What is a “gestalt psychoanalyst” anyway? It is how I would like to describe myself at this point in my life, except that no one seems to know what a gestalt analyst is! Aside from my academic training as a clinical psychologist, I have been trained and certified as a gestalt therapist, and I have been trained and certified as a psychoanalyst. The kind of psychoanalysis to which I subscribe, loosely called “contemporary psychoanalysis,” bears a striking similarity to humanistic theories, so my marriage of gestalt therapy and psychoanalysis is not so strange as it might seem at first blush. I am currently active in both worlds as a teacher, writer, practitioner, and perpetual student of the theory and practice of psychotherapy. One of the interesting aspects of my current professional life is that my psychoanalytic teaching is an attempt to bring the clinical strengths of gestalt therapy into contemporary psychoanalytic practice, and much of my gestalt teaching and training is dominated by efforts to incorporate contemporary psychoanalytic wisdoms into gestalt therapy practice. I believe my teaching and my clinical practice reflect an amalgam of what I consider to be the best (i.e., the most usable aspects for me) of gestalt therapy with the best of contemporary psychoanalysis.
LESSONS ORIGINALLY LEARNED

I first read *Gestalt Therapy Verbatim* (Perls, 1971) when I was an undergraduate. I knew little about therapy at that time. What I found in the simple polemic by Perls was some hope for release from the prison of emotional isolation that I inhabited. I was most immediately drawn to Perls's emphasis on the person-to-person encounter and his emphasis on immediate, here-and-now emotional processes. Somehow I knew that I needed the lively emotional engagement Perls described, and I sensed that I needed a therapist who would not just stand back and assess me, diagnose me, and "treat" me from a distant, elevated perch.

Perls the therapist was creative, daring and, at times, loving and open. He also could be difficult—cruel even—when he felt manipulated by patients. He firmly believed that one thing that patients needed was authentic, person-to-person engagement between the patient and the therapist, an antidote to the depersonalization so rampant in modern culture. He also emphasized the value of emotional immediacy and vibrancy, hence his attention to what was transpiring in the therapeutic process in the "here and now." Frankly, although I am indebted to him for pointing me in a direction that was right for me, I am glad I never met him, for I think I might have been turned off to gestalt therapy by the harsher aspects of his personality. Laura Perls might have been a better match for me; she apparently was gentler and not inclined to "showboat."

Perls the theorist was a visionary former analyst who, along with his collaborators Laura Perls, Paul Goodman, and others, synthesized various cultural and intellectual trends into a new gestalt. As Smith (1976) pointed out, "Perls' genius was demonstrated not in his combining of elements from several traditions into a unique eclecticism but, rather, in his creation of a new system which in its essence goes far beyond the constituent elements" (p. 3). The constituent elements that Smith listed are psychoanalysis, Reichian character analysis, existential philosophy, gestalt psychology, and Eastern religion. Perls and his colleagues took those elements and the humanistic zeitgeist of the day and forged a radically alternative view of human personality and therapy from the psychoanalysts of their time.

Luckily for me, my first personal therapy experience, begun in the year preceding my discovery of Perls, was with a gentle, kind, and respectful (if somewhat reserved) psychiatric resident. His kind and respectful attitude, for which I am grateful to this day, helped me begin to believe that my experiences, perceptions, and world of meanings were worthy of attention and articulation.

A particular moment with him helped point me in the direction of the direct engagement proffered in gestalt therapy, although he himself was psychoanalytically oriented. We had been meeting for about a year, twice
weekly. I was a "good patient": appreciative, eager to explore, but also painfully shy and skeptical of my own thoughts and feelings. He told me he would be leaving the current clinic a few months hence, and we were exploring the impact on me of his planned move to a different residency setting. When I first heard him say those words, my heart just plummeted because, although I rarely spoke of it, I was deeply attached to him and to the experience of being listened to with such kindness. He offered me the chance to move along with him and continue our work together.

As we talked, it emerged that his next residency was a family and child placement and that having me transfer along with him was not usual policy for either of the involved clinics. I was in a quandary. I very much wanted to continue seeing him and had become lethargic and depressed at the thought of ending prematurely but could not bear the prospect of creating difficulty for him or being a burden to him. I imagined that he felt trapped by my fragility, so that although he might rather be free to start with a clean slate at the new clinic, he saw me as too fragile to handle a transition to a new therapist. I also imagined that the authorities at the two clinics were annoyed and might create strain for my therapist. I tried haltingly to raise my concerns with my therapist, and I could barely speak. He said, "It sounds like you think our relationship is so tenuous it cannot bear any strain or difficulty." I was stunned. Actually, I had the sensation of a bomb going off suddenly under my chair. Did he say, relationship?

It had never occurred to me that he would consider us as being in a relationship together! Of course, I did move with him to his new setting, and we met for about 16 more months, until I moved away to attend graduate school. In one of our last meetings, as I was detailing my fears and insecurities about graduate school and said I was full of doubt regarding my ability to learn clinical psychology, he burst out with, "I have no doubt at all that you will be a fine psychologist!" Again, I was surprised that he had formed a personal opinion of me rather than just a clinical opinion. I carried his confidence with me like a talisman as I left on my new adventure. But that sensation of being stunned by the bomb under my chair because he said we had a relationship remains a touchstone for me. It always brings me back to the core themes of my personal and professional development.

I have found, over the years, that clinical theory is not useful to me unless it finds some emotional resonance in my own experience. I formed many of my ideas about good therapy from reading about, observing, and being a patient in gestalt therapy. Many of those ideas did resonate with my own inclinations, although some felt a bit foreign to me. Over time, I have come to cherish some of the first things I learned even more deeply, while others have faded in importance; I also have come to renounce a few ideas. My renunciation of some of my original learning has come about as I engage in a process of continual comparison and contrast among my original

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gestalt training, my more recent immersion in contemporary psychoanalytic ideas, and my personal development. But I get ahead of myself.

STRENGTHS OF ORIGINAL ORIENTATION

I became even more enamored of gestalt therapy as my understanding and opinions regarding various schools of psychotherapy developed. Gestalt therapy attends to process, to how something is being said or done, rather than merely attending to what is being said. This reflects the influence of Wilhelm Reich's breakthrough understanding of character styles and character armor. Reich's influence also shows in the gestalt therapy attention to posture, movement, and nonverbal expressiveness. Gestalt therapists are creative in their efforts to engage with patients by generating experiments in the sessions that may help the patient focus on, play with, and learn from his or her own body cues.

The influence of existentialism, humanism, and phenomenological currents of the day shows in the gestalt therapists' exquisite attention to patients' process of being aware of their own actuality: their goals, motivations, worldview, and wants and feelings, all on a moment-by-moment basis. Unlike the classical psychoanalysis of the day, which viewed the patients' conscious awareness as merely a defensive construction that could not be trusted as a guide, gestalt therapy viewed consciousness, or subjectivity, as a central guiding feature of human life.

In today's climate, where contemporary psychoanalytic theories also respect subjectivity as the key to understanding the patient, perhaps it is difficult to appreciate how much gestalt therapy was a breath of fresh air when it was first introduced. Along with other humanistic theories, it is full of spirit, immediacy, and play and is more respectful of the wholeness of people than one used to find in either behavioristic or psychoanalytic theories.

Gestalt therapy's respect for and curiosity about awareness (gestalt therapists say that expanding awareness comes through the process of merely attending to extant awareness) were freeing for me as a clinician in that I did not have to be a detective, looking for and figuring out what was missing in the patient's story or presentation, as psychoanalytic theorists espoused. I could merely attend to what was present in a patient's awareness, body cues, and so forth. I was not a good detective, and I tended to take patients' stories at face value, so gestalt therapy was a more natural fit for me than psychoanalysis.

One of the most important therapeutic gems in gestalt therapy is contained in an article titled "The Paradoxical Theory of Change" (Beisser, 1970). Beisser elaborated on a fundamental tenet, that change cannot be
imposed but is a natural outcome of living. Aiming at changing oneself sets one in opposition to oneself, which impedes the natural growth and change that are inherent in living. A therapist need not be a "change agent"; rather, the therapist is there to establish a good quality of contact with the patient and to assist the patient in maintaining good quality contact with his or her own experiences as fully as possible. This particular notion is still less well developed in all other theories that I know of than it is in gestalt therapy. In training gestalt therapists, we focus specifically on helping the therapist recognize and suspend his or her efforts to change the patient. The result is the establishment of a more phenomenologically based exploratory process.

LIMITATIONS OF ORIGINAL ORIENTATION

As I have matured and the field of psychotherapy has matured and developed, I have come to think of gestalt therapy as having some internal contradictions. The Reichian influence has encouraged a confrontive ethos in the practice of gestalt therapy. Reich wrote about the need to confront the patient about repetitive character styles until the patient's habitual ways of being began to be experienced more as symptoms than as positive adaptations. Fritz Perls talked of the necessity to confront inauthenticity and avoidance. Yet our theory also emphasizes the paradoxical theory of change, a notion that implies a more accepting attitude, even toward so-called "avoidances." In general, I think confrontation is a poor modeling of that theory of change, and it is less in keeping with another important component of gestalt therapy—namely, the I-thou relationship.

A simple catchphrase of gestalt therapy used to be "I-thou, here and now." In an I-thou relationship, one has respect for the patient's world of meanings. One attempts not to change the patient but to meet the patient with as much heart and soul as the relationship and the task of therapy can support. One endeavors to understand the patient as he or she wishes to be known and to be present to the patient and open to how the patient experiences the therapist.

Although in the early days of my practice I confronted avoidance and inauthenticity frequently, I have become by now much less enamored of that approach and at times rueful about how my past toughness has injured people who entrusted themselves to me. There were times when I felt uneasy about my patients' discomfort, and I began to doubt that my toughness was helpful to my patients in the long run. My further reasons for the turnabout emerges as I detail my further development. I noticed, by the way, that the more confrontational edge of gestalt therapy has diminished greatly in much of the contemporary scene, so I am not the only gestalt therapist who has
changed in that respect. Most of us have become more gentle and accepting as we have come to appreciate at a deeper level the simple power of meeting the patient with an attitude of respect, interest, I–thou, and the grounding in the paradoxical theory of change.

Although the I–thou relationship was posited as our ground for the nature of the therapeutic relationship, it had not been well elaborated. I was interested in it because I was trying to work out a particular clinical problem that remained unaddressed, as far as I was concerned. Gestalt therapy had long held that even in a relationship that might be shaped by 90% "transference," there always would be some element of newness, of contact, that was possible at any moment. I liked the vibrancy of attending to the contact between the therapist and patient in the here and now, but something was missing. I did not yet know how to think about it, but I thought we practitioners needed to understand better how the relationship itself developed over the course of therapy and how the relationship either facilitated or detracted from the patient's growth process. What we did not seem to have was an understanding of the meanings and therapeutic implications of the contacting process in the therapy process over time. We tended to treat each contact episode in therapy as though it stood alone, not meaningfully connected to what came before or to what was emerging next. This approach was a disservice to our patients, for whom a sense of the continuity of the relationship—one in which they were taken seriously, their stories were remembered and jointly elaborated, and the intimacy deepened over time—was profoundly meaningful.

I knew that I did not much care for the classical analytic notion of transference as a way to understand the ongoing relational themes that emerged in the course of therapy. I did not like it because it seemed to suggest that the patient's experience of the relationship was entirely determined by one's early relationships and that the current relationship had no life or character of its own. That view created two problems for me, both personally and professionally. First, it left me demoralized and alone again, as though the therapist were a mere shadow, whereas I believed I needed contact with a real human being as part of my therapeutic experience. Second, by suggesting that the therapist had no part to play in how the patient experienced the relationship, I was left to doubt my own sense of reality. Whatever problems I would encounter in the relationship would be viewed merely as signs of my pathology, not a reflection of something going on between me and the therapist. I had grown up in an alcoholic household where my sense of reality was constantly being denied, and my instincts told me there was something wrong with that attitude. I did not need it repeated in the therapeutic process, nor did I want to reduce my patients’ experiences to being solely "within" them, as if I did not exist in their lives.
HOW CHANGE OCCURRED

Even with its shortcomings, transference as a concept conveyed some appreciation for the fact that a relationship existed in the therapy—that the moment-by-moment contact that gestalt therapy was so good at facilitating was happening within a broader context, namely the ongoing relationship. In my own gestalt therapy (which lasted several years and "brought me to life"), I had sensed deeply that something that was occurring in the relationship, something that I could not pick out in a particular moment of contact, was gradually helping me out of my imprisonment of isolation. I remember one particularly moving and poignant session about 4 years into the therapy: I "confessed" to my therapist, shyly and with great trepidation, that I was not really coming to therapy to do therapy. I was willing, of course, to look at myself, do experiments, notice my feelings, and so forth. But truth be told, I was really there just because I wanted to be in my therapist's presence. I just wanted—no, needed—to hang around him, to breathe the same air he was breathing. Luckily for me, my therapist, a man of wonderful open and steady presence, did not confront me on wanting to regress or merge or be confluent to avoid responsibility. Instead he merely smiled softly, with great warmth, and said, "yeah, yes."

In fact, my therapist seemed to have a natural bent toward being sensitive to my need to simply have the experience of establishing and expanding on "being-in-relation." His enormous skill at the technical side of therapy (e.g., method, knowledge of character style), coupled with his willingness to engage with me in a deeply personal way and to be affected by me, provided a strong model for my own practice of therapy.

While in graduate school, I had begun to read the British object relations literature, especially Guntrip and Fairbairn. They were writing from a psychoanalytic perspective about the patient's need for a new relational experience! They provided me a beginning way to think of blending gestalt therapy's attention to contacting with more enduring relational themes because they did not posit that enduring relational themes were only a repetition of old relationships (i.e., transference) but that patients also were seeking a new relationship, which had to develop over time.

With the support of readings in object relations literature as a background, along with the readings of Martin Buber, my own experiences as both patient and therapist, and the collegial support of a few gestalt therapists who were struggling to articulate similar themes to my own (most notably, Erving and Miriam Polster, Gary Yontef, and Rich Hycner), I wrote my dissertation using Buber's I-thou relationship to try to bring attention to enduring relational themes into gestalt therapy. I tried to do this in a way that did not reduce these themes to transference and did not detract from
the vivid immediacy that made gestalt therapy so compelling to me. It was the first step in what has been a continuing scholarly and clinical project for me. It has since been incorporated into a book, coauthored with Rich Hycner, which blended our interest in the I-thou relation, gestalt therapy, and modern psychoanalysis (Hycner & Jacobs, 1995).

Soon after completing my graduate work, I began teaching actively at the Gestalt Therapy Institute of Los Angeles (GTILA). I taught about the phenomenology of character styles, an area that required me to keep reading the psychoanalytic literature, but it was not a chore for me because I had discovered object relations writers. They did not write about mysterious drives that could never be directly known. They wrote about humanity's innate striving for relatedness, how experience in interaction shaped us, and how we sought interactions to shape and heal ourselves. They were writing about phenomena that I felt in my bones to be primary to my own life. After a few years, I joined the core faculty of GTILA and have remained to this day as a teacher and trainer in the gestalt therapy world.

I continued to be drawn to trying to understand and articulate the meaning of relationship and what the shape of the therapeutic relationship should be. I had been immersed in the gestalt community for about 8 years when I began to hear about a psychoanalyst named Heinz Kohut, who was revolutionizing psychoanalytic practice through his emphasis on "sustained empathic immersion," and his introduction to selfobject transferences. Self-object transference is his specific way of describing needed relational experiences, not just a transference of past psychological configurations into the current setting. Selfobject experiences are a particular dimension of relatedness that helps shore up and sustain healthy self-functioning, and they are needed throughout life. The particular way selfobject experiences occurs can change over a life; thus, they are always new experiences, not just a repetition of old experiences. I was reminded of my experience as a patient, where I just needed to hang around my therapist, not because he was like my mother or father but because being around him provided me with something new and nourishing, which sustained me as I navigated through my life.

Although I was excited by what I was hearing, I also was skeptical. I was suspicious of Kohut's emphasis on empathy. Although I had studied and written about a similar concept described by Buber (1967) and called inclusion ("the therapist must feel the other side, the patient's side of the relationship, as a bodily touch to know how the patient feels it"; p. 173), Kohut's version of sustained empathy seemed to require that the therapist recede entirely, keeping his or her own presence hidden. This disturbed me and did not square with my experience as a patient and clinician. It seemed to me that I and my patients longed for and benefited from the chance to be intimately engaged with the therapist as an authentic, particular, revealed,
It was in that spirit of project that Richard Rich joined our therapy, 

attentively at the beginning of the reading group. I had chosen a serious 

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other. Also, Kohut seemed to be eschewing all confrontation, and I believed 
at that time that confrontations were necessary as an antidote to patient’s 
wishes to avoid painful truths. I no longer assume that I know better than 
the patient what their “truth” is, but at the time, I saw patients as “avoiding”; 
their avoidance seemed to lock them into neurotic prisons of devitalized 
living. I thought that the energy and vitality of a confrontational approach 
at times held the possibility of liberation from the prison. I was to change 
my mind as circumstance brought me into closer contact with Kohut’s ideas.

In late 1982 I met someone who has become my life partner. We met 
in a bookstore and began talking together about a book he was considering 
buying. He told me he was preparing to spend the next 4 years studying 
psychoanalysis at a local psychoanalytic institute. In 1984, he arranged to 
have me join him at an informal talk that psychoanalyst Robert Stolorow 
was giving to the candidates at his institute. I did not know much about 
Stolorow at the time, only that his work had been strongly influenced by 
Kohut’s thinking.

I was enthralled at the talk. Stolorow’s conceptualizations were remark-
ably similar to ideas extant in gestalt therapy! He was talking, for instance, 
about “experiencing” as an ongoing process of organization—not statically 
determined by the past, but continually shaped by forces present in the 
current field. Two major influences were the patient’s patterns of organizing 
experience (what gestalt therapists call “fixed gestalten”) and the therapist’s 
capacity for empathic listening (i.e., what the therapist could not hear, the 
patient would not be able to articulate). He also described the line between 
what was conscious and unconscious as a flexible line that is in part deter-
mined by the patient’s sense of safety with the therapist. This notion was 
radically different from the notion of a repression barrier and much closer 
to gestalt therapy’s notions of awareness and unawareness as a shifting 
figure–ground process shaped by field conditions. In essence, he seemed to 
be bringing a more present-centered focus to psychoanalysis, with emphasis 
on experience instead of on drives and an emphasis on how the patient’s 
experience of the therapeutic relationship was shaped in part by the analyst’s 
subjectivity, rather than on the relationship being a product of mere trans-
ference.

I left the talk excited; I finally saw a way to bridge my two interests, 
gestalt therapy and psychoanalytic thought. Stolorow was developing a 
psychoanalytic vision that was part of a fundamental paradigm shift that 
brrought psychoanalysis much closer to the humanistic theories than it did 
to classical psychoanalytic theories. This talk was my first exposure to the 
paradigm shift occurring in psychoanalysis, sometimes described as a shift 
from a one-person to a two-person model of human development.

Along with gestalt theory, contemporary analytic theories, such as 
Kohut’s and Stolorow’s, have developed in part as a reaction against the
perceived limitations of classical psychoanalysis. Contemporary analytic theories eschew the reductionism and determinism of classical psychoanalysis and the psychoanalytic tendency to minimize patients' own perspectives on their life struggles, as well as the psychological effects of their life experience. Whatever differences there may be among the contemporary theorists, some common threads comprise basic tenets of a contemporary perspective; and these tenets represent a fundamental humanistic, epistemological paradigm shift. The tenets are an emphasis on the whole person (and sense of self) rather than on mechanisms such as id, ego, and superego; an emphasis on subjectivity and affect; an appreciation of the impact of life events (e.g., childhood sexual abuse) on personality development; a belief that people are motivated toward growth and development rather than regression; a belief that infants are born with a basic motivation and capacity for personal interaction, attachment, and satisfaction; a belief that there is no "self" without an "other"; and a belief that the structure and contents of the mind are shaped by interactions with others rather than by instinctual urges. For the contemporary analyst, as for the gestalt therapist, it is meaningless to speak of a person in isolation from the person-in-relation.

As interpersonal analyst Stephen Mitchell wrote in 1988,

the past several decades have witnessed a revolution in the history of psychoanalytic ideas. Recent psychoanalytic contributions have been informed by a different vision: we have been living in an essentially post-Freudian era... We [people] are portrayed not as a conglomeration of physically based urges, but as being shaped by and inevitably embedded within a matrix of relationships with other people... Mind is composed of relational configurations. The person is comprehensible only within this tapestry of relationships, past and present. (p. 3)

Gestalt therapy's original theorizing was an expression of this shift, to some extent, in the 1950s and 1960s, but current cultural trends have made it easier to see the radical implications of the paradigm shift. Gestalt therapy perhaps was at the beginning of a wave, and psychoanalysis is riding that wave at its crest now. This shift often is described as a post-Cartesian perspective. Breaking out of Cartesianism (e.g., the tendency to think of human beings as having intrinsically separate, isolated, encapsulated psyches) is not easy for either gestalt therapy or psychoanalysis because Cartesian thought thoroughly infiltrates commonsense notions of reality. The efforts being made from within both schools represent exciting, cutting-edge scholarship regarding theories of therapy and of consciousness.

Within a year or so, I began weekly supervision with Stolorow, which I used not only for case study but also to discuss his writings with him. At about this time, in collaboration with others, his distinct contemporary psychoanalytic perspective (now called "intersubjectivity theory") was be-
ginnings to coalesce. My supervision with him began a sea change for me. Through his writings I began to grasp the meanings of Kohut's selfobject transferences. My clinical work was profoundly altered by this. Instead of listening to patients from the perspective of "what is this patient trying to do to me (i.e., what defenses, manipulations, or avoidances is the patient engaged in)?" I began to listen from the perspective of "what does the patient need from me in order to heal and grow (i.e., what developmental striving is being expressed)?"

Both questions, or listening perspectives, have a long history in gestalt therapy. The first reflects Perls's teachings that neurotic process involves the wish to use the environment for support at times when self-support is needed for healthy self-regulation. The second question reflects the radical field theory notion common today, perhaps most eloquently described in Wheeler (1996), that all psychological phenomena are coreshaped in interaction and that a patient may need a particular interactive climate to take the next step in his or her healing and development.

As I studied Stolorow's writings (see, especially, Stolorow, Brandchaft, & Atwood, 1987) and Kohut's ideas, however, I began to doubt the usefulness of the first listening stance, the one so heavily influenced by Reich. I began to appreciate Kohut's passion for listening to the patient in a sustained manner from within the patient's perspective. Instead of listening from a different frame of reference, one where I was judging the appropriateness of the patient's thoughts and feelings, I began to listen more systematically to how the patient's worldview could make perfect sense. Instead of how it might be a distortion of reality, especially when it did not match my own views, I listened for how it expressed a perspective that might actually expand my awareness. My own study and practice with Buber's notion of inclusion already had given me a head start in this direction. Certainly all good therapy involves some empathic grasp of the patient's perspective as he or she would want the therapist to know it, but Kohut emphasized listening systematically for sustained lengths of time from such a perspective. He also emphasized listening especially for how the therapist's interventions were affecting the patient. He argued that when a patient was thrown off, angered, or in some other way not receptive to the analyst's intervention, it did not mean that the patient was resistant to facing the truth. Rather it meant the analyst had lost touch with the patient's perspective and therefore had disrupted the needed selfobject tie to the analyst. Listening empathically seemed to encourage the development of selfobject tie, and the establishment, elaboration, and development of sophisticated selfobject relatedness seemed to be curative for the patient.

From my gestalt therapy perspective, I saw that Kohut was describing therapeutic listening that appeared to facilitate the patient's chances for establishing nourishing contact with the therapist and, eventually, with
others. As I watched my own work, I began to notice how my temptation to offer my patients some reality testing, to confront them with alternative perspectives, often came from my own frustration or from my feeling threatened and defensive. It seemed as though the listening stance that Kohut suggested was a good means for practicing the inclusion of what Buber had written, was an important ingredient for meeting the patient without an agenda of my own, and allowed me to be more faithful to the paradoxical theory of change. It was not an easy discipline to experiment with, but it was fruitful.

I am reminded of a telling experience with a patient. I had seen her for a number of years, once and twice weekly. She was easily hurt, especially by men, and quite afraid of them. She tended to interpret ambiguous interactions in ways that inevitably left her feeling hurt, betrayed, ashamed, angry, and once again set down by an insensitive man. I kept thinking that if only I could change her perspective just a little bit, she would suffer less. I thought she just needed to be able to "see around the corner," and a new perspective would open up. So I nudged her. I suggested alternative interpretations of the ambiguous interactions. I did this repeatedly, even though she kept telling me that I was hurting her, that I, like the others, did not understand her. I just could not restrain myself because I thought I could nudge her around that corner. Finally, with great exasperation, she told me the following story to illustrate her feelings about being with me:

I was driving on the freeway, when a motorcyclist riding next to me hit some debris in the road. He lost control and went flying across the hood of my car and landed on the center divider. I stopped, and so did a highway patrolman who had seen the accident. We rushed to help the man. He was conscious but bleeding from a head wound. The police officer snapped at him, "Damn it, this is what you get when you don't wear a helmet!" Now, Lynne, this guy was shocky and bleeding! This was not the time to talk about wearing a helmet! He needed some care and comfort, not a lecture!

That story lingers with me as a powerful reminder of the importance of listening from the patient's point of view. She let me know graphically that I was failing her in that regard and that she could listen to my point of view only much later, after her pain had subsided and after she had repeated experiences of having her perspective affirmed as legitimate.

This is one of the most important lessons I have learned by studying Kohut and Stolorow and by being in my own therapies, and it has been reconfirmed in countless clinical experiences; one is more likely to be open to alternative perspectives when one feels securely affirmed in one's current perspective. Time and again, I have noticed that when I try to argue against, convince, or otherwise, however gently, move patients into a different perspective, they become more committed to their current perspective, more
rigid and defensive. But if I can welcome their perspective, open myself to it even when it is full of anguish, then the forward-moving processes of life take over. The paradoxical nature of change is being carried by both patients and myself. Then the patients, who no longer feel under siege, disconfirmed, and unwelcome, can, over time, breathe and move, and their perspectives become more malleable and open to expansion, development, and change.

Meanwhile, the more I read in Stolorow’s writings of archaic longings and yearnings to be understood, the more some longings to be deeply understood were being awakened in me. Stolorow not only was talking about listening from an empathic perspective but also was saying that attunement to the flow of the patient’s emotions was particularly important. I decided to seek therapy from an intersubjective psychoanalytic therapist for myself. I was leery of seeking therapy with a psychoanalyst because I feared that an analyst would not be attuned to my emotional life, yet Stolorow’s writings and teachings were stirring my longings enough that I wanted to give it a try.

When I first consulted with my analyst, I told her that I was seeking help in understanding a writing inhibition. I thought that I wanted to write articles based on ideas I had developed over the past several years, yet I was unable to commit my thoughts to paper. I also said that I was not sure whether my desire to write was a genuine expression of my interests and aspirations or was a compliant obedience to an ideal that I and others had for me.

Then I confessed why I had truly sought her out. In my study with Stolorow of self psychology and what was later known as “intersubjectivity theory,” I was experiencing the emergence both of hope and of painful longings and yearnings to be understood at a level that I had thought heretofore impossible. I described myself as living always behind a transparent wall between me and the “world out there.” I thought that as a result of my prior therapy I had “thinned out the wall” and had frequently emerged from behind it, but only temporarily. In the past year or so, I seemed to be slipping further back into isolation. I sheepishly admitted to identifying myself as “schizoid,” in the sense of being a person who is emotionally isolated, frightened, and ashamed of her needs for human engagement and who hovers on the fringes of social groups as a compromise between total isolation and terrifying intimacy. I expressed a wish to move beneath the level of “schizoid compromise,” although I also had grave doubts as to whether such a radical restructuring of my self-experience was possible.

I told her that I had chosen to interview her after reading an article she had written in which it was clear that she had an intersubjective orientation and was particularly attuned to the patient's emotional experiences on a moment-by-moment basis. This was unusual for an analyst, but I thought if there was any hope for me at all, it rested in a therapeutic
relationship wherein exploration of affect and the methodology of affect attunement were central. Although I was too embarrassed to tell her at the time, I had felt reassured of her potential to be tolerant of my depressive affects, particularly my prolonged bouts with despair, when I read the case example she used in her article.

I remember that I was struck in the first session by this therapist's warmth and responsiveness. I was not particularly compelled by her interpretations, but I was confident that she would listen with her feelings to hear and respond to my feelings, which was a great relief. She truly “pushed the envelope” on affect attunement as a mode of listening. Affect attunement incorporated listening from within the patient's frame of reference, especially listening and responding to the affective tone the patient was communicating. That mode of listening, coupled with her close attention to exploring the nuances of her impact on me, especially the negative impact on me when she was misattuned, was transformative for me. She strove to make contact with every emotional experience I had, however wispy or insubstantial and fleeting it might be. As a result, my emotional life became more robust, vivid, and, most surprising to me, my experience of myself in the world changed dramatically. I moved from a vision of myself as having certain experiences that were fundamentally impossible to share with others to a vision of myself that holds that all of my experiences are potentially shareable. I no longer live with a sense that at least some dimension of my experiential world is intractably isolated.

Now my work with my own patients began to reflect the experiences I was having in my analysis. I listened closely to their version of themselves, and I watched closely for signs that my listening failed to meet them, in even slight ways. The effect on my patients was dramatic. Almost to a one, over the course of the next several months, my patients spoke of how much safer they felt to bring their most vulnerable sense of themselves into the dialogue with me. They were speaking of things they had not been able to verbalize previously. They were braver and more forthright with their own anguish because they worried less about my judgments, and they were braver in pointing out both my positive and my deleterious effects on them. I had thought of myself as working deeply with my patients before, but our work deepened considerably as I listened in this more careful, systematically attuned way. I am humbled now as I think back on the difference such a change in my attitude, or my listening stance, has made in my patients' lives.

Another interesting parallel is that some of my patients began to increase the frequency of our sessions. The same thing had happened to me with my analyst. The exquisite experience of being with someone who listened so well, so deeply, and with such feeling, drew me like a magnet. In no time I was seeing her 5 times per week. Now that I was working in a similar vein, my patients also were drawn to come more frequently, and
many have engaged in profoundly transformative therapeutic-analytic processes.

A few years later, I decided to seek psychoanalytic training at a contemporary analytic institute, in part because I was enthralled with the intelligent and thoughtful conversations I was having with analysts such as Bob Stolorow. I was not disappointed by the quality of the discourse at the Institute of Contemporary Psychoanalysis. I learned how to think critically about theories of therapy and about epistemological foundations, and I continued to synthesize contemporary psychoanalytic thought with gestalt theory and practice. I loved my years as a candidate, and now that I am a supervising and training analyst, I thoroughly enjoy mentoring other analysts.

MY CURRENT APPROACH

My analytic colleagues have asked me whether I consider myself an analyst first and a gestalt therapist second, or the reverse. I find that to be an interesting and complex question. In my bones I am a gestalt therapist, in the sense that I live and breathe here-and-now, affective immediacy, and person-to-person engagement. I sometimes think that I have learned how to think about and understand what I am doing by studying psychoanalysis, which is a thoughtful discipline. But I learned most of the praxis of therapy from my immersion in the experientially based training in gestalt therapy and from my personal therapy. The two major exceptions are that I learned about sustained listening from the empathic perspective from my supervision with Bob Stolorow and I learned not just the method but also the enormous transformative power of affect attunement from my analysis. Both the empathic listening perspective and affect attunement dominate my clinical approach, yet they are embedded within a gestalt therapy sensibility. Or is it better said that my gestalt-bred passion and skill with here-and-now, affectively engaged dialogue are now embedded within a contemporary analytic sensibility? I suppose it depends on with whom I am speaking at a given moment. Hence my identity is as a "gestalt psychoanalyst."

When I teach analysts about affect attunement, I often think they would benefit from a year of gestalt therapy training. Gestalt therapists, however, likewise would benefit greatly from a year of coursework in psychoanalysis and especially, perhaps, immersion in intersubjectivity theory. I firmly believe that what makes me a good analyst is my grounding as a gestalt therapist, yet culturally, at this point I may be more comfortable among analysts than gestalt therapists. Part of analytic training is an intense socialization into the identity of "analyst." Analysts develop an insider language and sensibility that alienate us just a bit from other therapists. Also analytic conversation is expansive, questioning, and full of ferment.
and excitement. I love being immersed among people with such exploratory mindsets. When it comes to teaching and the development of the praxis of therapy, I prefer teaching gestalt therapists rather than analysts, because their native understanding of therapy is much closer to my own. In fact, my latest excitement is a gestalt training program, developed with my gestalt therapy colleague Gary Yontef, called "relational gestalt training." In this program we have developed an approach in gestalt therapy that places greater emphasis on enduring relational themes as they evolve over the course of therapy. As I said at the beginning of the chapter, this approach combines my view of the best of gestalt therapy and the best of contemporary psychoanalysis, all revolving around my primary interest in how the relationship heals. I could not be happier, even if I do not exactly know where I best fit anymore.

I also do not know where I shall be in 5 years. When I started gestalt training, I never dreamed I would end up undergoing psychoanalytic training and two personal analyses (one of which has been transformative for me, the other of which has helped me radically change my sense of "place" in the world and helped me expand personally and professionally). As my analytic training took me deeper and deeper into the sanctum of psychoanalytic culture, I thought I might drift away from gestalt therapy. Instead I find myself with renewed excitement about and energy for expanding gestalt therapy praxis. So who knows what awaits tomorrow.

CONCLUSION

As I come to the end of my story, I am frustrated at how much I had to leave out, for instance, about my experiences as a patient in both cultures (I have been fortunate enough to have been profoundly positively affected by all of my therapies). I had to leave out much of the theoretical substrate of thought that has influenced me. My psychoanalytic years have been incredibly fertile and invigorating, and I think I have given those years short shrift. I realize only now, looking back over what I have written that along with my training, supervision, personal therapies, and clinical experiences, the written word has been a major influence on my professional direction. This is apparently true for my personal direction as well, since I met my life partner in a bookstore! I have to reign in my passion to explain to you, the reader, why I like this or that approach or concept. I wish I could just talk with you, a long and languorous conversation about how we each are developing as therapists. I also wonder how I would write my story differently if I were 10 years older. What an intriguing exercise!
REFERENCES


