



LOVE, ADMIRATION, OR SAFETY: A System of Gestalt Diagnosis of Borderline, Narcissistic, and Schizoid Adaptations that Focuses on What Is Figure for the Client

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Abstract

Greenberg proposes a system of Gestalt diagnosis of Borderline, Narcissistic and Schizoid adaptations that focuses on what repeatedly becomes figure for the client during interactions with others. She reconceptualizes Borderline, Narcissistic and Schizoid personality disorders as relatively inflexible organizations of the organism/environment field that are made and remade at each moment at the contact boundary through figure/ground formation. She introduces the concept of an “Interpersonal Gestalt”(IG), to describe the process by which individuals selectively attend to those aspects of the interpersonal field that relate to their deepest interpersonal wishes and fears. Greenberg suggests that Gestalt therapy field theory supplies a useful and missing interface between infant developmental models, object relations theory, and what is observable during therapy sessions. She then describes how the different personality disorders can be distinguished from each other by their characteristic way of organizing the interpersonal field.

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[Love, Admiration, or Safety: A System of Gestalt Diagnosis of Borderline, Narcissistic, and Schizoid Adaptations that Focuses on What Is Figure for the Client](#) | [Working Corner: Claudio Naranjo on Categories of Intervention, A Review](#) | [New Developments in On-line Resources](#)

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If you were asked to quickly choose which is more important to you in your relationships—having others’ love, their admiration, or feeling safe with them—you might find that you are instinctively drawn to one of these three over the others. Or you might find this a strange question because none of these three are particularly figure for you in your relationships, or all three seem equally necessary. But I find that my clients with disorders of the self, specifically those who are commonly described as Borderline, Narcissistic, or Schizoid, have no difficulty choosing. The Borderline client almost always chooses love over admiration or safety; the Narcissistic client prefers admiration to almost anything else; and the Schizoid client must feel safe at all costs or he or she cannot stay emotionally present to reap the benefits of either love or admiration.

The Interpersonal Gestalt

My point is that we can quickly and easily learn quite a lot about our clients by simply observing what is habitually figure for them during their interactions with others. I think of this habitual figure as the client’s “Interpersonal Gestalt.” In its most general sense, the Interpersonal Gestalt is the way we are organizing our interpersonal field at any moment: what becomes figure for us out of the many interpersonal possibilities, and what becomes ground. It involves such things as what role we want to play in the interaction, how we want to be seen and treated by the other, how we expect to feel during the interaction, and what we secretly long for or fear from the other person.

The Internersonal Gestalt (IG) follows the same rules as other gestalt

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formations. Our interests, needs, expectations, physiology, culture, history and temperament all affect what becomes figure for us. We tend to notice those things that we want, need or fear. Thus, we are likely to be especially responsive to interpersonal cues that seem to promise either the fulfillment of our most longed for desires and unmet needs or those that arouse our deepest interpersonal fears. Those of us who have experienced interpersonal traumas in the past, such as abandonment, physical abuse or humiliation, tend to be very sensitive to interpersonal cues that arouse the fear that we may be retraumatized in the same way again. Thus, someone who associates loud voices with being hit, will tend to organize their Interpersonal Gestalt so that loud voices readily become figure.

This concept of an Interpersonal Gestalt has some areas of overlap with the object relations theorists' concept of an internal object relations unit consisting of a view of the self and a view of the object (the other person) connected by a characteristic affect. It is this unit that is activated in the client therapist interaction that leads the client to see himself and the therapist in a distorted way. This distortion is commonly called "Transference" in the case of neurotics; or in the case of disorders of the self, "Transference Acting-Out." (Masterson, 1981).

In Gestalt therapy terms, transference is "made" by the client's unaware response to those details of the interpersonal situation, which relate most to his or her current emotional need or preoccupation. That is, transference is about figure/ground formation.

The Interpersonal Gestalt is also consistent with Daniel Stern's concept of the "RIG" (repeated interactions that are generalized over time): the idea that infants create a brain-based internal summary about interactions out of their repeated early experiences with their mother or other primary care-giver, which then serves as a basis for their later expectations about relationships (Stern, 1985).

However, unlike the object relations theorists or the developmental theorists like Stern, as Gestalt therapists we are mainly interested in the process of how the individual creates his or her reality by picking and choosing among all the information available; and we are mainly concerned with the interpersonal aspects of the individual's experience which are observable at the contact boundary (the boundary between the organism and the environment.) That is to say, we are more interested in how the individual creates his or her reality in the present on a moment to moment basis, and are generally less interested in theorizing about unobservable hypothetical constructs such as object relations units or RIGs.

I think the that the concept of an Interpersonal Gestalt that is observable in session has the possibility of being a useful link between Gestalt therapy and the developmental and object relations theorists. The developmentalists hypothesize about how relationships become encoded in the brain on the physiological level during childhood; the object relations theorists deal with how each individual organizes and uses these psycho-physiological representations in their adult life; while Gestalt therapy, with its emphasis on how to observe and experience what is going on in the present moment, offers a way to observe how these internal maps are enacted interpersonally on a moment-by-moment basis---how the RIG becomes the IG.

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The New York Institute for Gestalt Therapy, founded in 1952, is the original Gestalt therapy institute. In the late 1940's Frederick (Fritz) and Laura Perls emigrated to the United States and settled in New York City. Here they continued in the work begun in South Africa developing a novel theory and method of psychotherapy. In 1951, the therapy was named and presented to the world in *Gestalt Therapy, Excitement and Growth* by Frederick Perls, Ralph Hefferline, and Paul Goodman. This work is our principal theoretical text.

A year following its publication, 40 people arrived for study at the Perls' apartment; Fritz and Laura each took 20. The NYIGT, the first Gestalt therapy institute in the world, was fueled by the excitement of this group. The original circle soon grew to include Isadore From, Paul Goodman, Elliot Shapiro, Paul Weiss, Richard Kitzler, and others. These people spread the seeds of Gestalt therapy around the world.

Fritz' enthusiasm sparked the Institute and for many years Laura's forceful patience sustained it. The continuing liveliness and commitment of its members to the Institute's core values has kept it vital for nearly half a century. The NYIGT embodies the essential principle of Gestalt therapy theory: a theory of contact -- of figure forming and destroying at the contact-boundary in the organism/environment field.

(www.nyi.org/gestalt)

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The concept of an Interpersonal Gestalt is really a description of an ongoing process which is made and remade at each moment at the contact boundary through the mechanism of figure/ground formation. That is, as we sit and look and listen to another person, certain aspects of what we see, hear, smell and otherwise perceive through our senses become figure for us and others recede into the background depending on our needs and interests of the moment. All of this is filtered through our internal set of learned expectations about intimate relationships that has been encoded in our brain (Stern's RIG). This leads us to be more alert to cues in the organism/environment field that are in accord with our assumptions. Thus, theoretically, someone who generally expects interpersonal encounters to be satisfying and fulfilling is also more likely to notice interpersonal cues related to mutual good feeling than someone who expects to be rejected.

Using our Gestalt therapy criteria for "healthy" gestalt formation as a basis, we can say that an interpersonal gestalt is healthy to the degree that it is not based on a disturbance at the contact boundary, such as confluence, projection, introjection and retroflection; and that the interplay of figure/ground formation is characterized by attention, concentration, interest, concern, excitement and grace (Perls, Hefferline and Goodman, 1994). This is a long winded way of saying that our Interpersonal Gestalt is healthy to the degree that we are actually able to be fully present with the other person and alive to the possibilities of the moment.

Fixed versus Flexible Gestalts

The Interpersonal Gestalt in the case of clients with disorders of the self is "fixed" rather than "flexible." That is, they persist in organizing all or most of their relationships in the same way, instead of allowing the unique characteristics of each relationship and the moment by moment flow of the interaction determine what is figure and what is ground for them. Presumably this is because they have great unmet interpersonal needs from the past which are pressing for fulfillment and, hence, they are continually organizing the interpersonal field in terms of what seems to offer them the best chance to complete the unfinished situation.

This is in accord with the basic Gestalt psychology principle that what is unfinished in the past, presses for fulfillment in the present. (Perls, Hefferline, and Goodman, 1994). Moreover, the pressing nature of their need interferes with their ability to be fully present with others and to assess who they are accurately. Instead, they tend to project onto others one of the roles in their old, incomplete, interpersonal drama; and then they frequently misinterpret the other's response, because they are only seeing it only from the point of view of their own unmet needs and fears. The greater their need, the more likely they are to form a gestalt based on inadequate information.

The Borderline Interpersonal Gestalt

Individuals with a Borderline disorder usually have suffered from some form of early emotional abandonment or abuse. The abandonment does not need to have been malicious or intentional for it to have made a negative impact. For example, a two year old may have a sick, hospitalized mother who is unavailable for parenting and whose sudden and prolonged loss is traumatic.

Lacking the emotional supplies necessary to become separate, mature

Gestalt!, vol 6; no 3 - Gestalt Therapy Di...

individuals and fearful of abandonment; Borderline clients are left with many unfulfilled emotional needs and difficulties in living. No matter what their real age, they tend to feel child-like and inadequate to deal with structuring their life to meet their own needs. Like a small child, they are usually very impulsive and emotional. They tend to be drawn to people who they imagine will love and take care of them. They then enact separation and individuation dramas marked by clinging and distancing behavior and a focus on intense one-to-one relationships (Greenberg, 1989).

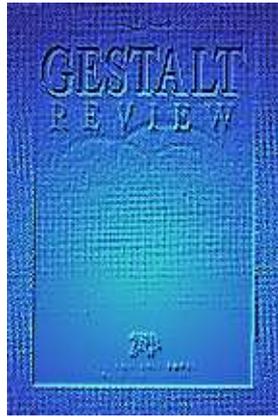
As a result, Borderline clients tend to only notice those details in the interpersonal field that are in accord with their desire for love and nurturing; or, alternately, those which involve their fear of engulfment or abandonment. They ignore and are unaware of other details that would give them a more accurate perception of the other, because only those details that relate to their unmet needs for love and nurturing are emotionally relevant. These details become figure for them and lead them to project the role of loving parent or devoted lover onto the other person more often than is warranted by the realities of the situation. Then, they are hurt and angry when others do not act in accord with their projections. This rejection does not lead to them seeing the other person more realistically. Instead, they only reverse the projection and notice only those details that confirm their view of the other as a bad parent or rejecting lover.

Although Borderline individuals may be intellectually aware that others can have a wider existence than is encompassed by their projections, and that what they are looking for from the situation is somehow inappropriate; they use the defenses of "Splitting" (the alternation of two fixed Interpersonal Gestalts which keep contradictory affective states apart) and "Denial" (refusing to see what is obvious because it would cause them emotional pain to do so) to help them justify their behavior and keep its inappropriateness out of awareness. It is as if their life is a two-person script. If they are Juliet, then of course any man they are attracted to must be Romeo. Or if they are the child, then of course you must be the parent. You can only be the good Romeo or the bad Romeo, the good parent or the bad parent. Other possibilities do not feel emotionally real to them and are of little interest.

The Narcissistic Interpersonal Gestalt

Highly narcissistic individuals are unable to regulate their self-esteem by themselves. They need the validation of others in order not to fall into self-hating depressions characterized by abject shame over what they see as their irreparable defects. This leads them to spend an inordinate amount of time and energy on trying to impress others. This need for external validation of their self-worth, leads many Narcissists to over-depend on status symbols as signals of their worth and to over-value being close to others who have high status in their culture (Greenberg, 1996).

This persistent internal preoccupation with status and validation, coupled with their inability to reassure themselves of their own worth without the constant admiration of others; leads them to be acutely sensitive to those aspects of the organism/environment field that have to do with status, admiration and acknowledgement; or conversely, those that relate to criticism, humiliation and shame. Thus, they often act as if everyone they meet is there to either admire or shame them, as if these were the only possible and appropriate responses the other could make. Out of all the rich possibilities of the interpersonal ground, only those involving admiration, validation or humiliation easily become figure for the Narcissist. You are either their admiring audience or their critical audience. It



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Gestalt Russian Style in Amsterdam

Konstantin Pavlov
on
TIME, ATTENTION AND
SINCERITY

Saturday 15 and Sunday 16
February 2003
organised by
Tine van Wijk/Centre De Walvis

Konstantin Pavlov was born in the Ukraine, lives in St. Petersburg and travels through what used to be the Soviet Union to give Gestalt workshops and supervisions and to train and teach students and managers. I met him in June 2002 in St. Petersburg at the Gestalt

16/03/2011

Conference he organised for about 150 Russians. By giving a workshop and by going to other workshops I got an idea of the work he is doing in this huge country. People were excited and willing to receive my lecture and workshop. When invited to do an awareness experiment, they became completely silent, stretched their backs and did what I asked them. I felt tears coming into my eyes. There I sat with one hundred pair of Russian eyes looking expectantly at me. Apparently open to what I had to offer. Konstantin supported me, sitting beside me, while Katya, a Russian student I knew from Amsterdam, translated from English into Russian and visa versa.

There and then I fell in love with the people and I knew I wanted to keep contact with them. I did that by going back in December, and I gave a three-day workshop to third year students, therapists and trainers who sometimes came from places that needed a three days' journey by train. Again I was impressed by their natural Gestalt approaches. I would have loved to take them all with me and bring them into contact with the Gestalt World in the West of Europe. But okay, I am content already that their inspiration, Konstantin Pavlov, is willing to come to Amsterdam

to teach us about "Time, Attention and Sincerity." According to him, "Those three main values are so 'simple and obvious', that it is easy to miss or under value them." Rather, the therapist needs to respect and guarantee them. They are the "needed minimum" for successful humanistic therapy or consultation and they play a main role in everybody's life.

Konstantin Pavlov (32) is director of the East European Gestalt Institute. He has been trained by Gestalt Associates Training, Los Angeles (GATLA) and possesses a University Diploma in Experimental Psychology and Medical Psychology from the State University of St. Petersburg. His scientific interests include Gestalt Psychotherapy, The Pathogenetical Mechanisms of Neurosis and Life Strategy, The Psychology of Temperament and Human Health, The Philosophy of Health, Psychotherapy of Sexual-Based Neurotic Disorders, Methods of Intensive Education: Short Term Programs, Theoretical Relationships among Psychiatry and Different Schools of Psychological Thought.

Cost: 175 Euro

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(There are mattresses and blankets. One

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Gestalt!, vol 6; no 3 - Gestalt Therapy Di...

...THEY WOULD BE THE ONLY ONE THAT WOULD BE ABLE TO... IT does not usually occur to Narcissists that others have an independent existence and life of their own that has nothing to do with them and their need for validation, because those details of the situation rarely become figure for them.

The Schizoid Interpersonal Gestalt

Schizoid individuals continually evaluate others in terms of whether the other is potentially dangerous to their fragile sense of self. Behaviors of others that they see as psychologically overwhelming (such as when the other talks loudly and assertively, stands too close, and orders them around without acknowledging them as a person) feel so dangerous and annihilating to their sense of self that these behaviors are the figures around which Schizoid individuals usually organize their interpersonal field. Every interpersonal event is organized with safety considerations in the foreground and other less threatening features of the interaction become background. This does not mean that individuals with a Schizoid adaptation do not also deeply yearn for love or validation; just that in their hierarchy of needs, interpersonal safety comes first.

A Real Life Example of the Borderline Interpersonal Gestalt in Action

The late Princess Diana of Great Britain is a good example of the Borderline woman who organizes her interpersonal world around the figure of love. Although I did not know her personally, the outline of her story is so similar to that of many of my Borderline clients that I am comfortable using her to illustrate them. A more narcissistic woman might have chosen to overlook Prince Charles's infidelity in order to be Queen of England someday, and a schizoid woman would not have found the chilliness of the royal family so devastating.

Diana wanted warmth and love and was willing to risk almost everything to get even their semblance because, without it, she did not find life worth living. When Charles ignored her, she self-mutilated and attempted suicide; or had disastrous affairs with unsuitable men. When she said to the people of Great Britain that she wanted to be their "Queen of Hearts," she was affirming again that the most important thing to her was to be loved and to love.

According to the schema I am offering, Diana's Interpersonal Gestalt was organized around love, not admiration or safety. By titling herself the "Queen of Hearts," she was clearly stating how she saw herself and how she wanted others to see her. She was capable of great warmth and compassion for the suffering of others and continually sought opportunities to give and receive love. People and situations which seemed to offer these opportunities were figural for her and stood out clearly against a background of other possible ways of organizing reality.

Diagnosis

The concept of an Interpersonal Gestalt that is observable at the contact boundary gives both the experienced and novice therapist a simple way of quickly diagnosing the client with a "disorder of the self" and differentiating among Borderline, Narcissistic and Schizoid adaptations. In addition, it also helps orient the therapist to what I think of as the "larger gestalt:" the subtext of emotionally unmet needs that underlie much of the day-to-day problems that the client usually brings to session. By making these unmet needs figure, the therapist can think on multiple levels and ask him or herself such questions as: How does what I see in session today fit into the larger picture of how this client behaves at work, at home, and with his or her friends? What is my client trying

16/03/2011

(There are mattresses and snows. One can spend the night if wanted)

Times : Sat 15 February 9.30-21 hrs; sun 16 February 10-17 hrs

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Monday 17 February 2002
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If you are interested in talking with Konstantin or if you want to know more about Gestalt in Russia, please come to this meeting, which is meant to exchange ideas, views and thoughts and to find a way to connect the Russian and the West European Gestalt Worlds.

Cost: 50 Euro (inclusive lunch)

Tine van Wijk has been in private practice in Amsterdam since 1988. She is specially interested in working with groups and started a Gestalt training program in 1999. She is a member of the NVAGT, linked to the European Association for Gestalt Therapy and Theory (EAGT), of the VNGN (Flemish Dutch Gestalt Network) and of the AAGT. She was an editor and still regularly writes for Voorgrond, the quarterly magazine for members of the VNGN.

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Gestalt!, vol 6; no 3 - Gestalt Therapy Di...

to achieve with this behavior? What led my client to make this particular need primary in his or her life?

I am aware that not every client will fall neatly into one or the other of these categories (Borderline, Narcissistic, or Schizoid adaptations); and that even those clients who do, have other concerns in therapy besides the interpersonal. However, I have found that the concept of the Interpersonal Gestalt is a useful way to orient myself in session to what is going on between me and the client; and that it is most useful with those clients whose past unmet interpersonal needs are the greatest. These are the clients who are most likely to enact their interpersonal drama with you, their therapist, in a strong and compelling way; pressure you to fulfill the role that they have assigned you; and be disappointed and angry when you do not automatically resonate with their projections.

Having said the above, let me give you an example of how one might notice the Interpersonal Gestalt at work in a session.

Scenario: A new female client walks into your office. She takes a seat near you and curls up in the chair. She calls you by your title and last name, but asks you to call her by her first name because she says she would feel more comfortable that way, even though you and she are about the same age. Without much hesitation, she begins to tell you in emotional terms how she feels about her life now and why she has come to you. She speaks freely and begins to cry. She looks around for tissues and not seeing any, she looks at you pathetically until you feel obliged to offer her one from your personal pack.

We may not yet have a clear sense of what is figural for her yet in this interaction, but we do already know from this small sample of behavior what does not seem to be in the foreground for her. It is unlikely that this client will turn out to be suffering from severe schizoid difficulties. Most Schizoid individuals use distancing and detachment defenses and, therefore, tend to be much more guarded and secretive in the beginning of therapy than this client appears to be. Schizoid clients, because interpersonal safety is figural for them, usually choose a seat far away from the therapist when there is a choice of seating, are somewhat more likely to prefer the greater formality of last names, and rarely are willing to make themselves vulnerable in front of the therapist by crying in the first session and showing their real feelings. They tend to be secretive or at the very least cautious about revealing themselves, and are unlikely to be as openly expressive as this woman was.

There are other clues as to what is foreground for the above client. She prefers being called by her first name, while she calls the therapist by his or her title and last name. Therefore it is unlikely that this client wants her therapy to be a relationship between adult equals. This, coupled with the client's silent appeal for a tissue, usually indicates a preference for a relationship in which the therapist is the mature, nurturing authority while the client takes the role of the unhappy young person in need of nurturing and guidance.

Another possibility is that the client is narcissistic and feels comfortable crying because she assumes that the therapist is an admiring audience who will automatically validate her point of view. In this light, her preference for using the therapist's title and last name might be to emphasize that the person she expects to validate her is an important authority.

However, when you ask yourself how you feel about this client, you notice that you like her and want to take care of her. Something about her makes you feel

very protective. You don't feel like an admiring or critical audience, you feel concern.

As the therapy unfolds in future sessions, it will become more and more obvious which aspects of the therapeutic situation habitually become foreground for this client, and which remains part of the unseen background. However, this first session suggests that the interpersonal dance the two of you are doing is organized around the figure of love and nurturing, not admiration or safety.

How to Tell What Is Foreground for Your Client

Different therapists will find ways of identifying what seems to be foreground for their clients that suit their own unique ways of organizing their own organism/ environment fields. The ways to do this are as varied as the ways to do therapy. Everything that the client says or does has the potential for giving you this information. Having said that, I am going to list a few things that I have found useful to notice in terms of formulating what is figure for my client, as a way of starting you off thinking about what might work for you. The following is not intended to be an exhaustive list of what I do or think about in session:

A. The Presenting Problem

I am always interested in finding out what motivated the person to make an appointment for their first session. I have found that typically clients who turn out to have Borderline difficulties tend to come to therapy for different reasons than clients who have Narcissistic or Schizoid difficulties.

The Borderline client usually comes because (1) someone they were clinging to has left, or (2) because they have found themselves in a situation that requires them to actively structure their own life and behave autonomously.

For example, it is very common to see young women who have dropped out of college at the end of their first year because they were unable to organize themselves sufficiently to get to classes, do their homework, eat appropriately, and clean themselves and their dorm room. As the year progresses, they gain twenty pounds, fall further and further behind in their schoolwork, and become depressed. Usually their friends and family become worried and suggest counseling. Frequently they make their first therapy appointment because a family member has suggested it, or has even called to make it for them.

The Narcissistic client usually comes because (1) they have lost some source of validating support; (2) they are in a situation which they fear will lead them to being publicly exposed as less than perfect; or (3) they are suffering from a narcissistic injury such as aging, or the loss of their money, power or beauty. In the absence of their usual source of narcissistic supplies, having no sense of their own real inner worth to sustain them, they have fallen into a self-hating depression and feel humiliated and desperate.

The Schizoid client frequently comes because (1) they have become so isolated that they fear becoming totally disconnected from the human race: (2) they are young and are first realizing that their issues around

closeness and trust are getting in the way of their marrying or forming intimate friendships; or (3) they are having severe symptoms which prevent them from having a normal life. As an example of the latter, one of my clients had such severe social fears that he could not speak in class or ask for anything for himself from others because he was not yet sure that he had a right to want anything for himself. Another felt as if an invisible wall separated her from other people.

B. What the Client Notices About My Office and Me

Individuals with Narcissistic adaptations usually pay particular attention to those aspects of my office and me that they see as potential indicators of my status: such as how many diplomas I have, the desirability of the neighborhood my office is in, the relative luxuriousness of my office furnishings or my dress, how many books I have on my shelves. In addition, they are acutely sensitive to my minute nonverbal responses to them; such as whether I hold their gaze or glance away, remain still or shift in my seat. They usually interpret these responses as signs of my interest or disinterest in what they are saying, or signals of my disapproval or validation. When they do not openly comment on my movement and what they take it to mean, they signal their awareness by suddenly changing the topic, or suddenly becoming self critical, or by their abrupt angry withdrawal.

Narcissistic clients also tend to fixate on those aspects of therapy that feel inconvenient to them: such as the time of their appointment with me, how far they have to travel, what I charge them, or my billing practices

Some Examples of the Above:

One extremely narcissistic man said that he was not sure that he could be my client because he thought my New York City accent was too low class, and therefore potentially embarrassing to him; even though he believed that I was an excellent therapist. Another client felt superior to me because she found the literary quality of the magazines in my waiting room beneath her.

One woman stared at my face throughout her session and changed topics every time I looked away from her gaze. Another became offended because I looked at the clock because she assumed it meant that I was bored with her.

Many narcissistic clients of mine begin each session with a litany of complaints about how hard it was for them to get to their session with me: the bus or subway was late, the cab driver was rude, it cost so much to get here, and so on. This initially puzzled me because in actuality, my office is conveniently located near multiple bus and subway lines, there is plenty of parking nearby, and most people find it rather easy to get to.

However, experience has taught me that these clients do this in part because they get so rattled by everyday things and do not know how to restore their equanimity by themselves, and feel much too vulnerable to admit their difficulty openly. Or they complain because they prefer not to focus on how much they need therapy because this punctures their defensive grandiosity. Instead, they unconsciously twist things around in

their mind so that they act as if by coming to me, they are somehow doing me a favor and therefore I ought to acknowledge them for sacrificing so much to get here for our sessions together.

They have externalized the blame so as not to have to face their own difficulties squarely. In terms of figure/ground formation, they feel bad coming to me, therefore, those aspects of our interpersonal field that relate to my value as a potential scapegoat or soother become foreground immediately.

In contrast to the above, Borderline clients rarely focus on status issues or small details of my behavior. When they complain about how difficult it is getting to my office or how much trouble they are having paying for their therapy, their focus is on how helpless and ill equipped they feel to make their way in the world as adults; not on blaming me so as to feel less inadequate themselves. Usually their complaints are thinly disguised attempts to get me to take care of them.

One man went so far as to suggest that I move to a cheaper neighborhood so that I could charge him a lower fee because I would then be paying less rent. This seemed more reasonable to him than him finding a better paying job or working harder and getting promoted. After all, he told me, I was supposed to take care of him, not vice versa.

In general, Borderline clients tend to notice the things about my office and myself that seem to promise that they will be taken care of here, or conversely, those details that seem to hint that they are in danger of what they fear most: engulfment or abandonment. Thus, they are likely to pay more attention to the cozy feel of the room, than the cost of the furnishings. Usually the ones who fixate first on the details that relate to nurturing are more hopeful and less emotionally damaged than those who first notice the details that relate to potential loss.

For example, a female client of mine who had experienced repeated heart-wrenching early abandonment by her mother rarely noticed anything to do with status or existential safety. What repeatedly became figure for her was the clock in my office. She would glance at it often during her session and she always stopped talking and got up to leave before I could tell her that her time was up. She later told me that it would have been too emotionally painful for her to hear me say that she had to leave.

Schizoid clients are usually acutely aware of those features of the client/therapist relationship that relate to their safety and independence from the therapist. This makes how close or how far we are sitting from each other figure for them, or even how I look at them.

One client with profound Schizoid issues complained that I had violated his space by gazing at him too directly. When I inquired what I should have done, he suggested that I not look past the center point of the distance between us. Anything else felt too intrusive and threatening. This is not the kind of thing that usually becomes figure for Borderline or Narcissistic clients.

Another client would only tell me about events that had happened at least

Another client would only tell me about events that had happened at least two weeks prior to our session. She said that by doing this, she felt that she maintained control over her life because I could not say anything that would affect what she chose to do.

Unlike Borderline clients who are usually quite happy to give up the responsibility of taking care of themselves, Schizoid clients jealously guard their independence because they do not feel safe relying on anyone but themselves. And unlike Narcissistic clients, they rarely argue about what they are charged or when they are asked to come because (1) they do not want to ask for favors because this might compromise their feeling of independence; and (2) they often believe that they must accept whatever conditions are set by the other person because they are not entitled to have feelings of their own (Klein, 1995). When they comment on status issues, it is usually for the purpose of keeping me at a safe emotional distance from them; not because they are using status to bolster their shaky self-esteem.

C. What I Feel Towards the Client

I can often get a good sense of a client's Interpersonal Gestalt by noticing how I feel when I am around the client (what is commonly called countertransference.) By paying close attention to what becomes emotionally figure for me out of all the rich possibilities of the interpersonal field, I can usually identify key features of the role the client is assigning me. The following are some of the more common ways Borderline, Narcissistic and Schizoid Interpersonal Gestalts tend to make me feel.

Borderline: I find myself wanting to take care of them, or alternatively I find myself annoyed or frustrated by their helplessness. This usually means that the client is projecting the role of caregiver onto me; either the nurturing caregiver (hence my wanting to take care of the client) or the reluctant and angry caregiver (hence my feelings of frustration and annoyance).

Narcissist: I feel afraid to voice opinions that differ from my client's or I have the feeling that I am "walking on eggs" during the session. I hesitate to hold them to the normal rules that I expect of other clients (such as ending their session promptly or giving me adequate notice before canceling a session). Or issues of inferiority or superiority become figure for me. Some Narcissistic individuals portray their life in such idealized terms that as I listen to them, I find myself envying what they have. I know that when I start asking myself why my friends aren't as loyal as theirs, my mate as desirable, my children as well-behaved, and so on; I am working with a Narcissistic client and resonating with my client's expectations that I be a totally uncritical, admiring audience.

Schizoid: I find myself concerned with making my client feel safe. I become hyperaware of every move I make that could potentially be considered threatening. Before I get up to open a window near the client, I find myself warning him or her that that is what I am going to do. Or I suddenly find myself worrying that somehow I will betray my client's trust and harm him or her. I have learned from experience that when such things become figure for me in a session, I am usually picking up on subtle

cues from my client that relate to his or her characteristic interpersonal fears.

D. Why Did I Give the Client the Quarter?

James Masterson, the well-known writer on disorders of the self, sometimes laughingly describes how he quickly diagnoses the client through his own countertransference. He says that when he finds himself doing something extremely uncharacteristic of him, like give the client a quarter to make a phone call, he asks himself: "Why did I give him the quarter?" If he gave him the quarter because he felt sorry for him, then the client is Borderline. If he gave him the quarter because he was afraid of making him angry by saying "no", then the client is a Narcissist. If he felt charmed out of his quarter, the client is a Psychopath. And I like to add, if the client needed the quarter, but did not ask; then the client is Schizoid.

Experiential Exercises

Projective tests, dreams, fantasies, and Gestalt experiments all involve figure/ground phenomena and have the potential for revealing what is interpersonally important for the client. You may already know and use some that could work for you in this manner. If not, feel free to make up your own, or borrow the two I describe below. I learned them during my early Gestalt therapy training in the 1970's.

Exercise 1: "Find an object that interests you."

I sometimes use the following experiential exercise in the first session as a way of getting to know a new client.

I ask my new client to look around my office and notice something that catches his or her eye repeatedly. It can be something that he or she likes or something that he or she dislikes. When the client indicates that he or she has made a choice, I ask the client to take a good look at the object and then describe it in the first person as if he or she were the object. After they do this, I then ask if anything that they said about the object also fits their real life situation as well. If they say nothing fits, I ask how are they different from this object.

For example, one client chose my diplomas on the wall. He then said, "I am the diplomas. I show how smart and successful this therapist is. I make other people envy her and admire her." Upon being asked by me how his description of the diplomas on the wall could relate to him, he said: "I have come to you because I want you to teach me your secret, how to be as successful as you are. I envy you because you have what I want." As is clear from this example, and it became even clearer in later sessions, this client was preoccupied with issues of status, envy, and admiration; typically Narcissistic concerns.

Another client noticed the hand-knitted afghan throw on the back of my couch where she was sitting and said: "I am the throw. I am soft and warm. I am there for people when they need me to comfort them." These words turned out to be both a description of the role my client habitually took in interactions and the way she herself yearned to be treated.

Exercise 2: "I see, I imagine."

This exercise reveals what becomes foreground for the client and also helps

teach the difference between reality and projection. It can be done one-to-one in individual therapy as a pair exercise, or in a group with each member taking turns.

I ask the client to look at me and notice what they actually see, then notice what they imagine about me based on what they see. Whatever the client answers is extremely informative.

For example, one woman said that she saw that I had kind eyes. "No," I said, "that is what you imagine. What do you actually see that leads you to think that?" She was puzzled by the distinction I was making and obviously unaware till now that she tended to attribute all sorts of nurturing qualities to people based on very little evidence. I modeled the distinction for her by looking at her and saying, I see that you are wearing neatly applied eye makeup and lipstick. I imagine that you care a great deal about how you look to me. She then said, "I see you have brown eyes like my mother had. I imagine you will be kind to me the way my mother was."

Some clients have a great deal of difficulty doing either of the above exercises. I do not insist, but simply ask them what concerns them about doing the exercise. Their answers are just as informative as the exercise.

Narcissistic clients often fear appearing foolish in front of another person, or are angry that I interrupted what they wanted to tell me. This is another way of indicating to me both the role in their interpersonal drama that they have assigned me (the audience) and the fears that are foreground for them about themselves (looking less than perfect).

Schizoid clients will sometimes say that they are not good at doing spontaneous things like this; that they never have any good ideas; or will do the exercise in a mechanical or over-intellectualized way. These are all different ways of dealing with their fears about losing control, or spontaneously revealing themselves in front of another person. Or the exercise may stimulate primitive existential fears about going out of existence and becoming something else.

Borderline clients can usually summon enough spontaneity to do and enjoy these exercises unless they are particularly regressed or are angry with me

Summary

Unmet interpersonal needs from the past lead individuals with Borderline, Narcissistic, or Schizoid adaptations to be especially responsive to those interpersonal cues that seem to promise fulfillment of their unmet needs; arouse fears of being retraumatized; or allow them to reenact their favorite ways of defending against feeling their pain. Because these Interpersonal Gestalts are fixed and repetitive, they are fairly easy to observe in session by attending to what habitually becomes figure for the client out of the myriad possibilities of the interpersonal organism/environment field.

Typically, Borderline clients are particularly attuned to those cues that seem to relate to the giving and receiving of love and nurturing; or conversely, anything that stimulates their engulfment or abandonment fears. Narcissistic clients typically notice opportunities for admiration or humiliation, status symbols, and aspects of the interaction which either confirm or interfere with their sense that the therapist is totally focused on them and in perfect agreement with what they

Gestalt!, vol 6; no 3 - Gestalt Therapy Di...
are saying. In contrast, Schizoid clients organize their interpersonal Gestalts with safety considerations in the foreground and, therefore, such issues as trust, predictability, and physical and emotional distance from others become the focus of their attention.

The concept of the Interpersonal Gestalt allows the therapist to fairly quickly identify clients' major issues, predict how they will react to interventions, and understand how they characteristically approach life. It translates developmental and object relations' theoretical constructs into something immediately useful to Gestalt therapists. It also has the potential to help bridge the gap that has unfortunately arisen between Gestalt therapy and other modern psychological theories by giving us a way to understand how the various theories may fit together and support each other's insights.

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