

CHAPTER 16

A CHILD WITH A STOMACHACHE: Fusion of Psychoanalytic Concepts and Gestalt Techniques

Ruth C. Cohn

Nine-year-old Laura is the daughter of friends of mine. Both parents are psychotherapists who enjoy a close relationship with their three daughters. Over the past few years I have spent several weekends at their home in the country.

Several months ago, Elaine (Laura's mother), while driving me to their house, told me that she was upset about Laura, who had complained about constant severe stomachaches for several weeks. Laura described them as being very distressing, and she had frequent crying spells. Elaine's father had recently died after a prolonged illness and several operations. The parents had spent a great deal of time away from their children, caring for the failing father and supporting anxious family members.

Laura had previously suffered from severe stomachaches when she was upset. Elaine remembered the first incident as occurring after the dismissal of her baby nurse, when Laura was one year old. But at all previous times the stomach pains had subsided quickly. This time the symptoms were so persistent that the physician suggested a G.I. series, even though there had been some lessening of the pain when the grandmother had spent a few days in their house.

Elaine, in telling me about Laura's trouble, appeared low in energy and spirit. She felt physically and emotionally drained by the demands of her family and the loss of her father. She had failed to get as close to him as she would have wished before the finality of his death. When I suggested that she take a short vacation away from the family

and her other obligations, she responded that Laura's physical pain and emotional distress would make this impossible.

I offered to speak with Laura who, two years earlier, had participated in an experimental Two-Family Weekend Workshop under my guidance.⁴ Upon our arrival at the house, Laura behaved as if she had been present during my conversation with her mother. Several times she approached me with a warm, entreating smile and words such as, "I'm so glad you are here"; . . . "I'm so glad you could come." We had planned that Laura's mother would talk to her about a session with me in her father's office. However, since Laura approached me directly, I responded by stating that I knew something about bad stomachaches and sometimes could be of help. Laura excitedly told her family about my suggestion and rushed me into the guest room for her "private session."

I had Laura lie on the bed and placed my hand on her stomach, asking her to tell me where it hurt. She pointed to the right side to a spot just under her rib cage. This spot remained the site of the pain throughout the session.

I asked her what kind of pain it was, and she said that the doctor had asked her the same question. "But it's not like a knife or fire or burning."

After more questioning, she said, "It's like a weight."

I asked what kind of weight it was: "Like a thing, or an animal, or something else?"

She said without hesitation; "It's like a person."

"Give the person a name, Laura."

"His name is Chuck. All Chucks I know are overweight."

I asked her about the Chucks she knew.

"Chuck is a lawyer, and I know one other Chuck."

"Who is the other Chuck?"

"Another very nice man."

Repeatedly throughout the session I suggested she stay with the physical symptom and describe it fully, or "let it talk." Meanwhile I

⁴This workshop was held under the auspices of the Membership Workshop of the American Academy of Psychotherapists.

moved my hand slightly over the place where it hurt, sometimes putting varying degrees of pressure on the painful spot.

“How does my hand feel now?”

“Like a weight.”

“And now, when I take it off?”

“The weight is still there.”

Gradually, as the session continued, Laura observed that there was less pain, but that it was still there.

“Is the pain usually the same, or does it get worse at times?”

“It’s always worse at night or when I have a fight with Kathy. But, it’s always there, even when I am happy and don’t feel it much. It’s always there, even when I don’t know it’s there.”

“What does the pain say at night . . . to Kathy?”

“It says, ‘Kathy, drop dead.’ Mommy is always on Kathy’s side. She is always getting her way, and Mommy believes what she says.”

“And then you would like to say, ‘Mommy, drop dead.’ ”

“No, but at night I am so scared.”

“What does the night say?”

“There is an evil spirit in the house, and it says, ‘You have committed a mortal sin.’ ”

“What else does the evil spirit say?”

“He has come from Grandpa’s graveyard. He has come to us because he cannot go to Grandma because she would be too old and frightened. And we are the next after Grandma. Grandpa has done something that he didn’t like, and so he is haunting him. I touched Grandpa, and so the scent Laura pronounced it ‘skent’) of death is on me and all of us.”

“And so the evil spirit says someone else has to die?”

“Yes, and I always think next will be Grandma, but after that it will be me.”

“Grandma is the oldest, but you are the youngest. How come it will be you?”

“Because I am so bad.”

“You really are? Isn’t it Kathy who you think is really bad? And Mommy?”

(Laura smiled.)

“Pretend you are the evil spirit. Now be very evil and go through the house scaring people.”

“There is a big meeting downstairs with the president and all the big ministers, and they are talking about rockets which will blow up the world if they don’t do something. And the evil spirit blows up all the papers and things, and so the world will come to an end.”

“Do it all over again now, Laura, in your own house. There is a meeting and you are the evil spirit. Not ‘it’ or ‘he.’ You play the evil spirit and say, ‘I, the evil spirit . . .’ “

“Okay, Daddy has a meeting and he talks, and I am the evil spirit and the evil spirit unties Daddy’s shoelaces and pushes his fingers through his hair so all the dandruff gets into his eyes and he has trouble looking around.”

“Laura, do you think your father has trouble looking around with all the dandruff in his eyes?”

“No.”

“But you thought, as the evil spirit, that you could do that, make him not see what you don’t want him to see. You can think Kathy should drop dead, and your mother should drop dead, and you can wish this, and you can feel this — but that doesn’t make it happen. This is very important to learn, Laura, that we can wish and feel an awful lot of things, and this is fun and good to do, but it doesn’t make them happen.

“Did you wish your grandfather would die when your parents visited him so often and everybody was concerned about him rather than about anybody else, and you were alone so often?”

“No, I didn’t wish him dead, but when I didn’t go to my lesson, I told a friend to tell the teacher I had to go to my grandfather’s funeral, and then he really died. And a friend of mine told me the same thing happened to her when she told a lie.”

Laura then went into details about the noises the evil spirit made at night and her symptoms of anxiety.

I advised her to use her loudest voice in the dark when the evil spirit came around, and to talk back, playing the evil spirit as she had just done. I also made some practical suggestions such as remaining on a bland diet and using a hot-water bottle on her stomach.

The next morning Laura saw me and her father together and asked whether I had “told him the whole thing.” I said truthfully that I had given him a summarizing report, but not any facts. Laura immediately, almost verbatim, told him what had happened in the

session, forgetting only my saying that wishes didn't have the power of deed. She also demonstrated the same difficulty in pretending that she was the evil spirit that she had experienced in her session, and repeatedly verbalized, ". . . and he untied Daddy's shoelaces." I consistently corrected this into, "I, the evil spirit, untied Daddy's shoelaces."

Shortly thereafter, Laura repeated the story to her mother, this time stressing "the most important thing" she had learned, that "wishes are feelings and don't make things happen, like dying."

Later in the day she asked for another session. But both of us were tired, and little additional transpired. She did, however, report that while she was telling her father the story of the session in my presence, she had the fantasy, "What would Mamma think if she came in when the evil spirit spoke about dandruff in Daddy's eyes?"

In this second session Laura inquired about the likelihood of her grandfather's ghost being in the house. I told her that I would rather believe that it was not ghosts walking about, but old wooden floors cracking because of temperature changes, or her father's steps walking to the bathroom.*

Seven weeks later I revisited the family. In the interim Laura had not suffered from stomachaches or crying spells, nor had she mentioned me in either a positive or negative way. When I entered the house, she greeted me in her usual friendly manner and immediately said, "I have no more stomachaches." She remained friendly, but showed no special interest in me throughout my weekend visit. Four months later, when I visited again, she did not mention her stomachache or our "special relationship" at all. Her parents confirmed the disappearance of all symptoms.

COMMENTS AND DISCUSSION

*Prior to Laura's telling the evil-spirit story to her father, I had spent some time alone with him. He told me about his personal experience during his father-in-law's illness and his own feelings of helplessness about the medical problems involved. He also felt upset and anxious alone with the children while his wife stayed with her parents. Several nights he awoke at 2 a.m., vaguely feeling a "presence" in the house. He turned on the light, went to the bathroom, and then went back to sleep

The existing training and experience barriers among psychotherapeutic schools have been my concern for a long time. It seems timely to declare these barriers obsolete, so that the choice of treatment can be based on the patient's needs in terms of diagnosis, history, and present life situation, as well as on the therapist's personality. Therapists-in-training should be exposed to the various concepts, methods, and techniques of all relevant schools of therapy.

In former years I would never have offered assistance involving any psychotherapeutic intent or techniques to a friend. As a psychoanalyst I found myself in agreement with my colleagues, that the transference and reality confusion would interfere with both the personal relationship and the therapeutic intent. In fact, it was an analyst friend (John Brinley) and I who coined the aphorism: "Never practice on a friend — you will have neither."

However, in recent years, employing a variety of therapeutic skills, I have occasionally and under very special circumstances used Gestalt therapeutic techniques with colleagues and other friends in situations of acute psychosomatic pain, panic, or depressions (often as a bridge to psychotherapy with someone else). Under these carefully selected circumstances, no detrimental results to either the person in distress or the friendship have occurred. The use of the Gestalt therapeutic maxim of staying close to the patient's immediate experience and recognition of his feeling in the present appears to diminish the danger of inducing surplus transference elements into the personal relationship.

I chose to have a therapeutic session with Laura because of the possibility that one interview with me might be helpful in determining the weight of psychosomatic components in her stomachaches and distress, prior to, or instead of, a G.I. series. Since the child as well as the family had had a previous psychotherapeutic experience with me through the experimental Family Workshop two years earlier, and a generally trusting relationship already existed, a session with Laura seemed more appropriate in this specific situation than placing on mother and child the additional stress of visiting with another therapist.

The described session contains both Gestalt and psychoanalytic techniques, filtered through my personal style of therapy, which is an outgrowth of my interest in psychosomatic approaches in psychoanalysis

and training of emotional skill.⁵ The placing of my hand on the little girl's stomach and asking, "Where and how does it hurt?" and "How does my hand feel?" reflects the immediacy of Gestalt techniques, which promote awareness of body and feeling. Laura's response led to a description of "a weight which feels like a person" — a man, a lovable (but heavy) man. My thoughts connected her words to a psychoanalytic frame of reference. I perceived the statement as an expression of a positive but "weightful" relationship to, and desire for, intimate contact with her father. My question, however, remained within the noninterpretative here-and-now technique: "How does my hand feel now?" . . . "What does the night say?" . . . "What does the evil spirit say?" Psychoanalytic questions would have been: "Why are you scared at night?" . . . "What do you think about in the night?" . . . "What do you hear at night?" . . . "What bad things have happened to you at night?" Cruder, premature psychoanalytic interpretations would have been: "Perhaps you have bad thoughts, or do things you feel are bad like playing with yourself." The simple question, "What does the night say?" led directly into the immediate, painful area of conflict expressed as the "evil spirit." Again I avoided questions about the meaning of the "evil spirit" or "mortal sin." I did not investigate how the Catholic concept of mortal sin had entered this Jewish girl's mind, but simply asked what the evil spirit said. This led to an emotionally alive description of Laura's fears.

Preceding the evil-spirit theme, I used one analytic "there-and-then" question: "Is the pain usually the same, or does it get worse at times?" This question, as well as the interpretative hunch that she would like to see her mother or sister, or both, drop dead, represent psychoanalytic hypotheses. They were meant to lead, and did, into the awareness of connections between the acute symptoms of increasing pain

⁵I have introduced the concept of "Emotional Skill" in teaching how a person can be trained to employ his emotions consistently for useful purposes. In psychotherapy as well as in other living and creative endeavors, we can feel, acknowledge, and use our feelings such as tenderness, hostility, fear, and rage, consciously and constructively. We can train such awareness of emotions with special techniques, that is, in theme-centered interactional workshops. A description of my work in this area is presently being prepared for publication.

at night and rivalry conflicts. Yet, again, rather than analytically pursuing interpretations of night and rivalry episodes, I simply asked the here-and-now question, “What does the pain say?” Although Laura overtly rejected the interpretation of wishing Mommy to drop dead, she responded immediately by talking about the “evil spirit,” which to me seemed to confirm the analytic interpretation: the evil spirit wants to explode the world or to invade the man — father world in which a little girl cannot succeed.

I used Laura’s evil-spirit concept for therapeutic and educational purposes:

1. Feelings, even bad ones, are good to experience; they are essential for living.
2. In themselves, feelings and wishes have no outside power. They are expressions, not deeds — they do not kill.
3. The “evil spirit” is a projection from inner feelings into the outer world. The evil spirit needs to be experienced as something within, as a legitimate feeling, and not as an outside powerful agent.

These thoughts belong in the psychoanalytic conceptual framework but were used here in combination with Frederick Perls’s techniques, such as “speak of I, not of it or he” and his encouraging, sometimes even insisting on, direct speech, such as “I, the evil spirit, want to . . .”

Another analytic there-and-then interpretation was, “Did you wish your grandfather would die?” Again Laura overtly rejected the interpretation but responded with the communication of her fear that she had omnipotent power to kill her grandfather by her lie to the teacher.

The practical suggestions about diet, hot-water bottle, and importance of medical care had been discussed with her parents prior to the session and served as a bridge to their authority.

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training analyst, teaching courses for the Post Graduate Center for Psychotherapy. She has been active in the American Academy of Psychotherapists, serving as an officer and on the editorial board of the journal, *Voices*. She has made numerous presentations and demonstrations of her approach at regional and national meetings and workshops. Her more recent work has been in experiential and Gestalt therapy, and she has developed the interactional theme-centered workshop approach for working with groups. She is the founder and director of the Workshop for Living-Learning in New York and works intensively in the training of group leaders and therapists. Mrs. Cohn has published a number of articles on psychotherapy.

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