". As Kohut (1977) postulated, sometimes even well-being – and not just distress – can be perceived as a source of tension, in the sense that it disturbs the person's internal equilibrium, and makes the person feel ill at ease, as if he/she was not used to a sense of well-being. In other words, in this inner tension there would be an imbalance of the self-esteem that disturbs the "cohesion of the self" because – using Kohut's language again – it would provoke an "overstimulation of the self". But this is only one of the many possible hypotheses that could be advanced for trying to understand this apparently paradoxical clinical fact. It could also be – as attachment theorists teach us – that the patient has learned that something negative is associated with positive emotions, for which a state of well-being – for example, when she is "quite calm", or with her "best friend" whom she "loves so much", and with whom she has "a very beautiful relationship", etc. – triggers a sense of malaise, and a threat: she is afraid that the person whom she loves will get hurt and die. But only with the continuation of the therapy will (or can) these hypotheses become validated, and we will be better able to comprehend the dynamics of this clinical fact.

On the whole, I had the impression that the therapist was able to present herself in the best possible way to this thirteen-year-old girl, drawing closer to her world with the right tone of complicity (for instance, the therapist says: "I also like to read and write"), showing Anna sympathy and closeness; in other words, predisposing her to open up in an optimal way,

perhaps as much as it is naturally possible in a first encounter. An indirect proof of the fact that the patient has felt understood and "safe" could be her tears: as psychotherapists know well, crying can often mean that the patient feels safe; that he/she can let themselves go and express painful emotions, precisely because he/she feels contained. These tears are not necessarily tears of desperation, but ones which allow emotions to be expressed; emotions that previously had to be withheld and repressed, and which now, seeing as she feels understood and heard by this therapist, she can allow herself to express because she is in a safe and secure situation.

And now I would like to venture a positive, prognostic hypothesis for this patient: she seems intelligent and, notwithstanding her youth, psychologically sophisticated, and therefore she is in the best position to take full advantage of psychotherapy. Her psychological mindedness is obvious when, for example, she shows herself able to understand her defensive reaction to the return from the city of Udine, when she makes herself disagreeable and obnoxious to her old friends ("*I was stuck-up. I had made everyone hate me, because in Udine no one supported me, and here I was pretty unbearable*", and "*I came back here, and within two weeks, half the school hated me, and everyone in my class, and so I understood that it was me, not them...*"). As Leonard Horwitz (1974) once said as a joke, often, in psychodynamic therapy "*the rich get richer*", in the sense that... it is the patients with greater psychological sophistication that can benefit most from therapy, because they know how best to utilize the help they are receiving, sometimes achieving a real jump forward, while those with more serious diagnoses have to work much harder (see also Luborsky, 1984, p. 54; Migone, 2010, p. 216).

Talking in-depth about herself in a regular and continuous way within a relationship of trust,

Anna could gradually “roll out” her inner world, bringing together parts of herself that initially were not well-connected, in other words, she could understand better what has happened to her, especially the traumatic elements, and proceed to a reconstruction of the meaningful facets of her life, which is the goal of psychodynamic therapy and, in general, of all psychotherapies. Symptoms should never be faced head on. According to the psychodynamic viewpoint, the therapist should never seek to “*treat the hallucinations*”, but rather work on the personality; touch upon other variables; make the patient feel at her ease; and allow her to express herself and rebuild the sense of her inner world. Only in this way is it possible that, at a certain point, the patient

might say in surprise: “*Did you know, Doctor, that in the last little while I haven’t been seeing those images? I don’t know why, but it’s not happening anymore...*” Or, she could simply forget about it. The symptoms recede because the reasons for which they were produced no longer persist, just as fever and cough disappear if the bacterium which had caused the pneumonia is eradicated (and, moreover, it would be a mistake to only treat the fever and the cough, because they represent useful defences to the organism). In conclusion, as medicine teaches us once more, in order to treat an ailment, it is necessary to work on the causes, not on the symptoms, and Freud expressly wanted psychotherapy to be a science like the others.

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# 11 A Brief Strategic Approach to the Case of Anna

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## Abstract:

Anna's first session, due to its construction, unfortunately does not allow adequate reflections on the problem. Indeed, the difficult definition of the patient's question makes it quite complicated to identify the direction of the therapeutic intervention. Therefore, the formulation of hypotheses relating to the case risk turning into a personal interpretation, excluding an effective evaluation of the psychological process. The young woman mentions several events related to her perception of oneself, of others, and of the world. Also, this perception describes the reciprocal relationship among each of these elements. For this reason, it would be appropriate to explore these, both by Anna and her parents. In fact, the parents represent a fundamental emotional reference. In general, their involvement – in defining the main problem and in the therapeutic process – improve the work with young people. The case of Anna is complex and confirms the importance to evaluate both the broader system, as well as the individual one. This complexity could be overcome by asking the right questions of the right people.

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## The Complexity of Anna's Case

The therapist was initially contacted by Anna's mother, who was obviously worried by what was happening to her young daughter. This woman's point of view: the idea that she and Anna's father have created the problem; and how, up until that moment, they have confronted it; how the family has experienced and

managed the many changes that took place in the months preceding the request for help – all of this does not emerge within the transcription, and therefore this represents a substantial limitation to any possible evaluation of the case, in that it prevents one from having a systemic and constructivist vision of the problem.

In order to have a more reliable view of how Anna functions, and, in order to make appropriate therapeutic choices, it would also be in-

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International Journal of Psychotherapy

Summer 2021, Vol. 25, No. 2, pp. 79-81: ISSN 1356-9082 (Print); ISSN 1469-8498 (Online)

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Submitted: August 2021. DOI: 10.36075/IJP.2021.25.2.14/Rizzuti/Verrastro

teresting to explore what the patient has told us – through the eyes of her parents. Anna, in fact, mentions many events, and these could have particular relevance in the building of her perception of self, others, and the world, and, of the interdependent relationship that each of these universes has with the other two.

For instance, it would be important to know, more precisely, how Anna's grandmother was missed, and how the family has lived and worked through the experience of her death – with the children, as well. This is a central theme in the psycho-pathological manifestation of the girl. It would also be useful to understand the origins of the mother's decision to move to another city "*to keep the grandfather company*", who was now a widower, and how this dynamic was shared and managed in the family nucleus. We would also want to know how the other members of the family perceive Anna, how they describe her, how they relate to her, what they observe in her, and in her relationship with others. In short, it would be necessary to interview the adults in order to pinpoint the functioning of each of the members of the family nucleus, besides that of Anna herself, and ultimately to correlate all these variables so as to have a representation that better conforms to the complexity of the systems observed.

The perspective is not that of demonstrating that Anna's behaviour is a consequence of some failure of caregiving on the part of the parents, but it is to arrive at an appropriate reading of the problem, and to trace the path of a treatment that involves – not only the patient, but also the mother and father, whose roles in the solution of their children's problems are always active and important. In fact, the parents represent an indispensable affective reference point, and, for this reason, can effectively contribute to the happy outcome of the work with minors, if guided by the therapist towards the acquisition of the tools necessary to achieve this.

## The Setting

It would also be worthwhile to proceed by means of two parallel treatments, an individual one involving Anna, and another reserved for her parents, alternating them as necessary, and taking into account the evolution of the various issues.

Separating the settings is important for different reasons. Anna's age allows her to take advantage of the therapy space and to appreciate the direct discussion with the therapist. Besides this, the young girl's desire for autonomy was respected, and the sense of efficacy that she can draw from the experience of a personal journey is important. For Anna's parents, too, it would be necessary to carve out an autonomous space, within which it would be possible to build the systemic skills that are indispensable for them to understand the daughter's difficulties and their role in her transformation. But, above all, it is important that they support Anna's therapeutic treatment, assuming the responsibility of it with the therapist and collaborating with it by means of the strategic tools they will be acquiring, thus becoming the reliable reference point that their role requires them to be.

This complex construction of a therapeutic procedure that is planned in more than one direction could seem long and difficult, but actually it can be achieved within the time space of the first encounters, which are already working on the problem and providing conditions for the initial transformations.

The virtual environment does not usually represent an obstacle to the therapeutic work to the extent that – for various reasons – it is not for the actors involved, and therefore it can represent an appropriate space. The strategic approach to human problems has always demonstrated great elasticity in its adaptability to the personal and unique universe of the patient, but also to the different settings,

which often seem inappropriate. In addition, it is already many years that work has been done on the techniques and modalities to ensure that therapy via the Internet and video-sessions are equally effective and efficient.

## Conclusions

It is not possible to establish, exclusively, through the elements that have been provided, what the problem is exactly, and so be able to define the demands and the objectives of the process. Further information is required, which would allow for a constructivist reading of Anna's functioning and of the context in which she operates. Formulating some hypotheses relative to the framework of the case would therefore be more a work of interpretation than an effective evaluation of the psychological process.

Certainly, the setting – of necessity on-line – does not represent any limitation in terms of the treatment, and it would be the task of the therapist to accompany the participants in the therapy (therefore not only Anna, but also the other family members) as they try to understand the rules of this new way of interacting

and to help them feel at ease with it. Furthermore, the video-session does not reduce the efficacy and the efficiency of the tools typical of this technique; tools which remain conditioned by other variables and which are not easily discernible in the transcription of the case at hand.

The involvement of Anna's parents appears necessary in the psychotherapeutic work, so that they, too, may be agents of change, and may be able to develop the skills appropriate to the role they play. The process would be oriented towards pinpointing the typical patterns of the family dynamics, the relational and communicative modalities, the meaning and the significance attributed to the salient events of everyone's and Anna's experience, as well as the strategies adopted in order to overcome the difficulties of the case.

This work could be conducted separately with Anna, and with her parents, in accordance with the stage of disengagement that the girl is going through. But the possibility of reuniting the family group should not to be excluded in order to act on the specifics of the dynamics that could be revealed during the treatment.

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# 12 Anna and the Manifestation of the Unspeakable from an Archetypal-Gestalt Standpoint

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*Monografie di Gestalt/Gestalt Monographies. Rivista Quadrimestrale di Psicoterapia tra Scienza ed Arte* ([www.cstg.it/monografie](http://www.cstg.it/monografie))

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## Abstract:

Following a strictly phenomenological approach starting from Anna's story, we have envisaged a process of gradual re-appropriation of the split parts which, in the case presented, express projective phenomena particularly evident starting from the hallucinatory-dream image activated by a movie dialogue between the Virgin Mary and the "totally black" person. Hence, we have proceeded towards the gradual "remembrance" to reconstruct a plot of meaning that would mend the scotomas and avoidances in the narration of experiences such as relationships with the parents (of which Anna refers a first opening followed by an experience of disappointment with the father) and fear of judgment towards the mother. Furthermore, the relationship with peers, the emotional relationship of ambivalence-distrust with the partner, the relationship with one's body, the phenomenon of projection of the threatening introject, the sense of guilt for an aggressiveness both suffered and acted, the emotional-cognitive dissociation.

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Taking into account the limited space available, I have chosen not to repeat all the questions but to organize the text in such a way as to take them into account. We will recall rather Anna's words, honouring a rigorously experiential approach, and one which begins with the phenomenological fact, provided by the patient, from which to start a process of

gradual support in the re-owning of the split parts, which, in this case, express particularly evident projective phenomena, such as in the instance where the images used in Anna's narrative are presented as "hallucinatory" phenomena, understood (see U. Galimberti, 2018) as a "*perception without an object with physical and spatial characteristics like a hallucination but*

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International Journal of Psychotherapy

Summer 2021, Vol. 25, No. 2, pp. 83-88: ISSN 1356-9082 (Print); ISSN 1469-8498 (Online)

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Submitted: August 2021. DOI: 10.36075/IJP.2021.25.2.15/Zerbetto/Dei

*without its typical traits, which are essentially a fantastic transformation of reality, the self-centric direction of the subject, who interprets every phenomenon as if it is referring to him/her, and the inaccessibility to critical inspection”.*

Consistent with the Gestalt approach, it would be useful to invite Anna to relive in the “here-and-now” her imaginative experiences as is usually suggested in dream work (Zerbetto, 2014, 2017a, 2018a) in which it is recommended that one identify in first person with the components of the dream in order to go with the image towards a “speaking as oneself” in the maieutic process of a meeting between the parts of the self (Zerbetto, 2013). This is an approach to the dream, which, especially in an “active imagination”, Jung proposes in the same terms as the possibility of directly interacting with the elicited contents of consciousness (Zerbetto, 2011a).

In terms of the *issue presented* by Anna, albeit through a fragmentary, incongruent, and decidedly confused narration, what basically emerges is a hallucinatory-dream-like image, triggered by *“having seen a movie called Lucia’s Grace (Troppa Grazia), which is about this woman who talks to the Virgin Mary who gives her instructions”*. She then adds an event that is presented in the form of a definitely disturbing and impactful visualization even if it is referred to with emotional detachment: *“The first time I saw it, he had been hanged from the Old Hospital (...) a totally black figure. He seems ... I don’t know ... but the thing you see is the detail of the death. It seems like a comic strip when I see him, a very realistic comic strip. You see, the only thing I know is that he has blue eyes”*. This is “the gestalt” (a form that refers to a structure which is about grasping the meaning) that is proposed to us. Most interesting is the imaginary evocation, which refers to archetypal reflections that are woven into the personal experiences of Anna’s evocative story, which refers to “limit states” between the conscious

dimension and the unconscious-dream-like dimension (Dei, 1994; Zerbetto 2011b & 2011c).

An image that keeps returning in a re-evoked-projected form, superimposing itself on an episode in which, *“I was out with my friends, with one of my friends actually. There was a broken window, and he took a piece of the glass and he stuck it into his eyes, and that’s when I saw that they were blue ... That’s it, nothing else,”* adding a theme linked to the obsessive recurrence of the image: *“It was the tenth time that I saw him die”*.

This theme of the piece of glass embedded in the eyes evokes an issue that refers to the oedipal matter of *“not wanting to see”*, something that moral conscience does not seem able to sustain (Zerbetto, 2006a). It is a theme, which, during a subsequent therapeutic in-depth investigation would certainly merit to be explored by means of a gradual “remembrance” approach (anagnorisis for Aristotle, who in his *Poetics* describes a reconstruction of an oedipal episode) (Zerbetto, 2018b) and commonly adopted in the reconstruction of traumatic events, for which it is useful to reconstruct a coherent and “meaningful” narrative storyline. We will try to identify below some “critical areas” upon which to initiate our cognitive path and one of possible conscious growth. (Zerbetto, 2006b).

## Blind Spots and Avoidances in the Narration of Experiences

*“Then, two days ago, when I was in bed [it is not specified in what sense she says “to be in bed”] and talking with my best friend, the “thing” [here a form of defensive “reification” of the image of the man in black appears, an image that is however invested with the power to “act upon her with orders... that recall those of the Virgin who gives them to the woman in the*

film] began to talk to me and it said “bad, very bad.” [a moralistic-accusatory characteristic re-emerges, one that is only hinted at. We do not know to which anamnestic elements it can be linked but it is worth delving more deeply into them].

## Relationships with her Parents

These parents are referred to with unquestionable evidence as being in relationships of an ambivalent-conflictual kind, but – in any case – they are comprehensible for the age of our patient: “No, actually, I made the mistake of telling this to mom and dad. At the beginning, only my best friends knew, then ... I also told my parents” (Raffagnino & Zerbetto, 2015). In relation to these two parental figures:

**The Father:** “When I got home after a week-long ski holiday, I told my dad ... The first time I saw it, I was going to school. It was 7.45 in the morning, on Wednesday, December 11, 2019. He had been hanged from the Old Hospital ... uh, and nothing, just like that. Now it’s about three months that I’ve been seeing it”. To this premise on her confidential opening up towards the father figure follows an experience of disappointment: “... at first, I had a great relationship with him, I told him everything. The first time I told him, and only him, as soon as I came home. Then, just two weeks later, before the quarantine, I came back to the subject and he had already forgotten, and this really hurt me a lot.”

**The Mother:** Anna several times associates with the maternal figure – the theme of her “strictness” against which she “reacts” in an adversarial way according to her statements: “I don’t talk to her. We don’t have a very good relationship because I’m really scared of her, or I’m not sure what. Let’s just say ... she bugs me or I’m really afraid of her judgement, because she’s very strict”. This lack of dialogue likely brings with it an alexithymia element and a consequent

repression of the contents of consciousness, ones which evoke guilt, which emerges on a number of occasions from the conversation with the therapist (Zerbetto, 2004, 2015).

## The Relationship with her Peers

This aspect turns out to be somewhat obstructed. In fact, what emerges is an experience of painful alienation from Anna’s peer group, by whom she feels judged or accepted – not as a person, but only for her physical features: “I had undergone a change. I had seen so much hate and cruelty that I had become a little like this – in school, I was having problems with friends. I was stuck-up. I had made everyone hate me”. This is a condition of marginalization from a peer group which, especially in adolescence, is experienced with undertones of drama and conflict between the desire to belong and the drive towards a proud self-marginalization (Zerbetto 1991).

## The Affective Relationship

Anna reveals that she also has a special relationship with a peer, a relationship, which however seems to be distinguished by elements that are unclear and highly ambivalent: “I have a really beautiful relationship with my best friend, because I love him so much, and the fact that it said “bad, very bad” while I was talking with my friend made me think a lot [she begins to cry...]. Because this “thing” wants to make me do dangerous things against my will.” This negative judgement seems to be attributed both to the “thing” and to her friend, and in addition with an injunctive connotation (probably also projective) to “do dangerous things against my will.” Such ambivalence/diffidence in her affective relationships clearly emerges and seems to be influenced by a relational paradigm between the parents to whom Anna refers in these terms: “A little while ago,



*I knew he was attracted to me... anyway, now I think it's pointless to have that kind of a relationship ... because ... couples are disgusting, if you look at it objectively, it's disgusting being in a couple, because, you fight, yuck, I don't like all that mushy stuff".* This is a decidedly tangled knot which would require a possibly lengthy process to unravel.

## The Relationship with her Own Body

This emerges, on several occasions, as conflictual – as it frequently is in any case at her age. It is a conflict that however exacerbates the experience of non-integration of the personality in a dimension of a more harmonious self-acceptance and which feeds, on the contrary, the fluctuation between self-debasement and self-affirmation, like in challenging the criticisms by which she also feels besieged: *"I'm very shapely, and there, instead, the girls were all physically little, and male hormones were running wild. They were thinking of one thing only, and they couldn't care less about anything else where I was concerned... I was attractive... I mean my body was attractive..."* This is a sexual-emotional disturbance, which she has great difficulty managing, and which is at the origin of her emotional swings and her behavioural contradictions (Zerbetto, 2016).

## The Projection of the Threatening – "internal object"

We are using this term of analytical derivation because it is more well-known than the term "introjected" used in Gestalt for referring to a nucleus of conflict, which assumes the form of the "man in black", who kills himself and who is not consciously connected to a definite identity, but actually a reified one although

maintaining the ability to act upon Anna (Zerbetto 1994). *"Because this "thing" wants to make me do dangerous things against my will. (...) one day, he was standing on a bridge, and it was as if he was extending his hand to me, as if to say come with me... [she cries]"*. The emotional involvement associated with this experience highlights its significance and intensity which would obviously be worth an in-depth investigation in the remainder of the therapeutic work.

## The Sense of Guilt for an Aggressiveness – suffered and acted upon

It is in fact interesting how this experience of victimization, of feeling "acted upon" by a strange and mysterious power, can then be reversed into the injunction to react aggressively with an acting out that ejects the damage potential onto the outside: *"Because I'm afraid this "thing" wants me to get angry with the people I love and it's as if he was saying to me 'hurt him'..."* A confused and contradictory mixture of feelings, which the therapist tries to sort out: *"T: In what sense, Anna, talk me through it. If you see that someone is suffering, what happens to you?"*

We have a clear admission of deep suffering for this mixture of aggressiveness endured (and whose original dynamic remains unknown to us for the most part) but also manipulated (and which seems to have also accompanied her behaviour in childhood) but mostly fantasized because inhibited (in Gestalt we would say "retroflected") in her expressivity (Zerbetto, ibid 1994). *"P: I feel really, really bad. Even if I have nothing to do with it, I feel guilty. I feel a lump in my throat [she cries], and it's always been like this, since I was little, because I have always been an aggressive kid."*



## The “Emotional-Cognitive” Dissociation

This emerges, as pronounced, while not justifying an inclusion in a dissociative disorder of the Axis I of the DSM, but rather understood in the sense interpreted by Caretti *et al.* (2007), as an “*affective dysregulation, characterized by great difficulties in identifying and communicating emotions and by a predominantly externally oriented operating thought, thus indicating the presence of an elevated dissociative symptomatology*”. This is a clinical framework that is frequently observed in subjects affected by “lack of impulse control”, first among which are gamblers, in whom we can “*hypothesize that, when they are not able to self-regulate their emotions and use them appropriately in interpersonal contexts, may be subjected to impulsive behaviour, which in some way appears as a dissociative symptom aimed at modulating affective states and staving off non-workable emotions, experienced as traumatic and overwhelming*” (Zerbetto, 2014). Out of the same declarations of the patient, in her attempt to define herself, emerges the emotional/rational duplicity of the components not yet suf-

ficiently integrated: “*But I’m trying to be objective... Being hard on myself helps me to face things that ... I’m very emotional and extreme in nature ...*” Understandably, the therapist suggests the perspective of a greater “integration between the split parts”, which was indicated by the same Perls as the primary objective of the work in psychotherapy, when the therapist states: “*But it’s normal to be a little lovable and a little despicable ... and I understand when you say that it’s a good thing that these parts of your character appeared ...*” But this process that can foresee phases that evoke a “*descensus ad inferos*” (descent into hell) would presuppose a proportionate period for sewing together life segments that in the current state are still far from integrated (Zerbetto, 2009).

The on-line setting seems to have allowed for a good empathic communication in the process of sharing even very intimate aspects. During the course of the work on the regressive re-evoking of traumatic events with possible emotional catharses, the in-person presence would certainly enable a superior “quality of being there” in the traversing of critical phases (Zerbetto, 2002, 2014).

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# Follow-up Commentary by the Psychotherapist

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The total number of individual sessions with Anna added up to 10, all of them on-line. I saw the parents twice, also over Skype; at the end of the CoVid-19 quarantine, when the therapy had already ended, we had a “family” session in person, in which her two parents and Anna participated.

In the first four sessions, Anna opened up a great deal, telling me many things about her life, her friendships, her difficulties, her weak points. In this way, I was able to begin to have much more of an in-depth idea of her developing personality, and to enter into contact with some very fragile areas in which her emotional mainspring was shame. Her experiences – relative to the Self – often had a strong quality of inadequacy since the very beginning, and even more in this period of her life, as many of you have underscored and one can see the overpowering emergence of physical development in a girl who has always been very “physical,” whether in terms of “aggression” or in terms of athleticism. I came to the discovery that, because of a serious accident in the last year, she had to pull out of the basketball team to which she had belonged for years and which represented an intense investment on both an emotional and physical level. Anna would also describe quite well her relationship with food, that she used as a sedative in mo-

ments when she seemed to be losing her hold on reality.

It was not only the man in black (who had appeared only a few months before), who represented a powerful dissociative moment: she also spoke of other moments in which she had felt as if she were losing her mind and felt detached from reality, moments which often came simultaneously with episodes which had to do with an “uncovering” on the part of others – often adults – of her subterfuges, lies or mistakes of some type. Anna is very proud and confessed to me that she had begun to lie in order to cover up her weakness: the many areas with which she was feeling unfit to deal.

At various times in school, she was becoming the cause of more problematic or aggressive issues and we were also able to pinpoint, in this behaviour, a need for dealing with these “dark” parts that she feels that she has inside of herself. Over the course of the following sessions, the man in black lost its significance. Anna was truly possessed of an adult and reflective side, but I was always listening for what she might hide from me: in fact, despite the fact that she opened up a great deal about her own negative characteristics, she made me be on the lookout for the possibility of deception. Sometimes, she seemed too grown-up for me. I kept this in mind as a possible in-

indicator of a very intense narcissistic fragility within this girl, who is so intelligent but is also unable to express her need for help in non-destructive ways. However, I felt that the rapprochement needed would take time, caution, and instances of very delicate confrontation.

After about four sessions, I had a conversation with the parents. Here, I wished to share a point that seemed important to me: during the first very long telephone call with the mother, I had had the distinct sense of wanting to have the mother in therapy and not the daughter ... The parents seemed to be two intelligent, likeable, and even emotional people, but both of them, each in their different ways, incapable of connecting with Anna's difficulties, although ready to seek help for their daughter.

During this conversation, the mother was absolutely the protagonist: she spoke a great deal, interrupted the father continuously, and it was my job to pick up the thread with him when he was talking about something and the mother stole the words out of his mouth. They told me that Anna had always had extreme mood swings (to which the parents had ceased to react, waiting for them to pass) and demonstrated a strong, yet not very well-governed, emotionality. They told me that Anna was very "exhibitionistic – in order to attract attention", very intelligent, and seemed older than her age; she seemed inclined to lie in order to hide her own inadequacies, and had difficulty finding her place next to her mother. In the interview that evening, Anna's siblings sat next to their mother on both sides in both a physical and a figurative sense. Her father admitted to having been very close to Anna when she was little, but he was finding her puberty difficult to manage (*"Anna is no longer a child and I don't know how to get close to her"*). Both parents seemed focussed on the fear that Anna might gain weight and it seemed that most of the fights at home occurred around this subject.

About ten days after this session, I received a furious phone call from the mother, who accused me of not telling them that Anna had not been attending her on-line classes for a week; the parents had been informed of this by her teachers. I felt frozen in surprise by this call and – without stopping to think – I told the mother that I hadn't given her this news because I hadn't known. Anna had told them that she had talked to me about this fact, but this was not true.

This moment actually constituted a turning-point in the therapy, because, in the subsequent sessions, Anna's attitude towards me changed drastically. She did not want to speak. She became detached and rambling. She told me terrifying things in an extremely cold and almost cruel way, and I felt that some quite sadistic traits were developing in her. My attempts to work with her to try to understand what had happened were useless. So were the attempts to interpret her need to be defensive with me, or her shame over her having lied to me. I would have another session with the parents, who told me – paradoxically – that things were getting a bit better; that Anna had returned to school and was getting good grades; and she had begun to go out with her friends. Anna did not wish to continue sessions anymore with me: I felt that it was not useful to insist and I decided to let the matter go, managing to wrest a grudging consent from her for a final in-person session, together with her parents, to say good-bye and to summarize our journey.

This session actually took place in June 2020 and I was very excited to see her face-to-face, looking very pretty as a "girl"; not fat in the least; with her black face-mask concealing her facial expressions; and angry, with her arms folded in defence against the adult world. Mostly, her parents talked in the beginning of the session, but then Anna began to intervene, in opposition, in full possession of all the facts,

but with too simplistic a vision of her relational difficulties, and her experiences of inadequacy.

Halfway through the session, having been verbally attacked by her mother – who had accused her of playing the victim in order to attract attention. Anna answered back: *“You’re the ones who need a psychologist, not me! You go!”* Her mother responded that, in fact, they were there for that very reason, but then she corrected herself: *“We’re here to help you, not for us!”* Anna began to cry. She said that she didn’t feel that they understood her and supported her. Then, I tried to translate her experiences to the parents, because I realized that they were struggling to connect with the deepest level of their daughter’s suffering. They would have liked her to be different, reactive, and capable of facing humiliation without falling apart.

This was a difficult, but also important session. In front of me, I had a family that, as often happens, was finding it really hard to relate to any emotional fragility, but, at the same time, this family seemed to have some resources. At the end of the session, I felt that my intervening into the conversation – in an attempt to help the parents read Anna’s reactions in a less stereotypical way, by connecting with her deepest feelings of inadequacy – had been appreciated by Anna, and that she had made use of my interpretations in an appropriate way in her arguments and that her parents had accepted these interpretations.

Anna was still angry with me. She didn’t look at me much, but – at the end of the session –

she smiled at me when we said good-bye. We had all agreed that the possibility of her engaging with me would remain open. I later learned, through an e-mail from her father which confirmed payment of the bill, that Anna had finished the second year of middle school with full marks. In July, I wrote her a brief message to ask how she was and how she had done in school. She answered: *“I am well, school is good, thank-you for asking”*.

Lastly, I would like to briefly share my personal experience, in relation to the numerous reflections about the on-line setting that have been presented in the various commentaries in this collection. Even though the on-line sessions functioned, and the problems of the therapy cannot be attributed to the remote modality, the impact of Anna’s physical presence in my office was quite powerful. The entirety of her person, her way of sitting, the clarity with which I could see her and be seen, our two individualities and emotions, our being ‘present’, and yet also in conflict with one another within the physicality of our senses, were all strong variables, and that gave a density to our interpersonal field: one which seemed to wrench us out of the bi-dimensionality of the screens.

I will stop here, at the entrance to many different universes, among which there exists the one that contains the individual characteristics of the single therapist and his/her encounter with a single patient, about which much has been and will – no doubt – be written: *“I stand on the threshold!”*



# Some After-thoughts on the Project from a different (and non-Italian) Perspective

Dan Anders Palmquist

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At a congress many years ago, in a discussion, I was asked a question, “Are you a Kleinian?” To this I replied: “No, I am Dan Anders Palmquist”. The questioner looked a bit baffled, almost disappointed; obviously, he had wanted to meet someone who also had found ‘The Way’; “The **Ultimate** Answer”; “The Theory of **Everything**”.

During my initial training, when reading all these books on theories of personality, I sometimes thought: Every psychotherapist seems to want to develop a theory in which her/his own personality constitutes the foundation. Recently, I have understood that psychiatry – in my part of my country (possibly all over) – starts with ‘Standardized’ treatments: i.e. patients having been diagnosed as having an “unstable personality” will get a more or less manualized treatment: every single one of them! I do hope that, in the future, patients will be treated differently .....

So, it was with a huge interest and curiosity that I began studying the different commentaries from exponents of 12 different theories of psychotherapy. The basis of all these is a written account of the first meeting with the young patient, Anna. Also, a follow-up is provided and here I must here express my admiration for her psychotherapist: closely following Anna, at the same time being able to reflect, and radiate warmth, interest, flexibility – excellent indeed! Obviously, you were making a very good contact with her!

As the Italian Editors write – I am also struck by the seriousness and caring attitude of all the contributors – qualities that by themselves are *sine qua non*<sup>(1)</sup> in any psychotherapy. In my humble opinion, *Le véritable moi* (and my “Shadow”!) is what is needed in order to make any psychotherapy run smoothly: personal warmth; the ability to provide a safe intermediate space; a genuine interest; openness; access to one’s own inner world; empathic facility with emotions; a willingness to undertake a

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1. **Editor’s Note:** *sine qua non* (Latin): an essential condition; something that is absolutely necessary.



journey through the “windmills of our minds”; a caring tenderness, but also providing a firm secure base; sincerely wanting to attach and to offer attachment ... are all necessary. Does this kind of person exist? Not really! There is no such thing as the “complete” psychotherapist. And. No such thing as a typical client.

But I do think that you will have to be somewhat daring when sailing out on such unknown waters! ‘Bouffées delirante’<sup>[2]</sup> may suddenly hit (Being a yachtsman – I am all too aware that invisible cold squalls may appear, causing a wind-shift with increasing force, or possible shallows should be anticipated – once, in calm waters again, you should be able to return to a safe harbour: crew and captain intact! After such a therapy, both parties should have gained new insights, also sharing the idea that we “did it together”. After all it takes two to tango and anyway, it looks awfully silly tango-ing all by yourself. *Enough!*

## And now for the review, per se:

There are some topical themes that might be extracted from the various observations: (Please bear in mind – my presentation is somewhat sketchy – I cannot pay proper homage to all the excellent and varied contributions).

- How to treat **a** patient, or to treat a patient **and** her system, or to treat **the** system – is one of the meta-questions.
- Another one is how we are dealing with the (imposed) *on-line* format.
- A third question deals with what might be the *core* problem (if there is any such)

- A fourth question was around dealing with the significance of Anna’s ‘rite de passage’; her ambivalences, etc.
- A fifth question deals with her *visions*; how can these be understood? As a psychotic hallucination? Or a kind of a dissociative state that is suddenly intruding? Or what!
- A sixth question deals with the ‘interactional dance’ (the client-therapist *tango!*)
- And I want to add *emotionality* to all the significant variables.

Each and every contributor approaches the case of Anna equipped with the tools and thoughts inherent in her/his theoretical system. Of course, this is to be expected. However, one might also ask if this might mean that certain aspects are being overlooked or left out?

## A ‘sine qua non’ – to tango!

In my opinion, the pre-requisite for any psychotherapy is making a good contact with the patient: i.e. to ‘tango’ with them! As a therapist, you must find a way in, inventing a playing field, or conjuring up a dance floor. When working with psychotic patients, I learned that playing chess, engaging in table tennis, or whatever, has now become part and parcel of the (possible) therapeutic journey. To establish a ‘being here’, I am not just someone (later – hopefully – to become someone special – even to become “My Therapist”); i.e. not just anybody who wants to get in touch with you. You, literally, have to offer yourself! One schizophrenic patient wrote a letter to me, in which he very humbly asked if he might be allowed to eat me ... Another very traumatized patient asked me if she was allowed to love

2. **Editor’s Note:** ‘Bouffées delirante’ – a ‘delirious puff’ is a French idiom for an acute psychotic state, only really recognised as such in France [Valetin Magnan, 1866].



me ... The drive to 'attach' has many faces! So, it was excellent to see that Anna's therapist had something of that attachment quality. She was quickly able to build a reasonable therapeutic rapport.

However, in some of the contributions, this 'desire' did not seem that evident. The 'tango' of relationship is sometimes mentioned, but – in many instances – is not pin-pointed: not highlighted. However, some contributors pointed out the need to foster such connections, so as to be more caring. But, especially with no face-to-face contact, a large part of the very subtle interplays, the attention to the body language, monitoring the 'tango' minute-by-minute (second-by-second) is often absent. Interestingly enough, with respect to the 'bodily-oriented' stress, the lack of information in this respect (due to the on-line format) also conveys the importance of the 'tango'.

## The format – on-line or not on-line!

Many of the authors did not see the on-line setting as being a real problem; there was little or no discussion at all, in some instances. On the other hand, some 'exponents' find this setting quite problematic, even an obstacle, or even constituting a limitation to effective psychotherapy. Anna, obviously a somewhat precocious girl, is quite forthright, and speaks very freely in the session presented: to my (old-fashioned) opinion, perhaps a trifle too freely for a girl of her age. Or, is it this 'modern' on-line medium that "liberates" her?

Obviously, at the start of the therapeutic relationship, there could be only an idea of the "other one", no proper attachment to begin with. The other one is initially 'any-body', which then slowly becomes 'somebody'. From my point of view, in this first session, Anna merely reports to the therapist – hoping that

she (the therapist) will turn out to be a serious, skilled professional person, who will reflect interest, has a caring attitude and will be able to convert Anna's words into a meaningful pattern.

## The core problem

A certain theoretical background is likely to direct a therapist to a specific area of interest. Comparing the foci of the various exponents, there is an ample variation, from recovering Anna's life-force to her *vision* of the "thing".

System-oriented therapists focus on the framework of relationships; the complexity of Anna's problem when climbing the developmental ladder; identifying 'victims'; what's left behind; what is to acquire; what is needed – whereas the *vision* is sometimes not mentioned at all. Those therapists, who have a more patient-centred background, focus more on 'intra-psychic' topics such as the *vision*; and all the differing emotions – anger / guilt; the meaning and foundation of the symptom; the "dark" side, etc. It becomes clear that Anna has fought a battle – to be "herself"; or to be that girl who tries to mend what is broken; who complies with the strict familial and social demands; often ending up in the belief that it's her fault altogether – thereby laying the ground for self-destructive behaviours. In psychoanalytic terms, this is also called *intro-agression* – the natural anger turned around and inwards. Interestingly enough, one *systemic* exponent discusses, besides relationships, whether the *vision* is a dissociative or psychotic phenomenon, concluding with the former.

From my point of view, this illustrates the potential pitfalls of being an "Xxx-ian". There is so much to see, so much to reflect on, so much to take into consideration: we don't have to be so limited to any one system. Often, we learn, afterwards, what was crucial – hindsight, or

after-thoughts (possibly in the spirit of Bion?). Anyway: reflection is always beneficial!

## 'Rite de Passage'

Beforehand, I thought that this would be a very significant theme, but I also find a span of references here, stretching from 'not really discussed' (or even not mentioned) to 'very important', or 'essential systemics' – often the latter – but, also with some patient-centred-ness.

To my mind, conducting psychotherapy with patients (such as Anna) is very difficult because of the 'inherent' movement from within the patient towards autonomy. Anna's therapist nicely illuminates this in her addendum; Anna has since withdrawn and it is not as easy to make contact with her in the later stages. So, there is now potentially a huge ambivalence, vis-à-vis the attachment, the closeness, that is offered by the therapist.

However, many contributors write very perspicaciously of this; how to leave the illusions, idealizations and innocence of childhood, the longing for the pre-Oedipal parent, now having to cope with all kinds of powerful emotions, her physical development, etc. Anna is not the same girl, when she returns to her home town – having since become the object of male interest. And, so on.

Anna's grandfather is an object of idealization; maybe also her father, earlier on. Anna, to me, seems to be a precocious girl, always a bit withdrawn, fighting on her own, not really getting the comfort of a mother's unconditional love. This might have resulted in a personality configuration with some narcissistic traits – idealization being one of them. However, this sort of idealization might also be a kind of a survival mechanism – now helping her to attach (or open up) to the present therapist. Due to the unavailability of her mother, her attachment needs might feature some

streaks of disorganization – hence, these may also show signs of dissociation. Many of the contributors brought out the significance of her attachments – very normal and prominent in an adolescent girl.

## The visions

The intruding images of her *visions* seem to be, in the long run, transitory. They are ripe with "psychologically meaningful content" – not just deeply autistic products of an eerie mind. Obviously, Anna suffers from a rather pronounced self-deprecatory, self-destructive psyche. However, looking further ahead, there is a certain element of risk that this dynamic will take on a more physical and potentially self-destructive trajectory. Some of the commentaries noted this risk.

At my first reading of the transcript, my thoughts went towards ... a deep depression, with self-accusatory ingredients, some psychotic traits (the vision), but later I settled down with the idea that the visions exhibit more of a dissociative streak: that is to say, it might be that different ego states are "knocking on the door".

One contributor cleverly denominates the vision as a '*phantom of rupture*' – indeed, the vision contains drastic, violent thoughts and images that could not be expressed as 'thoughts' in normal thinking. Strong emotions make ordered thinking impossible. Some of the patient-centred exponents even think of the *vision* as "imaginary evocation"; possibly a symptomatic expression, which may be hysterical, or anxiety-depressive, or even obsessive.

The 'systemics' go from not really discussing the *vision*; or fear that it might be of a psychotic nature. (Would this mean that psychotherapy is unsuitable for Anna?) It is hard to say which "side" is focusing more on the *vision*. In most of the contributions, we find clever and creative comments and analyses. Anyway – as

in all imagery – there are often ample possibilities for interpretation.

## Emotions

Showing emotions, in my opinion, is a good sign. *The Predisposition to Depression* is an old (1966) paper by Elisabeth Zetzel. She maintains that a certain strength / stability of the ego is necessary in order to ‘carry’ strong emotions.

Anna cries on several occasions – mentioned more or less by the different exponents. The first time that this happens is – to my mind – quite interesting: discussing the *vision*, the therapist suggests: “... *that figure doesn’t exist but what does exist is something inside you that is not well ...*”. Then Anna cries, and finally says: “I’m sorry, but it’s very hard to look at you because ... it’s very hard”. Obviously, the “therapist’s care-taking strings” are beginning to vibrate. Good enough, but I wonder what made it so hard for Anna: being alone when being so sad; or looking at a stranger with the experience of not becoming comforted by her parents; or even becoming afraid that her feelings might hurt the other one? We cannot tell! The therapist got ‘touched’, which means that the two of them *shared* an emotion – in my opinion, this is absolutely crucial. Anna is still reachable; she can be helped ... because she can still *contact* another human being and has a drive to do so.

## Concluding Remarks

It has been a privilege to comment on these creative and thoughtful contributions. My

task has not been to rank, nor to tell which one came closest to any psychotherapist’s ‘benchmark’ – one reason being there is no such thing as a **benchmark**, or “**the cure**”. From each and every one of these contributions, I have gotten stimulating and very valuable ideas.

However – especially with such a young person – I do hold that both the “identified patient” *and* the responsibilities / influences of the parents (or caretakers, often covering several generations) should be addressed. I am clearly of the opinion that it is impossible to become very disturbed without having had huge problems, especially during childhood. In fact, when working in a big mental hospital, more than forty years ago, I found that many a patient was much more understandable ... only if you actively looked at the family stories! Today, this should be a matter of course. Sorry to say, even today, I have seen so many examples to the contrary.

Therefore, in each and every psychotherapeutic case, it is very often a good idea to broaden one’s perspectives, perhaps moving away from a ‘purely’ modality perspective. When dealing with children and youngsters, it becomes a *sine qua non*. However, I have often found that there is a somewhat impenetrable barrier between child psychiatry and adult psychiatry. This means that psychiatric efforts – most of the time – are directed at treating symptoms – and not the possible causes of them. A broader – more psychotherapeutic context – including the influences of family history, social conditions and environment – should be the preferred paradigm.

**Author**

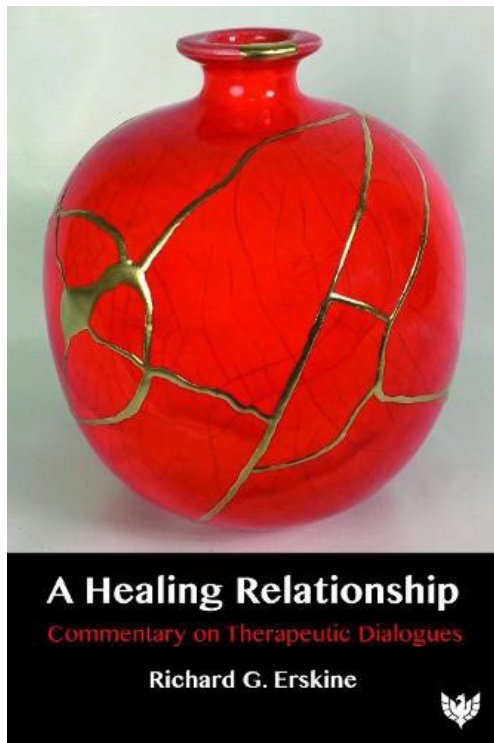
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**DAN ANDERS PALMQUIST**, Ph.D., has worked for 30 years in adult psychiatry as a clinical psychologist, psychotherapist, supervisor and educator: he has also worked for 24 years in private practice, all in Sweden; but has now retired from all clinical work. His clinical foundations are based on research on attachment, affects and dynamic theory, with a focus on relationships and neuropsychology. He has also published articles on "mirror neurons". He now enjoys sailing and helping people with their writing.

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## BOOK REVIEW



# A Healing Relationship: Commentary on Therapeutic Dialogues

Richard G. Erskine

Bicester, UK: Phoenix, 2021  
Available in Kindle or Paperback  
176 pp.  
ISBN 978-1-912691-75-3  
RRP: £28.99; €36.32; \$36.99

Richard G. Erskine's new book entitled '*A Healing Relationship: Commentary on Therapeutic Dialogues*' is an excellent source through which to understand the principles and relational methods of Integrative Psychotherapy. This is one of those books which may also be able to provide readers with crucial inspiration, perhaps even a turning point in understanding relational psychotherapy. Some of the chapters are written in a dialogic form, where there is an explicit intent to involve the

readers at an inter-subjective level: "*I'll write it as though I am writing a personal letter to you*" (Preface, x-xi); i.e. as a direct invitation to elicit a dialogue between the author and reader; an invitation to think together, as a way to set a relational frame and deepen the effectiveness of the therapeutic relationship.

In this book, the author expands the literature on Integrative Psychotherapy emphasizing the inter-subjective nature of this method of psychotherapy. Both the content and formal

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International Journal of Psychotherapy

Summer 2021, Vol. 25, No. 2, pp. 99-102: ISSN 1356-9082 (Print); ISSN 1469-8498 (Online)

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Submitted: July 2021. DOI: 10.36075/IJP.2021.25.2.18/BookReview

aspects of the book demonstrate the mutuality of the impact of client and therapist on each other throughout the psychotherapeutic process.

Reading this book allowed me to ask myself about the similarities and differences of my own psychotherapeutic work with the way the author approaches the clinical situations described. After reading the book, I found myself debating with other colleagues how to use inquiry, attunement and the presence of the therapist, its applications, indications, possibilities and limitations. I understand that this is my personal response to the 'letter' that – as a psychotherapist I received from the author. In this sense, the invitation expressed in the introduction seems to be very effective: to stimulate exchange between colleagues; to share knowledge; and to stimulate the search and expression of agreements and disagreements. But, how to respond personally to the author? Perhaps his book might stimulate the writing of articles, books, or other publications discussing the methods of a Relationally-focused Integrative Psychotherapy.

The theories and methods of this method reflect a long-standing dialogue with many clients about what was beneficial and also what was ineffective in their psychotherapy. These theories and methods also reflect numerous conversations with psychotherapists who use other theories and methods. Such dialogues are an important method to further our knowledge about effective psychotherapy.

The Greek philosopher, Plato (in his Letter VII), stated the importance of learning through conversation and sharing the gentleness of life in common (García, 2007). Socrates developed his philosophy through dialogues with his students. The meaning of 'interventions', the personal differences in the practice of psychotherapy, the different perspectives between schools, all need to be clarified and put

into a relational context to clarify and understand the therapeutic factors involved. The importance of this sort of relationship in psychotherapy is underlined through the dialogic style that permeates Erskine's book.

I found – as a psychotherapist – the reading of the three transcribed sessions very useful. I was able to think of the pros and cons of those used by the author and the interventions that I might have made differently. Literature in psychotherapy benefits from authors allowing other professionals to observe their psychotherapeutic work by reading and studying sessions and case studies in depth; if possible, with transaction-to-transaction transcripts that reflect the therapeutic dialogue. In this way, psychotherapeutic methods themselves can become the subject of reflection, research, dialogue and improvement.

Not only giving us insight into the sessions from the actual transcripts, Richard G. Erskine gives us a description of his internal reactions, thoughts, and feelings that underlie his interventions. His dialogue with the reader opens up a royal avenue to understanding and internalizing the principles and methods of Relationally-focused Integrative Psychotherapy.

Research in child development (Reference) has stressed the importance of inter-subjectivity for the establishment of healthy reciprocal relationships. The set of relational methods outlined by Integrative Psychotherapy provide a comprehensive guide for such intersubjective treatment with children. The relational methods of Integrative Psychotherapy put into practice many insights emanating from research regarding the origins of inter-subjectivity in child development. Neuroscientific research, in the form of functional neuro-imaging brain studies, has shown that newborns have innate neurobiological devices that allow for an intersubjective relationship (Reference).

The presence of an involved Other is a prerequisite for the development of innate inter-subjective resources and is therefore a crucial component in our clinical practice for understanding clients with severe relational disruptions. Integrative Psychotherapy pays attention to the quality of the therapeutic relationship in the present moment as a valuable therapeutic tool. In some ways, this may be understood as different from the relative 'neutrality' that might have been expected in the past from psychodynamic therapists. The related subset of methods incorporated in Integrative Psychotherapy – such as acknowledgment, validation, normalization and presence – become important components in creating an inter-subjective format in treatment.

This book shows numerous examples of different kinds of inquiry in the clinical practice as well as the use of inquiry to restore contact. Erskine, Moursund and Trautmann (1999) have clearly described the function of inquiry as a way to help the person expand his/her awareness, rather than a way for the therapist merely to gain information. These authors have also talked about the importance – in the therapeutic process – for the therapist to get beyond the idea that s/he "knows something" about the client, and the importance of continually renewing the cycle of inquiry during the therapy process.

While reading this book, one can see the way that such inquiry is used as a kind of dialogue

to help increase the client's own self-awareness, as well as the therapist's awareness and their understanding of the client. We can see how the inquiry into another's experience in Integrative Psychotherapy involves attunement and a developmental approach. This can then become a secure and protective framework for the person to get in contact with his/her thoughts, sensations, feelings, experiences and expectations and build a mental representation.

In this book, Erskine also gives some moving examples of different kinds of attunement at the cognitive, affective, rhythmic, developmental and relational needs levels and describes his own internal process with these. Neuroscientific research (Reference) indicates the importance of developing therapeutic skills that enhance and maintain the therapist's attunement to their client in the psychotherapeutic process. This is especially important within the modalities of body-oriented psychotherapy work and it is also crucial in the treatment of people with early severe relational trauma, high levels of dissociation and/or disconnection from body experiences, often present in cases of physical and sexual abuse and/or suicidal risk.

This is a key book in the psychotherapy field because it clearly demonstrates the importance of intersubjectivity in the therapeutic relationship and the need for an involved other to heal the injuries of early relational ruptures.

Book Review by:

**Dr. José Manuel Martínez Rodríguez, MD.**

*Honorary Professor of Psychiatry at the School of Medicine of the Valladolid University; Teaching and Supervising Transactional Analyst in the field of Psychotherapy; International Integrative Psychotherapy Trainer and Supervisor. Dr. Rodríguez is a Certified Trainer/Supervisor and Certified Integrative*

*Psychotherapist for the International Integrative Psychotherapy Association (IIPA) and a Certified Trainer/Supervisor and Transactional Analyst for the International Transactional Analysis Association (ITAA) and European Association for Transactional Analysis (EATA). He serves as an Associate International Journal of Integrative Psychotherapy, Vol. 8, 2017 13 Professor of Psychiatry in the Psychiatry Department at the School of Medicine of the Valladolid University. He works with children, adolescents and adults and is the Director of the Institute of Transactional Analysis and Integrative Psychotherapy (IATPI) in Valladolid, Spain.*

**E-mail:** inst.atpi@gmail.com

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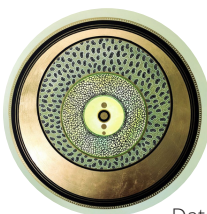


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*Mick is an internationally recognised authority in the field of counselling and psychotherapy and a chartered psychologist. Mick is author of a range of books on humanistic, existential, and relational approaches to therapy. He is a Professor of Counselling Psychology at Roehampton University.*

Date: 9 October at 11:30am - 6:30pm BST      Live Attendance: £110      CPD: 6



#### **Exploring Exploring Sibling Dynamics in Teams and Organisation - Val Parker**

*Val is a psychodynamic psychotherapist, group analyst, supervisor and writer working in private practice. She is an experienced teacher and trainer and was a tutor for 12 years in the Department of Psychodynamic Studies at the University of Oxford. Her book A Group Analytic Exploration of the Sibling Matrix: How Siblings Shape our Lives has received widespread critical acclaim.*

Date: 23 October at 11:30am - 6:30pm BST      Live Attendance: £110      CPD: 6



#### **Single Session Therapy - Prof. Windy Dryden**

*A world-leading authority and author in Rational Emotive Behaviour Therapy. Professor Dryden is one of the leading practitioners and trainers in the UK in the Cognitive Behaviour Therapy (CBT) tradition of psychotherapy and in Single-Session Therapy (SST).*

Date: 28 October at 11:30am - 6:30pm BST      Live Attendance: £110      CPD: 6



#### **Surmount Shame and Disarm Defense with DEFT (Dynamic Emotion Focused Therapy) - Susan Warshaw**

*Susan Warshaw is the founder of the DEFT Institute, which includes an ongoing training program in Dynamic Emotion Focused Therapy that is held monthly in Los Angeles. In addition, the Institute sponsors and participates in conferences, workshops, and lectures related to DEFT.*

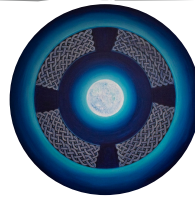
Date: 30 October at 4:00pm - 11:00pm BST      Live Attendance: £110      CPD: 6



### **Anxiety Solutions for a Fast-Paced World - Fiona Austin**

*Fiona is a psychotherapist and positive psychologist specialising in Anxiety and Sleep issues in private practice for 20 years in London under the banner of integrative therapy. She shares how and gives insights to our modern-day anxieties and stresses. This has evolved to be her specialisation which she shares in this course.*

Date: 3 November      Live Attendance: £110  
Time: 11:00am – 6:00pm BST      CPD: 6



### **Working with Aggression and Intensity in the Playroom - Lisa Dion**

*Lisa is an international teacher, creator of Synergetic Play Therapy, founder of the Synergetic Play Therapy Institute. She is the author of Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity and is the 2015 recipient of the Association for Play Therapy's Professional Education and Training Award of Excellence.*

Date: 12 November      Live Attendance: £110  
Time: 4:00pm – 11:00pm BST      CPD: 6



### **Managing Power, Control, Boundary and Attachment Dynamics in the Therapeutic Space – Christiane Sanderson**

*Christiane is an expert and author in child sexual abuse, domestic abuse and trauma. Over the last 10 years, Christiane has designed, written and delivered courses on Child Sexual Abuse and Domestic Abuse for undergraduates through the University of London, Birkbeck College and Roehampton University.*

Date: 13 November at 11:30am – 6:30pm BST      Live Attendance: £110      CPD: 6



### **Teen Trauma: Understanding & Treating Traumatic Stress in Adolescents - Rob Lusk**

*Rob has devoted his career to working with trauma survivors and providing training and consultation to parents and professionals on trauma-related issues. Dr. Lusk also instructs courses at Illinois Wesleyan University, USA.*

Date: 15 November at 4pm - 11pm BST      Live Attendance: £110      CPD: 6



### **Surviving to Thriving after Childhood Sexual Abuse: Healing Wounds/Finding Self-Acceptance through an Integrated Approach - Dana Barrows**

*Dana is a Licensed Clinical Professional Counsellor in Illinois, USA and private practitioner with 20 years of experience. Through her work in private practice, she has developed an integrated approach for survivors of trauma. Her therapy incorporates CBT, Brainspotting, somatic and narrative therapies.*

Date: 22 November at 2pm – 9pm BST      Live Attendance: £110      CPD: 6

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- **Medium articles** (2000–3000 words); or
- **Short reports & reflections** or rapid publication (1000–1500 words); and
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In exceptional circumstances, longer articles (or variations on these guidelines) may be considered by the editors, however authors will need a specific approval from the Editors in advance of their submission. Word counts include Title, Abstracts and References. (We usually allow a 10%+/- margin of error on word counts.)

**References:** The author **must** list references alphabetically at the end of the article, or on a separate sheet(s), using a basic Harvard-APA Style. The list of references should refer only to those references that appear in the text e.g. (Fairbairn, 1941) or (Grostein, 1981; Ryle & Cowmeadow, 1992): literature reviews and wider bibliographies are not accepted. Details of the common Harvard-APA style can be sent to you on request or are available on various websites. In essence, the following format is used, with **exact** capitalisation, italics and punctuation. Here are three basic examples:

- (1) **For journal / periodical articles** (titles of journals should **not** be abbreviated):  
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GROSTEIN, J. (1981). *Splitting and projective identification*. New Jersey: Jason Aronson.
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RYLE, A. & COWMEADOW, P. (1992). Cognitive-analytic Therapy (CAT). In: W. DRYDEN (Ed.), *Integrative and Eclectic Therapy: A handbook*, (pp. 75–89). Philadelphia: Open University Press.

# International Journal of PSYCHOTHERAPY

Volume 25

| Number 2

| Summer 2021

*A Special Issue: First Online Session with an Adolescent Girl  
From 12 Different Perspectives*

**Editorial** COURTENAY YOUNG

**Introduction** MARGHERITA SPAGNUOLO LOBB, PAOLO MIGONE  
& MARIA LUISA MANCA (FIAP JOURNALS COMMITTEE EDITORS)

**Transcript of the First Online Session with 'Anna', a 13-year-old girl**

**Commentaries on the First On-line Session with 'Anna':  
from Twelve Different Psychotherapeutic Approaches**

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**2: Anna and the Revelation** FABIO BASSOLI

**3: "Lucia's Grace"** MARCO BERNARDINI

**4: Anna's Ghost** FRANCESCO CANEVELLI

**5: Anna and the Fear of Serenity** LORENZO CIONINI

**6: Anna and the Figure of a Hanged Man**

ANTONELLO D'ELIA & ANNA MASCELLANI

**7: Anna, her Parts and the World** LAPO FELICIONI

**8: The Aesthetics of Contact with Anna and**

**the Dance of Reciprocity between Therapist and Patient**

MARGHERITA SPAGNUOLO LOBB & SILVIA TOSI

**9: Anna and her 'Shadow'** MARCELLO MANNELLA

**10: Commentary on the Case of Anna** PAOLO MIGONE

**11: A Brief Strategic Approach to the Case of Anna**

ANNA RIZZUTI & VALERIA VERRASTRO

**12: Anna and the Manifestation of the Unspeakable from an**

**Archetypal-Gestalt Standpoint** RICCARDO ZERBETTO & PAOLA DEI

**Follow-up Commentary by the Psychotherapist**

**"Rite de Passage" or how to help a struggling pre-adolescent by means of  
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by Richard G Erskine JAY TROPIANSKAIA & SABRINA DEUTSCH SALAMON

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ISSN: 1356-9082 (Print) | ISSN: 1469-8498 (Online)