

Loc: 12,009	Ch 25. Gestalt Therapy with the Phobic-Obsessive-Compulsive Relational Styles by Giovanni Salonia
Loc: 12,021	Gestalt Therapy and Psychopathology Gestalt Therapy reads phobias, obsessions and compulsions as dysfunctional relational styles
Loc: 12,028	every psychic disturbance reveals and derives from an interruption of the process of approach between organism and environment,
Loc: 12,030	Missing the contact with the environment stops the growth and produces symptoms:
Loc: 12,058	interruptions of contact
Loc: 12,059	are learned in the primary relationship, are manifested in the various relationships, that the organism attempts to set up with the environment
Loc: 12,064	What Specific Interruption for the Phobic, Obsessive and Compulsive Relational Styles?
Loc: 12,068	phobias, obsessions and compulsions are disorders which reveal interruptions of the cycle of contact
Loc: 12,069	when the organism, after being oriented towards the new direction,... begins to be aware of excitation and energy to move towards the environment (action/manipulation phase)
Loc: 12,103	Interruption in the teething phase (transition from receiving to manipulating) will lead to symptoms of phobic-obsessive-compulsive disorders,
Loc: 12,106	this developmental picture, phobias, obsessions and compulsions
Loc: 12,107	have in common terror (unsupported fear) as a response in the body
Loc: 12,113	3. Phobic Relational Style
Loc: 12,116	Phobia is described as unmotivated, intense fear of an object or a space unrealistically perceived as dangerous.
Loc: 12,117	the subject is not afraid of the object itself
Loc: 12,118	but has a phobia of the sensations that it provokes ... the phobia fundamentally concerns the anguish of feeling certain emotions which the body evaluates as insupportable.
Loc: 12,123	In the phobic relational style the patient feels constrained to avoid contact with specific objects
Loc: 12,124	or with precise environmental conditions
Loc: 12,129	this terror has been learned in a relationship in which the patient has not been supported in the emerging of the excitation of her/his body.

Loc: 12,131	the child connects the unbearable internal sensation with an external object which is easier to control.
Loc: 12,132	there comes about a circular, interdependent entanglement between the constriction of the outside world
Loc: 12,133	and the constriction of the subject's bodily pattern and pattern of relationships.
Loc: 12,136	that to understand the world of the phobic patient it is necessary to bear in mind that s/he is contextually attracted and terrorized by the phobic object:
Loc: 12,139	The seriousness of the phobic disorder is connected to the partial or total impairment of the relational, professional and social life.
Loc: 12,180	Obsessive Relational Style
Loc: 12,182	thoughts, impulses or images
Loc: 12,183	presented to the mind unwished for, irrational and uncontrollable by the individual. ... function
Loc: 12,184	to control the energy and the sensations the body begins to be aware of ... afraid of because it feels them to be irrepressible drives to destructive actions.
Loc: 12,192	We start from the awareness that through obsessive thoughts the patient now, dysfunctionally and painfully, cares for her/himself.
Loc: 12,193	excessive control s/he exercises would be due to the excessive lack of care on the part of the parental figures.
Loc: 12,195	has not learned intimate spontaneous control,
Loc: 12,196	keep under control those emotional energies that s/he considers dangerous.
Loc: 12,199	Fear – which, being unsupported, has become terror – emerges in the child's body when the motions begin to be felt and drive towards action.
Loc: 12,200	the child had
Loc: 12,201	lacked a support in letting her/himself go in the flow of emotions. Now
Loc: 12,202	does not trust it and desperately tries to keep it under control.
Loc: 12,205	Obsessive thoughts, although they take various forms, have in common the indecision which expresses (almost makes visible) the interior-relational drama: "Shall I let myself go or not to the emotions in the relationship?".
Loc: 12,206	indecisions regard certain fundamental topics:
Loc: 12,207	security/insecurity
Loc: 12,207	health

Loc: 12,208	guilt
Loc: 12,208	perfection
Loc: 12,211	Obsessive thoughts are distinguished
Loc: 12,212	syntonic egos, when the subject understands the reasons for them, feels that they are her/his own
Loc: 12,213	dystonic egos, felt as extraneous, coming from outside
Loc: 12,227	5. Compulsive Relational Style
Loc: 12,228	Compulsive actions are actions that the patient feels forced to carry out
Loc: 12,229	to calm the excessive tension
Loc: 12,235	5.1. Restraining Compulsive Actions - Clinical Level
Loc: 12,237	the person carries out gestures which serve to calm the tension
Loc: 12,238	energy felt is unbearable.
Loc: 12,239	precise aim of calming the tension which has become unbearable.
Loc: 12,244	Within the same phenomenological field (restraining those emotions felt to be uncontrollable)
Loc: 12,245	collocate rituals, tics and stammering.
Loc: 12,246	Rituals – as we have said – are repetitions of a single codified gesture (e.g., if I don't count up to three I can't close the door)
Loc: 12,248	control an emotion that is felt to be dangerous and uncontrollable. ... become a kind of structure which restrains energy and are supported by a magical thought: "If I carry out this gesture I will succeed in controlling my impulses, i.e. nothing bad will happen".
Loc: 12,250	It is the opposite of trust in the spontaneity of the organism.
Loc: 12,271	5.2. Compulsive "Expulsive" Actions - Clinical Level
Loc: 12,278	expulsive compulsion does not have time and numbers as perimeter and may be prolonged until the subject is exhausted.
Loc: 12,280	the aim of the compulsive expulsive gesture is the wish to expel from one's body an experience that has become unbearable,
Loc: 12,287	every symptom has its own painful logic.
Loc: 12,295	6. The Work of Therapy with Phobic-Obsessive-Compulsive Relational Styles
Loc: 12,299	collocate the request for help within the personal or family Life Cycle

Loc: 12,300	attention should be devoted to the moment at which the subject asks for help
Loc: 12,301	that is when the disorder, ... has become unbearable
Loc: 12,322	It is said that phobic-obsessive-compulsive patients put the therapist's patience to the test.
Loc: 12,323	phobias, obsessions and compulsions are very resistant, repetitive symptoms, ... therapy is no simple matter.
Loc: 12,324	The patient "hangs on" to the symptom,
Loc: 12,326	The symptom,
Loc: 12,327	replaces the lack ... of the parental figures,
Loc: 12,329	therapist's task is to create an atmosphere of trust,
Loc: 12,330	stays with the patient's torment ... gradually becomes visible to the patient
Loc: 12,332	it will take a long time
Loc: 12,334	the terror covers experiences that belong to the patient
Loc: 12,336	the patients will try to talk about their phobias and obsessions.
Loc: 12,337	Improvement ... can also be measured by how long, in therapy, they talk about other subjects.
Loc: 12,341	«has lost the contact with the ground of personality and he remains aware only of the symptom» (Perls, Hefferline and Goodman, 1997, p. 359)
Loc: 12,342	therapist will try to re-establish in the patient the recovery of the background, the relational tissue that the symptom encloses.
Loc: 12,343	invite the patient to collocate the symptom in a context,
Loc: 12,344	"hierarchy" of intensity in the course of the day:
Loc: 12,344	passes from the perception of the disorder as an timeless and "spaceless" event
Loc: 12,345	to the awareness that the symptom is linked to situations of tension at relational level
Loc: 12,346	Little by little, in this way, the interruption of contact on to which the symptom has been grafted will emerge.
Loc: 12,352	In all three of these pathologies,
Loc: 12,353	the bodily relational experience would be terror: ... of feeling energy activated in the body, of action that leads to emotion, of detaching oneself and transgressing.

Loc: 12,354	freezes the patient
Loc: 12,355	the obsessive's body is tense
Loc: 12,356	the compulsive's body is agitated.
Loc: 12,359	6.1. The Phobic Relational Style
Loc: 12,361	Phobias of contagion ... the child was restrained by the obtrusiveness of the parental figure
Loc: 12,365	The therapist's task ... help the person to understand what specific emotions s/he has difficulty in feeling in her/his skin
Loc: 12,367	The work of therapy ... the definition of the boundaries of the skin, and the recognition of the feared emotions.
Loc: 12,368	may be useful to explore the catastrophic fantasies
Loc: 12,370	At the same time,
Loc: 12,371	attempt to give support to the patient's body in progressively facing the feared experiences.
Loc: 12,373	Diffusive and monothematic phobias ... refer
Loc: 12,374	to two different levels of growth: wholeness and fullness.
Loc: 12,375	Diffusive phobias are serious because they interfere with social life, ... while monothematic phobias are marginal in the subject's life
Loc: 12,377	approaching the phobic object (even in imagination) ... has the aim,
Loc: 12,378	of making her/him become aware of the bodily and relational experience that the object evokes.
Loc: 12,380	allows the patient's body ... to become aware of and succeed in containing excitation and the
Loc: 12,381	energy which s/he is avoiding.
Loc: 12,382	particularly useful ... questions
Loc: 12,383	"What changes in your body on seeing the object? ... What parts do you feel are closing?"
Loc: 12,384	If you feel my closeness and my support, what part of your body relaxes and opens up?"
Loc: 12,385	Other questions open up the relational dimension: "How would you be different in your life if you didn't have a phobia?"

Loc: 12,386	how and what would you change in your relationships at ... home, at work, ... with me your therapist?" ... "What would happen if you could not avoid the encounter with the phobic object?"
Loc: 12,387	serves to explore the fantasies of catastrophe, ... also to ... make the patient make contact with potentialities
Loc: 12,389	some Gestalt techniques and experiments.
Loc: 12,390	the metaphor of approaching the phobic object with a "magic wand",
Loc: 12,391	it is a case of re-establishing in the patient faith in her/himself through her/his trusting the therapist.
Loc: 12,393	Often, it is precisely in the description of the phobic object ("intrusive, disgusting, slimy") that the patient expresses the experiences s/he is afraid of.
Loc: 12,394	Working on the phobias allows the organism to feel the emotions that drive it to encounter the other and to experience the spontaneity and fullness of the encounter
Loc: 12,413	6.2. The Obsessive Relational Style
Loc: 12,416	bear in mind certain preconditions
Loc: 12,417	a) obsessive thoughts replace the parental figures and are a way ... the subject,
Loc: 12,418	tries to look after her/himself; ... b) the excess of control
Loc: 12,419	is an attempt to compensate for a serious lack of parental support;
Loc: 12,420	c) obsessive thoughts express the subject's indecisiveness:
Loc: 12,421	attraction towards certain experiences ... on the other is terrified by them;
Loc: 12,422	d) the interruption of contact which brings obsessive thoughts happens in the phase in which the Organism feels emotions that drive towards action;
Loc: 12,423	e) the (active) emotions that drive towards action are basically aggressiveness and sexuality,
Loc: 12,424	lead the subject to move towards the other.
Loc: 12,428	connect the symptom first with current, concrete situations of life
Loc: 12,429	then, ... with the therapeutic relationship. ... for the obsessive style ... bringing to the contact boundary the emotions of which the subject is terrified
Loc: 12,430	because these are interruptions of action. ... proposing physical exercises which make the subject feel the bodily energy rising, reaching a peak and descending.

Loc: 12,436	the patient has not suppressed aggressiveness but has avoided feeling it out of fear, ... it is necessary to be very careful not to give the patient the picture of a person to be struck
Loc: 12,438	Something else which proves useful is emitting a sound which comes from the depths and gradually reaches its peak.
Loc: 12,440	the patient's body gradually learns to entrust itself to the energy and to risk expressing it.
Loc: 12,441	in all physical exercises there be progress in the form of crescendo, peak, plateau:
Loc: 12,443	physical exercise is designed
Loc: 12,444	for the obsessive ... to relax the body and make trial contact by training the body.
Loc: 12,446	when the patient asks the therapist for unbearable certainties: "Can you guarantee that..."
Loc: 12,449	It is clearly not a cognitive problem.
Loc: 12,450	only from the certainty of a parental relationship that one learns to tolerate the inevitable uncertainties of life,
Loc: 12,451	the reassuring style that the parental figures ... the therapist must find (invent) a sentence that is reassuring at a "parental" level of certainty (neither false nor technical),
Loc: 12,453	serves to build a reassuring relationship of support and trust. ... trying to convince the patient of the illogical nature
Loc: 12,454	is counterproductive because it provokes further irritations,
Loc: 12,459	6.3. The Compulsive Relational Style
Loc: 12,461	6.3.1. Compulsions of Restraint
Loc: 12,463	Compulsions of restraint,
Loc: 12,463	reveal that as emotions become more intense, the patient is increasingly afraid that s/he will be unable to control them.
Loc: 12,464	serves to ... increase control so that emotions perceived as destructive will not emerge from hiding.
Loc: 12,465	For example, checking over and over ... is a relational gesture, both insofar as it expresses the uneasiness of someone who has been assigned a responsibility greater than her/his possibilities, and
Loc: 12,467	the fear that a negative emotion may come out
Loc: 12,472	Gestalt Therapy works not on behaviors but on relational experiences.

Loc: 12,474	6.3.2. Expulsive Compulsions
Loc: 12,476	therapy is devoted in prevalence to the personality-function
Loc: 12,477	how does the subject experience feeling a particular emotion? How does s/he assimilate it? "Who" does s/he become after experiencing this emotion?
Loc: 12,478	In expulsive obsessions
Loc: 12,479	carry out certain gestures whose aim is to expel the experiences the body has felt.
Loc: 12,480	in expulsive compulsions her/his anguish is not calmed but
Loc: 12,481	seems to be increased little by little as the gesture is repeated and ends only because the subject is exhausted. ... therapeutic intervention
Loc: 12,483	restructuring the bodily and cognitive evaluation of those emotions. ... body of the compulsive expulsive should be calmed because it experiences agitation,
Loc: 12,484	begin to distinguish the various levels of experience:
Loc: 12,485	how s/he feels ... how the emotion is perceived by her/his organism (pleasant or unpleasant, interesting or uninteresting)
Loc: 12,486	how s/he evaluates the experience and on the basis of what criterion. ... The interruption happened when the organism received from the environment a definitely negative evaluation of the experience
Loc: 12,487	("How could you say that? How could you feel these emotions?" etc.).
Loc: 12,488	One theme, therefore, which will certainly emerge will be the feeling of guilt,
Loc: 12,489	necessary to explore both the bodily correlative (what part of the body feels tense when s/he feels guilty) and the cognitive pattern of feeling guilty (what model of being-there-with s/he has learnt).
Loc: 12,493	compulsive behaviour is reinforced precisely by the fact that it obtains the situation of remaining with the others not in developmental terms but in terms that are regressive both for the individual and for the others.
Loc: 12,495	Trust in the therapist will allow the patient to go through the anguish of separating her/himself in gratitude but also in pain, discovering an unexplored faith in her/himself and in the person being left.
Loc: 12,498	7. Towards the Fullness and Uniqueness of the Encounter
Loc: 12,500	phobias, obsessions and compulsions are disorders that arise exactly at the moment when the organism is preparing to become unique in feeling the energetic excitation of the emotions.

- Loc: 12,503 two phobias that run through the life of the human being: ... the phobia of belonging typical of the narcissist
- Loc: 12,504 the phobia of separation on the part of those who feel frightened by the emergence from the confluence of the "we" (and so are afraid of living).
- Loc: 12,505 in the phobic, obsessive and compulsive relational styles,
- Loc: 12,506 becoming unique in bodily excitation provokes first fear of death and then fear of life. ... Not having experienced the specific support of the "we" creates the terror of separation and that of affirming oneself:
- Loc: 12,507 the patients, ... indecision, fluctuate between the fear of death and the fear of life in the search for a support, a body that will welcome them and let them go.
- Loc: 12,510 It may be added, thinking about phobic, obsessive and compulsive patients, that only someone who is (has been) given a big warm hug can feel and handle her/his own uniqueness! And s/he can hug the other... because s/he is not afraid of dying and of living.
- Loc: 12,513 **Comment by Hans Peter Dreitzel**
- Loc: 12,516 The author ... seems to be a psychoanalyst disguised as a Gestalt therapist.
- Loc: 12,520 the most basic of Gestalt concepts. "Disturbances" or "dysfunctional relational styles" are to be understood as difficulties of "entering into a nourishing contact".
- Loc: 12,532 the author does not apply his own claim with regard to the importance of the stages of the contact process.
- Loc: 12,533 he relies on Freud's oral and anal stages of childhood development.
- Loc: 12,534 to my knowledge psychological research has not been able to find any support for this psychoanalytical theory.
- Loc: 12,538 Usually in clinical psychology phobias are considered to be special cases of anxiety neuroses.
- Loc: 12,539 to see them categorized as belonging in the same basket as the compulsive disturbances.
- Loc: 12,540 makes sense only within the orthodox Freudian conceptual framework the author prefers. ... the choice of the word "terror" for the emotion the child experiences when the mother feels uncomfortable seems to me somewhat exaggerated.
- Loc: 12,547 In conclusion I should like to point out very briefly an alternative
- Loc: 12,549 a) Phobias are special cases of the anxiety neurotic process,
- Loc: 12,550 The basic introject ... is that being aggressive (critical) to the mother is to lose her love and appreciation.

Loc: 12,551	a creative solution would be to focus this fear on some known object the nature of which has biographical but not psychological
Loc: 12,554	b) The compulsive-obsessive ... basis is the introjected (hence unaware) idea that there is a single correct or right procedure for every act in life.
Loc: 12,555	this introject denies the ambiguities and the spontaneity of life,
Loc: 12,556	leads to constant fear of doing something wrong, resulting in guilt feelings.
Loc: 12,557	c) In contrast compulsive behavior and compulsive thoughts are
Loc: 12,558	reaction formations, ... function of which is to repress anxiety of excitement from awareness.
