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GROWING-UP THE HARD WAY Gestalt meets trauma

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I would like to start with the words of one of my clients, who gave me the inspiration for the title:

*When someone asks ...
I say I had a hard life...
just to say something.
Nobody can ever understand
the terror I grew-up in ...*

I have decided to talk about *difficult* growth to share my clinical work with people who suffered from traumas. It is also my intention to combine this sharing with some associations between the reference developmental theory and Gestalt clinical practice. This will also be an opportunity to meditate on one of the greatest evils of our time, an old evil which is presently gaining great visibility: moral and physical violence on children; a phenomenon more common than we think and becoming disconcerting only when it makes the news. In the back of our minds let us also meditate on another evil of our times: social pressure on happiness through the suppression of pain.

I would like to dedicate this presentation to all those who, as children, grew-up in loneliness and terror.

Trauma

A trauma – in Winnicott's words – *is a fracture in the continuity of a person's existence (...) and it is only thanks to the continuity of existence that a sense of self, a feeling of being real and of existing can be accomplished in a person.* (1) This *existence fracture* may be caused by a specific event, such as an accident or a sudden loss, and produces the symptomatic complex known as Post-Traumatic Stress Disorder (PTSD).

However, here I will focus on a different type of trauma, the trauma resulting from an inadequate primary care system, i.e., when the family environment lacks the appropriate requirements for children caregiving and protection, their caretaking and the transmission of relational and cultural knowledge.

This situation is known as *traumatic growth* or *Complex Post-Traumatic Stress Disorder* (cPTSD), the nature of which is relational.

When I drafted my presentation, I looked for some examples to introduce at this point, in order to give you an idea of the kind of problems I am confronted with, and many faces and stories came to my mind.

I thought about Maria, the unwanted daughter of an intellectual mother who felt damaged by maternity and spent her life regretting her career failure, caused – in her opinion – by her children. Entrusted to the care of her grandmother until she was four, Maria grew-up with the words: *"I wanted no children... it would have been better if you weren't born"...*

I thought about Lucia, also sent away from home by a symbiotic couple who saw her as a threat to marital intimacy. During her moments of insecurity in adolescence, Lucia was comforted by her mother with the words *"You have to accept the truth... You are ugly. Nobody will ever like you... nobody will ever want you..."*

I thought about Luisa, grown in a family hell, with a schizophrenic mother and a high-society father who abused her since she was five... and maybe earlier...

I thought about Renata, also abused by her father who used to tell her, panting on her neck, “*This never happened. If you talk, I’ll kill you...*” while, in the other room, her order and cleanliness-maniac mother vacuumed the floor to cover the noise...

Angela, daughter of two depressed parents and with an almost complete amnesia of the first fifteen years of her life, who finally remembered being beaten and locked-up for hours in a broom closet almost every day for being too lively...

Michele, the “*savior*” of a sick couple, invested with the power of calming his father’s breakdowns; a child burdened with the impossible task of healing and redeeming his adult caretakers ...

Giovanni, exposed to the *nasty love* of a mother neglected by her husband. She used to seductively entice and draw him in her bed when her husband was away because she needed company; she used to tell him about his father’s affairs and wanted Giovanni to hate his wicked father.

Simone, who, since early adolescence suffered from anguish bouts and nightmares he never shared with anyone. The streetwise, *stray kid*, of a teen mother and a strict, upright father with no listening skills, but with excellent summary corporal punishment and blackmailing skills. A good family in their country.

And I thought about many other people. Different stories with a common aspect: the evil and perverse use of adult power over children.

Several directions are available to address such a complex issue. I decided to follow a reflection focusing on the deviation of the natural disparity between parents and children when such disparity, rather than being expressed as *care*, becomes subjugation, manipulation, colonization of the child who is subdued to the adults’ unresolved needs.

Healthy growth

In a healthy growth, the parent-child relationship generally features a predominant benevolence, so much that motherly and parental love is the very paradigm of all forms of love. Children are biologically and psychologically born dependent, with an absolute need of care in order to survive, and the caregiving relationship goes beyond the mere establishment of a proper affection-based bond; it has an *ecological* aspect, since it generates positive changes in the whole environment surrounding the child, including all the other figures. (2)

The exchange of affection and attention defining a good caregiving relationship, in addition to affecting that relationship, *produces culture*. It creates a whole world of values, meanings and extended bonds. The caregiving relationship becomes, therefore, the pattern of the goodness of the world, in addition to being the basis of primary trust.

Even though today we tend to consider infants as *competent*, interactive, and relational beings, nobody can deny they are in a *structurally asymmetric* and totally dependent position, since the parent-infant relationship features an intrinsic power imbalance in favor of the adult.

Obviously, in a healthy development, this power is totally in service of caretaking, and the ensuing exchange is filled by love as well as by the ethical concept that the infant is a *person worthy of respect*, with his or her individuality.

This contact, whose characteristic asymmetry persists for a long time – at least twenty years in our culture – is based on the respect for the other person, resulting from thanks to the appropriate acknowledgement of the dependence determining role diversity, not *despite* it.

Adults perform their tasks through affection and protection as well as through educational corrective interventions, the definition of rules, and the provision of all forms of teaching and conveying the knowledge of the world. The power of adults is therefore the acting out of the *subtle power*, in Hillman’s words, similar to that of a gardener, nurturing and protecting (3) his garden, which, in human terms translates to nurturing and protecting creativity and the attitude of learning from experience, confidence, sense of trust, justice, hope and courage, the ability to repair, dream and desire.

The concept of power is too often overlooked in psychology; therefore I was very impressed by one of the most beautiful definitions of the goal of Gestalt psychotherapy: "*The highest goal of Gestalt therapy is to turn power relationships into love relationships*"(4).

In this context the word *love* evokes the presence of an articulated constellation of feelings and ethical principles such as: respect, availability, an attitude of enhancing diversity even in case of a conflict and turn it into a debate, a reasoning or a negotiation, considering our counterpart endowed of a mind and dignity as worthy as ours, rather than a mere impulse of the heart

If you find the term love too awkward, I have no objection to replace it with *dialogue* or *contact*, therefore we can say that "*The highest goal of Gestalt therapy is to turn power relationships into a dialogue.*"

Let us then say that we have a *contact* when, in an encounter between human beings, despite any eventual asymmetry or disparity, two persons can coexist and affect one another without losing themselves and change in a creative way, i.e., be exposed to the disruption necessarily generated by the contact and expect a mutual betterment. This mode was distilled by Franco Fornari into the formula so dear to him: *vita mea, vita tua.* (5)

Let us not forget that contact is the condition for an exchange relationship to take place, and the intentionality stems from the acknowledgement of the *unavailability*, and shows up as *interest for the difference*. This attitude, which could be defined as some sort of *heterophylia* (love or attraction for diversity) conveys man's natural curiosity, our original desire for exploration, our attitude of openness towards the world and longing to know it.

Undoubtedly any relationship based on mutual respect can be marred by frictions and problems, but I want to stress here that neither conflict nor difference are enemies of relationships, provided the counterpart's basic dignity is not violated.

When contact with another person is not based on respect for his or her dignity, there is an opportunity for one person to start overwhelming the other.

I insist on the term *dignity*, and the choice of this word is not incidental. The word dignity pertains more to the legal than to the psychological lexicon. This is the word used in the first article of the Universal Declaration of Human Rights to express the essential principle of equality and the inalienable right of all persons to be free. (6)

Somebody poetically said that *dignity is the amount of glory each of us is entitled to for the very fact of being born*. The dignity of being a person is not something to be deserved. It is a gift from the world welcoming us. This is what we mean when we say that the opposite of a love relationship is not conflict, but a *power relationship*.

In the domain of *power relationships* diversity becomes *hierarchy*, with one dominating over the other, and this causes fear anxiety, powerlessness, guilt, confusion, manipulation, control, and domination. All these attitudes are explicitly or implicitly expressed in terms of demeaning, disregard, blackmail, threats and moral or physical violence. Power relationships are hallmarked by *injustice*.

The ensuing conflict is not caused by different ideas or feelings, but by the failure to acknowledge the intrinsic value of the other person as such. Power relationships destroy people: one of the partners suffers the annihilation of the self and of his or her identity and, again as Franco Fornari said, this determines the contact pattern: *mors tua vita mea*.

The ensuing problem is an *identity conflict*, and in an identity conflict we fight for the recognition of the self.

Laing provided us with an example of this position, when he quoted the words of a group therapy client:

"You are arguing for the pleasure of prevailing, nothing can happen to you other than losing the argument, but I am fighting for my life".(7)

And Chiara, a twenty years old client, who said about her family: *The issue is not whether they love you or not... maybe there is some love... it is a question... how should I say... of being recognized... of people seeing you ... of existing!!!"*

Traumatic growth

When this hierarchical constellation is in place since early childhood, an extremely serious condition occurs because the child incorporates the *message that he or she does not exist*, is not considered and does not count, which he or she repeatedly receives.

In this way, children are not deprived of their *independence*, they are deprived of the possibility of living a *healthy dependency*, which is the origin of trust, they are deprived of the possibility of being *seen* and mirrored by other people, and this experience is the foundation of existence. They are deprived of possibility of being interpreted and understood by other people, which is the condition for the validation of their own thoughts; they are deprived of the feeling of being lovable and interesting for other people, which is the basis for self-esteem. Lastly, they are deprived of the joy of belonging, which means *belonging to someone who wants you, being in another person's mind*.

Traumatic development annihilates creative potential, leads children to take a negative identity and perform a task functional to other people's balance. From this standpoint the family environment works as a *device* – in Foucault's meaning (8) – i.e., as a set of manipulative strategies indicating the *available experiential forms* and the symbolic field of *shared meanings* binding people. It defines each person's identity, determines who I am and who is the other person through explicit or unsaid powerfully manipulative orders putting the child in a non-developmental, blocked, helpless, confusing and almost unbearable position.

All this is accomplished through reality change or deletion procedures, requiring children to mortify their impulses, thoughts or actions: adults decide what the child must *feel, wish, think, see, say, remember, understand* about what happens around him/her.

A client recalls that, though it was never explicitly said, in her family, showing sadness, crying, making mistakes, expressing conflicts or even annoyances, criticisms or personal wishes not in line with the parents' position was forbidden. Failure to comply entailed her father not talking to her for days in a row. She was compelled to be a *happy girl* because this was the only way to be part of the group. Mother used to constantly repeat: *"We love each other so much... we really are a perfect family"*.

Now, as an adult, both her love and her professional relationships are heavily damaged *"When there is a disagreement or an argument, I prefer to manipulate myself, doubt what I see and think I am defective, rather than express my view and my intentions. Standing up for myself drives me crazy"*.

About her partner, she says: *"... he loves me... in his way... he can do anything he wants ... he takes me ... he throws me away... he takes me back... I depend on his mood ... it has been going on for years ... and I Never asked myself what I feel ... if I love him... as if I was not entitled to do so... as if I were defective in any case, and should feel lucky that someone wants me ... Now I start wondering, but I cannot reply... I feel empty... I am like a puppet... And I recognize this feeling... it's always been with me ..."*.

Another client expresses this self-alienation with these words: *"The kind of blackmail I experienced placed me in this predicament where I no longer know who I am, what I want... if I am asked to do something... as is the case with my mother... I do it, but I am giving in to the blackmail...if I refuse to do what I am told ... I am punished... I lose either way... this is confusing... I never know if I do something because I want to, or out of rebellion ... I never know ... I do not know what I feel. There was a long period of my life when I always submitted... now it's difficult for me to accept affection, help ... I always feel I am giving in. This is what I feel is the consequence of this story..."*

Damage in identity trauma stems from the obligation to take the relational position of *an object, not of a person*, an empty, inanimate and perennially subordinate object. In traumatic growth, care is faulty, not only due to the lack of something (affection, welcome) but because of the *presence* of the injunction to always *submit* and be other than oneself. The trauma of growth is generated by what *is* there, instead of what *should be* there.

Limen

This sense of "not me" is perceived as *non-existence, worthlessness and shame*. People with identity trauma seem to live at the edge of the world, in a no-man's land, a liminal space. They live a situation of *territorial limen* (being without a place) as well as *emotional* (not being close to anybody and doomed to

remain so, unloved and unlovable) and *social limen* leading them to live with no bonds to a community, at the edge of personal and professional groups, unentitled.

The most common metaphors for self-definition are: feeling like a *castaway*, a *pariah*, *exiled* from society, a *nobody's boy*, an *orphan*; feeling *the mark of Cain*, bearing a *stigma*, doomed, bearing a negative karma, being a fake... *guilty for their very existence*.

In order to carve out an authorization to live, traumatized people react with massive defensive organizations and develop their relational potential following an *anti-life* and *anti-knowledge* self-destructive path, rather than one leading to creative contacts. *Introjection* becomes incorporating another person and erasing the self; projection is *persecutory*, and leads to fear conflicts and abandonment, distrust other people's loyalty, fear exclusion or physical and symbolic annihilation... (This projection defense is very dangerous since, at its extreme, it turns victims into perpetrators and passes the damage onto others). *Retrospection* features a depressive nature, generates isolation and withdrawal from the world; it leads to self-destructive behaviors, ranging from somatoform symptoms, to accident-prone activities, use of substances, suicidal ideations, since *getting it over with is the only solution*... and eventually suicide, as is the case of some adolescents from *good families, who had everything*, who make the headlines because of their unexplainable, dramatic action.

Contact skills are not impeded but manifest through powerful *dissociative* processes: the subject creates an apparently adapted, efficient and appropriate self, keeping the dejected childhood processes alive in parallel. The experience of the damage is kept on a still and frozen background and remains active, though suppressed or minimized.

Dissociation is undoubtedly the most typical defensive phenomenon of the traumatic condition. It features several splits: behavior vs. experience, inner vs. outside world, mind vs. body; voluntary vs. the vegetative system, present vs. past, different parts of the self vs. different social roles.

Therapy pathways

People who seek therapeutic help may be more or less aware of their traumatization level which often is not the initial reason to seek therapy, but surfaces in time. A cue to past traumatic experiences is the *identity dispersion*, appearing behind the *official self-representation* since the early stages of therapy, and this fog affects the therapist's feelings as well. Clients not only do not know who they are, they *do not know if they are*, they don't feel their body, they feel they will be rejected or need to deserve love through compliance or extraordinary performances. Some of our *best* clients, those who change quickly and process fast have this kind of past experiences. When things go well in therapy we are really happy... though we should ask ourselves: *who* comes to therapy? *Who* are we talking to during the session?... In other words, *which part of the client* is being treated? And we can find out that *our counterpart* is the compliant and well-adapted part checking the environment and preventing the pain from emerging.

Clinical researchers unanimously agree that the hallmark of trauma is its resurfacing and being re-experienced in the present (9). This also applies to identity trauma, where the position held in the past persists and surfaces in the present through symptoms and repetitive behaviors also when there is a pseudo-adaptation.

Clients seek help when they understand that their mindful intention to change is not capable of directing the whole system towards contacts, thoughts and actions other than those they usually implement, when they realize they cannot make it alone, when they feel they are led by some inner drive stronger than their understanding and will. This situation is described as a *possession*, whose origin is not only internal but originates in the relational realm. The body is felt alien, unfathomable or uncontrollable and unable to stop the repetitions causing such pain, despite all the efforts. This causes rage and disappointment.

The therapeutic process, as we know, works *counterintuitively*. We must assume that the client's condition, regardless of his or her level of suffering, is the most sustainable and balanced condition in his or her current life. Therefore we assume that suffering is not the enemy to be removed and remediated with positive concepts or reassurances, but a *true and vital part* of the person, a fragment of a process trying to be formed: paradoxically, symptoms are always the beginning of a healing pathway.

The issue is not an archaeological dig, we do not turn to the past and look for the primal causes of evil, but start from the present experience and its manifestations; we try to give words to this unknown, parallel and dissociated world through *amplification*; we try to read and understand it to return it to its historical time and to recreate room for choice and free action in the present.

This path meets a lot of resistance in the client, the most important of which is the *sense of loyalty* towards his or her family of origin. Telling the truth about oneself is tantamount to betraying one's history and parents. This often originates unbearable anxiety and triggers fear of retaliation.

Psychotherapy uses transformative interventions aimed at facilitating exploration and learning pathways. The first transformation tool is the *therapeutic relation*.

A therapeutic relation always features a person-to-person symmetry and a role asymmetry which must not be denied in order to avoid confusion and ambiguity. Just as in a parental relationship, the symmetry between two people must coexist with the role asymmetry and the closeness being established must be the careful and variable search for the *proper distance*. We must always remember that these people, though they long for intimacy more than anything else, are terrified of it. From a somatic standpoint, as well as from others, they are like major burn cases.

The therapeutic relationship is an opportunity to experience a *trustful dependency* without fear, a reparatory dependency finally allowing a person to put him or herself totally in the hands of someone else, give in, relinquish control and lower the guard. Autonomy will be reached by giving *dignity to dependence* until one can realize that there is no guilt in being fragile, and that one can open up without risking being dominated.

People with traumatic experience need someone to see, beyond the resources which always exist, the damage hitherto concealed, the immense pain, fear shame and exhaustion they experience. Those who suffered of inappropriate caregiving need to break the resistance they have always implemented, and allow themselves to *fail* and stop *coping*. These people need to reclaim possession of their past life as it was, free it from secrecy and shame, and take it unto themselves with dignity and without fear. Victims *demand justice*; they seek a shared recognition, *a testimony*, of their experience.

In dealing with developmental trauma, we must be aware that *facts are important as much as experiences*; this is a *social ethics* issue, considering that, especially when abuse and violence are involved, we are talking about what the social community defines crimes against individuals. Therefore facts are to be remembered, told and testified. They must be emotionally re-experienced in order to lose their intrusive grip on the present; this is a necessary condition to defuse them through processing, and this work must be conducted at a *somatic memory* level.

These people need truth more than they need happiness and only if the therapist is capable of accepting all this, allowing for the time necessary without pressuring to support an already overincumbent responsibility, refraining from behavioral changes and from the apparently urgent need of a superficial restoration, the client will be able to experience *dependency without domination* contributing to heal the influence of the carnage of early childhood on current life.

Gestalt tradition provides us with several tools for this path; other tools were integrated from more recent research programs.

In particular, I am fond of a methodological aspect which I feel is the most original and innovative part of Gestalt Psychotherapy since its origin: the concept of considering the therapy setting a *laboratory*. This means that, during the dialogue and narrative phase, we can open some *frames* where we can create a dramaturgy aimed at the *presentification* and process past relations or relations outside the current situation.

As we all know, Perls was strongly influenced by his passion for theater. He worked with Peter Schumann's Bread and Puppet Theatre, with Judith Malina and Julian Beck, the founders of the Living Theatre, and knew Moreno, the father of psychodrama. This obviously inspired him very much in his clinical practice and led him to a fertile creative contamination. The *monodrama* technique, for instance, used to create a dialogue between the different parts of the self or meet absent counterparts in the here-and-now, performs its therapeutic function through the enactment of an *as-if situation*, typical of theater work. This triggers an intense emotional involvement of the client, allowing for a resuscitation of the desensitized relational processes at a somatic level. The reasons for its effectiveness are now clearer also

thanks to neuroscience research which confirms that the emotional part of the brain does not differentiate at all between facts, and actual, feared, longed or dreamed experience.

I shall not explore this issue here, let me just say that, due to its complexity, trauma work requires use of several *therapeutic devices*.

In addition to the dialogue conducted as we usually do, when I work with traumatized people I use several techniques, always with the client's consent, jointly created using his or her creativity. I will briefly mention them here and will explore them in depth in other circumstances: several forms of narrative, the life-cycle pattern, genogram survey, identity and family constellations, parts work, and work on dreams, where Pearls left us vivid written and video recorded memories (10). In some cases and stages of the therapy, EMDR, with a different protocol for complex trauma, proved very useful (11).

I do believe, however, that the heart of the therapeutic work is more than ever an integration of the *body feelings*, aimed at reconnecting the verbal experience with the emotions and deep sensations. Somatic work, conducted as recommended by the current clinical research, is the key to access *embodied memories* and is the only way, as far as our current knowledge stands, allowing stitching the dissociated parts together and discharging the power of the acting traumatic memories. (12)

I would also like to recall the huge creative wealth emerging during our therapeutic work from our clients' orientations, inventiveness and cooperation. If we pay attention, they will point out the best pathways to us. Much of the little I know was learned from the people I helped.

My story is my wisdom

I would like to end as I started, with the words of a client:

"Now I hear different sounds ... not just one... they are all together. You do not need to switch-off one to hear the other ... you hear them together and it does not bother you ... Resoluteness does not silence loneliness and weakness ... like... you are not there, there is only me. On the contrary ... I want to listen to both of them. If I lose contact with my loneliness, I lose also my strength...

I would like to transform this experience of mine... not as something I did not have... but as something I had... and that made me who I am... giving me some skills...something like:... my story is my wisdom... This way I am whole. I would like to stop here."

... Stop here, said the client at the end of this session And so do I.

I stop here and thank you all for your attention.

NOTES

- (1) D.W. Winnicott, *Dal luogo delle origini*. Ed. Cortina, Milano 1996
- (2) C. Bollas, *L'ombra dell'oggetto*. Psicoanalisi del conosciuto non pensato. Ed. Borla, Roma 1989
- (3) J. Hillman, *Gli stili del potere*. Ed. BUR-Rizzoli, Milano 2009
- (4) G. Portele, *Psicologia della Gestalt, terapia della Gestalt e la teoria dell'autopoiesi*. In: AA.VV., *L'auto-organizzazione in psicoterapia*. Ed. Guerini, Milano 1995
- (5) F. Fornari, *La vita affettiva originaria del bambino*. Ed. Feltrinelli, Milano 1966; *Genialità e cultura*. Ed. Feltrinelli, Milano 1975
- (6) The text of the 1948 Universal Declaration of Human Rights was signed by 48 Countries and contains the term *dignity* in its very preamble: “*Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world ...*”, and in Article 1: “*All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood*”.
- (7) R. D. Laing, *L'io diviso. Studio di psichiatria esistenziale*. Ed. Einaudi, Torino 1969
- (8) Foucault, in his analysis of power relationships, introduced the term *device* with reference to the manipulative strategies operating in a particular system in order to direct its development only in certain specific directions, block or stabilize it in certain specific forms. See. M. Foucault, *Microfisica del potere. Interventi politici*. Ed. Einaudi, Torino 1977
- (9) The resurfacing of truncated experiences is familiar in the Gestalt perspective and introduces the concept of unfinished business or incomplete gestalt. The specific tension – Zeigarnik effect – of the truncated processes seems to interfere in the relationship and hinder the experience of the full contact in the here-and-now.
- (10) For the work on dreams in Gestalt tradition, see: F. Perls, P. Baumgardner, *L'eredità di Perls. Doni dal lago Cowichan*. Ed. Astrolabio, Roma 1975/83
- (11) EMDR – Eye Movement Desensitization and Reprocessing – is a technique introduced by Francine Shapiro at the end of the 80s used for the treatment of trauma. Recently a new school of thought uses this technique, with modifications, also for the treatment of complex trauma. Reference is made here to the research of Roger Solomon and of the group of Kathy Steele, Onno van der Hart, Ellert R.S. Nijenhuis, authors of the book *The Haunted Self*, W.W. Norton & Company, New York. 2006
- (12) Since the early 80s the research on body experiences and feelings and the methodological implementation of the use of deep feelings in psychotherapy was the focus of my clinical research and the object of presentations and workshops in national and international conventions: *L'inconscient-corps en psychothérapie*, Congress of the European Association for Gestalt Therapy, Paris 1991; *Sensazioni del corpo in Psicoterapia della Gestalt*, XXII SIPS Convention, San Marino 1991; *La presenza come dimensione psico-fisica in Psicoterapia della Gestalt*, International convention *Per una scienza dell'esperienza*, Siena 1991. Among the publications where I have explored this issue, see: *Il corpo dentro*. Emme Edizioni, Milano 1980; *Pour guerir les épileptiques il faut écouter les messages de leur corps*, in: *Psychologie*, n. 146/1982; *Le sensazioni del corpo in terapia*. *Aliapapers* n. 8-9/1985; *Il dolore in psicoterapia*. *Aliapapers* n.16-17/1989; *Le incognite del cambiamento di sé*. *Aliapapers* n. 18-19/1991; *L'età dell'oro. Adolescenti tra sogno ed esperienza*. Feltrinelli, Milano 1991/99; *Dar corpo alla parola. La conoscenza di sé attraverso l'esperienza*, in: aa.vv. *Sguardi di donne*. Ippocampo, Venezia 1991; *Hysterikos: proprio dell'utero*, in: AA.VV. *Curare nella differenza. Psicoterapie del disagio femminile*. Franco Angeli, Milano 1995; *Dire e sentire. I linguaggi della terapia*, in: AA.VV. *Il corpo e la forma*. Franco Angeli, Milano 1996; *Le radici corporee dell'esperienza emotiva. Per una lettura gestaltica degli stati limite*, in AA.VV. *Emozioni e conoscenza nei disturbi della personalità*. Franco Angeli, Milano 1996; *Cambiamento e psicoterapia* in: *Prospettive sociali e sanitarie*, IRS, n. 17/2009.