Integrating Contemporary Psychoanalysis and Gestalt Therapy

Lynne Jacobs, Ph. D.

The following interview is with Dr. Lynne Jacobs, who visited Australia recently to conduct a series of workshops in several cities on the theme of integrating Gestalt and Psychoanalytic therapies. Lynne originally trained as a Gestalt therapist in the U.S., and later trained as a psychoanalyst, and has spent many years integrating the two models. She is currently a faculty member of the Gestalt Therapy Institute of Los Angeles, and a teaching and supervising analyst at the Institute of Contemporary Psychoanalysis. She is interviewed by ANZAP member Annie Stopford.

Annie Stopford: I find that therapists who originally trained in a non-analytic style of therapy such as Gestalt, and have subsequently trained in a form of contemporary psychoanalysis such as Self Psychology, tend to believe that there is little scope for integration of the two models. Do you have any comment on this?

Lynne Jacobs: Yes, I do, because my whole reason for going into analytic training was because it seemed to me that integration really was possible. Contemporary psychoanalytic approaches, whether it's the New York relational school, or Self Psychology, or Intersubjectivity Theory, all eschew the same Freudian tenets that the humanistic therapists eschew. For that reason, I thought there might be some compatibility.

What happened was that I went to a talk that Bob Stolorow gave back in 1984, when he talked about experience and experiencing; the notion of invariant organizing principles in moment by moment interactions, which for me was very compatible with humanistic therapies, which are more present centred and field theory founded. Humanistic therapies focus more on experience, and the notion that the past doesn't determine the future. The past may set up expectations, but you're engaged in an active process of reaffirming or disconfirming those expectations in every interaction. And that's what Bob is saying, in his own way. So I thought, "Here's a guy who wants to see the therapist and the patient as involved in co-creating a new relationship in an ongoing way. How's that different from working with"contact" in the Gestalt system?" I couldn't see the difference in terms of basic assumptions, so that's why I got involved in the psychoanalytic.

Annie: I wonder what the response is from Intersubjectivists regarding your idea that the two models can be integrated?

Lynne: It's very interesting to me. The Gestalt therapists hate the word psychoanalysis, but when they hear what I have to teach they want to study it. They see what contemporary psychoanalysis has to offer. Contemporary analysts, my peers in L.A., including Bob, value enormously my way of thinking and my way of working, but if I try to describe how it comes from Gestalt therapy their eyes glaze over, so I don't bother. But they recognize that I'm coming in from this other world, and whatever I seem to be bringing in from it is wonderful. Because what I'm bringing in is the more here-and-now, the more emotionally based transference work, and the subject-subject relating notion, and that's in keeping with where Bob Stolorow, for instance, wants to go. But I'm better off if I don't try to explain to him how I got there from Gestalt therapy.

Annie: You've written quite a lot on subject-subject relating, including a chapter in "Optimal responsiveness: how analysts heal their patients", edited by Howard Bacal, where you make the observation that neither Self Psychology nor Intersubjectivity Theory has so far developed a theory inclusive of the meaning and function of the "other" as subject, as well as object. I have two questions on this - firstly, do you have any thoughts about why this is the case, and secondly, are there any analytic schools which do incorporate the notion of subject-subject relating?

Lynne: I think that the reason why this hasn't happened is just that anyone who was raised in the psychoanalytic world that was under the umbrella of the American Psychoanalytic was raised in a very conservative atmosphere, where the concept of self disclosure or the idea of the analyst having needs of his or her own is a sign of unanalyzed countertransference - you just couldn't talk about it.

So, there's nothing in Bob's theorizing, for instance, that talks against it. There is something in Self Psychology that speaks against it, which has to do with the view that the self -object transferences need room to unfold in a more pure environment. Even though Self Psychologists eschew the idea of neutrality in its old sense, they don't want to impose the analyst's subjectivity on the patient, as if that's thwarting the patient's sense of reality. Bob made the shift to the reality being co-created anyway, and there's no point in denying the analyst is having an influence based on what they're able to hear and able to respond to.

So, in principle, self disclosure, for instance, can be a part of it. But to me what all the Intersubjectivists have been missing until recently, I think, is an awareness not just that there's room for self disclosure, or room for meeting the analyst as a subject; it doesn't just serve to help the patient clarify who they are, but the wish to meet the other as a subject is a fundamental human developmental need.

The people who have looked at this most closely are the New York relational people. You get someone like Jessica Benjamin who's talking about how children can't develop if they can't reach their mothers as subjects, and that's the limitation in Daniel Stern's work, because he doesn't take about the mother as subject, and nor does Winnicott really. But the relationists have been outside the Freudian grip since World War II.

Annie: I wonder if that means they are not having a major impact on the mainstream of psychoanalytic thought?

Lynne: They didn't have an impact until Kohut began to break the grip of the Freudians, but it has freed them to explore and to say heretical things like, let's look at what self-disclosure is. So they have a more developed system of thought, which you see in Lewis Aron's book, The Meeting of Minds.

Annie: Do you think that in the clinical relationship there is a need to allow for the possibility that at times the therapist's subjectivity may need to be bracketed as much as possible, and other times when it may need to be very present, depending on different developmental needs?

Lynne: Yes, and in fact, one of the recent self-object type writers, Howard Bacal, has written something with Peter Thompson about how when the analyst's self-object needs are not being met, they may function less than optimally. I think that's been misunderstood by a lot of readers to mean that they are saying that the patient ought to meet the analyst's self-object needs. They're not saying that at all, but they are pointing out that this is one of the places where the analysis can hit the rocks, and has to be worked with.

For me, I see it as the analyst or therapist is always doing their best to use their judgement about how their patient might make best use of the analystat any given moment, as a receptive listener, or as a more active responder, as a person with his or her own needs to be talked about, or as somebody who's more or less surrendered to what their patient might need at that moment.

But most of the discussion of that is done from the perspective that the analyst can actually make that decision and the danger for me is that it puts the analyst back in the position of being the arbiter of what the patient needs. I want to say, "well, of course, both need to be considered, and the analyst is using his or her judgement, but the patient can help you by correcting your mistakes or by guiding you about what they most need at the moment".

So if you're just open in principle, then you and the patient together can fumble your way along. It's the therapist's responsibility to make the correction, but I don't expect the therapist to actually know what's best before he or she does something or doesn't do something. It's not finding our way along by putting the responsibility on the patient to guide me, but rather that I'll make my best guess. If it doesn't work I don't assume resistance, I assume I made the wrong guess, so I'm still responsible for doing the thinking about what might be needed. I have the responsibility to listen to the impact, and change, based on the impact.

Annie: Perhaps that's a natural development of the idea of a two person psychology?

Lynne: Right. Certainly, as I've gone along with my patients, they very quickly get the message that we're going to stumble through this together, and they're very free with correcting me, and actively guiding me as we go along. And my clinical experience says that's a good idea, and it seems to be working. It's a funny mix - I don't want to put them in the position of having to be responsible for the course of therapy, but they feel free to experiment and be responsible in some ways, because they're sure I'm going to listen to what they have to say. So they can take a chance, knowing that a minute later we'll correct it if it doesn't hold up.

Annie: Modern theoretical developments such as Howard Bacal's concept of optimal responsiveness and John Lindon's exploration of the place for provision in the therapeutic relationship have suggested that Kohut's optimal frustration is no longer a helpful construct. I wonder what your thoughts are on this?

Lynne: Yes, I've been wrestling with this myself, off and on. What I have to say is that that polarity or dichotomy between optimal frustration and optimal responsiveness isn't the way I think about therapy anyway. I haven't ever thought of it as optimal frustration to begin with. Let me see if I can put words to what I've been thinking…people come to therapy because they feel thwarted and discouraged in their attempts to relate intimately, and that capacity to relate intimately is what I think gives life meaning. And I don't necessarily mean just one to one love relationships, but also the intimacy embedded in community, for example.

So the task of the therapist is to try and provide an environment wherein the patient gets a chance to experiment with intimate relating and they come up against all of their dread and fears and difficulties and fixed patterns that interfere with what Martin Buber called genuine dialogue. So now if I put optimal frustration and optimal responsiveness on top of that, what I think is, they're already coming in frustrated, really on a moment by moment basis. So that's why I think you don't have to frustrate a patient - it's already there.

But I also don't think about gratification or provision, particularly. I just think I'm busy trying to find a way to meet the patient where they are. Sometimes I'm able to do that, and that appears to be satisfying and growth producing. Sometimes I'm unable to do that, and when I am unable to do it I think my patients tend to get contracted and imploded in on themselves. It's working our way through to the re-establishment of my empathic contact with them that then sets the forward moving processes of development of relating back in motion.

But it does something else too. I think it inspires them, gives them hope, gives them a sense of their own value and importance. That's something I wrote about in the Shame paper actually ("Shame in the Therapeutic Dialogue", Lee & Wheeler, eds., (1996) The Voice of Shame, Jossey-Bass), that by the therapist being willing to take seriously, and work out what in their work together shames the patient, the patient ends up having a feeling of their embeddedness in life as a meaningful human subject because their injuries were taken so seriously.

So in a way I don't really know how to talk about this dilemma. Actually, I'm thinking about a patient who years ago called me fairly frequently between sessions, and I got sort of angry with her at one point for calling in a way that I thought was kind of needless. I felt abused. We talked about it, and she said that she wondered when I was going to catch on that she'd been doing it to test whether I really meant it, as opposed to needing the contact. That's a case where a therapist might say that frustration might help. But we got to the same awareness, and we got to work on what testing meant, and her insecurity about my goodwill and my commitment to her, not by my frustrating her, but by my talking about my experience. So maybe that's how the frustrating side of things comes in - rather than setting a limit or interpreting something about them, I'll tell them something about my experience that might be difficult for them if it is discrepant from what they might on the surface wish my experience to be. But overall, I don't care too much for the notion. I think what matters is the process of empathic contact and its difficulties.

Annie: It sounds as though it is particularly Martin Buber's idea of genuine dialogue, or I/Thou contact, that is really important to you, and that is what you bring into the analytic space.

Lynne: Right. And patients naturally gravitate towards these experiences if they've had a chance. If they've had a taste of it, they'll work towards it again and again.

Annie: On the subject of integrating Gestalt therapy and contemporary psychoanalysis, I wonder if Intersubjectivity Theory might be the more comprehensive theory, and thus it might be a case of integrating aspects of Gestalt theory and practice into Intersubjectivity Theory rather than the other way around?

Lynne: Well I'm not sure that I'd agree with that actually. I think your choice of what to integrate with what will come from where your allegiances are. Like for me, Gestalt therapy is such a broad process therapy that any outside theory, if you will, can be integrated as long as it doesn't take us away form our fundamental bearings, which are the phenomenological approach to awareness, a field theory which is like the intersubjective field, and a commitment to genuine dialogue. And you can do the same thing from the Intersubjective perspective. Anything can be integrated into it as long as you honour the intersubjective tenet that all phenomena are co-created and the analyst has to be aware of his or her impact in an ongoing way.

Gestalt therapy is so fundamentally process oriented and experiential that the intersubjectivity increases my skill as a Gestalt therapist dramatically. Gestalt therapy was always weak on the nuances of clinical phenomena, so we're going to learn from anything, including Intersubjectivity.

And Intersubjectivists could learn a lot from the way Gestalt therapists are bred as process theorists and therapists. So it depends on which school I'm teaching in, whether I'll say one thing or the other.

Annie: I'm curious about where you position yourself - whether you feel more identified with either the Gestalt community or the analytic. In Sydney I find that therapists who were trained originally as experiential or process therapists and later did analytic training, tend to position themselves quite strongly in the analytic context.

Lynne: I find that conversations with Gestalt therapists these days are not all that interesting to me, unfortunately. The interesting conversations right now are to be had in contemporary psychoanalysis. That's where the new ideas, the new ways of putting language to old ideas, is happening. It's not happening in Gestalt therapy, which keeps simply trying to reiterate their goals. And I think that happens a lot with the humanistic therapies; they're "Johnny One Notes". They have this thing that they realize represents a radical shift from the way therapy used to be done, and they keep putting it forward and don't go past that.

Now, there are some new thinkers in Gestalt therapy who are making a difference, but I've never liked Gestalt language. Even though I'm very supportive of their new ideas, the language bores me. So I end up thinking in analytic language a lot. Having conversations with analysts is more intriguing to me than conversations with Gestalt therapists, but every time I run a Gestalt workshop I remember why I'm a good analyst, which is because I'm a Gestalt therapist.

I think what happens to those of us who do analytic training is that you spend four years being socialized very strongly into a system of thought, language and lineage. To speak to another analyst you have to speak in analytic language. And it takes a lot to learn the various analytic languages - most analysts only learn one language well - and so I start to lose touch with the Gestalt language.

Psychoanalysis is more esteemed, not necessarily as a method of practice, but as a method of education, so that might be another reason why I tend to identify more as an analyst. Also, to be recognized and accepted by my analytic colleagues I call myself an analyst. I need to identify myself as having come from the same place. A Gestalt therapist doesn't need that - they don't need to have come from the same place.

Annie: I've heard you use the term "analytic personality". Could you say something more about this, and, say, the "Gestalt personality"?

Lynne: Yes, well since I've lived in both worlds, one of the impressions I've formed is that I think there's a difference between some of the older analysts, and the newer contemporary analysts, based on a kind of evolution of what there was permission to know about your own needs. So, you could know that you needed to work out issues of guilt and ambition before, but they weren't related to by their parents or by their analysts in a way that made room to find out that they might also need to be, in Winnicott's language, held, or in Balint's notion, to regress to a level of basic fault and be allowed to grow up with more of a sense of wholeness. We've been allowed to find that out now, I think, just because one generation builds on the next, and because we've become a more child-centred society.

I think that between Gestalt and Psychoanalysis, Gestalt draws people who seem to have an instinctive sense of how to do psychotherapy, but a number of them are insecure about their intellectual capacities, so they turn their insecurity into a virtue by denying the value of theory.

And then on the analytic side, what I've seen is people who tend to learn first by thinking and second by feeling, and who tend to be more shy or fragile about allowing their feelings free to play in discourse, or by themselves. So they look for a therapy that will allow them to be more reflective.

The other thing I've seen is the way that Gestalt therapists tend to have more traumatized backgrounds over all. That's been changing because of Intersubjectivity Theory, which draws people with traumatized backgrounds, because when you start writing about archaic longings it tends to wake up something in people and then they want contact with a therapist who's going to help them with that, or as a therapist they want to learn more about that. But before that, people who felt profoundly traumatized and knew that their sense of wholeness depended on active emotional engagement with a present other person, had to go to a Gestalt therapist. My biggest fear when I sought out an analytic therapist was that I'd be with someone who would replicate my emotionally isolated home, so I picked a therapist who had written about emotions, which was Daphne Stolorow. When I had my first session with her, nothing about her interpretations compelled me in any way, but her presence told me she was going to be able to relate emotionally, so I felt relatively safer going to her.

Annie: Do you think that in future there will be more and more integration of humanistic and process-oriented therapies with contemporary psychoanalysis?

Lynne: I do. One of my worries is that the humanistic communities, by being stuck in narrow framings of their own theories, are going to die because of that. If they died out simply because they influenced psychoanalysis so strongly and psychoanalysis co-opted them so fully, I wouldn't care. That is, if psychoanalysis becomes Gestalt psychoanalysis, in a metaphorical sense. But I worry that they may die out prematurely, and we'll be left with the eloquence of analytic ways of thinking without the emotional vibrancy that the humanistic ways bring. So, they are converging, but I hope the humanistic therapies stay robust for a longer time still, because to me the analytic community is still too intellectualized, way too intellectualized.