

Preface

by Donna Orange

Contact matters to human psychological survival and well-being, no matter how one defines these. Gestalt therapists have placed the need for contact and its restoration at the center of the psychotherapeutic project from their historic beginnings, arguably correcting for a serious blindspot in the psychoanalytic tradition, or in any cure that approaches people methodologically. Now comes one of the intellectual leaders and teachers in contemporary Gestalt therapy to update and expand her tradition's central contributions, she explains, and also include embodied empathy, the here-and-now, narrative diagnosis, couple therapy, and group therapy. She claims that in the "liquid" society described by Zygmunt Bauman, where no one is truly at home, working at the contact boundary described by Perls, Hefferline and Goodman so long ago has taken on new meanings.

My task cannot be to explain these, the old or the new. Margherita Spagnuolo Lobb has done her part, and you, her readers, will be able to do yours. My backgrounds in psychoanalysis and philosophy leave me without the long immersion in Gestalt psychology, Gestalt therapy theory, and Gestalt therapy practice that another would bring to this tremendously practical book. I can only commend its broad and deep clinical wisdom to Gestalt therapists, and to all those willing to learn from another humanistic tradition. But I hear resonances with my own sources, and will gladly tell you those.

"Now-for-next" initially reminded me of a concept in psychoanalytic self psychology that has long been dear to me: the "leading edge". We psychoanalysts normally wonder about the origins of a patient's symptoms and struggles: "When do you remember first feeling like that?". Though I find this query often deepens and furthers the work, at some point an orientation to the future also becomes useful. Of course the experienced clinician awaits the opportune moment when traumatic witness has been adequately provided and enough of the pain has been worked through. But as this book teaches, the image of the patient's possibilities, held in

advance by the therapist long before the patient can imagine emerging from the grip of trauma or repetition, forms an important aspect of the intersubjective therapeutic process. For the first time, someone has been interested enough to imagine what this patient could become, or to believe there was more to him or her than pathology. In the now-for-next version of contacting, as played out in individual therapy, in couple work, and in groups, I hear something like faith, especially faith in the possibilities of the field. «*It is the intentionality of contact implicit in the field that determines the meaning of the experiences, not the inner needs of the single individuals*» (p. 159).

But there is more. Contacting, conceived in this way, implies vulnerability. Of course the patient is vulnerable. Ashamed, the patient (*patior*: to suffer) comes to us asking for help in a world that admires self-sufficiency and ever-increasingly denies community. We meet them only if we make ourselves vulnerable too, if we relinquish our expert authority position – not our responsibility – and open our hands and hearts to them, “entrusting ourselves” to this therapeutic process with this patient. What they will require from us, we initially do not know, but the ethical kind of work this book describes is not for the faint of heart. Such vulnerability, emotional availability requires courage, and many kinds of personal and communal resources.

I have observed, from a decade of working with Gestalt therapists in various capacities, that the communal resources, both during and after training, exceed those in the psychoanalytic communities that I know. This book greatly adds to Gestalt therapy’s intellectual and spiritual resources, and I am truly honored that Margherita asked me for this preface.

Two resonances strike me particularly. First, expanding Gestalt therapy’s here-and-now into here-and-now-for-next sounds much like Hans Loewald, who wrote of the therapeutic action of psychoanalysis:

[...] we must have, if only in rudiments, an image of that which needs to be brought into its own. The patient, by revealing himself to the analyst, provides rudiments of such an image through all the distortions – an image which the analyst has to focus in his mind, thus holding it in safe keeping for the patient to whom it is mainly lost (Loewald, 1960, p. 18).

Elsewhere Loewald reminded us that a good parent remembers in stressful times that this infant will one day be able to walk, talk, and dress himself. Similarly, Heinrich Racker admonished us that if we were unready to accept the responsibilities of parenthood, we should not become psychoanalysts. While the Gestalt therapy tradition and Spagnuolo Lobb finds the

now-for-next as intentionality right at the contact boundary (p. 125) and thus not exactly as my analytic sources might, I believe Loewald's re-reading of Freud would have understood similarly us as motivated to intuit futurity within connection, *Eros*.

Thus emerges the second striking resonance: the therapeutic power of love. Who in this age of evidence-based treatments and medicalized everything, dares to say such things? But we psychoanalysts have our tradition of subversives, long silenced, on this topic too. Their names are Sandor Ferenczi, Ian Suttie, Michael Balint, Ronald Fairbairn, Frieda Fromm-Reichmann, and now Daniel Shaw (Shaw, 2014). The ancient Greeks distinguished four kinds of love: *Agape* (spiritual love), *Eros* (romantic love), *Philia* (friendship), and *Storge* (parental love, affection). What Shaw describes, and what I too find indispensable in my work when it goes well, is an emergent affection for my patient. Dan Perlitz (Perlitz, 2014) writes of this indispensability of analytic affection, and we have spoken together of a process we call affectionate understanding¹. Usually I take the profound absence of such affection – or of any sense that it could come – as a signal that I should probably not accept this person as a patient. I have learned over the years to trust this sense. Only work in the climate of such basic affection, even if struggles come and go, can make a lasting difference to the soul-murdered.

Such affection, or “analytic love”, can and does live with conflict, rupture, misunderstanding, and terrible pain. With many sufferers, this price will be exacted of us and of our patients. We understand, however, that crimes against humanity have brought many of these patients into our care. As Ferenczi and Fairbairn wrote, no matter what complicated and defensive routines they seem to be repeating, they are seeking love, and thus we have a chance with them. For me transference and reality are not opposites; they both are modes of loving and seeking love. We speak a simple word. Daniel Shaw writes:

In contrast to the narcissistic system of relating, analytic love is what happens when we do our work with the awareness and acceptance of our own vulnerabilities and fallibility; and with the willingness to acknowledge shame, at least to ourselves, when that is what we are feeling. Analytic love is the balance we find and the tension we maintain between keeping faith with ourselves, and faith in our sincerity and our expertise, while knowing that we are never more than human, always largely unconscious, and as such always fallible, always vulnerable... (Shaw, 2014, p. 148).

¹ We are not sure who began to use this expression (cf. Ogden, 2003).

I call this attitude clinical humility, an essential condition for the possibility of analytic love or affection that will not collapse, become destructive, or self-destruct. This book embraces with clarity and courage the need for the patient actually to matter emotionally to the therapist. Read on!

References

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