A CASE PRESENTATION IN GESTALT THERAPY: II

Robert Harman
— Presenter

Rudolph Bauer
Harvey Freedman
Laura Perls
— Respondents

Jack Aylward
— Moderator

The final event at The Gestalt Journal's Seventh Annual Conference on the Theory and Practice of Gestalt Therapy held May 17th, 18th, and 19th, 1985, in Provincetown, Massachusetts, was a case presentation in Gestalt therapy. A transcription of the presentation and responses was edited for publication here.

AYLWARD: I'd like to begin by introducing our presenter, Robert Harman. I'm sure those of you who have been attending our conferences will recognize Bob. He holds a doctorate from the University of Nebraska in Lincoln and has been practicing Gestalt therapy for about twelve years. Currently, he is in private practice and is the director of the Counseling Center for the University of Central Florida in Orlando. Before that, Bob was at the University of Kentucky at Lexington and, while there, founded the Gestalt Institute of Kentucky. Most of his training in Gestalt therapy was with Jim Simkin. He completed Jim's 300 hour training program. Bob has also been active in workshops and symposia and his articles have appeared in The Gestalt Journal, focusing on such topics as contact bound-
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aries, impotent males, marriage and family, research and supervision issues. In addition, he has authored many articles on Gestalt therapy that have appeared in a variety of professional journals.

Now I'd like to introduce our panelists. First we have Harvey Freedman, a psychiatrist from Toronto. Harvey has a diploma in psychiatry and is a fellow in the Royal College of Physicians and Surgeons. He is currently an associate professor in the Department of Psychiatry at the University of Toronto. In addition to maintaining a private practice, he also serves as consultant to the Metropolitan Children’s Aid Society in Toronto, the Jewish Family and Child Service, Central Toronto Youth Services, Counseling Services for the Province of Ontario, and as a faculty member at the Gestalt Institute of Tokyo. Most of his Gestalt training was done with Frederick Perls between 1965 and 1970. He was the founder of the Gestalt Institute of Toronto.

Those of you who were here for our last case presentation recognize Rudolph Bauer, last year’s presenter. Rudy holds a Ph.D. in clinical psychology and is a diplomate in clinical psychology of the American Board of Professional Psychology. Presently, he is the director of the Psychotherapy Training Center in Washington, D.C. and is on the clinical faculty of the University of Maryland Medical School. He was trained at The Gestalt Training Center — San Diego with Erving and Miriam Polster. He has published numerous articles on hypnosis, object relations theory, and Gestalt therapy.

Next is Laura Perls. Laura, as you know, is one of the founders of the New York Institute for Gestalt Therapy, which began in 1952 after the publication of Gestalt Therapy: Excitement and Growth in the Human Personality. Prior to involvement in Gestalt therapy, she was active in Gestalt psychology and completed her doctorate in 1932 on visual perception involving color contrast and constancy from a Gestalt psychology perspective.

We will begin by having Bob present his case.

HARMAN: I'd like to tell you a little bit more about my background. I think that may help in understanding how I practice Gestalt therapy. I was born in a farm house in rural Missouri in the same bedroom in which my father and older brother were delivered, by the same country doctor and the same midwife who delivered all three of us. I grew up in a warm, supporting network of grandparents and other adults who always seemed to be available to a boy in time of need. I was somewhat surprised when I
went away to college to find that the rest of the world didn’t know who I was and didn’t care. When you grow up in a town with a population of 218, every place you go people will offer you a drink of water or a cookie. When I went away to the big city, which for me was Jefferson City, Missouri, population 25,000, no one knew who I was. My father was a gentleman farmer and was drafted, not by the military but by the school system. When the war started he was one of the few men around that part of the country with a college education, and it was then that he discovered his love which was coaching basketball and teaching kids, at which he was good.

This is my second career. My first career was in sports and I originally went to college on a basketball scholarship and coached for three years. I liked it, but gave it up when I counted one night that for twenty-two nights in a row I hadn’t been home to put my kid to bed. I decided at that point that wasn’t the lifestyle that I wanted to live. Now I’m out twenty-two nights in a row doing private practice, but it doesn’t seem to matter.

In the early 1970s (and some of you who work in universities and other agencies might remember this) we sometimes had a surplus of funds we’d received from one agency or another. One day my boss came to me and said, “Bob, we’ve got some money that if we don’t spend we’ll have to give back, and we’ll never get it again.” So I hurriedly looked through some mailings that I’d saved and I saw that Erving Polster was giving a workshop in Cincinnati. I lived in Lexington, Kentucky, which isn’t far, so I went. I don’t think I opened my mouth there although I was spellbound by what I saw happening. I decided, “This is for me!” Shortly thereafter I saw an ad in the APA Monitor by this guy named Jim Simkin of whom I had not heard and didn’t know. Without consulting my family or my wife, I sent in my deposit. I wrote him the next day and said, “Oh, if you don’t find me qualified do I get my deposit back?” Jim took me and so I did most of my training with him. I think that’s enough history.

When Joe Wysong called and invited me to present this year’s case, I had several thoughts. It would be nice to present a case in which everything worked perfectly, all of my interventions brilliant, and the client cured. That would be a nice ego-trip. Some people who know me tell me that I don’t need ego trips, so I decided instead to select a case with which I’m struggling today. I’m currently seeing a female client whom I’ve been seeing for about eighteen months. I will probably continue to see her
for at least another six months. Some of the work has been good; some of it bad. Some things have worked and some things have fallen flat.

I have divided the presentation into three portions. In the first part I'll acquaint you with the case. Her name is Rose and I could title this, "The Case of Rose; or, Will She Fit in a Toyota?" I hope to give you the essence of what it was like for me sitting across from her during therapy. I'm then going to describe some of the therapy; and, finally, we'll talk about the case from some theoretical perspectives.

I asked Rose if it would be O.K. for me to present her here and she said, "Yes." I also asked her to write something for me to include here and she readily agreed to do it and never delivered the material. I saw her last week and she apologetically said that she had written material but had misplaced it. She does know that we're talking about her this morning and it's O.K. with her.

I'm not the first therapist Rose has seen. Before moving to Florida she had worked in some mental health centers in West Virginia and Indiana but, according to her report, had not stayed with anyone very long. Rose was 36 when I met her. She is now 38. She heard me speak at the University of Central Florida in "Careers in Psychology," a mandatory class that every psychology major must take. She then came for an appointment. She had forgotten my name and was assigned to someone else on the Counseling Center staff. Rose, who calls herself "non-assertive," assertively and apologetically asked to be switched to the guy who had come to talk to her "Careers in Psych" class. And so the receptionist went down the row and said, "Hey, who talked to a 'Careers' class?" I acknowledged that it was me and I took her as a client. That was my first contact with her.

She has seen me regularly now for eighteen months with an eight week sabbatical when she asked my permission not to come. She wanted to go to a women's group about which she had heard. I told her, "You don't need my permission. Do what you think is best for yourself." So, she didn't come for eight weeks and went to this group.

When I first started working with her she told me she was 75 pounds overweight. I would have guessed a hundred to a hundred and fifty. My estimate of her weight was that she probably weighed 250 to 275 pounds.

Some of her history: Rose started college out of high school and completed her freshman year and then married. She was married at 19
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and divorced five years later. About six months before she came for therapy, she had ended a relationship with a male with whom she had lived for two years. This was when she began to put on weight. She claimed she gained all of her weight in the span of a year.

Although not revealed to me until later in her therapy, she had a sexually incestuous relationship with her father from age thirteen to age fifteen. He had forced her to comply with his sexual wishes for two years. She was, of course, tremendously guilty, resentful and angry about this and we later explored this extensively.

In our initial encounter in my office I said to Rose, “Rose what do you want?”

She responded that she wanted to work on “her depression and some unresolved issues with her mother.” Because I didn’t know her well I didn’t comment that she sounded somewhat rehearsed to me. During our first session I was struck by two very unusual pieces of nonverbal behavior that she exhibited. Try to remember this: when I spoke she pushed back in her chair as far as she could go, opened her eyes as wide as possible, and held her breath. So, this is what I saw — this huge woman pushed back in her chair with her eyes open as wide as they could possibly go and her chest inflated as far as it could possibly go. As I spoke she maintained this awkward position while exhaling with such force I could feel it across the room. I thought this would be something fine with which to work and so my first comment was, “Are you aware of your expression?”

“No.”

“Well, would you be willing to stay as you are and focus your awareness on your face?”

“Yes.” Nothing.

So, “Well, Rose, what do you experience with your face?”

“Well, I can feel my eyes open.”

“Well, to me you look terrified or terror-stricken.”

Her response was, “That’s interesting,” which I later reframed to mean, “That doesn’t mean shit to me, Bob.”

Almost everything I did with her nonverbal behavior fell flat. She complied with every request I made (I’m going to say more about her compliant behavior later) and she got nothing from it.

Later, I experimented with her blowing and said things to her like, “Are you trying to blow me over?”

“No.” And that simply got nowhere. That kind of work on my part
has continued to go that way for eighteen months. So I naturally tried a few other things along the way.

I did notice what I describe as her over-inflated chest. Keep in mind she is a large woman and she told me that before she gained weight that she had large breasts and that men frequently focused their attention on them. She inflated herself in such a way that it exaggerated the appearance of her breasts and they seemed to be presented to me, as I described them to her at one point.

In working with her expressivity, I mimed her. I said, "Look at me when I do what you’re doing and see what this looks like for you." I put myself into the same position and tried to get that expression the way she did and it meant nothing to her. I held a hand mirror up in front of her and said, "Look at yourself. What do you look like here?" That meant very little. I asked her to exaggerate, and she complied and attempted to exaggerate and that meant very little to her.

I'd like to add that in spite of her size and this kind of behavior she looked fragile to me. I can not define what particularly looked fragile because she certainly is big, but her expression and the way she moved looked fragile. That’s what the appearance of her was like when she sat across from me. So try to visualize that you are working with this large woman who is pushed back (this is early in our therapy), who looks terrified, and who does strange things with her breathing and holds her chest out.

Rose is very much into controlling herself. She tried desperately not to express any feelings, especially feelings of tenderness or anger. Once or twice she felt a little sexy in the sessions and was very embarrassed by that. She tried to control her tears at all times and said things to me like, "I bet you get tired of me coming in here and losing it," and then not hear me when I replied, "No, I don’t get tired of you coming in here and losing it. I get tired of you coming in here and not hearing me." And she did not hear that very well, especially early in therapy. She does hear me some now.

As you might imagine, she brought with her tremendous feelings of guilt, anger, and resentment toward her father. She said things like, "I should have stopped him sooner. I am the guilty party in this." And she was angry at her mother. Her mother should have known that this was going on. Her mother should have put a stop to it. She was angry at me at times for being male. She was very, very self-critical of herself for many
things, including the incestuous relationship with her father. She somehow blamed herself for what happened between her and her father. It was difficult work, and I think we worked through that some to a point where she no longer feels that way. Some of her anger was directed outward toward her mother, and we worked through that.

Now, in spite of all this anger (which also included her brother, who was in and out of the house while this incest was going on and claimed to not know about it), Rose saw her role as holding the family together when I first started working with her. In some ways she had become the family mother. Her parents were divorced and had been for many years. Her mother lived in Indiana, her father lived about fifty miles from Orlando, Florida, and her brother lived in West Virginia.

Rose came in some times extremely stressed after having been on the phone for hours the night before listening to her mother complain about not having money, about her illness, about this and about that. Rose called her brother who was closer but he did nothing. Sometimes she came for her session after a trip to her father's to do something to rescue him out of some financial difficulty or some other kind of trouble. So she appeared to have taken on the role of the family rescuer and was very stressed by all this behavior. She literally was spending hours on the phone with her hypocondriacal mother. The picture I had of her mother was of a sickly, old, semi-invalid woman who could barely take care of herself. Imagine my surprise one day when Rose said her mother walked into town every day, three miles, worked eight hours in a garment factory, and then walked home again. And here was Rose, trying to take care of the woman! Her father lived nearby and sometimes had work and sometimes didn't, had remarried, and had a fourteen year-old son about whom we're going to talk about later.

The early months of working with Rose seemed difficult to me and in my supervision of myself I said things like, "Bob, you're working too hard. You're trying too hard. Perhaps you're expecting too much. Lay back a little. Relax." When I did little nothing happened; when I tried nothing much happened either, so I finally looked for some kind of happy medium. I felt frustrated in her lack of interest in developing her awareness.

Sometimes Rose asked me, "What's it like?" or "How do you like working with me?"

I said things like, "Well, it's somewhat frustrating to me, Rose, because you don't appear to be interested in your own experience or your own awareness," and then she felt criticized.
Rose frequently felt caught when I gave her an observation. Once she said something about having spent a lot of time on the weekend over at her father's. I said something like, "So you're still taking care of your father."

To her that was a very critical comment on my part and she said something like, "You got me again." She usually said something that indicated that she felt criticized and caught by my comments. My hunch is that since she was self-critical she was projecting her criticism onto me and imagining I was doing it to her.

One other thing I forgot to mention earlier was Rose's voice. She spoke as if her voice came from way up here in her throat. After experimenting with her voice a couple of times and getting nowhere, I asked her if she could teach me how to talk like that. (You might want to try this as I describe it to you.) First of all, you have to take a deep breath. And then hold in your air and speak without exhaling. That's how Rose talked to me most of the time—and that's not easy. This explains some of her over-inflated chest. It was a strain for her to get her voice out. When we did that experiment, it was the first time that Rose ever laughed in our sessions. After she taught me and I spoke in her manner, I said, "Rose, I would prefer having Willie Nelson as my vocal teacher." She knew who Willie Nelson was and thought that was nice and gave me a little smile. I think she gave it grudgingly.

Gradually, after six months or so, she had loosened a little bit and felt a little more secure and trusting with me. She seemed responsive to my warmth, my humor, my persistence, and my presence. She referred a friend to me who was a fellow student, and she described me to the friend as warm and unrelenting. She seemed most responsive to what Gary Yontef calls the dialogic aspects of Gestalt therapy and she liked what she called my zingers, which I didn't really feel were very zingy. One time we worked on her hurt. She was hurt deeply by the relationship with her father, by her relationship with her ex-husband, and her ex-lover. As she described them my hunch was that they all fit in the same mold. They were not physically abusive to her. They didn't beat her. They were verbally abusive, non-feeling men. We were working on this one day and I said something like, "So you've been used and abused by men and now you are a wounded woman."

This opened a floodgate of tears for Rose and she had the first emotional explosion that she'd ever had in my office. She cried uncontrollably and I offered to hold her, which she refused. I offered to comfort
her in some way and she held up her hands as if saying, "Keep your distance!" Nevertheless, I believe that in this session there was some genuine opening and expression and some finishing of this pain. It appeared to me that her breathing was becoming a little more fluid and this helped her generate more self-support. After she had finished this strong emotional outpouring, she said something to me like, "All men are shits."

I responded, "Hmm, I'm a man. Where do I fit into that model?"

She refused to respond other than to say, "You don't." I believe that at this point she began to acknowledge me as a real person and not as someone who had some need to take advantage of her or to use her in some way.

During the first year of therapy she dreaded coming to our sessions and frequently would describe to me how she was thinking of calling to cancel. Her style of coming for our sessions was to come from work instead of coming from class. She worked part time then, and she worked next to a Convenient Food Store. She'd go from work to the Convenient Store and buy a package of Pepperidge Farm cookies and would eat all of them on the ten minute drive from work to my office. So she filled up as much as she could on the way to our sessions.

Her description of me at another time was that I demanded to be acknowledged as a person. "You demand to be acknowledged as a person." I didn't know I was quite that strong although I did feel persistent in being there.

I experimented with her need to fill up. I don't know if there was any connection, but in the sessions she had a very difficult time with silence and wanted to fill up our periods of silence with something. She blushed. She did not allow herself to be withdrawn and to simply be aware of where she went. She started talking about anything and tried to fill up our silence just as she tried to fill up herself most of the time. She ate enormous quantities of junk food, not only Pepperidge Farm cookies (if you come from the mountains, you know what an Old Moon Pie is), and Ding Dongs, and things of that kind. She typically washed them down with a giant sized Pepsi. So she took in enormous amounts of calories just going from one place to another. I asked her about this one time and she said, "Well, there are times when I just have to put something sweet into my mouth." I don't miss too many opportunities to work with things in a session, so I asked her if she could reverse that and she did what I call "went brain damaged on me" and played dumb. I refused to rescue her,
and she fumbled around and finally said, "Oh, you mean could I let something sweet out of my mouth?"

I said, "Sure, that's what I was thinking of. Could you say something sweet to me?"

She said, "No."

I said, "Well, does letting anything sweet out of your mouth have any meaning to you?"

She described for me how as a girl she had sung in the choir at church. That had been very important for her and she looked forward to choir practice and singing. I still hadn't learned my lesson yet so I encouraged her, "Perhaps you could do something like that now." She declared her intention to do that — and didn't. I remember Jim Simkin saying to me once, "A declaration of intention is a declaration of intention is a declaration of intention."

Since then, she has said two or three times, "Oh by the way I haven't done anything about singing yet." And I have said, "Good."

Rose is childless and had an abortion during her first marriage. She became pregnant and didn't feel up to mothering at that point. She thought her husband was going to leave her, which he did, so she had an abortion. Now she's 38 and desperately wants to mother.

This is part of her pattern, mothering other people. We were working on that in a session and she felt helpless so I asked her to mother herself. This she did somewhat successfully. I thought I was taking a risk, that she would probably refuse me, but I asked her to mother me. I said, "Rose, could you mother me some." This was the first time she reached out for me. She took my hand and patted my hand, consoled me (this just happened in the last six weeks), and reassured me that "things would turn out O.K. for you." I felt moved by that and wept gently and accepted her mothering. Later she told me that she had heard some waiting room gossip that I was having some personal difficulties, as she called them, and that I looked pained, which was probably true. This was one of the first times I felt her responsiveness to me and her reaching out to me.

That's the only time we have touched. I've asked her about that, and Rose's statement is, "I prefer not to."

Rose reported that she was not bothered by my crying during that session, and I believe as she mothered me that she was the most authentic that she has been with me. Part of that scared her. As she reached out to me and mothered me, she reported becoming aware of her nipples, and
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this scared her. She also had what she called some sexual feelings and this scared her. She does not appear to have withdrawn from me but if I reach out to take her hand when she’s hurting she’ll withdraw it.

I told her that I felt nourished by her that day, and that brought tears to her eyes and no verbal response. Now I don’t think this was the sole cause of her sexual feelings, but she does seem to have experienced a reawakening. She’s starting to talk about men and about dating and about developing relationships again.

I want to tell you a little bit about one of her dating episodes. In her efforts to rescue and to take care of the family when her father was in financial difficulty, she agreed to take in her fourteen year old half-brother. As it turned out, he was a thief in the neighborhood and probably a schizophrenic. When he was in junior high school Eric went out for wrestling. He discovered that his wrestling coach was a single male in his late thirties and thought the coach might be a good match for his Aunt Rose. Eric came home one day and told Rose that he’d told his coach about her and that the coach wanted to know if he could call her. This scared Rose and she worked on this in a session and finally said “O.K.” So the coach called for a date and Rose said, “I can’t talk right now, call me back later,” and came in for an emergency session saying, “What do I do, Bob?”

I said, “What do you mean, ‘what do I do?’ ”

She said, “I’m afraid he’ll take one look at me and run.”

I said, “How come?”

“Because of my weight.”

I encouraged her to follow through with this date saying, “Rose, what’s the worst thing you can imagine happening?” Her worst fear was that he would turn tail and run when he saw her. And I, having a somewhat perverse sense of humor, began to fantasize about things much worse than that. The worst thing that I could think of was that she might vomit on the table at the restaurant. She thought that was extremely funny.

She said, “I chuckled all the way home.” When he called that night, she said, “Well, there’s something I need to tell you first.”

And the coach said, “What?”

“Well, I’m a little overweight.”

And the coach said, “Well, so what?”

“Well, I’m a lot overweight.”

Finally the coach said, “Well how much overweight are you?”

And she said, “An awful lot.”
And the coach responded, “Well, for Christ sake, will you fit in a Toyota?” She assured him that maybe with a little pushing and arranging that she would fit in a Toyota. The coach came and she did in fact fit in a Toyota Corolla and she had an enjoyable evening.

I asked out of voyeuristic needs, “Did he kiss you good night?” She didn’t want to talk about that, but did say, “I had a good time. We enjoyed our meal. And we may go out again.” They haven’t, but I know he has called her and they have spoken on the phone a few times.

I’ve forgotten to tell you that Rose has a B.A. in psychology, which she just got the other day, with a minor in art. That’s a part of Rose about which I know very little. She has told me that she teaches art to old folks part time at an Orlando art center. This part of Rose is seldom foreground for me, nor does she herself present it. At one time she did tell me that her art teacher was critical of her because her work was not very expressive. He had known some of her work earlier and she seemed to be holding back from her art work.

When Rose came in to tell me about what the coach had said about fitting in the Toyota, she said, “This is the first session that I’ve looked forward to coming to because I know with your sick sense of humor you’ll like this.”

She continues to declare her intentions to lose weight. One of the advantages of working in a university setting — this is something that I like and gives me a great deal of gratification — is that I go to graduation, I talk to people whom I know are graduating and I meet their families. Sometimes the students are a little bit embarrassed about telling the families who I am and I usually describe myself as “I’m a friend of your daughter’s or son’s” or simply say, “I work here.”

Rose and I had another emergency session about her graduation. Nowadays you don’t have to go through the ceremony; they’ll mail your diploma to you. She was torn, “Should I go through this ceremony or not?” This degree was something she had started at 19 and is now going to finish at 38 so I thought it was important to go through the ceremony as I imagined it would give her some closure and some finishing. I also thought it might possibly be a developmental phase where she would be going into adulthood. At any rate, she told me, “I don’t think I can do it because I cannot invite my mother and not invite my father, cannot invite my father and not invite my mother. They’re divorced and they would fight.” And I said, “How do you know this?” “Well, I just know it.”
Her style was to predict catastrophies and then behave as if they are true and not check them out in any way. I encouraged her to check it out. I said, "Well you could ask your father how he would feel about coming if your mother comes. Or you could ask your mother." She decided to go ahead with the graduation, invited her mother down from Indiana, told her father that she was worried about inviting her and her father said, "Rose, I'm very proud of you graduating. Here's the money to get your mother down here from Indiana." So the father paid the air fare for his ex-wife to come to graduation and they sat together.

I was outside in the hall when the processional came through and Rose, given her size with the extra addition of the graduation gown, was very self conscious about her appearance and looked like she was ready to faint. I said something to her like, "Don't trip when you go up there." She thanked me for that later and said that was what loosened her up enough so that she could "waddle across the stage" to get her diploma. In the hallway where the graduates march there's some mirrors on each side, and Rose has declared her intentions to go back there a year from now and look in that mirror and not see a blimp looking back at her. I hope that will happen for her too.

She has frequently wished she were thinner. And I shared with her a saying that I picked up in eastern Kentucky, "If you wish in one hand and shit in the other one, which one will fill up first!" Think about that one too.

At this point in her life and in our therapy, she has loosened and she seems more responsive to me. She has become more assertive and she does not apologize for asking to have an extra appointment or to change an appointment. She has gone from part time secretarial work in the insurance adjusters office to becoming a full fledged adjuster and currently supervises five people. At times she's terrified by that. She's afraid that someone she's supervising will make a mistake and she'll be held responsible for it. She takes on extra work at the office without knowing how to say no. My hunch is that she does a lot of other people's work for them. But she is working and evidently doing O.K.

She does seem open in our therapy to exploring her "no option" style. She did work on her fear of graduation and her catastrophizing about her date. She does appear open to looking at other options now unless she's severely stressed. At those times there are no options for Rose.

She told me the other day, again declaring her intentions, that her goals are to lose seventy-five pounds, to develop a relationship, and to
have a family. She wants children desperately. The only time she has ever worked on a dream had to do with the emptiness she feels in her pelvic area. She even gave it color and shape and believed that had to do with her need to conceive and to deliver a baby.

Now I want to talk a little bit about some theoretical aspects of this case. I remember what Bob Resnick said here in 1982. I think I'm paraphrasing him somewhat accurately. Resnick said, "Every Gestalt therapist could stop doing any Gestalt technique that has ever been done and go right on doing Gestalt therapy" (Resnick, 1984). I might add to that, "Every well trained Gestalt therapist could go on doing Gestalt therapy without techniques." That's basically how I have worked and what has worked successfully with Rose. Time worn Gestalt therapy techniques seem to fall flat with her. I've asked her to fantasize speaking to her mother which she does compliantly and gets nothing from it. I've asked her to speak to me as if I am her father. She does and gets nothing from that. I have done a lot of things like that and have produced very little. What has worked is my presence and my personhood. That we share a similar background has also had some impact. Rose is from the mountains of West Virginia. I'm from the rural area of Missouri. Sometimes she relates to some of my rather earthy expressions.

I emphasize developing the awareness continuum which Rose seems to resist some. Maybe I'm not doing it the right way. But she does seem responsive to me when I'm non-techniquey.

I believe I have expressed myself to Rose regularly, judiciously and with discrimination. I have shared my observations, my preferences, my feelings, and my personal experiences in the sessions with her with regularity. That's what seems to have, over eighteen months, made some difference in her life.

To me, her primary boundary disturbance appears to be retroflexion. Her energies and feelings do get stirred up, especially around her family or by some things that I've said to her. Her contact is brief, and I think it's expanded some from when I first started working with her. She would, and still does to some extent, typically interrupt any full engagement, perhaps out of fear of hurting others or of being hurt, and then turn her energies on the only safe object in the field — herself.

Her language has been full of what I call retroflective talking or "splitting talking." She says things like, "I said to myself" "I made myself." I heard myself say." She goes off into what I call a retroflective conversation with herself right in my presence. In my presence she would seem to
disappear and go off and appear to be having this nice little conversation with herself. I have focused on that and have asked her in many ways, “Rose, say to me what you just said to yourself. Would you be willing to make that conversation public? Would you be willing to speak to me? Would you come back?” In some ways that seems to have been productive. She likes my doing that.

A secondary boundary disturbance, and most of you know this one is coming, is introjection. That is, she would interrupt herself between awareness and energy mobilization. She becomes aware and then interrupts it somewhat. As an introjector she replaces, it seems to me, her own potential energy and drive with someone else’s. Typically, we would describe the introjector as someone who bites off huge chunks, swallows them whole, and doesn’t assimilate or digest. That is some of what she does. I thought how this might relate to her eating style, and out of my curiosity, I checked this out with her and got very little from it. It just didn’t go anywhere. Part of what Rose describes to me I believe fits with the introjector in that she doesn’t have much identity. She felt “identity-less” when we first started working because she had taken in quite a bit from the environment that wasn’t her at all. She had a lot of should’s.

I have some questions that to which I hope our panel can respond about the work I’ve done with Rose. She typically devalues her own experience and awareness, and still does sometimes when stressed. I have struggled with how to work with that. We do what I think is a nice piece of work, and she gets very little from it. Or, if I tell her what I got from it she says, “Oh, yeah, I get that.” So I get worried about reinforcing her introjective style.

I think perhaps I’m too impatient. But, after all, I’ve been working with her for eighteen months.

I work hard with her to help her undo her retroflection, and I’ve told you some of the things that I say to her such as, “Speak to me directly. Say this to me. Look at me when you say this” — things of that kind. I wonder if I’ve been too active, too aggressive in working with these. I have experimented with laying back and from my perspective very little happened when I did. I’ve wondered if that’s my impatience, if I’m unwilling to wait.

Rose has never asked me directly to help her lose weight, and I’ve never tried. I also wonder about that since it’s such an obvious problem for her. Should I be more active in encouraging her to lose weight? We have explored that and for her the weight seems like a thick, insular
boundary that protects her from the world, particularly men. I quote Rose, "Who would want to go out with a fat lady?" I wonder how the panel and the audience feel about this. Would they be more interested, more aggressive in trying to help her lose weight?

It didn't take me long to catch on to her compliant behavior, that she will do most anything I ask her to do except touching or allowing me to touch her. Most other experiments I propose she will do. Somewhere in the literature, I can't remember who said it, but someone differentiated a cooperative patient from a compliant patient. And I think for quite some time Rose was a compliant patient, doing exactly what I asked her to do and in that way sabotaged our work.

My final concern has to do with people who declare intentions in a session to do something outside of the session. Whenever possible I try to bring that into the session. For example, "I'm going to work on relationships." "O.K., well here we are relating to each other, Rose. Let's work on our relationship." That sends her off into a befuddled fog not knowing what to do and looking to me for instructions. I again feel if I give her too much I will be reinforcing some of her introjects.

She says, "I'm going to be more assertive later."

"Well, Rose. Can you be more assertive with me? Are you getting what you want from me? Could you ask me for something?" And this gets some production from her. She is willing to ask; and once, after spending weeks of screwing up her courage, she accused me of being patronizing. I thought I had been teasing with her and she realized that, but she thought I was patronizing and told me about that. And that was a good lesson for me to learn.

Finally, I want to mention something about her job. She's totally self-supporting and supports other family members from her salary. She frequently thinks of quitting because she feels stressed and pressured and doesn't have anything else in mind. She graduated in May and university rules do not permit us to work with anyone who is no longer a student. I don't pay much attention to rules so we made a contract that I would continue to work with her through August even though she's not a student. So, I see her at eight in the morning which is fairly early, but she does come and seems to be coming to the place now where she enjoys coming for sessions and is asking more about me, "Now how are you doing, Bob? What's going on with you?" I know she will want to know how this presentation went. She'll be curious about this. If I tell her it didn't go well she'll probably think it was her fault in some way.
AYLWARD: We have something unique to work with here, namely an unfinished case. This is different from what I call workshop therapy or the types of cases you see in textbooks or on film where phobias are cured in twenty minutes or mental health is anchored with the touch of a finger. There seems to be a lot of room for intervention here. Before taking questions from the audience, I'd like to hear a general reaction from each of our panelists. Harvey?

FREEDMAN: Thank you for the opportunity to share my reactions to this very interesting case presentation. Robert, to hear someone present a case that is in mid-stream, struggling, uncertain, and incomplete is a rare experience. Most of the presentations that I've heard over the years have included startling successes, major breakthroughs, or small miracles. So I want to compliment you to start with on having the honesty and the courage to present a case in the way you have.

First, some general remarks. Although Robert has already undertaken the work with this patient, I want to raise the question of whether or not he should have in the first place. I believe that psychotherapy, like many drugs, is over-prescribed by its practitioners, particularly the insight-oriented or awareness therapies. Someone once said that psychotherapy is too good for sick people. Cruel as that jest is, could it apply in the instance of Rose? Should Robert have undertaken psychotherapy with someone who has been so badly damaged? Rose has been very badly damaged. Rose has been very badly nurtured. She had a childlike mother who sought parenting from her daughter, and she had a father who sexually abused her. With this background, is it conceivable that she is a seriously emotionally handicapped person who will remain handicapped in spite of the best-intentioned therapy?

Let me raise some examples from other areas. We know that during certain critical periods in biological development, if the growing infant does not receive adequate Vitamin D, for example, the growth center atrophies, fuses, and rickets are the consequence. Regardless of the amount of Vitamin D given after the biological clock has called it quits, regardless of all further input, those bones will never grow again.

Closer to home, we know there are certain critical times for learning and imprinting, that certain things must take place at certain junctures in time for adequate emotional development. Remember how the goslings followed Konrad Lorenz as their mother? Even if the mother who hatched the eggs was presented to these particular goslings after forty-
eight hours, it would have been too late for them to unlearn this imprinting. So, with those analogies in mind, has Robert undertaken Gestalt therapy with someone for whom it is too late? Now, I don't know whether this is true or not in this instance; I'm only raising the question for heuristic purposes.

From the point of view of Gestalt therapy, Robert, I believe you're making the error of end-gaining. This is a term which both Laura and Fritz Perls took from F. M. Alexander, who pointed out the distinction between a goal and the means whereby. The means whereby has to do with being focused in the present and paying attention to process, in contrast to expectations which are future-oriented. You say again and again, "Am I too impatient? Am I too aggressive?" May I ask again, are you too ambitious? Is it conceivable that her excess weight is an essential support system to Rose at the present time, and I don't believe that her losing it ought to be the goal of Gestalt therapy.

A few specific comments now. I would like to reinforce something that the patient has already brought to your attention. She described you as "warm and relentless." I find you warm and relentless too, and I think these characteristics are most important in a therapist. So, if she is not psychologically handicapped, and your goals do not have to be limited, then you are in a position to be very useful to her. Growth and learning in Gestalt therapy are considered to take place in that optimum situation between support and frustration, and I believe this is what she's commenting on: you are both supportive, and frustrating, when you need to be.

PERLS: I think your patient was very right when she said that your humor touches her most. It literally tickles her. And that loosens up her breathing — mainly her diaphragm. Sometimes she laughs when you give interpretations which you actually do when you describe something that she hasn't been aware of at all. I would start the other way around, to let her describe what she does and how she does it. It seems obvious to me that... I actually made my first note about the promises she gives on the telephone and then doesn't keep, and so on and so on. She bites off more than she can chew and her overweight confirms that she swallows without chewing. She stuffs it in. She drinks her food rather than eating it. I would concentrate with her on the details of how she copes with food as well as how she copes with anything else — with very small things.

The client sits as if in the dentist's chair: frightened expression, holding her breath, bracing herself as if expecting pain, thus desensitizing
against it. Her emphasis is on holding the inhalation, the blowing out only happens when she can’t hold in any longer. So relating the blowing to the therapist doesn’t mean anything to her, nor does her own face in the mirror or the feel of it as long as she desensitizes. This also reduces her total energy, so of course her movements look “fragile.” In her desensitized state Rose has no support for real interest and full awareness.

I wouldn’t give up on her and say she is too damaged. She is full of introjects, and by going too fast you put more into her and it burdens her more. She is holding in so that she actually lets out her breath only when she isn’t expressing anything in particular. She just blows off the energy she has which does not go into communication or real expression but is wasted. And I would concentrate with her mostly just on these immediately perceivable and demonstrable attitudes. And stay right in the actual situation.

One does not practice the awareness continuum. The ongoing Gestalt formation takes place when blocks (the fixed behavior gestalten) are dissolved.

You are, as Harvey said, too ambitious and you want to do something or to achieve something with her and in that way you become, in a way, another abuser who just submits her to something that she immediately closes up against and desensitizes. And, of course, the fat helps to desensitize. That’s all for the moment.

BAUER: What your presentation raised for me was the ever re-occurring question as to whether I am an agent of change or am I a vehicle for healing. Depending on which of these positions I place myself in, the case — your case — or my own will look rather different. This is especially true when there is a clear symptom — like weight — and is even more true when the patient’s story is one in which there is a history of a lot of damage. Often if I conceive of myself as an agent of change the person’s stuck point looks quite impossible. The process is very frustrating and I feel that I have to go someplace and the person must grow. If I am able to make that primary shift to a healing position — then whether the person has a presenting symptom or a history of damage makes no difference — because there is no place to go.

In the work you presented here, it seems to me there was a progression and a shift from you being in a position as an agent of change (with the corresponding experience of symptoms, resistance) to the point or place of a healing relationship wherein she begins the process of the self
healing the self. Healing — basic healing — comes from within rather than from without; healing as a process includes both the patient and the therapist; the process is greater than the therapist, greater than the patient; the healing process doesn't depend on a person's history, doesn't depend on symptom — it is more basic than history, more basic than symptom.

AYLWARD: What became exciting for me as you were presenting, Bob, was something that Sonia Nevis has talked about and something I need to be reminded of, namely, how important it is to pay attention to the client's ground in addition to attending to what may be figural at any given time within the therapeutic context. Your involvement with her dating behavior, her trips to the store, her relationships outside of therapy gives a creative balance to your intervention. It's important to note that as we sit in the awe of the existential moment, it's easy to forget that someone has to do the dishes.

Editor's note: A question-and-answer period about a half-hour in length followed Harman's presentation and the panel's responses. A variety of topics were touched on, but none in enough depth to warrant their inclusion here.

— jw

References


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