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89, Flat 3A,
Triq Sir Arturo Mercieca,
Sliema, SLM1867, Malta
eapti.gptim@gmail.com
www.eapti-gptim.com

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Editorial

Lidija Pecotić

As we bring forth this sixth volume of *Gestalt Today Malta*, we continue to honour the commitment that our journal has carried from its inception: to offer a space where experiential, existential, philosophical, and scientific reflections meet in a meaningful dialogue. Each edition is an invitation to pause, to think, to feel, and to encounter the evolving field of Gestalt psychotherapy as it intersects with contemporary life.

This year's issue reflects the diversity and depth of our professional community. From explorations of artificial intelligence and its implications for mental health care to inquiries into embodiment, athletic performance, ethical sensibilities, and the lived experience of becoming a therapist, the contributions in this volume illuminate how Gestalt thinking continues to expand and remain vital in a rapidly changing world. These works remind us that Gestalt practice is not confined to the therapy room; it is a way of perceiving the human condition, one that insists on presence, responsibility, dialogue, and sensitivity to the field we co-create.

In this spirit, I would like to express my deep gratitude to the colleagues who stand behind this issue through their work, motivation, and generously dedicated time.

Dr Mikela Gonzi, Dr Paul Formosa, and Ms Jeannette Magrin have each contributed with steadfast professionalism, thoughtful engagement, and wholehearted commitment. Their support — editorial, organisational, and relational — has been essential in shaping and realising this volume. I am sincerely thankful for their presence and for the collaborative spirit that sustains our shared work.

As you enter the pages that follow, I invite you to read them not only as academic contributions but also as gestures of contact — with ideas, with one another, and with the broader cultural and human landscapes that shape the practice of psychotherapy today.

May this issue inspire reflection, curiosity, and renewed dedication to our common endeavour: cultivating spaces where awareness can unfold, where dialogue becomes transformative, and where the beauty of human experience can be met with openness and care.

Warm regards,
Lidija Pecotić
Gestalt Today Malta



Biography

Lidija Pecotić is an international Gestalt trainer, supervisor and therapist. She has a Masters degree in Clinical Psychology (University of Belgrade, Yugoslavia, 1986). She completed her Doctorate Studies in Clinical Psychology (University of Belgrade, Serbia, 1994). In 2002 she obtained an EAGT, European Certificate for Gestalt Psychotherapy as well as an ECP (European Certificate for Psychotherapy).

She is the founder and Director of EAPTI-GPTI Malta, MFHEA 2014-FHI-020 since 1996, and EAPTI-SE Belgrade since 1990. She is cofounder of various Gestalt Psychotherapy Training Institutes and Professional Psychotherapy Associations.

She is the Editor of two Gestalt Journals, in Malta and Serbia.

The Role of Artificial Intelligence in Advancing Healthcare and Mental Health

Nedima Džaferagić

Abstract

Artificial intelligence (AI) is transforming the healthcare industry, particularly in the realm of mental health. It plays a pivotal role in early disease detection, streamlining administrative tasks, and providing personalized therapies. In mental health, AI helps predict and treat issues by offering tailored interventions and support through digital tools. However, despite its advantages, there are ongoing concerns about algorithm bias and privacy. The journey of AI in mental health, from early programs like ELIZA to sophisticated digital therapists like Woebot and Tessa, highlights significant advancements. Yet, to fully harness AI's potential in healthcare and mental health, we must address complex challenges. Ethical considerations, such as ensuring algorithm transparency, are essential for maintaining trust and fairness. Ultimately, combining AI support with human interaction can enhance mental health care, optimizing outcomes and providing comprehensive support. This article traces the evolution of artificial intelligence in the field of mental health, from early conversational programs to modern digital and avatar-based therapies. Its broader purpose is to show how AI technologies have expanded access, enhanced personalization, and reshaped the way emotional support and psychological care are delivered across diverse populations.

Keywords

artificial intelligence, mental health, healthcare, psychotherapy

Introduction

The healthcare industry, including mental health, has consistently benefited from technological advancements. Mental health is increasingly recognized as a vital component of overall well-being and is integral to the healthcare sector. By integrating mental health into primary healthcare, we can address both mental and physical conditions simultaneously, leveraging artificial intelligence (AI) to revolutionize mental health care.

We have now entered an era where AI is at the forefront of this evolution. AI assists healthcare professionals in saving lives, detecting diseases before symptoms manifest, and enhancing patient care. It enables machines to autonomously learn and deliver desired outcomes, aids in the early detection and diagnosis of diseases such as genetic disorders and cancer, and can automate tasks and optimize patient engagement (Pesheva, 2024; Laliotis, 2025; Thompson, 2025). AI improves the management of medical records, ensuring timely access to data (Simbo AI, 2025). The discovery of new drugs has been accelerated thanks to AI, enabling faster clinical trials and therapy development (Ocana et al., 2025). AI is also transforming every aspect of psychology and psychotherapy (Abrams, 2023), where AI chatbots make therapy more accessible and affordable, improving interventions and automating administrative tasks (Casu, Triscari, Battiato, Guarnera, & Caponnetto, 2024). AI tools also assist in training new therapists and allow researchers to analyze large amounts of data (Toh, Lee, & Sündermann, 2023; Zhang & Wang, 2024; Marr, 2025). Teletherapy and AI-driven digital platforms facilitate access to therapy, especially in remote areas (Lenartowicz, 2023; Sali et al., 2025).

Machine learning (ML), a subset of AI, can predict the onset of diabetes and other diseases based on health data and help modify behavior through wearable devices and applications (Adams & Nsugbe, 2021; Alhaddad et al., 2022; 2021; IEEE Xplore, 2024). ML enhances the diagnosis and treatment of mental disorders through the analysis of large amounts of data (Squires et al., 2023; Al Sahili et al., 2024). Through data, ML helps therapists and psychiatrists make informed decisions and improve the quality of care (Lutz et al., 2024). ML assists in recognizing early signs of mental problems, enabling quicker interventions (Kannan et al., 2024). Technologies like ML enable personalized therapies and better patient monitoring by creating tailored therapeutic plans specific to each patient (Singhal et al., 2024; Stringer, 2025).

Generally speaking, AI reduces the time required for the healthcare industry's evolution, allowing for advancements in treatment and disease prevention. The future of mental health lies in the combination of human empathy and technological innovation, where

technological innovations can significantly help reduce the stigma associated with mental health through anonymous and discreet services, better prediction and prevention, and improved patient relationships.

These technological advancements are not only reshaping general healthcare but are deeply intertwined with the evolution of psychotherapy itself. Every innovation—from AI-driven diagnostics to wearable monitoring and personalized treatment algorithms—finds meaningful application in therapeutic settings. Psychotherapy, traditionally reliant on face-to-face interaction and subjective assessments, is now being augmented by data-driven insights and intelligent systems that enhance both precision and accessibility.

In this context, AI and ML tools empower clinicians by analyzing large datasets to identify behavioral patterns, emotional fluctuations, and treatment responses. This enables the creation of tailored therapeutic plans that adapt to each patient's unique psychological profile, improving engagement and outcomes (Singhal et al., 2024; Stringer, 2025). Real-time feedback mechanisms, often integrated into teletherapy platforms or mobile health apps, allow therapists to monitor progress between sessions, intervene early when necessary, and maintain continuity of care across geographic barriers (Lenartowicz, 2023; Sali et al., 2025). These technologies also support underserved populations by reducing logistical and financial barriers to treatment, offering scalable and discreet mental health support through chatbots and virtual agents (Toh, Lee, & Sündermann, 2023; Marr, 2025).

Furthermore, AI-assisted psychotherapy contributes to clinical training and supervision, helping new therapists refine their skills through simulation and feedback systems (Zhu, 2024). It also facilitates research by enabling the analysis of vast clinical datasets, uncovering trends that inform evidence-based practices. As a result, psychotherapy is becoming more personalized, proactive, and inclusive—reflecting the broader transformation of mental health care through intelligent technologies.

Revolutionising Mental Health Care: AI's Progress Over the Decades

The application of artificial intelligence (AI) in mental health dates back to the 1970s when researchers began using AI for the diagnosis and treatment of mental disorders. Five key milestones are listed hereunder that highlight the intersection of AI and mental health throughout history.

ELIZA

ELIZA was one of the first natural language processing programs, developed by Joseph Weizenbaum at MIT between 1964 and 1966. The program simulated a conversation

with a psychotherapist using simple pattern recognition and text substitution. ELIZA used a script called "DOCTOR" to mimic a Rogerian psychotherapist. This program was significant because it demonstrated how computers could simulate human communication. Weizenbaum was surprised by how many people believed that ELIZA genuinely understood their problems. Although ELIZA did not have real understanding, it was one of the first programs to pass the Turing test, laying the groundwork for future AI and chatbot development. This program laid the foundation for future advanced AI systems (Bassett, 2019).

The Turing test (Turing, 1950) is a concept proposed by British mathematician and computer scientist Alan Turing in 1950. The goal of the test is to determine whether a computer can exhibit intelligence indistinguishable from that of a human. The test is conducted by having a human examiner communicate with a computer and another human subject via text messages, without knowing who is who. If the examiner cannot reliably distinguish the computer from the human, the computer is considered to have passed the Turing test. This test is significant because it raises fundamental questions about the possibility of creating artificial intelligence that can mimic human thinking and communication.

Expert systems

Expert systems, prominent from the 1970s to the 1990s, are computer programs that utilize knowledge bases and rule-based algorithms to make diagnostic decisions. These systems were designed to mimic the thought processes of experts in specific medical fields. By using data on symptoms and patient medical history, expert systems could suggest possible diagnoses and recommend treatments. MYCIN, developed in the 1970s, was one of the first expert systems for medical diagnostics, focusing on bacterial infections and antibiotic recommendations. Although not directly related to mental health, it set the stage for future systems. In the 1980s, INTERNIST-I and QMR expanded diagnostics to a wide range of medical conditions, including mental disorders. By the 1990s, expert systems were specifically used for diagnosing mental disorders, improving diagnostic accuracy and speed. IBM Watson, developed in the 1990s, used advanced natural language processing and machine learning techniques to analyze medical data, including mental health (Kelly, 2014). Expert systems significantly contributed to the development of AI technologies in medicine. Today, they are used in the diagnosis and treatment of mental disorders, providing support to healthcare workers.

Chatbots

Although ELIZA was the precursor to chatbots, their development has significantly advanced since 2000, continuing through the century to the present day, when they

have become an integral part of psychiatry. Early chatbots used advanced natural language processing techniques to simulate conversations with therapists. For example, chatbots like SmarterChild, available on platforms such as AOL Instant Messenger and Microsoft Messenger, could help users with practical tasks but also provide basic emotional support (Silberling, 2023). These early chatbots laid the foundation for today's sophisticated AI systems used in mental health, changing the general approach to psychiatry. Consistent advancements have enabled users to receive support in crises, reducing barriers such as geographical distance and stigma associated with seeking help. Chatbots also enabled the collection of user data, which helped in the further development of personalized therapeutic approaches.

As rule-based chatbots that rely on predefined scripts and responses evolve into generative chatbots using machine learning models like natural language processing (NLP) and deep learning, a range of changes has been enabled. This shift allows for more dynamic and contextually relevant interactions in real time.

Generative AI chatbots are showing promise in effectively managing psychiatric symptoms, such as depression, anxiety, and other mental health issues. However, as these technologies are still relatively new, there is a need to establish guidelines to ensure their safe and ethical use. These guidelines would address potential harms, such as privacy concerns, accuracy and reliability, ethical considerations, and safety standards. Ensuring these safeguards will maximize the benefits of AI chatbots while minimizing risks (Kolding et al., 2024; Heinz et al., 2025; Rosso, 2025).

Digital and avatar therapy

A digital therapist is an AI-driven tool designed to provide mental health support and therapy through digital platforms. These therapists use algorithms and machine learning to simulate human-like interactions and deliver therapeutic interventions, often through text or voice-based chatbots. Digital therapists like Woebot and Tess have revolutionized access to cognitive-behavioral therapy (CBT) through AI-driven chatbots. Tess, developed by X2AI and launched in 2016, provides emotional support and CBT via text messages, allowing users to access therapy anytime and anywhere. Woebot, launched in 2017 by Woebot Labs, Inc., was the first clinically proven mental health chatbot. Clinical studies have shown that both Woebot and Tess reduce depression and anxiety by 18% (Business Wire, 2023) to 22% (Lindus Health, 2023).

Avatar therapy is an innovative psychological method that uses computer-generated avatars to help individuals experiencing auditory hallucinations, such as those associated with schizophrenia, and has shown promising results in treating autism. This therapy involves the following. Creating the Avatar, whereby patients, with the help of therapists,

create a digital avatar that represents the voices they hear. Interacting with the Avatar, here therapists use the avatar to communicate with the patient, simulating the voices the patient typically hears. Finally, Reducing Stress, the goal is to help patients take control of the voices and reduce the stress they cause.

Research indicates that avatar therapy can significantly reduce the frequency and intensity of distressing voices. Studies (Craig et al., 2018; Dellazizzo et al., 2018; King's College London, 2023; Giguère et al., 2025) have shown that users experience improved mood and overall well-being.

Notable Avatars in Therapy

Replika: An application created by Eugenia Kuyda, inspired by her personal experience, to mimic the way her late friend Roman spoke. It gained popularity quickly after its release in 2017 (Watson, 2018).

Kaspar: A humanoid robot launched in 2005 at the University of Hertfordshire, designed to help children with autism and communication difficulties. It is used in various settings to enhance social skills.

Nao: A programmable humanoid robot introduced in 2008 by Aldebaran (now SoftBank Robotics Europe). It is used in education, research, and healthcare, and has shown promising results in supporting children with autism (Vu, 2024). Research on Nao robots with children with autism has shown improvements in social skills, academic progress, and classroom engagement (Abu-Amara, Mohammad, & Bensefia, 2024).

Neuroimaging

Since 2015, deep learning has been utilized in neuroimaging to analyze data, enabling more precise classification of psychiatric disorders like schizophrenia and depression based on functional connectivity patterns in the brain. Neuroimaging involves quantitative techniques to study the structure and function of the central nervous system non-invasively. It is multidisciplinary, incorporating neuroscience, computing, psychology, and statistics, and is distinct from neuroradiology.

Key neuroimaging techniques include Magnetic Resonance Imaging (MRI). MRI uses magnetic fields and radio waves to create detailed brain images. Functional MRI (fMRI), measures brain activity by detecting changes in blood flow. Positron Emission Tomography (PET), uses radioactive substances to visualize metabolic processes in the brain.

Magnetic Resonance Spectroscopy (MRS), analyzes biochemical changes in the brain.

Electroencephalography (EEG), measures electrical activity in the brain via scalp electrodes.

Neuroimaging is used for diagnosing diseases, studying brain functions, and researching the impact of various activities on the brain, providing crucial information about brain health and function.

One of the most prominent implementations of neuroimaging in AI techniques is the integration of neuroimaging methods with chatbots. Neuroimaging and chatbots are connected through the application of AI in mental health (Yan et al., 2025; Impact Instrumentation, n.d.). Data Analysis: Neuroimaging techniques like fMRI and EEG generate large amounts of brain activity data. AI algorithms analyze this data to identify patterns associated with mental disorders. Personalized Therapy: Neuroimaging data can be used to tailor therapeutic approaches. Chatbots use this information to provide personalized advice and support. Progress Monitoring: Neuroimaging tracks changes in the brain during therapy. Chatbots use this information to adjust their responses and recommendations in real-time.

Understanding Emotions: AI algorithms analyze neuroimaging data to better understand users' emotional states. Chatbots use this information to offer emotionally intelligent responses. Developing New Therapies: Combining neuroimaging and chatbots helps develop new therapeutic approaches tailored to individual needs.

Neuroimaging techniques have significantly influenced the evolution of AI in psychiatry (Dhiman, 2024), enhancing the connection between psychotherapeutic interventions and patients' real needs. Research focuses on integrating neuroimaging techniques, such as fMRI, with digital interventions, leading to pioneering applications that show significant results in treating psychiatric diagnoses.

AI's Role in Psychotherapy

Artificial intelligence (AI) has already begun to exert a profound influence on psychotherapy and psychotherapeutic practice. Through the integration of AI-powered chatbots, internet-based cognitive behavioral therapy (iCBT)¹ (Beg et al., 2024), and large language models, the field is undergoing a rapid transformation. These technologies

¹ Internet-based cognitive behavioral therapy (iCBT) is a digital form of psychotherapy that delivers structured, evidence-based treatment for mental health conditions like depression and anxiety through online platforms.

offer scalable and personalized mental health support, while simultaneously introducing complex ethical challenges related to privacy, trust, and the therapeutic alliance.

Recent research by Beg et al. (2024) provides a comprehensive review of how artificial intelligence is transforming psychotherapy, particularly for depression and anxiety. The study analyzed 28 empirical papers published between 2009 and 2023, highlighting the effectiveness of AI-powered tools like chatbots (e.g., Woebot, Wysa, Tess) and internet-based cognitive behavioral therapy (iCBT). Key findings include AI-assisted interventions that led to moderate to strong symptom improvements. Chatbots and iCBT platforms showed high user engagement and accessibility, especially among younger populations. Ethical concerns persist around data privacy, emotional reciprocity, and the erosion of therapeutic trust. AI cannot yet replicate the depth of human empathy, but it offers scalable, cost-effective support—especially in underserved regions. Additional research by Spytska (2025), published in *BMC Psychology*, offers compelling evidence of how artificial intelligence can support psychotherapy in extreme conditions. The study evaluated the effectiveness of the AI-powered chatbot *Friend* in delivering psychological support to women with anxiety disorders living in active war zones. Compared to traditional therapy, which showed a 45–50% reduction in anxiety symptoms, the chatbot achieved a notable 30–35% improvement—demonstrating its potential as a scalable and accessible intervention when human therapists are unavailable.

While the chatbot lacked the emotional depth and adaptability of human interaction, it provided immediate, structured support and helped reduce psychological distress in a high-risk population. The findings underscore the importance of hybrid therapeutic models, where AI tools complement—but do not replace—human care. The study also highlights the need for ethical safeguards, clinical oversight, and long-term evaluation to ensure that AI interventions prioritize patient well-being and maintain therapeutic integrity.

While artificial intelligence has made remarkable strides in mental health care, it still falls short in replicating the emotional depth and relational nuance that human therapists provide (Kaminski, 2025). Empathy—defined as the ability to understand and share another person's feelings—is a cornerstone of effective psychotherapy. AI systems, even those powered by advanced language models, can simulate empathetic responses but lack genuine emotional awareness and lived experience (Kaminski, 2025). This limitation is especially critical in trauma-informed care, where subtle emotional cues and trust-building are essential. As Salil et al. (2025) argue, the “*unresolved gap between artificial and human empathy*” remains a major barrier to fully autonomous AI therapy.

However, AI excels in scalability and accessibility. In underserved regions, where mental health professionals are scarce, AI-powered tools like chatbots and mobile-

based iCBT platforms offer cost-effective, round-the-clock support. Studies show that these interventions can significantly reduce symptoms of anxiety and depression, even in crisis zones (Spytska, 2025). They also help reduce stigma by allowing anonymous engagement and provide structured therapeutic content without requiring in-person visits.

The future of psychotherapy likely lies in hybrid models—where AI augments human care rather than replaces it. Ethical oversight, cultural sensitivity, and clinical validation will be key to ensuring these tools support rather than undermine therapeutic relationships.

Navigating Challenges

Artificial Intelligence (AI) is transforming healthcare, including the mental health field. It offers numerous potential benefits, such as improved diagnosis and prognosis, enhanced decision-making efficiency, and reduced workload for service providers (Collins et al., 2024). However, integrating AI into healthcare and mental health presents several challenges that need careful consideration. Beyond ethical concerns, the following challenges arise when integrating AI into healthcare and mental health.

Data Privacy and Security: Ensuring the privacy and security of patient data is paramount. AI systems require vast amounts of data to function effectively, which raises concerns about how this data is stored, accessed, and protected from breaches (Chen et al., 2019; Murdoch, 2021; Elliott & Soifer, 2022; Gillis, 2024).

Bias and Fairness: AI algorithms can inadvertently perpetuate or even exacerbate existing biases in healthcare. If the training data does not represent diverse populations, the AI may produce biased outcomes, leading to disparities in care (Ueda et al., 2023; Chen et al., 2024; Gillis, 2024).

Lack of Oversight and Regulation: The rapid development of AI technologies often outpaces established regulatory frameworks. This lack of oversight can result in deploying AI systems that have not been thoroughly vetted for safety and efficacy (Gillis, 2024).

Trust and Acceptance: Building trust in AI systems among both healthcare providers and patients is crucial. Many people may be skeptical of AI's ability to make accurate and empathetic decisions, which can hinder its adoption and effectiveness (Gillis, 2024; Kauttonen et al., 2025; Nong & Ji, 2025).

Interoperability: Integrating AI systems with existing healthcare infrastructure can be challenging. Ensuring that AI tools can seamlessly communicate and work with

other systems is essential for their successful implementation (Gillis, 2024; Goktas & Grzybowski, 2025).

Cost and Accessibility: Developing and deploying AI technologies can be expensive, potentially limiting access to these tools in low-resource settings. Ensuring equitable access to AI-driven healthcare solutions is a significant challenge (Tufael et al., 2021; Gillis, 2024).

Empathy Gap and Relational Limitations: AI systems, even those powered by advanced language models, can simulate empathetic responses but lack genuine emotional awareness and lived experience. This limitation is especially critical in trauma-informed care, where subtle emotional cues and trust-building are essential. The unresolved gap between artificial and human empathy remains a major barrier to fully autonomous AI therapy (Kaminski, 2025; Salil et al., 2025).

This overview underscores the complex challenges that must be tackled to unlock the full potential of AI in healthcare and mental health. By adopting various strategies, the healthcare sector can surmount these obstacles, leveraging AI's transformative capabilities to enhance patient outcomes and streamline healthcare delivery.

Ethical Challenges

Ethical challenges in AI applications in mental health are crucial to maintain trust and fairness in mental health care.

Algorithm transparency

One of the primary ethical challenges is algorithm transparency. AI transparency helps people access information to better understand how an AI system was created and how it makes decisions. Transparency involves understanding and tracking how algorithms make decisions. While transparency helps build user trust, allows for error identification and correction, and reduces the risk of bias and discrimination, it can also reveal information that malicious actors might exploit to attack AI models (Collins et al., 2024; Eke & Shuib, 2024).

Solutions for transparency vulnerabilities include investing in and implementing explainable AI (XAI) systems, a set of processes and methods that enable human users to understand and trust the results produced by machine learning algorithms. XAI aims to make AI models more transparent and interpretable, allowing users to comprehend how decisions are made, identify errors, and mitigate biases (IBM, 2023). This transparency is crucial for building trust, ensuring accountability and promoting ethical AI practices.

Balancing Consent and Representation in AI Data Ethics

Another ethical concern is strong consent rights. Enhancing personal control over one's data can disproportionately enable individuals from marginalized demographic groups to opt out, often justified by historical injustices, resulting in racial and gender underrepresentation in training data (Collins et al., 2024). Addressing this challenge requires a multifaceted approach. In addition to transparency, it is necessary to actively strive to include diverse demographic groups in data collection efforts. This can involve targeted outreach and partnerships with communities to ensure their representation in datasets. Implementing dynamic consent models that allow individuals to provide consent for specific uses of their data is another way to improve consent rights. This can help build trust and encourage participation from marginalized groups by giving them more control over how their data is used.

Balancing Privacy and Regulation in AI Systems

Data access limitation is another ethical issue. Promoting privacy while simultaneously undermining regulatory oversight of AI safety requires thoughtful consideration in a multidisciplinary manner. Communication failures can cause confusion, independently cause patient harm, and contribute to overall damage (Collins et al., 2024). Addressing these challenges involves implementing differential privacy techniques to protect individual data while allowing meaningful analysis; using machine learning to train AI models on decentralized data without transferring it to a central server; establishing robust data governance frameworks to control and monitor data access; ensuring transparent communication about data usage and AI decision-making processes to build trust and reduce confusion; and engaging experts from various fields to create balanced solutions that address both privacy and regulatory oversight concerns.

Ethical and Safety Concerns in AI-Powered Psychotherapy

Empathy is a cornerstone of effective psychotherapy. AI systems, even those powered by large language models, can mimic empathetic responses but lack genuine emotional understanding, contextual sensitivity, and moral reasoning. Salil et al. (2025) argue that this unresolved gap between artificial and human empathy limits AI's ability to handle complex emotional or trauma-related cases. Without the capacity for true emotional attunement, AI may misinterpret distress signals or fail to build therapeutic trust (Salil et al., 2025).

A Canadian family publicly criticized ChatGPT after their 22-year-old daughter, a transgender woman, died by suicide. According to the family, she had relied heavily on the chatbot for emotional support, believing it could help her navigate her psychological

distress. This tragic case ignited widespread debate about the ethical boundaries of AI in mental health and whether users may misinterpret AI-generated responses as legitimate therapeutic guidance (Napiza, 2025).

OpenAI responded to growing concerns by acknowledging that, as ChatGPT adoption expanded, they encountered users in serious emotional distress. In a public statement, the company noted “heartbreaking cases” where individuals turned to ChatGPT during acute mental health emergencies. They emphasized ongoing efforts to improve the model’s ability to recognize signs of crisis and redirect users to appropriate care (OpenAI, 2025).

A study published in *Frontiers in Psychiatry* examined ChatGPT’s potential role in suicide risk assessment. The researchers, Zohar Elyoseph and Inbar Levkovich, found that while the model demonstrated promise in recognizing certain psychological indicators of suicidality—such as expressions of hopelessness or emotional distress—it lacked the clinical nuance, ethical responsibility, and accountability of trained mental health professionals. The study emphasized that ChatGPT’s responses, though often empathetic in tone, were limited by its inability to interpret complex emotional contexts or provide appropriate crisis intervention. The authors concluded that ChatGPT should not be considered a replacement for qualified therapeutic care and must be used cautiously in mental health settings (Elyoseph & Levkovich, 2023).

Emerging studies (Chen et al., 2025; Minh Duc Chu et al., 2025; Neuroscience News, 2025; Waseda University Research Team, 2025) have documented cases where users form intense emotional bonds with AI therapists or chatbots, sometimes leading to “AI-induced attachment displacement”—a phenomenon where individuals begin to rely on artificial agents for emotional regulation, potentially at the expense of human relationships. Minh Duc Chu et al. (2025) describe this as a psychological risk in human-AI relationships, particularly with emotionally responsive chatbots like Replika. These systems simulate empathy and companionship, but their artificial nature can distort users’ expectations of intimacy and support. The implications of this phenomenon extend beyond individual psychology, raising ethical concerns about the design and deployment of emotionally intelligent AI. As users increasingly turn to artificial agents for comfort and connection, there is a growing risk of emotional displacement, where reliance on AI may erode the quality and depth of human relationships. This shift challenges traditional notions of intimacy and social bonding, especially for individuals with high attachment anxiety or avoidance, who may be more vulnerable to forming intense, one-sided emotional connections with AI systems (Waseda University Research Team, 2025). Moreover, the normalization of AI companionship could reshape societal expectations of empathy and support, potentially redefining what it means to feel “connected.” Developers of

emotionally responsive AI bear a responsibility to consider these psychological risks, ensuring transparency, ethical boundaries, and informed consent in user interactions. As Neuroscience News (2025) notes, the illusion of emotional reciprocity in AI can lead users to seek reassurance and validation from systems that cannot truly reciprocate, reinforcing maladaptive coping mechanisms. Taken together, these findings underscore the need for further research, ethical oversight, and public awareness to navigate the evolving landscape of human-AI emotional relationships.

These risks highlight the urgent need for the following. Clinical oversight: AI tools should be supervised by licensed professionals. Transparent design: Users must be informed about the limitations of AI empathy and decision-making. Ethical safeguards: Systems should be designed to avoid emotional manipulation or over-dependence. As AI becomes more integrated into mental health care, balancing innovation with ethical responsibility is essential to protect vulnerable users and preserve the integrity of therapeutic relationships.

Addressing all of these challenges requires a multidisciplinary approach, involving collaboration between technologists, healthcare professionals, ethicists, and policymakers to ensure that AI is used responsibly and effectively in healthcare and mental health contexts. Technologists and AI developers work closely with healthcare professionals to develop and refine AI algorithms and systems that enhance diagnostic accuracy, streamline administrative tasks, and improve patient outcomes. Healthcare professionals provide clinical expertise and insights into patient care, ensuring that AI applications are safe, effective, and integrated seamlessly into healthcare workflows. Ethicists address ethical concerns related to AI use, such as patient privacy, data security, and bias, working with technologists and healthcare professionals to develop ethical guidelines and frameworks. Policymakers create regulations and policies that govern the use of AI in healthcare, engaging with technologists, healthcare professionals, and ethicists to understand the implications of AI and develop policies that balance innovation with patient safety and ethical considerations. This collaborative approach ensures that AI technologies are not only innovative but also safe, ethical, and beneficial to patients and healthcare providers alike. Understanding that this is the responsibility of all relevant professionals is essential to maximize its potential and minimize risks.

Conclusion

AI's ability to analyze vast amounts of data and recognize patterns has enabled healthcare professionals to make more informed decisions, ultimately improving patient outcomes. The combination of human empathy and technological innovation holds the

promise of reducing the stigma associated with mental health issues, providing discreet and anonymous services, and ensuring better prediction and prevention of mental health problems.

As AI tools like ChatGPT become increasingly integrated into mental health contexts, recent research and real-world cases underscore the urgent need for ethical oversight. While studies show that ChatGPT can simulate empathy and identify certain psychological risk factors (Elyoseph & Levkovich, 2023), it lacks the emotional depth, contextual sensitivity, and moral reasoning required for safe therapeutic engagement (Salil et al., 2025).

As we continue to advance, it is crucial to establish ethical guidelines and safety standards to maximize the benefits of AI while minimizing potential risks. The future of mental health care lies in the harmonious blend of human touch and AI-driven solutions, ensuring that everyone has access to the care they need, regardless of geographical or social barriers.

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Biography

Nedima Džaferagić

HR Business Partner
Psychotherapist

Nedima Džaferagić holds a Masters degree in Psychology from the University of Sarajevo, with a specialization in organizational psychology and psychotherapy. She has over ten years of extensive experience in human resources (HR), particularly within the IT industry. In the past two years, alongside her work in organizational psychology, she has been practicing as a psychotherapist under supervision, working with diverse populations.

Empty-Chair as a Part of Psychotherapy Process with Client-Athlete

Marta Tutić

Abstract

This case study explores the psychotherapeutic work conducted with a client A.N., who engaged in weekly therapy sessions over the course of one year. The initial therapeutic contract was revised after several months, when the client provided informed consent to contribute to the development of this case study. The primary objective was to demonstrate the use of the empty-chair technique within the context of working with an athlete experiencing performance anxiety. Throughout the psychotherapeutic process, the psychotherapist systematically documented session notes and incorporated transcripts of key moments to enrich the narrative and provide a comprehensive account of the intervention.

Keywords

sports psychology, gestalt psychotherapy, the empty chair experiment, co-creation.

Introduction

The aim of this article is to present a case study of a client who reached out for psychotherapy in order to overcome performance anxiety. For the purpose of this article, A.N. will be used as a pseudonym to refer to the aforementioned client in order to ensure anonymity. During our co-creation in the psychotherapy process, the client became aware that she was not in contact with her body. This insight brought forth the reflection that she has been disconnected from her body throughout the majority of her life. This was paradoxical, since her body is the most important medium to reach her goals in sport.

Laura Perls (1989) states that bodywork is an integral part of Gestalt therapy and is underemphasised in clinical practice. Gestalt is a holistic therapy, meaning that it takes into account the whole organism, not just the voice, words, action or whatever else is involved (Ginger, 2010). Our unspoken inner world is constantly manifested through body expression. We all express our feelings, needs, creative adaptations and beliefs in the ways we move or stand still, reach out or withdraw (Joyce & Sills, 2014).

Client Background

A.N. is a professional athlete in her twenties, competing both for her club and for the national team. She described her family, friends and teammates as her main support system, however showed a lack of internal support.

In the beginning, our relationship was an I-It relationship, based on bringing in content, discussing it, applying techniques, and similar processes. Over time, simply being together in the therapeutic process and sharing moments of fertile silence allowed us to meet and deepen our relationship on an I-Thou level (Buber, 1970). The *I-Thou* relationship is one of affirmation and wholeness. It carries the qualities of immediacy, mutuality, and presence (Buber, 1970). In gestalt therapy, this concept is central to the therapeutic process, as it emphasises authentic contact between the psychotherapist and client. The psychotherapist meets the client as a whole being, here and now, creating a dialogical field in which both are fully present. This encounter fosters awareness, co-regulation, and potential transformation, aligning with gestalt's core value of relational immediacy and the belief that healing arises through genuine contact.

Client Observations

Based on the client's posture and body language, certain underdeveloped aspects of self-support were observed. Her shoulders were often hunched forward, clenching her fingers into a fist, and hugging herself while sitting with her legs drawn in. Although her muscular system could serve as a strong supportive structure, she frequently appeared fatigued.

Additionally, the client seemed to struggle with her breathing. When invited to slow down and breathe, she acknowledged that she had not noticed she was holding her breath. This allowed her to stop and take in some air; an intervention rooted to support desensitisation and deflection.

In Gestalt therapy, desensitisation refers to a reduced awareness of emotional experience, often serving as a protective mechanism to avoid contact with uncomfortable feelings (Perls, Hefferline, & Goodman, 1951). Consequently, deflection is a contact boundary disturbance in which individuals avoid direct emotional engagement by redirecting attention, often through humour, vagueness, or intellectualisation (Clarkson, 2004).

The client desensitises to such an extent that she does not perceive or feel her own body, nor is she aware of whether she is breathing. She deflects from her emotions by introducing an abundance of content and stories without pausing to breathe. Beneath the many words, emotions are often present.

Interventions

When the therapist shifts the focus from the client's narrative (content) to body sensations (process), the process of 'alignment' with the client's present experience in the here and now begins (Pecotić, 2017). Our habitual behavioural patterns (creative adaptations), which are also embodied, tend to reoccur persistently. Therefore, once the client has gained insight and experiences their body as different, it is essential to practice and repeat this "new body" so that the nervous system, muscles, and bones can internalise and memorise it. Through this process, the "new" body becomes familiar and safe (Pecotić, 2017).

The Self & Body Work

According to Clarkson (1989), the psychotherapeutic encounter is not solely verbal but encompasses all ways in which an individual interacts with their environment. Evidently, this includes body language.

Body language is a particularly significant aspect of each session with this client, with emphasis on her prolonged settling into the space, restlessness during the session, and a characteristic movement she occasionally makes—lifting her legs onto the couch, bending them at the knees, and wrapping her arms around them as if embracing herself.

Her figure in the psychotherapeutic process was performance anxiety. What she brings into the therapeutic field is the observation that, as a junior competitor, she was self-

confident and courageous. She emphasised that she did not experience performance anxiety in the past. Today, however, she feels like a different person, as if she has lost her confidence and courage. She described experiencing intense anxiety and fear before competitions whereby she becomes disconnected from her body, making it impossible for her to compete.

Empty-Chair Technique

Multiple sessions into the therapeutic process, an experiment was suggested. Initially, A.N. was resistant, stating that she could try, but was unsure whether it would yield any results. I proposed an intervention known as the empty-chair experiment. Given that she frequently compares her younger self with her present self, I suggested placing her younger self; the junior competitor who was courageous and self-confident; on the empty chair. The intention was to facilitate a dialogue between these two polarities.

My intervention began with bringing awareness to the presence of the younger A.N. in the room. I invited the client to observe her, to establish eye contact if possible, and to remain with the emotional experience of connecting with this younger version of herself. The act of exposing the client to her younger self elicited a multitude of emotions, accompanied by tears. What was particularly noteworthy was that the longer she remained engaged with the empty chair, the calmer her body became. At the beginning of the experiment, she was repositioning herself, shifting on the sofa, and arranging pillows to support her back. I decided to stop and check what was happening, asking her “What do you feel in your body?” and “Where do you feel it in your body?”. Consequently, that was the moment where she lost contact with her body. I was supported by the knowledge and experience, knowing that this was just the beginning of the process. Following the experiment, she reported experiencing a peculiar sensation, yet noted that she was breathing more easily. That, in itself, was good enough for that moment.

As time went by, the client gradually became more familiar with working with the empty-chair technique and with body-oriented work. From session to session, she increasingly began to suggest on her own that, if there was space and time, we engage in an empty-chair experiment. Throughout her psychotherapeutic process, the empty chair came to represent her body, parts of her body, aspects of her personality, her self-confidence, and strength—as well as polarities such as powerlessness and insecurity.

Recommendations for Clinical Practice: Therapeutic Insights

Through the process of co-creation and with the support of the empty-chair experiment, the client reached the insight that she had finally come into contact with herself. She

was able to see herself with all the capacities she possesses; some of which she utilises to varying degrees, while others remain unused.

Although she states that she does not perceive herself as a source of support, at least in these moments, while we are together, she conveys an impression of having the capacity to support herself and offer an embrace. This may not come from an external source, where she expects or needs it to originate. Following her psychotherapy process and change, she reached a place where she was present in the moment during competitions and in control of her emotions. Being in contact with her body allowed her to feel supported and grounded while competing.

When the therapist shifts attention from the client's narrative (content) to the body sensations (process), the process of 'alignment' with what the client is in the here and now begins (Pecotić, 2017). From this point, we can choose one of 2 directions of work: I-It relationship and I-Thou relationship with the body. Whether in experiment we move from the body to the word or from the word to the body (Ginger, 2010), it is important to remember that the experiment arose from a dialogic relationship, from phenomenological, the field that was created in here and now, between therapist and client and must respect the client's broader relational field and life context (Sills, Lapworth & Desmont, 2012).

Conclusion

In Gestalt therapy, the psychotherapist lends their body in order to feel and actualise the suffering of the client, thereby allowing the client's pain to reach the contact boundary (Francesetti, 2019). Therapy is thus a process of distilling pain from suffering, and beauty from pain (Francesetti, 2012). The therapist, then, serves not as an external expert diagnosing pathology, but as a co-experiencer who dares to suffer-with the client in order to support the unfolding of new awareness. This ethic of participation, of being-with rather than doing-to, positions Gestalt therapy as both a clinical and existential practice, where transformation arises through contact, presence, and the creative elaboration of what emerges in the here and now.

Through the use of the empty chair experiment, psychotherapy work centred on performance anxiety, allowing the client and the psychotherapist to examine the client's introjects and resistances. The client's performance anxiety manifested as a state of disconnection from her body. Disembodiment, or a shift away from the physical foundation of support, was a defining feature of the experience field. This process illustrates a fundamental tenet of Gestalt therapy: that transformation arises not from the

elimination of symptoms, but from the expansion of contact. This must first begin with oneself, and then with the world. By staying with the client's embodied experience of anxiety and allowing it to unfold through dialogic and experimental means, the therapy supported a shift from desensitisation to presence in the here and now.

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Biography

Marta Tutić

Sports Psychologist
Master Gestalt Psychotherapist

She completed her bachelor studies in psychology in Belgrade. She attended professional practices in the field of sports psychology in Italy (Trento) and Spain (Seville), working with athletes aged 4 to 12 years. She completed Gestalt psychotherapy in Serbia and a master's degree in Gestalt psychotherapy in Malta, under the mentorship of Lidija Pecotić. She completed education in sports psychology at FC Barcelona academy in Spain and mental training education in Croatia. In her experience, she has work with sports associations, national teams and Olympians. She worked in BC Partizan and FC Voždovac. She holds a national and European certificate for psychotherapy.

Exploring Whole Intelligence and Resilience: An Interview with Malcolm Parlett

Cathy Perić

Introduction

In seeking to understand resilience through a Gestalt lens, the author discovered that the term appears only sparsely in Gestalt literature. This gap prompted a qualitative research study involving nine experts from across the globe, which resulted in an article synthesising the themes that emerged. Prior to and throughout this process, frequent resonances between the notion of resilience and Malcolm Parlett's concept of Whole Intelligence were noticed. This observation led the author to invite Malcolm to explore his insights about resilience. The following interview took place online on the 10th of November 2020.

Cathy Perić [CP]: Hi Malcolm, thank you for your willingness to take part in this research interview, to explore resilience through Gestalt eyes. I haven't found much direct reference to resilience in Gestalt literature, so I appreciate you taking the time to explore this with me.

Malcolm Parlett [MP]: I'm delighted to be here. I have to agree with you, I also did a little bit of a flick through a few books including the recent one by David Mann, which is a second edition of his wonderful book, 'Gestalt Therapy: 100 Key Points and Techniques' (2020) and it doesn't occur in the index. If there had been any literature on resilience, Dave would have picked it up, so I think you're right.

CP: Thanks for letting me know that, Malcolm. So, we can start with the question, *what does resilience mean to you?*

MP: So we're going to start with the personal...I feel that my own journey has been about increasing my sense of resilience and in my case, it has come very late in life

that I felt really grounded, steadily strong, and calm. So, in a sense, I have a fairly present sense of becoming more resilient. It's a concept that hasn't been around much in the Gestalt world, and really, it hasn't been a word that I've used very much in my own writings or my thinking or teaching. We've had other words and other ways of talking about resilience, but I think any new way of using language helps to redefine our thinking, to redirect our thinking, to ask the question in a new way. I've done this in terms of Gestalt – with the work I've done around *five abilities*, or five explorations – which is a re-rendering of Gestalt in a different language. Resilience is another "new" term, and it's like a new lens to look through and to see the world anew, refreshed, right? Shaking the kaleidoscope and seeing anew.

One of the images that came to me, as I thought about this, involves sailing. I had a period of my life when I crewed on a sailboat crossing the Channel to Brittany and sometimes to other places along the coast. When I started, I was very seasick very quickly, until I got my "sea legs". What's actually involved here is something quite explicitly to do with legs, because what I learned to do, instead of being slightly rigid in my grounded self, was that I started flexing my knees and, in a sense, flowing with the rolling of the boat. Like that, actually, I was stabilizing myself. By not being rigid, by being more flexible and more adaptive to the movements, I didn't get seasick. So, this is like a metaphor for how I see resilience – that it's about adaptation, in my five explorations language, it's about responding to the situation, very flexibly. This includes recognising the role of support. And, then, we get into the Gestalt notions of support and the balance between what was called self-support and environmental support, which perhaps is a distinction, which I think thankfully has almost collapsed. From a field perspective, these aren't as separated as they seemed to be in the early days of Gestalt. We've come to realise, more and more, the interconnectedness and interdependence that we all have. So, looking after ourselves, and looking after others, becomes much closer together.

CP: I like your metaphor of sailing and how you described it. What emerges from your description is flexibility and adaptability as opposed to rigidity, and also the idea of the support, whether it's the internal self-support or external support, and how everything interacts within the field. That's a lovely way of describing it.

MP: Yes, I think that's it. The essential idea is that stability comes through movement not by being stationary. Our reality, the field, our lives and the world are constantly changing – this is an essential field theory principle. Our experiences, and those of our clients, are constantly changing moment by moment. I think that any of us who have been working for a while can spot those moments when somebody may be talking for five minutes about a particular theme, and then suddenly they seem lost or something

happens. It's like a shadow crosses their face or their expression in their eyes changes, or they stop breathing deeply. Often these are the moments when something has happened in the field. It may be a spasm of shame because of something that was said, that somehow has triggered a different reaction, as we work with a client as a coach or therapist. We get used to seeing these moments of, in a sense, to use other language, contact interruption. There are moments when what was stable and flexible, moving and flowing and then suddenly there's a jerk, it's a subtle moment and those moments are very well worth investigating. I used to train, I used to describe them as *interrupting the interruptions*. Those are moments when resilience is suddenly threatened. Experienced wellbeing and flow are interrupted.

CP: That's an interesting idea – that stability comes through movement. Also, how looking at the contact functions, and the flow of how the interrelating is happening within the session, can point to possibly where the interruption is occurring.

MP: Yes, there's a stability aspect in the word 'resilience' of an unchanging element in this. So, it's not rigidity, it's not continuing continuance via fixedness, but *continuance via renewal*, a perpetual sort of renewal. So just as I stand on the deck of the boat and I move my knees and legs, I'm stabilizing myself, and there is some sense of the need to maintain and sustain an ongoing pattern. There is that sense of endurance or *enduring*, I don't mean in a heavy way, but there's a continuation. So I think in terms of, for instance, people's relationships, it is through continuous mutual adjustments going on in response to times when there may be threats to, or departures from a sense of well-being and connection. But if there are long-term stable factors in the field, they are what carries us through those moments of crisis or potential break or whatever.

CP: So, what do you think these stable factors are? How would you describe them?

MP: Well, I think that there are many, and they will vary from person to person, but I think there are things like shared values, the values that one holds and the models of reality, the models of relationships that we have.

A couple of years ago I interviewed the Resnick's, Bob and Rita, about their work on couples and what they really emphasize is how they want to ground the relationship in each person, in the sense of not losing their individuality to the point of pretending that everything's all right, when it isn't. It's all about maintaining a sense of the stability of each person's contribution to it and sustaining the relationship on grounds of being open, honest and straightforward, and dealing with differences and accepting them rather than in a sense sweeping all that stuff under the carpet.

So, values, beliefs, and then there are all sorts of different techniques for people, in a sense, to do, what I call in my book, *self-recognising*. One of the things that supports me a lot is writing. I write in the journal, and sometimes I write just straightforwardly my experience or my thoughts, but sometimes I write a little play or dialogue between my therapist-self and my crazy-self and it's hugely effective and a very helpful way of integrating the different parts of selves that we have. I think part of maintaining a sense of solidity, presence and groundedness in the world, include accepting all the different parts of ourselves, with full acceptance. So, there is a sense of a crazy person yes, I have to accept that, I can't just shove it out and pretend it's not there. There's also a wiser, steady, psychotherapist part of me. So, I'm there exploring how one part of me can support another part of me. I think everybody can do this, and I think that Gestalt is wonderful at supporting this to happen, at enabling integration.

CP: Yes, I agree. In fact, I mentioned before that I looked in the literature for resilience and whilst I didn't find the word or the actual articulation of it, for me what came closest to resilience was in fact your five explorations. When I read through these, I reflected about how developing these five abilities could contribute to building our foundation of resilience. It's interesting that so far, the explorations that you write about have flowed into our conversation about resilience quite fluidly.

MP: Yes, I do find that the five explorations have become a kind of map that I use. I find it very practicable and easy to transmit and explain to people and they catch on. I think it's a powerful way of introducing Gestalt to people.

CP: Yes I agree, the way you describe the five explorations is very relatable to life and what strikes me is how they enable flow.

MP: Yes, they have for me. So, we've talked about responding to the situation and the sense of being, which of course has two aspects. It has the responding, a degree of agency and a degree of being able to take responsibility and handle responsibility. Then there's a point that Frank Staemmler has written about recently, which is the *responsability*, which in a sense can sometimes take away a little bit that sense of responsibility for other people. It brings it back slightly to more of an individualistic Perlsian sort of stance, which sometimes is necessary if people are hyper-responsible and feeling responsible for everything, then bringing them back to reflecting on 'well, what are you capable of responding to?' is helpful. But the other aspect of responsibility, which is about caring for the world, for others, for de-centering our lives, making ourselves, in a sense, less central than the needs of the world or the needs of the other.

In other words, *how much are we really willing to put ourselves out there and use ourselves as a change, as a presence towards change in society?* This question, I think, is tremendously important. That's *responding*, but there's also the *situation*, which means that having a situation or emphasis, which is field sensitive, is about seeing what are the possibilities at any one moment? What are the choices that we have? Where do we put our energy? Where do we find ourselves drawn to?

So, then we move into *self-recognising*, which is another one of the explorations, which all work together seamlessly. As we go into self-recognizing, we can spot the ways that we have habitual patterns that may go all the way back to the very beginning of our lives, or certainly into aspects of our early development, and which may be supportive of our being present and alive, joyful, or maybe counter to those. With enough self-recognising, enough awareness moment by moment, we can see how we're drawn to certain things, how we are put off by certain things, how we want something to happen, even though it's unreasonable, it doesn't make sense any other way. So that sense of the situation is our take on our environment. So now, people are going into lockdown again in Britain and everybody's lockdown is different. We can talk about the lockdown or whatever, where there may be some parallels and things that constantly crop up, but the actual way in which each person, each individual consciously experiences it is likely to be unique and singular in the way that certain things are weighted, glossed, desensitized to, expanded or contracted. All these things are happening moment by moment. How they're self-recognising, could be tied to how we respond to the situation.

Then, and absolutely key, is *interrelating*. Since we are a connected species, we are interdependent, we can't exist on our own, isolation drives people crazy. There is a real need to understand the depths of stability and resilience that comes through the maintenance of a network of connected people, community, groups that we belong to, friendships that provide a kind of ballast. There are times when I feel I'm off the map or I've lost myself, or I've lost a sense of who I am and I know that there are certain people I can call up and say, 'I'm not in a good place today' and then within seconds, quite often, I access that aspect of my self, that's in connection with that person, so that we create a new meaning.

CP: So true, and in fact, Malcolm, this is also relating back to what you were saying before, when we're talking about stability and where it comes from. We need movement and the stability and what you are describing now, the support networks that we have around us are part of that stability.

MP: Yes, we are first and foremost, members of networks and if we think of that as the first thing that we are, *networked creatures*, we are family influenced, we are friendship influenced, we are collegially influenced, we are societally influenced, religiously influenced and so on. Whatever our particular trajectory through life, it is always peopled-personed and we are not independent beings living just for ourselves. We are part of things, and that's a terribly important part of our resilience because those things are much slower to change. We might decide that a group of friends that we belong to, we no longer fit in, and we've got new interests and values and things, and we're a bit embarrassed about being still in that group. Well, okay, maybe we can change it, but it doesn't happen overnight, without a massive disruption, some things fade away and other things grow and expand and so on.

So that's interrelating and now I'll mention *embodying*, which is a whole, huge other way of dealing with the issues of stability and resilience. I'm actually standing up for this interview because I try and not sit down all day and I actually stand up for most of the day. So, it's easy for me to feel my feet on the floor, the solidity of that, the *groundedness* that is absolutely key. Groundedness, breathing, just like what I'm doing right now, deeper breaths, letting go, feeling into my body more, slowing down. A major part of being resilient, is not getting so caught up in the busyness of life and being able to come back and find that centered place. I'm just aware of moving very slightly between my legs to the left, to the right and so on and centering myself. So centering, breathing, grounding, increasing the exhalations. [As Malcolm Parlett spoke of groundedness and breathing, he slowed down his pace of speaking, lowered his voice and moved gently side to side].

CP: What's interesting is how now, as you've slowed down, lowered your tone, and started exhaling, I found myself mirroring that and it's actually made me get in touch with my own body - I got a sense of calm from you.

MP: Yes, and this underlines the fact that we continuously have an impact on other people, and that is a new, if you like a new sense of responsibility that we have. If we are interconnected, we have to accept the fact that however we are, whatever we are emitting, in terms of our emotional imprints or our energetic state or whatever, is going to have an effect on other people and just as we are affected by other people.

CP: Yes, I get a sense of ethics as you say that, of responsibility.

MP: I think, yes, I would say that part of *resilience is an ethical stance*. This world desperately needs more resilience when the field is shaken or dislodged. Often the work of looking at fundamental introjects and the ways that they perpetuate, hasn't

been done. There are other people's ideas, which they haven't really integrated, or haven't digested, haven't bitten and chewed into. There's a lot of grabbing hold of things, grabbing a hold of a tweet or grabbing hold of a Facebook post and swallowing it down and spewing it out in another form. It's an incredibly desensitized, dislocated period in humanity, and it's going to, if anything, get worse, it's going to get more difficult and we're going to need more and more resilience. So, there is definitely an ethical aspect of this, existential and ethical, it's like: What are we here for? What are we doing? What choices are we making? Where do we put our energy? Where do we direct our attention?

CP: Very true, and all this to be done in a very mindful, ethical way.

MP: *It's ethical and it's also soulful.* There was a very good presentation by Steffi Bednarek, during the British Gestalt Journal seminar day, a few days ago and she laid it on the line really, that actually a lot of it was ultimately about *love*. Did we have access to love? well, Gestalt doesn't talk much about love. We talk around about it, but we don't necessarily name it. We have that capacity to be available to others, our capacity to, in a sense, be sensitive to the depths of our ecological crisis with the planet, the suffering planet, the incredible losses that the biosphere has suffered as a result of human activity. Unless we have a love of the planet, unless we can access our own vulnerability, our own loss of balance, our own lack of resilience in the face of the compulsive tendencies of our time that are capitalist driven, profit, materialism and so on, I mean this is a whole climate of, in a sense negating our more vulnerable human side. To some extent, the embodying part of the five explorations is hugely significant because it brings us back to the basis of our existence. We are all creatures, organisms, and intrinsically part of the world that we live in.

And then, experimenting, which is why we are here. This is the fountain of our creativity, the reaching out to the unfamiliar things in the world that we encounter, and, being attracted by newness, possibility and hope, and at the same time, recognizing that all of the capacity that we have to reach out to what is beyond or untried or unfrequented, rests on our solidity and continuity, in a sense, our resilience. It's another aspect of the continuity and the stability. We need tons of familiarity in order to be ready for the unfamiliar. We need to be safe in order to take risks and we need to take risks in order to be safe.

CP: Exactly, there's always this movement between polarities that we know so well in Gestalt. Thanks for outlining the five explorations. It's interesting to see how easy it was for you to talk about the explorations in terms of resilience. Each time you brought in one of the explorations it shed more light on some aspect of resilience. In one of your

podcasts you give an example about how the five explorations are within us, however like a plant they need to be nurtured. So, digging a bit deeper maybe, how can the plant of resilience be nurtured to sprout and grow?

MP: If you'd like to go deeper, I would say that I think that resilience as a concept has come into the foreground because of the levels of stress, change, uncertainty, dislocation, that is everywhere and which is depicted in these global crises of pandemics and climate change. This is a time of huge dislocation and resilience is about finding some stability and some sense of wellbeing. Anything that can increase it is going to be advantageous. There's a sense of there being a window of tolerance in that, up to a certain point, people can ride with discomfort or an inconvenience or a lost expectation. But then if there is a number of these all happening at the same time, then it gets harder and harder for people to stay resilient, it goes beyond their window of tolerance. I think that anything that can in a sense reduce the stresses and can increase the sense of wellbeing is needed. For instance, music. I think lots of people – when they might be feeling very low or when they're lonely, or when they're looking to see somebody but they can't – can find solace and reminders of who they are through music, which is so powerful. That's an example of self-sustaining, self-supporting activity that almost everybody can relate to because we will have different kinds of music that sustains us.

CP: Yes that's a nice and practical way in which wellbeing and resilience can be nourished. So, as you've mentioned, resilience and the need for it emerges from the situation and the wider field. I'm thinking of what you were saying before, about interconnectedness, in that, at the moment, with what's going on in our world, we need to develop our resilience and our window of tolerance of resilience in order to maintain overall wellbeing to ride this wave of the pandemic.

MP: Yes. We all do connect up, so that in a sense, the responsibility we feel for others, is also part of our wellbeing. One of the things that you see over and over and that people point out, is that one way of improving our own situation or our own sense of wellbeing is to attend to the wellbeing of others. We go and do something generous to someone else and we feel something about that – because we're all inherently interconnected. An act of love and care towards others supports us as well.

CP: Yes, that's a lovely way of nurturing our wellbeing and resilience whilst also possibly nurturing other people's at the same time. From our discussion it appears that Gestalt theory has a lot to offer in supporting people to build resilience right now. What are your thoughts about this?

MP: Well, all the basics of Gestalt do this. My preferred map is to talk in terms of the five explorations, however looking at the more conventional Gestalt mappings, the whole emphasis on expanding awareness, of getting people to tune in to what their moment by moment experience is and to examine their core introjects, that they have never connected to or unearthed and dissolved or changed. Some of these are very, very deeply held and they organize our perceptions and our needs. Awareness-work is absolutely essential.

And, the other thing is that we can only change in the present. If we want to do anything, if we want to redirect our mood, or want to open up to others or whatever, we have to start now. You can't change the past, and you can intend to change things in the future, however actually, *change only ever occurs in the present*, in the moment when we do something different or not.

So awareness and contact, about the way we connect, the degree to which we listen is very, very important, the quality of listening, the quality of taking in the other and the other's reality, that core empathy and inclusion. Basically it's about giving complete respect to the others' reality. They're the centre of their world, just as we think we are the center of our world. They're also thinking that, everybody thinks that to some extent, and they organize their perceptions in a way where they are pretty much central and of course, part of Buddhist thought and Christian thought as well, is about decentering and advantaging the other.

So that's where deep respect and *care for otherness* and *care for ourselves also*. Not wiping ourselves off the map, not diminishing ourselves, bringing all of our humanity to bear all of our presence, all of our possibilities, all of our strengths, we need all of those. We need all our creativity and our pluck, our determination. All the qualities that we value in ourselves are also hugely important and need to be sustained. I mentioned contact, and then previously we also talked about support. I feel that awareness, contact and support are the essence of Gestalt in a way.

CP: Yes, very true. What you just described now is how Gestalt enables the resilience to flourish in our clients and also trainee therapists, right? I'm just wondering now about how Gestalt theory and practice could support people to develop these abilities, these five explorations, beyond the therapy room?

MP: Well, a fundamental part of my thinking, which is sometimes more foreground than others, is the notion about being a *citizen practitioner*, where there's hundreds of ways in which Gestalt has relevance to events happening in the world and to meeting with others in our places of work, in our families, in communities and everywhere. It

is those points of connection where we can apply and introduce Gestalt notions to a much wider community of people, by how we practice, by how we behave - we can be change agents on a local basis in all of our meetings and in whatever we do.

For instance, in Gestalt we have a very strong sense about completions and so many discussions, conversations or meetings can come to an end without a good sense of completion. If we can become aware of that, then we have a choice to say things like, "Hold on a moment, I know we're all about split up, but what I'm feeling is that we ignored Susan's remark a few minutes ago and no one's responded to that and I think we need to respond to that before we end today." It's a practical little thing that makes a difference. As Gestalt-educated people we can find these points of intervention.

Another example is when someone is talking about a new plan and they are thinking about how it will be implemented or not, in a binary way and we can come in and say, "Well, what we could do, is take one step towards this plan as an experiment and then see how that goes, and then we'll know a lot more before we go onto the next stage." "Oh," people say, "Oh, well, that's an idea." So it's like, we can come in with the notion of getting out of binary thinking so much, you know, black and white, and see that there are many different shades between, very different possibilities. I could go on because there are so many examples.

Another one is, in a rather hectic meeting, we could say, "Hold on a moment, I'm feeling a bit breathless and we're all a bit worked up at the moment, so why don't we just take half a minute or so just to stand up, stretch, breathe, feel our feet on the ground, you know, just loosen up a bit and be silent, and then come back." All of us know that it only takes a few seconds sometimes to change the mood. Why I am so passionate as a Gestaltist, is that our theory and practice has so much to offer and we need to be citizen practitioners I think because otherwise we become an inward looking sect of psychotherapy, or specialty, you know and I'm not terribly interested in that anymore.

CP: Yes, I understand, there's an outward movement, especially in your book, *Future Sense*. I'm very interested in exploring this wider reach more, but maybe it will have to be another time.

MP: Well, it's been a very interesting hour. I hadn't yet picked up that resilience lens and peered through and there's an awful lot to see.

CP: Yes, there is, it's been very interesting for me too. Malcolm, what are your concluding thoughts when you think of resilience, your five explorations and the world as it is right now?

MP: Well, I think resilience is a little bit of a vogue word, but it's a good one and I think that it can be a peg on which to hang a lot on. It's a way in, you know, if it's about word, we can use that and we can say that this is a way into, and in my particular language, a greater *whole intelligence*. It's a way of looking into how humanity can safeguard itself as a species and as a responsible species in a world, in a planet that our predecessors and ourselves have largely taken for granted and rubbed...and we can't do that anymore.

CP: Yes, so true. I'm glad you mentioned the term whole intelligence, since that is the umbrella term which brings the five explorations altogether.

MP: Absolutely, and it's a term that people get, we don't need to define whole intelligence, we just mention it as an expansion of the term intelligence, away from constraints of logic and so on. It includes it but it's much broader. It's like saying we need a completely different way of thinking about humanity's capabilities and competence to function.

CP: Exactly and if you look inside resilience, you will find whole intelligence, I believe.

MP: Absolutely. Yes, absolutely, I could expand on that even more, but I think it's clear that the notion exists.

CP: Malcolm, thank you once again, for being generous with your time, your knowledge, your wisdom and for all your experience that you have shared, it is much appreciated.

MP: Thank you for inviting me, and thank you for picking up this term resilience and using it as a powerful lever into some very important material that we do need, constantly, to revise and find new ways of thinking about it, and so on, in presenting it to the world, so that the idea of being a citizen practitioner stays up there with lots of bubbling, new energy and vital stuff.

CP: Thank you so much.



Background to the Interview: Malcolm Parlett

Originally trained as an experimental psychologist, Malcolm Parlett has made a sustained contribution to the development and evolution of Gestalt psychotherapy through his integration of phenomenology, field theory, and dialogical practice. His writing has been particularly influential in deepening practitioners' understanding of field-sensitive ethics and relational responsibility, notably in his reflections on field theory (Parlett, 1991) and his exploration of the therapist's ethical positioning within the therapeutic field (Parlett, 1997). These themes are further developed in *Five Explorations of the Field* (Parlett, 2005), which offers a Gestalt-informed framework for enquiry, supervision, and professional development widely used in training contexts. More recently, *Future Sense* (Parlett, 2015) extends his field-oriented perspective beyond psychotherapy, inviting practitioners to consider human wellbeing and therapeutic practice within wider social, cultural, and ecological contexts.

Selected Publications

- Parlett, M. (1991). Reflections on field theory. *British Gestalt Journal*, 1(2), 68–91.
- Parlett, M. (1997). Re-thinking the therapist's responsibility: Ethics, field and dialogue. *British Gestalt Journal*, 6(2), 97–107.
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- Parlett, M. (2015). *Future sense: Five explorations of whole intelligence for a world that's waking up*. Triarchy Press.



Biography

Cathy Perić is an individual and group psychotherapist, executive coach and consultant. She is presently reading for a Doctorate in Gestalt Psychotherapy and her research interests centre on whole intelligence and collective flourishing. Over the years Cathy has worked within the business, cultural, health and educational sectors, where her focus has been on enabling individuals, groups and communities to develop awareness of both self, others and the environment as the basis for action towards the realisation of potential and overall wellbeing. She currently works in private practice and collaborates with individuals and organisations who share a similar purpose and values.

Aesthetics as the New Ethics or a Devilishly Good Job of the Psychotherapist

Imer Muratspahić

Abstract

This article explores the philosophical and psychotherapeutic implications of aesthetics and how it transforms into a new ethics within Gestalt psychotherapy. Relying on the concept of aesthetic diagnosis and integrating the perspectives of Schiller, Buber, Francesetti, and phenomenology, the paper proposes that therapeutic presence supports authentic and healing relationships. The importance of aesthetic awareness is emphasized in recognizing atmospheres and intentionalities that emerge in the field. The work argues that the development of sensory awareness enables clients to reclaim agency and freedom, and that such psychotherapeutic practice carries broader socio-political implications. Through the aesthetic education of the senses, psychotherapy may contribute to societal transformation, affirming the idea that beauty can indeed save the world from itself. The aim of this paper is to examine the transformation of aesthetics into a new ethical framework within Gestalt psychotherapy and its implications for therapeutic practice, personal development, and social change. A theoretical-analytical approach is employed, integrating philosophical, phenomenological, and Gestalt therapy perspectives. The method relies on a literature review, reflective analysis, and synthesis of key thinkers to develop a conceptual understanding. The paper identifies aesthetic awareness as a central element of ethical therapeutic practice. It reveals that the aesthetic dimension of perception supports authentic presence and relational depth, leading to transformative change in both therapy and society. The aesthetic education of the senses is proposed as a path toward individual freedom and social renewal. By embracing aesthetics as an ethical compass, Gestalt therapy can support not only personal healing but also broader cultural and political transformation.

Keywords

aesthetic diagnosis, socio-political implications, aesthetic education, beauty, ethics

Introduction: On the Emergence of Erotics in Therapy¹

A man is faced by a form which desires to be made through him into a work²

This work emerged as an idea and a need to put on paper my reflections on the vocation of the psychotherapist, on psychotherapy itself, and its role in society. While writing one of my seminar papers on aesthetic diagnosis, an idea emerged that aesthetics has become the new ethics, along with the following questions in regards to understanding aesthetics: What is the relevance today of Schiller's *Letters on the Aesthetic Education of Man*? And what are the political and social implications of Gestalt psychotherapy advocated by Gianni Francesetti?

In what follows, I will attempt to present one perspective on the relational act we now call psychotherapy. Since this is a graduation thesis by a future Gestalt psychotherapist, it also serves as a personal testimony, a record of the transformation of my worldview, shaped by German studies but opened, completed, and expanded through the Gestalt approach.

Where German studies brought me reason, Gestalt brought me back to the world, to the body, experience, and the senses. This work is both a search for and a formulation of a life philosophy, one that undoubtedly shapes not only how one lives, but also how one educates and practices psychotherapy.

Finally, I wish to return to the foundational values of the French Revolution, liberty and equality, and ask: What are the (r)evolutions of our time, and what values are driving them?

¹ An allusion to Susan Sontag's text in which she argues that 'In place of a hermeneutics we need an erotics of art.' (1966, p. 10).

² Buber on "the eternal source of art." (Buber, 1923/1970, p. 9)

Alas! The Twenty First Part of the Tragedy³

No trace of the cavalry, only the devil came for the joke.
But desire blinds the heart to the trap.
Once a hostage to dreams of the peaks of the bottom,
a human digs as long as he lives.⁴

Today, people feel constant pressure from their surroundings to work, consume, learn, and forget without ever remembering that they could pause, look around, slow down, or find enough space and time to form an authentic, reciprocal relationship. Time and time again, they miss the opportunity that is potentially offered in every living moment of human life similar to Goethe's Faust, for whom the idea of a moment of absolute fulfillment is so unimaginable that he accepts a wager with Mephisto if Mephisto enables him to experience such fullness and intensity of that moment that he indeed wishes the moment would last and exclaims, then Faust will serve him in the afterlife.

In this sense, both the modern human⁵ and Faust have reached the end of knowledge, where all information and insight are within one's grasp. Precisely because of this, they forget its value and must learn anew, all while the present slips through their fingers. And yet, a damned possibility of choice must still exist (Azra, 1982). Through the wager we, as Faust, have sacrificed the present for the sake of a possible future, whether it be some utopian vision, a promised land, or just a summer vacation. Today, humans carry the burden of choosing between all possible futures, fantasies sustained by indecision, feeding off of them, and thus sacrificing the present.

Unlike Faust, who could access all his potentials through Mephisto, without ever having to pay the price of choice, from the beauty of Helen of Troy to eternal youth, the modern man seems to be condemned to the psychotherapist.

In order to meet both his own needs and society's expectations for constant activity and productivity, the modern person must undergo desensitization at the contact boundary, which disables full presence. For example, grief experienced as pain is presence, whereas the absence of pain may signify sociopathy and the absence of joy in neurosis becomes a psychopathological phenomenon (Francesetti, 2015). Thus

³ This "Alas!" marks Faust's torment that he has reached the limits of knowledge, having studied law, medicine, and as he says unfortunately, theology. (Goethe, 2005)

⁴ Translated by the author (MACHINA, 2021).

⁵ The word *insan* in Bosnian language is used synonymously with *čovjek* (human), and in some Sufi teachings, the root of the word signifies forgetfulness. Thus, *insan* can be understood as a human prone to forgetting. (al-Qurtubi, 2022)

looking at the influx of mindfulness, self-help books, as well as Buddhist teachings one could conclude that today's central issue is the absence of presence. What kind of presence or absence is at stake depends on each person's creative adjustment.

Meaning that today, man is cut off from his body and left alone with only his intellect to face the challenges of growth and development. Such is the modern human being of this Cartesian age of subjectivity, in which the body is reduced to a mere mechanism.

The psychotherapist is inevitably a part of their time, and everything that concerns the client equally concerns the therapist. For this reason, it is essential to understand the metaphysics of one's own era and the extent to which the therapist participates in its perpetuation.

The prevailing extrinsic diagnostic model relies on this metaphysical framework by comparing symptoms with the therapist's knowledge, allowing the therapist to offer general, evidence-based solutions for symptom reduction. It is important to note that this approach remains highly useful, as some clients seek nothing more than symptom relief. However, what I wish to address here is that therapy should be a path toward healing. Since the extrinsic, comparative method of diagnosis is depersonalizing, anti-therapeutic, and repressive, as it denies the existence of differences between individuals (Delisle, 1999). This reductionism stands in stark contrast to the humanistic and holistic understanding of Gestalt psychology, which emphasizes that not everything arising in the therapist-client relationship can be accounted for through objective comparison (Mann, 2010). In therapeutic processes where the client arrives cut off from their body and the therapist operates solely through intellect to navigate the process, Cartesian metaphysics of subjectivity is perpetuated within psychotherapy itself. Just as Rousseau warns that the mere development of reason leads to corruption, therapy too may lead to measurable improvement, it can lead to results that can be processed and recorded, yet still remain at the surface. In this way, both therapist and client risk becoming walking encyclopedias, burdened with vast amounts of undigested knowledge (Nietzsche, 1980).

Nietzsche refers to that part of the bourgeoisie who have attained a certain level of education and engage with art, noting that they carry Schiller and Goethe on their lips, yet lack both creativity and the strength to act because for them, art is not a living part of their existence but merely a cultural commodity (Nietzsche, 1980). By reducing a work of art to its content and then interpreting it, one tames the artwork; interpretation thus makes art manageable, adaptable (Sontag, 1966). This approach to art mirrors what is happening in modern psychotherapy: it arrives at some kind of meaning or conclusion and can therefore claim a certain level of success.

And yet, as Gestalt therapists, we are aware that such a relationship still remains, in Buber's terms, an I-It relationship. The I-It relates to something as an object; it represents, perceives, thinks, or writes about something, it attempts to describe an aspect of experience that has a beginning and an end (1923). Such a mode of relating is necessary for functioning and managing everyday tasks, but it is not the therapeutic path that leads to healing. In that regard I would conclude that Gestalt psychotherapy is an art of relating, while "interpretation is the intellect's revenge on art (Sontag, 1966). Which brings me to the song "Sexy Shaman," which could serve as an allegory for relationships where various techniques and methods are tried merely to reduce symptoms, where one becomes isolated from the sensory awareness and intentionality of the phenomenon, in which emotions and sensations reside, not just mental processes (Merleau-Ponty, 1962). The line goes:

Snake oils, elixirs, we've tried them all.
Drank lies to the last drop, hung over from the fall.
Glasses half full, half empty, we tried them all.
Thirsty we were, and thirsty we stayed.⁶

Aesthetics or the Art of Non-Action?

By practicing non-action, everything falls into harmony.⁷

How can we transcend that revenge, the elixirs, the various half-full and half-empty glasses, that come with the act of giving meaning through interpretation? Part of the answer lies within and around us. Through the process of *Aesthetic Diagnosis*, we become aware of the atmosphere and intentionalities present in the field, because as Gestalt therapists we are guided by field theory, in which these very phenomena unfold. But let us begin with the meaning of the word *aesthetics* or, in translation, knowledge through the senses (Francesetti, 2017). If we assume that Gestalt psychotherapy is the art of relating, then what supports the artistic potential of Gestalt - besides field theory as its foundational pillar - is the humanistic ideal and view of the person, which, according to Schiller, can only be realized through the aesthetic education of the human being. He even proposes that political problems can be resolved through art (Schiller, 1795). But let us first return to the problems that clients bring into therapy, and the way in which the therapist, through aesthetic awareness, discerns the direction to follow, this is a therapy oriented toward healing. Just like in Schiller's vision, the

⁶ Translated by the author (MACHINA, 2021).

⁷ From the Book: *Tao te ching* (Tzu, 2020)

psychotherapist educates the client to feel themselves and their needs; that is, to emerge from the desensitization of the modern individual and recognize the forces of self-regulation within the field. Such development of the client's capacity to sense oneself and strengthen the Ego functions of the self is precisely what Schiller speaks of aesthetic education and how the reciprocal influence between society and the individual lead toward ethical action (Schiller, 1795). Before we move on to what such ethical action might be, let us return to art. Any Art that holds value and, according to Aristotle, serves as a form of therapy. As he states, it even possesses medicinal value because it can awaken and purge dangerous emotions. (Sontag, 1966) In this way, Gestalt psychotherapy and art go hand in hand, supporting the person in their capacity to feel. The establishment of a relationship, whether it is with a work of art, a tree, or a client, when imbued with presence and sensory awareness, becomes a reciprocal relationship of mutual recognition of existence. Only then does that relationship become an *I-Thou* relationship, as described by Buber, one in which the educator or therapist is not someone who simply knows more than the one being educated or the client, but rather, they too are indirectly educated, refined, and enriched, because it is a relationship that is returned with the entirety of one's being (Kindić, 2010).

This sensory mode of relating to the environment is one in which beauty can emerge from the relational field, one which can extend to our experience of time and space, producing a shift in perception. Such a shift can be recognized through aesthetic awareness (Francesetti, 2019). From this aesthetic point of view, we are able to experience and understand others - be it humans or artistic works - through the sensory, bodily, and affective resonance that awakens within us. We may feel the atmosphere that arises when we are present with an image, a sense of calm may emerge, or an emotion may appear, something entirely new that wasn't there before the encounter with the artwork (Francesetti, 2015). In my search to better understand this aesthetic dimension, I came to a few insights most importantly, how delicate and subtle the sensation is, requiring full presence to even perceive the change in experience. Only now do I understand why Francesetti, when writing about aesthetic diagnosis, speaks of atmospheres, of breathing and air because it is simultaneously invisible, part of us, part of the environment, and inevitably influencing our being. It is difficult to even speak about this without turning to metaphor, to a kind of artistic language, because that is precisely the nature of the experience it unfolds in the moment. Perhaps Merleau-Ponty described it best when he spoke of the way he looks at a painting not as a thing. He does not focus on where it is, but rather allows his gaze to dissolve into the clouds of being. Instead of looking at the painting we could see in accordance with the painting (1964). In the same way, we as therapists look in accordance with the atmosphere, allowing ourselves to be permeated by it, and from that, we form our intervention.

So what is psychotherapy today, if we take all of this into account? Schiller supported the values of the French Revolution and, as evident from his letters, he closely followed the events of his time. However, Schiller ultimately rejected the revolution due to the reign of terror that followed in its wake. He thus turned toward an evolutionary process - toward aesthetic education - through which a society could gradually develop into a state that guarantees freedom and a free individual (Schiller, 1795). Rather than seeking sudden change, as it is the case in a revolution, he came to realize that lasting transformation requires time. By negating or rejecting that which we cannot accept, we remain trapped in a vicious cycle or a fixed Gestalt, as explained by the paradoxical theory of change. Only when we acknowledge what is present as it is, not as we wish it to be, can change begin to unfold, whether in the individual, the community, or society. In order to perceive what is, we need aesthetics or simply said the sensory experience of what is actually present. That opens the door to new ways of relating to ourselves and the environment. It creates a space for freedom, where there is room to breathe, where there is just enough space for a relationship to occur, and where slowness allows to emerge what is needed to emerge within that relationship. And so, the psychotherapist "acts without doing, teaches without speaking. In creation, he does not resist. He gives birth, yet claims nothing" (Tzu, 2020).

Ethics, or How to Cross the Waters to Freedom?⁸

There exists a deep blue river
It is wide and it is deep.
A hundred years it is in width
And a thousand in its depth.
Of its length you dare not dream⁹

When we speak about ethics in a psychotherapeutic context, we primarily refer to fundamental ethics that involve the ethical conditions making psychotherapy possible. This includes knowledge, experience, and skills, as well as relevant professional codes of ethics, specifically, the welfare of the client, potential harm to oneself and others, the client's capacity, and the therapist's suitability for that client (Bloom, 2013). Given that the therapeutic relationship is shaped and directed toward one goal namely the client's well-being, the question arises: How does one act ethically during this process? Certainly, as Dan Bloom indicates, there exist fundamental professional ethics that make psychotherapy generally possible. However, the essential question remains: how

⁸ A reference and line from the film "Battle of Neretva," in which a wounded and typhus-infected man, in a hopeless situation, attempts to swim across the river and drowns. (Bulajić, 1969)

⁹ Translated by the author (Dizdar, 1978)

do we, moment to moment, adhere to and remain consistent with this fundamental principle of psychotherapy? This is the space into which aesthetics guides us as a sensory capacity enabling us to sense the direction of the flowing river that guides the therapist-client relationship towards something new, namely freedom. Through aesthetic diagnosis, the therapist acquires the capacity to recognize the intentionality of symptoms that diminish the organism's potential to make contact with its environment, thus limiting the client's freedom. The figure with which a client arrives in therapy, the symptom causing some form of suffering, holds within itself the intentionality of contact striving towards the realization of the organism's potential (Mann, 2010), as symptoms can be understood as the organism's need for a specific type of contact (Francesetti, 2017). Hence, intentionality and the figure become the shackles of freedom, as they are simultaneously keys to freedom and prisons. Therefore, it becomes essential for the client to undergo a spiritual renewal, consisting of liberating oneself from the prison of one's subjectivity through the existential reaffirmation of relationship, precisely by practicing fundamental dialogical movements (Kindić, 2010). This means that, through the application of aesthetic diagnosis in psychotherapy, it becomes possible to realize a relationship that can be described as an encounter, or an I-Thou relationship as defined by Buber.

Thus, sensory or aesthetic diagnosis in the therapeutic relationship becomes an inevitable aspect of therapy, as it enables an authentic, reciprocal, and possible healing relationship in the here-and-now. Any interaction lacking presence and awareness of the therapeutic process on the part of the psychotherapist would be considered unethical, as it does not aim at the client's well-being. Therefore, acting ethically in psychotherapy means utilizing countertransference, sensory perception or aesthetic diagnosis during therapeutic work. In this sense, aesthetics becomes the new ethics, a guide through the psychotherapeutic process.

At the same time, the psychotherapist *teaches people to maintain a kind spirit and instructs those with knowledge on how not to abuse it.* (Tzu, 2020). Thus, an aesthetic approach to therapeutic practice simultaneously becomes an educational and ethical act, as well as a modeling of ethicality that respects both parties in the relationship. Through this manner of relating and working, an aesthetic education is performed, guiding the individual toward ethical action (Schiller, 1795).

Diagnosis or how does change happen?

The term aesthetic diagnosis has been mentioned several times already, and now that we have partially clarified the meaning of the aesthetic, I would shift the focus

to diagnosis in Gestalt psychotherapy. Starting from the root meaning, namely the word itself, where "gnosis" means *knowledge* and "dia" meaning *through* (Francesetti, 2017). Therefore, aesthetic diagnosis signifies knowledge through the senses, implying that in the here-and-now of the psychotherapeutic situation, we acquire knowledge about the client's situation - read it as atmosphere - precisely through our sensory awareness. Unlike the modern comparative model, this form of diagnosis is not based on an *a priori* diagnostic model guiding therapy; rather, it emphasizes the uniqueness and specificity of the aesthetic quality emerging in human relationships within that particular therapeutic context (Francesetti, 2017).

Given that the dominant Cartesian Western philosophical tradition remains fixed precisely in this *A priori* model of content interpretation, or in the *A posteriori* model interpreting after the experience, Gestalt lacks an adequate model describing the aesthetic diagnostic process in accordance with these terms. Therefore, I propose a new term for interpreting experience during its occurrence namely *A presentiori* as a process not of interpretation but of wonder and exploration of what emerges moment-to-moment in the field. This state allows therapists immediacy and authenticity in the exchange, enabling two human beings to meet and feel the healing power of contact. In that moment of presence, the psychotherapist's persona dissolves into the humanity enacted between two individuals. Such a relationship is reciprocal, where neither party exploits the other but jointly participates in creating the relationship, each becoming amazed by the miracle of existence. This I-Thou relationship, as described by Buber, is the place and moment of contact that heals, thus constituting the reparative act of psychotherapy. In this sense, "the diagnostic process unfolding in the present moment and the therapeutic act itself become the same process (Perls, 1951). Such an experience of contact is accompanied by sensations of beauty and grace among those bodily present. This presence reflects the observer's bodily participation through a multimodal kinesthetic experience, where presence dominates objects in the world that derive their meaning not through interpretation but through intrinsic sensorimotor connectivity or inherentness (Francesetti, 2015). Thus, what is present here-and-now becomes the only reality, as in various mystical traditions, and in Buber's philosophy, reality is identified with the present, that is, with the living, immediate moment. Indeed, only what I experience here and now can, in this strict sense, can be an attribute of reality. Unlike the past, which no longer is, and the future, which is not yet, only the present truly is (Kindić, 2010).

Therapist or Transcendental Homelessness

How to describe the position of the psychotherapist? In his work "Theory of the Novel" (1916), Georg Lukács describes the modern human's loss of a metaphysical home,

losing the predetermined ideological framework upon which meaning is sought, thus becoming homeless on a transcendental level due to a lack of this “higher” grounding in the world. Such is the position of the Gestalt psychotherapist today, a therapist becomes transcendently homeless to nomadically cross borders between various theoretical positions (psychoanalytic, cognitive-behavioral, humanistic, existential and etc.) or spiritual, philosophical worldviews, without exclusively binding oneself to any single one. This could imply having no “home” either in the past or the future, but rather moving within the field of dialogue, experimentation, and integration, anchored in the *A presentiori* of the situation.

Such a therapist uses aesthetics like methadone, offering direct experiential contact (beauty, grace, pain, presence, or absence¹⁰) that transcends intellectual agreement with any theory, thus engaging with the quality of lived experience, its color, texture, and form.¹¹ This becomes the ground upon which the therapist explores alongside the client. Just as methadone is used to gradually replace heroin, aesthetics serves to “wean” both therapist and client from old relational patterns, rigid habits, and fixed Gestalts. Thus, the transcendental homeless or psychotherapist continuously moves across different levels of understanding from existential, cognitive, bodily, and spiritual dimensions, recognizing and adapting presence and awareness in response to the client's needs. Consequently, aesthetic diagnosis becomes a safe haven, replacing a fixed ideological framework, thereby allowing the psychotherapist to remain free and open to what might emerge in the relationship. In this way, the psychotherapist models freedom and acceptance within a relationship that can transform not only the client's life but also the community, society, or state. As field theory suggests, when one element in the field changes, the entire field is altered.

Encounter or Change Through Presence in Relationship

Happiness is nothing more
But the surprise
Of meeting each other¹²

The words happiness and the verb *to meet* are deeply connected words in Slavic languages through their root¹³ the meaning to come across something/someone

¹⁰ Francesetti explains the significance of absence at the contact boundary in his works.

¹¹ Form or shape in German is **Gestalt**.

¹² A parallel or derived from the poetry of Alda Merini (1999), *Aforismi e magie: Pain is nothing; but a surprise; of not meeting each other.* (Francesetti, 2012, p. 1)

¹³ “Sreća” (Happyness) and “Susret” (Encounter) carry the same root “sre” as well as the verb “sresti” (to meet) in slavic languages.

(Skok, 1971). Through this example in language itself one can see how significant and transformative contact or an encounter is in the development of humanity. So, what shapes the encounter between therapist and client? Although Buber uses the terms “relationship” and “encounter” synonymously because what does encounter truly mean if not an event in which two selves simultaneously enter into a relationship as a merging in existential togetherness of two I’s and two Thou’s (Vermes, 1997)?

The therapeutic process enables suffering to unfold within the psychotherapeutic setting without the intention to change it because change occurs precisely through the actualization of that suffering (Francesetti, 2015). Thus, to reach happiness or the resolution of suffering, encounter and presence in a relationship are necessary. The therapist’s task is not to change the client’s suffering through a performative act, nor to enact the atmosphere’s script, but rather to support the emergence of the psychopathological field and to remain aware of the presence of absence. What transforms the absence of presence into presence itself is the therapist’s allowing themselves to be touched and moved by the client’s pain (Francesetti, 2015).

It is particularly important to emphasize this phenomenon in art, as a call to express pain. The aesthetic emphasis of art lies precisely in giving form to an expression which cannot be expressed through painting, writing, music, or dance thus expanding what is known and unknown by giving shape to something through imagination (Miller, 2023). This is exactly the value and capacity of art that Schiller also speaks of when he refers to giving form to objects from the sensory world, but he limits this process to reason. I would broaden this understanding to encompass the whole being, including the Id-function of the self, and thus understand aesthetic education of the human not by diminishing the role of reason, but by including the full spectrum of human creative capacity.

When an encounter occurs, it becomes the peak of relationship (Vermes, 1997) it is the moment when absence disappears and the experience of the psychopathological field is no longer necessary because there is nothing left to desensitize. At that point, a fleeting yet enduring transformative beauty of contact emerges (Francesetti, 2015). When reading this phenomenon of beauty which Schiller reduces to contact with art it is crucial to expand it to interpersonal experience, where in the presence of beauty, the human natures harmonize, and the individual feels whole. It is an aesthetic state, phenomenologically described, where freedom, unity, and harmony are simultaneously felt because Schiller believed that beauty is the water through which one reaches freedom (Schiller, 1795). One could say that it is precisely through the appearance of beauty born out of the transformation of the presence of absence into presence that a person is freed from suffering, whether through therapy or art.

What are the social and political implications of such therapy?

*Before the structures of society can change, the human being must change.*¹⁴

As field theory suggests that any part of a system affects the whole system (Mann, 2010), therefore we can conclude that when one element changes, the entire field reorganizes. The element that the therapist changes through their work is the person themselves. Developing the client's capacity and sensitivity, pulling them out of the anesthesia that society demands of them in order to function, is a political act. To the extent that the client begins to recognize what brings them pain and what they do not want, they start seeking ways to express their suffering whether through art, therapy, protest, or voting. Through sensitization and awareness of what causes suffering, the therapist supports the ego function in seeking adequate responses. It is important to recognize that Gestalt therapy intends to change functioning systems - from individuals and couples to groups and communities - thus entering the political field and gaining political relevance (Schulthess, 2020).

In this sense, Gestalt psychotherapy is, as Laura Perls puts it, an anarchistic process in that it does not adhere to predefined rules and regulations. Rather than adjusting people to a given system, it adjusts the system to their creative potential (Schulthess, 2020). That creative potential, if not supported by the system, still finds expression in subversive ways through contemporary performance art, which invites the viewer into an experience. In this way, contemporary art can be understood as a result of the field's self-regulation as it cannot address us or convey meaning unless we are attuned to the aesthetic sphere (Francesetti, 2015). In this sense, "art becomes the daughter of freedom" (Schiller, 1795). But if we consider aesthetic diagnosis or aesthetics as the new ethics, we could also conclude that freedom is the daughter of aesthetics, as it arises as a consequence of it.

Gestalt therapy aims to support the growth of individual autonomy to the point where one can disagree with the environment and develop the capacity for civic courage. Especially when it comes to speaking up within our families, workplaces, or political arenas (Schulthess, 2020). In social systems and societies marked by anxiety and uncertainty due to instability, people tend to regress, to merge with the majority, and to follow leaders who appear to have solutions. They seek strong leaders to show them the way or as Dževad Karahasan noted in an interview about post-Yugoslav societies,

¹⁴ Says fictional Schiller in the play "*Hölderlin*" (Weiss, 1979)

what our society needs is a "babo"¹⁵ to lead us (Face to Face, 2014). This remark, significant from a developmental perspective, where a person grows from dependency to autonomy, is evidence of regression, a return to a childlike state of helplessness that must confluence with the parent to survive.

In confluence, there is no space for differing opinions. It is a space where conflict is avoided and ego function is lost. As Buber states that one should not attempt to invalidate the meaning of a relationship because every relationship is mutual (1977). Through the realization that every relationship is mutual, we understand that, even on a political level, the relationship is co-created and that responsibility lies with each individual in shaping the modality of that relationship.

At the time of writing this text, I cannot fail to mention the Student Blockades in Serbia, a collective uprising of students that many would call a revolution. Yet, it is in fact the result of an evolutionary process of education and developing sensitivity to social suffering, which transforms society and sparks the creation of ways of expression and symbols that did not exist before. It is precisely the time and space where societies articulate their unfreedom. Just as during Schiller's time, the French revolution happened and had wide ranging influence to everyone else in Europe, bringing new principles and values with them.

These students oppose the authority of the state which is based solely on inherited positions that demand blind obedience and trust. But authority is not given it is earned (Gadamer, 1978). And these students are earning authority by taking the existential risk of encountering the Other, for only then will they be able to build both a community and themselves (Kindić, 2010). This is a contemporary example not necessarily the result of aesthetic diagnosis or any particular psychotherapy but proof of the potential and creativity of individuals and groups to adapt creatively and to call for encounter with each other, while also setting boundaries to what is rejected in society. To reach this transformation, there had to be much pain and suffering, and in this way, we uncover the political significance of aesthetics (Francesetti, 2012).

As Francesetti further concludes, although anesthetized and inert individuals may be efficient producers and consumers - consumers who use aesthetic objects to remain anesthetized - they are not citizens. For how can one be a citizen without resonating with the social field in which one lives without feeling passion, outrage at injustice, or the longing for the beauty of belonging in the process of co-creation of soul? (2012).

¹⁵ In patriarchal Balkan meaning perceived as father or big boss of the family.

Instead of Conclusion: On Decision, or How Will Beauty Save the World?¹⁶

All past attempts to find a just form of the state have failed due to the insufficient maturity of the individual. In order to achieve renewal, it is necessary to first form a whole personality through aesthetic education. (Weiss, 1979) What Gestalt offers today is the opportunity to reach maturity and wholeness of the individual through an invitation to lose your mind and come to your senses (Perls, 1972) for without feeling, knowledge becomes stagnant, and without reason, feeling becomes inappropriate (Salami, 2023). As Wilhelm von Humboldt stated, the true purpose of the human being lies in developing toward wholeness, for if one believes that science does not arise from the depths of the spirit but is instead a mere accumulation of knowledge, then all is irretrievably lost for both science and the state (2007). In the 19th century, Humboldt sought to create a whole and mature human being through educational reform, and today that form of education and cultivation can be realized in the relationship between psychotherapist and client.

The contemporary role of the psychotherapist is similar to Mephisto's in relation to Faust, in that whenever Mephisto appears in the play, he brings Faust back to the body which ultimately leads him to the beauty of the present moment, so that Faust wishes the moment to *delay, thou art so fair*"(Goethe, 2005). In that moment, Faust is freed from the wager and from hell, meaning that it is the beauty of the present moment that brings salvation.

This implies that through therapy and sensory knowledge, freedom or the organism's flexibility to choose its way of being in the world can be realized, as it is through the possibility of decision, of choice that freedom is achieved.

But a decision does not consist in realizing the One and allowing the Other to accumulate like extinguished matter which layer by layer soils the soul. Only the one who allows the untouched passion of the unchosen to penetrate the fulfillment of the chosen, only the one who "serves God with evil impulses"¹⁷, truly decides, decides what is to happen. And if the devil were to exist, he would not be the one opposed to God, but the one who eternally refused to decide. (Buber, 1966)

¹⁶ A reference to Dostoevski's work "The Idiot" where through beauty one can dream of a kind and just world (1868).

¹⁷ "Part of that Power, not understood, which always wills the Bad, and always works the Good."(Goethe, 2005, p. 47)

In conclusion, to eternally refuse to decide is to give up on both the responsibility and the ability to respond for one's own life. It is within that field, within that world, that the *Banality of evil*¹⁸ reigns.

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Biography

Imer Muratspahić

BA in German Studies, Certified Gestalt Psychotherapist

Imer Muratspahić holds a degree in German Studies and this work was submitted as his graduation thesis for Gestalt Psychotherapy at Psiho-Integrum Sarajevo. He works at the Center for Educational Initiatives Step by Step on programs in socio-emotional education, teacher support and media creation. In addition, he maintains an active individual Gestalt psychotherapy practice with clients.

The Beauty of Dance: The Co-Creation between Therapist and Child

Paul Formosa

Abstract

This paper explores the developmental approach to child therapy proposed by Margherita Spagnuolo Lobb, focusing on the concept of the "polyphonic development of domains" within Gestalt therapy. Contrasting traditional stage-based developmental theories, Spagnuolo Lobb's model emphasises the dynamic, aesthetic process of contact-making between child and caregiver, likened to a co-created dance. The paper examines how this approach centers on supporting the child's ability to integrate experiences at the contact boundary, fostering secure attachment and creative adaptation. By outlining the various domains through which children experience and negotiate contact, the author highlights the importance of phenomenological attunement and spontaneity in therapeutic relationships. The therapeutic process is framed as a series of reciprocal "dance steps" between therapist and child, promoting mutual resonance, adjustment, and growth. This perspective offers innovative tools for clinicians, supporting both developmental and psychopathological complexities in children's lives.

Keywords

domains, development, relational, Gestalt, contact competencies

Introduction

Working with children through Gestalt therapy is an exciting experience, since they are still in the process of development. One may question why children need therapy. In our “liquid” society (Bauman, 2000), a concept developed by Bauman, which describes a modern society characterised by instability, constant change and uncertainty. Children also experience pain and suffering. Often, this suffering leads to anxiety, which can be physiological and relational (Spagnuolo Lobb, Levi, & Williams, 2016). This clinical picture is a dramatic mirror of our society's actual condition, and more specifically, it reflects the relationships between children and caregivers. Physiological, relational, and environmental influences shape a child's development. Even though the global internet offers a sense of openness, there can be a lack of excitement in meeting others, and intimate relationships may lack affectivity and the embodied experience of caregivers. The child faces destabilisation that affects their grounding, and they are exposed to traumatic events. Children absorb traumatic experiences which leave a debited mark on their growth. Fragility is quite common in childhood today, and “the times we are living in seem to be characterised on one side by a fear of dying, and on the other by a need to be rooted in something” (Spagnuolo Lobb, Levi, & Williams, 2016, p. 26). This highlights, more than ever, the need to ensure the child's safety throughout their development.

Spagnuolo Lobb presents a developmental therapeutic perspective; however, she distinguishes it from a developmental theory (Spagnuolo Lobb, 2012, 2016, 2018). She developed a polyphonic approach to domain development, which is a Gestalt phenomenological approach rather than a developmental-phases approach. Her theory explores the complexity of competencies required to make Contact. The process of integration, that is, what happens at the contact boundary with all its complexities, is of primary significance in therapy. She sees Gestalt therapy as a means of helping young people nurture secure attachment by supporting self-regulation between the primary caregiver and the child. This refers to “the spontaneity of creative adaptation, in full awareness (without the traumatising silence of unspoken emotions) and with the parents' spontaneous acceptance of a healing role” (Spagnuolo Lobb, Levi, & Williams, 2016, p. 30).

In her work, Spagnuolo Lobb proposes that Gestalt therapy and child development research must acknowledge the reality in which children grow up and that therapeutic work considers the widespread experiential background. She aims to develop new tools for Gestalt therapy to help children and their parents or caregivers to feel part of the community without being desensitised. This approach will help the child develop a sense of secure grounding.

Evolutionary Theories

In her exposition, Spagnuolo Lobb (2012) outlines three phases of how evolutionary theories progressed (1) from the mind of the child to the (2) relational field of infant research and neurobiological studies and then (3) to the self-regulation of contact through the attachment theory.

The first phase refers to the psychological expositions by Winnicott (1956), Bion (1962), and Kohut (1971), which describe how the mother creates an internal mental space in which she can think of her child as an individual person with feelings, desires, and intentions. These studies refer to the child's development under the influence of the parents.

The second phase focuses more on a phenomenological understanding of the child's self-representation and their interactions with significant others. Kuhn (1962), Fogel (1992), and Stern (1985; 1998) consider how children learn ways of being with others, rather than their individual behaviour, to fulfil their personal needs. Here, the concept of regulation and self-regulation has become central to the psychological approach. Stern (1985;1998) gave voice to the concept of intentionality for contact, meaning that forming the self is contact, as the person lives for contact and within contact.

Harlow, Bowlby, and Ainsworth present their studies on the child's attachment, which focus on the “need for the other”. Attachment refers to the child's primary need for the continuity and stability of the relationship with a significant caregiver. Similarly, Gestalt therapy regards contact as a human innate characteristic, and, for Gestalt, contact is a key concept. “Child disorder is a suffering of contact” (Spagnuolo Lobb, Levi, & Williams, 2016, p. 29), and Gestalt therapy supports the undeveloped tension towards this contact, which Spagnuolo Lobb defines as the now for the next. So, the primary task of psychotherapy with children is to foster secure attachment, which, in Gestalt therapy, translates into supporting self-regulation between the significant caregiver and the child, that is, the spontaneity of creative adaptation.

Polyphonic Development of Domains

Spagnuolo Lobb (2012) developed the concept of polyphonic development of domains, which is a Gestalt phenomenological and aesthetic approach rather than a developmental stages approach. From a Gestalt perspective, Spagnuolo Lobb views development as the harmony of experiences for contact-making, which she defines as domains. The different domains have their own development throughout one's life,

and at different moments they “form a kind of ‘music’ which is a creative and harmonic form to adjust to various situations”. (Spagnuolo Lobb, Levi, & Williams, 2016, p. 31)

In Gestalt therapy, what interests us most is the ability to integrate what happens at the contact boundary. When working with children, the identity formation of the self is represented by the dance with the caregiver, the significant adult in a child’s life. The child learns, comes to know themselves, and grows at the contact boundary by experiencing the mutual balance and true meaning between the child and the significant adult. The self is contact, that is, the creative experience of the world. (Robine, 2016)

The Concept of Domain from a Phenomenological Perspective

Spagnuolo Lobb (2012; 2016) argues that her approach is not based on stages, as in other developmental theories, but is constructed on a therapeutic developmental approach. The stages model of developmental theory is an accumulative process in which the child moves from one stage to another. This theory prompts us to think in terms of developmental goals, and we are constrained to assess whether the child is achieving them, which risks evaluating the child from the outside.

Spagnuolo Lobb (2016; 2018) presents her theory in a different approach, which she calls the phenomenological Gestalt approach to development, and compares it to music. This approach is based on the child’s intention to make contact and on how he/she achieves harmony in the contact. Gestalt therapists aim to recognise and support this contact, regardless of the child’s stage of development. So, the therapist is not as much concerned at which stage of development the child is but rather “how her/his present capabilities of contacting (developed through time) are combined in his/her being in therapy as a whole gestalt” (Spagnuolo Lobb, Levi, & Williams, 2016, p. 33) She presents the domains as areas of processes for the child to make contact and the interacting capacity with others which are the ground experience or the figure. Spagnuolo Lobb defines the complexity of this ground experience as the polyphonic development of domains. This means that the experience of contact-making (here and now) and the support from the environment are harmonised.

Spagnuolo Lobb (2016) presents us with the analogy of music and dance to explain the processes at the contact boundary. She refers to the child’s ability to acquire contact skills from the background experience, which she compares to music or the polyphonic development of domains. She describes the dance as the actual process of contact between the caregiver and the child, which is the grounding experience or figure.

The idea of domains, as presented by Spagnuolo Lobb (2016), highlights the complex processes that take place in the development of the child and does not refer to the

measurement or comparability achieved in stages—the concept of music and dance appeals to the aesthetic principle embraced by Gestalt therapy. Similarly, Stern (1985; 1998) compares development with melody, showing how different instruments can play the same music and form harmony.

In her developmental approach, Spagnuolo Lobb (2016) speaks of the different domains that a child can experience, “with a more or less spontaneous or blocked/ fixed excitement” (Spagnuolo Lobb, Levi, & Williams, 2016, p. 34). She defines this as risk, which is the moment when the contact boundary is desensitised. It is within this tension and anxiety between regression and growth at the contact boundary that the child listens to the music and dances with the caregiver.

Spagnuolo Lobb (2012; 2016) explains what happens when a child is present at the contact boundary, viewing oneself and the other as different person. The child remains uncertain but can also adjust creatively to the other. Hence, there is this movement between the uncertainty and finding a creative way forward. This reminds me of the small bird which flies to its nest – there is the uncertainty of flying out of the nest, but the creative ability to hover away in the open skies.

Understanding the Organisation of Domains

Spagnuolo Lobb (2016;2018) explains that most of our contacts from birth occur in a confluent manner, meaning that the relationship between the mother and child is mutually perceived. As Stern (1985;1998) states, the child sees the environment as part of themselves, and confluence is the point when the child perceives the environment as if there were no boundaries, no differentiation between the child and the other. As the domain of being confluent is derived from immersion in the environment, the ability that needs to be developed here is ‘embodied empathy’. This domain can remain and may be developed throughout one’s life, and the risk of being desensitised is confusion or a false perception of reality.

The domain of introjection leads a person to learn more about themselves and the environment. Learning is a life skill that enables a person to build self and understand their environment. When the self is desensitised at the contact boundary, it freezes the person’s natural flow and blocks the sensing of energy in return, thereby impeding the ability to learn. One may experience low self-esteem/confidence, which may lead to depression as the person is unable to identify (give a name) to what he or she is feeling.

The domain of projection helps the self to ‘plunge into the world’, putting the energy into an ‘other’ or into the environment. This domain is the process of placing the self in

the other. Imagination and discovery are the life abilities which give us the courage to accept who we are at the contact boundary. The risk of desensitisation at the contact boundary may come from the lack of ability to resolve anxiety about perceiving the other and may generate paranoid experiences.

The domain of retroflecting feeds itself on the energy which one finds within themselves. The child acquires the ability to be alone, to reflect, to make up his/her mind, and to arrive at a conclusion. This process leads to the ability to feel safe and to trust oneself. The risk of desensitisation at the contact boundary is that retroflecting may lead to solitude, and one's creativity may be exposed as grandiosity.

The domain of egotism is the satisfaction of being proud of oneself, which Perls describes as "the art of deliberate control" (Perls, Hefferline, & Goodman, 1951, p. 236). This process of contact-making is at the basis of autonomy, or the ability to find a strategy to resolve a difficult situation. The risk of desensitisation at the contact boundary is the perception of oneself in relation to one's surroundings. When one experiences the need to control oneself, this need takes over natural spontaneity, which may lead to boredom and emptiness.

The Co-creation in Dance Steps

Spagnuolo Lobb (2012; 2016; 2017) presents a fresh approach that describes the actual contact-making between the client and the therapist as a co-created dance. In her study, she proposes an alternative to the individualistic language in Gestalt therapy referred to as the losses of ego-function, by using the analogy of dance. This approach demonstrates how the therapist can work with the client through the spontaneity of co-creation at the contact boundary, which she describes as dance steps. These dance steps take into consideration the developmental and psychopathological aspects of the experience, defined as the polyphonic development of domains.

Spagnuolo Lobb (2016; 2017) introduced new terms of a more phenomenological and aesthetic nature than the analytic terminology of introjection, projection, retroflexion, etc. She proposes an original style that describes the fundamental quality of the reciprocal contact-making that the Gestalt founders described as spontaneity. She describes the making of contact in terms of sensitivity, vitality, grace, and brilliance. In her exposition, there is a sequence of contact, but this does not mean that every step is always present in the contact-making or that they appear.

In the same order. Hence, her viewpoint differs from theories describing developmental stages.

Spagnuolo Lobb states that “Each dance is unique; it might be a dance with no recognition of each other, or with no sense of reaching each other, but it is nonetheless a dance, that can be observed or lived.” (Spagnuolo Lobb, 2017, p. 32) She lists eight dance steps, which are:

1. To intuit each other/resonate with each other.
2. To perceive each other.
3. To recognise each other.
4. To adjust to one another.
5. To take bold steps together.
6. To have fun.
7. To reach each other.
8. To let oneself go to the other/take care of the other.

To intuit each other/resonate with each other

In the step ‘to intuit each other/resonate with each other’, there is no movement yet, but it is the feeling of the other and of the situation. When the ground provides a sense of surety, this domain becomes fluid and produces moments of contact. If this step is met with anxiety at the contact boundary, the risk is that the client suffers from delusional ideas.

To perceive each other

The ‘perceiving each other’ step is when the therapist's and the client's selves are mutually perceived. This means that the therapist and the client are aware of each other's movements, but they may be insensitive to the uniqueness they bring to the field. It is important to reflect on what happens to each of them when they do not respond to each other – do they retreat, or do they keep trying to be noticed?

To recognise each other

The step of ‘recognise each other’ is about making contact with the other when they are aware of what the other is feeling, where the other is going, and what is important. This step is beyond empathy and implies the movement of the now to the next, which makes the other feel deeply understood.

To adjust to one another

Adjusting to one another involves both attuning and resonating. Attuning is to be in tune with what the other is feeling. Resonating is when one responds to the other with one's presence and creative difference. This step includes the spontaneous dance, which expresses the presence of both people. The therapist moves toward the client, trying to adjust to the client, which may lead the client to let go of themselves in the therapeutic process.

To take bold steps together

Taking bold steps together involves the movement by the therapist and the client to try to unlock a fixed gestalt by bringing something new into the field to expand the possibility of contact. It is a courageous step taken together, which creates something that transcends them.

To have fun

An interesting step is 'to have fun', in which the therapist and client can share good moments by enjoying each other's presence. They can feel relaxed with each other, feel confident in each other, and trust life. It is a good feeling of each other by moving above the level of suffering.

To reach and take care of each other

To reach each other is when both the therapist and the client show interest in the other and try to reach out to them. Here, the therapist observes the client's movement and explores the client's feelings and meanings. The therapist expresses support for the client's exploration of new boundaries and upholds the risk that the client is taking in disclosing oneself. On the other hand, the client is interested and wishes to probe further about how the therapist is opening new avenues at the contact boundary. At this point, the therapist must be flexible with the client's rhythm. What is important is that the client feels that he or she is being reached by the therapist. This leads the client to become rooted in a secure, delightful sense of self that is also other-directed, from which they can take the risk to move into new territory.

Once the therapist has supported the client to touch ground in the field, to reach one another, adjust to one another, take steps forward, and have fun, it would be possible

to let go of oneself and allow oneself to take care of the other. At this point, the client can let go of themselves, and the therapist feels able to take care of the situation in a spontaneous way. There is a sense of accomplishment, and they can turn to move on to something else – this dance is over, and they move on to the next.

Conclusion

In this paper, I have outlined the theoretical developmental approach proposed by Margherita Spagnuolo Lobb in her various works on the polyphonic development of domains. There is a sense of novelty and creativity in her work, which can help therapists, especially those who work creatively with children, but also with adults – after all, there is the child within every one of us! In her work, she presents therapists with an alternative to the loss of ego functions through dance, which she describes as the movement between the therapist and the client. This approach is in line with contemporary studies in neuroscience and relational psychoanalysis. From the Gestalt perspective, Spagnuolo Lobb emphasises that the therapist works spontaneously at the contact boundary with the client, allowing the co-creation of therapeutic contact, which she portrays as a dance. At the same time, to consider the developmental and psychopathological aspects of the experience as part of the ground, as music of steps that the client moves as part of the therapeutic milieu. When the client considers the different kinds of music in the field, this will help them step into the dance.

Gestalt therapists must always consider their responses to clients. This is more evident when we consider the lack of recognition of the other in the world we live in today, which tends to promote bodily desensitisation and may become more acute through our experiences. This highlights the importance for Gestalt therapists to focus on the reciprocity of interactions with their clients (the here and now), as this is where there is the possibility of revitalising the contact boundary and co-creating the self. With this perspective in mind, Spagnuolo Lobb developed a clinical tool that helps us observe the client in contact with the therapist from a phenomenological and aesthetic perspective. She describes the work between the client and the therapist as a dance adjusting to the music, which helps the therapist and the client to focus and give meaning to the perceptions and feelings experienced in the field. This tool gives the therapist the possibility to enter the depth of the surface that the clients bring to the session and to recognise the beauty that the client has hidden in order to adjust to challenging situations.

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Biography

Paul Formosa holds a Doctorate in Gestalt Psychotherapy and is registered as a Psychotherapist and Supervisor with the Psychotherapy Profession Board, Malta and the European Association for Gestalt Psychotherapy (EAGT). Besides contributing articles to journals and delivering papers, Paul is the author of the book *A Journey to the Soul: Exploring Presence at the Heart of Gestalt Therapy and Salesian Education*, published by Pubblikazjoni Salesjana 2023.

He is the Director of St Francis de Sales Institute and of the Salesian Pastoral Youth Service (SPYS), an NGO he co-founded to provide holistic formation to young people. Working in Private Practice, Paul has been significantly involved in delivering therapeutic group support to young people and individuals.

Modification of Gestalt Therapy Methods Through a Humanistic Approach

Sanida Šehmehmedović (Lepara)

Abstract

The goal of this qualitative, descriptive-analytical work is to analyze the development of the Gestalt direction. This is achieved on the basis of Psychoanalysis, Reich's techniques - Goldstain and Goodman's approach, Friedlander's approach and Existentialism, through the terms "Assimilation", "Awareness", "Patience", "Boundary contact", "Information field/Essential support".

Keywords

Humanistic approach, Gestalt, Field, Boundary contact, Consciousness, Assimilation, Patience

Introduction

Gestalt therapy emphasises the meaning of the "whole organism" which refers to the experience of the complete body (Perls, 1992). The individual therapist, in Gestalt, has the role of supporting the client to assimilate and integrate into his "own background", as a field on which he can rely. In addition to the physical-psychosomatic approach, Gestalt relies on philosophical sources of thought, advanced development of consciousness, as applied exclusively (Isadore, 2011).

Based on radical psychoanalysis, Reich (1953) attempted to revise how the functioning to the "whole organism" was understood. This refers to the process of connecting assimilation with the application of patience, through the development of consciousness. Gestalt began as a revision of Psychoanalysis, on the topic of "Assimilation of introjects". Goldstein, Fritz and Laura Perls (1976), worked to reject Freud's theory of resistance, which was based exclusively on anal development and libido energy. Perls (1936) wrote a paper for a psychoanalytic conference, held in Prague, titled "Oral resistance", in which he questioned anal development as a basis for resistance in Freud's psychoanalysis. The aforementioned work led to Perls' first published book "Ego, Hunger and Aggression", which contains the seeds of the theoretical foundations of Gestalt psychotherapy (South Africa, 1942).

"Gestalt Therapy" was later published by Laura Perls, Fritz Perls and Paul Goodman (1951), discussing personal responsibility and focus on individual experience, the therapist-client relationship, the background and social context of personal life, and self-regulation as adaptation to the environment. Gestalt techniques are a continuation of Reich's techniques, which were further developed by Goodman, the philosophical thoughts and support given by Fromm (1968), and the interpretation of psychoanalysis by Goldstein (1968), through emphasizing the complete organism.

The analysis of the term "Assimilation", which in Psychoanalysis is identified with Introjection - a defense mechanism, was questioned by L. Perls (1992), who tried to connect this term with the term "Patience" - as a conscious process. This is how the first method in the Gestalt approach was formed, called "Consciously giving resistance" in relation with the background of the figure or the field in which different types of contacts are made (before contact, contact, full contact and post contact).

Additionally, a significant contribution of Gestalt therapy is the knowledge that defense mechanisms are not only unconscious processes of the figure, i.e. dysfunctional symptoms of our behaviour, but exclusively functional processes of awareness, motivation and emotions, which are established in the contact boundaries of relations with the background that surrounds us.

Discussion

Many pioneers played an important role in the development of Gestalt therapy. This orientation towards development was recently reinforced by Yontef (2005), who expressed his tendency to assimilate new possibilities in Gestalt therapy: "I have not seen any framework that works better as an integrating framework for me, as a psychotherapist, than Gestalt therapy".

A valuable overview of the topic is Crocker's (2005) statement that "Gestalt therapy is an example of the Aristotelian paradigm, a way of understanding that focuses on concrete and specific individuals, situations and events, seen in the context of their environment, and an attempt to understand the nature of change and how things – especially living things – come to be as they are and behave as they do. This is in marked contrast to the Platonic paradigm, which focuses on immutability of the universal essence, which is imperfectly displayed in a changing world" (pp. 65–80). There are five main influences in the development of Gestalt therapy: Freud's Psychoanalysis, Reich's Experimental Techniques, Friedlander's Philosophy, the Gestalt School of Psychology, and Existentialism which shall be discussed hereunder.

Humanistic trends in psychology

Freud

A major assumption of psychoanalysis was that contact with a therapist could lead to awareness of patients' feelings, experiences, and behaviour, and help them cope with new behaviours and overcome neurosis. This assumption was adopted by Gestalt therapy, but with an emphasis on awareness rather than conscience. However, Perls (1976) considered the present to be an essential component, and called Freud's concept of the unconscious as that of which we are not aware in the present. What distinguished Freud and Perls was their different view of time. For Freud, the first five years of life were the most important for later personal development, while for Perls (1976), the present lived reality of individuals was the thing to which people needed to pay attention. Yontef (1993) refers to Gestalt therapy as contact with reality beyond transmission, active presence through a blank screen, dialogue and phenomenological focusing through free associations and interpretations, field and process theory through Newtonian dichotomies.

Reich

Perls (1976) described Reich as vital, lively, rebellious, eager to talk about any situation, especially political and sexual. For Reich (1949, 1969), the patient's bodily expression, not his words, was the most important. This approach was new to the field, which had until then been dominated by talk therapy. However, we must consider the communication between mother and child to understand that it is established in the first months of life, through nonverbal means such as facial expressions, limb movements, crying, smiling, and laughing - long before verbal interaction occurs. Emotions, according to Reich (1949), indicate the flow of bodily energy. He held that frustration over unmet needs leads to contraction of the body, as people store unacceptable emotions in their muscles and internal organs (Clarkson & Mackewn, 1993).

Reich (1949) sought to relax muscles by releasing blocked emotions and energy. To do this, he began to touch patients where they were tense in order to ease their tension. Following Reich, Perls (1969) emphasized bodily sensations as a way to awareness in Gestalt therapy. Although psychoanalysis was well developed, Reich believed that it lacked techniques for achieving healing. He believed that there was a difference between the benefits of the mind and the benefits of one's own body. Smith (1976) found several aspects of Reich's analysis in Gestalt therapy, including paying attention to the body, actively engaging in therapy, working through strong emotions, and exploring how the client felt in therapy.

It is also important to note that Reich broke away from Freud in 1930. Reich (1969) believed that the present was more important than what had happened to a person in the past. From then on, he began to pay attention to his patient's physical reactions during therapy, which is Reich's greatest contribution to the Gestalt approach to treatment.

Friedlander

Perls (1972) paid tribute to the philosopher Sigmund Friedlander, from whom he learned the meaning of "equilibrium" as the "zero centre of opposites", as the zero point of creative emptiness. Perls also calls this point the "creative indifference," referring to individuals who are unaware of anything concrete and are at peace with themselves and others. They are experiences of being, not a factual orientation to life.

In his theory of creative indifference, Friedlander (1918) believes that every event refers to a zero point, from which the differentiation of opposites is reflected. These opposites show in their specific context a great kinship to each other. By remaining awake in the center, we can gain the creative ability to see the appearance of both sides of the

phenomenon - the significance of polarity. By avoiding a one-sided perspective, we gain a much deeper insight into the structure and functioning of the organism (Perls, 1947). Given the importance of balance between opposites in Gestalt therapy, Perls' recognition of Friedlander was not surprising.

Existentialism

Existentialism is a philosophy developed by Kierkegaard, Nietzsche, Heidegger, then Sartre, Camus and other writers through their works. It was born from post-war Europe, from the loss of faith in the ideals of progress, reason and science, which led to Auschwitz and other horrors. Philosophy for man must be subjective, personal. The remaining hope is for man to return to his inner self. The hero of this age, the existentialist hero, should live completely free of limitations and devote himself to the demands of his inner being. Existential phenomenologists tried to discover the universal concepts that are necessary for a human being to be what he is. They describe reality and indicate the ways in which we act, i.e. they provide a description of the existential conditions of human moral action. Sartre's maxim that existence comes before essence is well known (Corey, 2009).

Existentialism is a concept derived from theories about people that their journey through life is based on their ability to make their own decisions and take responsibility for the things that happen to them. Corey (2009) described the basic existential premise that we are not victims of circumstance because we are, to a large extent, what we choose to be. This concept is strikingly different from the ideas of Freud, who believed that a person's personality and character are the result of their childhood and adolescence, often environments and situations beyond their control (Corey, 2009). An existentialist believes that no matter what happens to a person in the past, they have the ability to make decisions that will change their life in the present that affect their future.

One of the central existentialist figures, Soren Kierkegaard, believed that becoming human is a project, and our task is not so much to discover who we are as to create ourselves (Corey, 2009). Similarly, existentialists believe that one must acknowledge death and accept its inevitability in order to truly enjoy life. Moreover, accepting anxiety as a stimulus for human growth is a key part of existential therapy. Corey (2009) explains that existential therapy is a way for clients to become the best person they can be by making their own decisions and not blaming others or the environment that is beyond their control. They must also take responsibility for their choices, confront their anxiety, and commit to engaging in a social context larger than themselves.

There is a collaborative relationship between therapist and client, which ranges from identifying the client's assumptions about the world to exploring their value systems and ultimately taking action after learning more about themselves (Corey, 2009). Existential therapy can also work well from a multicultural perspective, as it helps each client identify their own sets of values and take action for themselves based on their own values (Corey, 2009).

Existentialists such as Yalom (1993) and Frankl (1988) believe that a person can find meaning in life through "engagement, which is a commitment to creating, loving, working, and building" (Corey, 2009, p. 146). Frankl spent three years in concentration camps and lost his parents, brother, wife, and all of his children. He found meaning in life by controlling his reactions and choosing his attitude toward the conditions he found himself in (Corey, 2009). He believed that finding meaning and purpose in life meant experiencing love, work, and suffering.

Gestalt therapy: Initial methods and techniques

The methods and techniques of working in Gestalt, which became crucial at the very beginning of the historical development of this psychotherapy, shall be discussed hereunder.

Assimilation

Freud's psychoanalysis interprets assimilation exclusively through the activation of unconscious processes, especially introjection, which is included as a reaction of "resistance" to conflicts in the external world, environment or background (Freud, 1930). Perls (1992) as a long-time educator of psychoanalysis, observed introjection from Freud's point of view as a form of avoiding external conflicts, which is further retained on the internal level of our personality-figure. Such introjects become a block for the development of our personality. We then identify ourselves with unacceptable components from our environment, such as certain reactions of parents, teachers, peers, etc. This means that we are forced to accept what we do not agree with, where we become submissive through unconscious processes.

Patience

Perls (1992), through the Gestalt-whole personality approach, views patience as a conscious process, which requires specific time for development and action. Concentration on the details of an activity, while doing something, requires patience and awareness. Patience, as a cognitive process, represents a focus on different parts of the activity we do. An example of an activity is the verb "eating", which she

emphasized as an essential term of the Gestalt analytical approach. The process of consuming food is a conscious process, in relation to drinking, swallowing and other similar instinctive bodily reactions. Perls explains the process of eating as one that requires patience, a sense of taste, and recognizing texture.

Perls (1992) began to analyze the whole experience of the organism through the process of "breastfeeding" and "weaning" her own child. She concluded that patience, as a conscious process, is very necessary for the aforementioned activity, and that our body is governed by the control of the cognitive and emotional processes of the central nervous system (CNS). Assimilation is closely related to patience, as a conscious cognitive-emotional process. In his paper "Oral resistance", F. Perls (1973) proved theoretical postulates, which overturn Freud's theory of resistance, based on anal development and libido energy.

Awareness

Frederik Perls (1976) gave more importance to Psychoanalysis, through "conscious processes". Emphasizing the focus, on what we do, in a given moment, "concentration" therapy became the first name of therapy in Gestalt. In the corporation with her husband Fritz, Laura Perls' practical work was based on writing observations of the client's reactions, interpreting what was said and establishing the client's physical coordination. The realistic perception of the background, along with the feeling of satisfaction in the here and now of the moment, is closely related to the physical coordination of the figure.

Awareness is also based on the aesthetic concept of being, the feeling for the beautiful, the motivation to experience it. "Persona" and "Self" of the personality/figure is the main reflection of "Consciousness", in the Gestalt approach. With a conscious approach, the personality is able to form norms, identity, ideals and contact boundaries. In this way, we enable our "Ego" to adequately express our "Self", rising from the state of "Ida - passion and need".

Contact boundaries

There are four types of contact in Gestalt: pre-contact, contact, complete contact and post-contact (L.Perls, 1992). According to L. Perls (1992) full contact in the background is the most important for establishing "advanced" boundaries according to Gestalt psychology. It happens in a state of partial exclusion of conscious cognitive processes. We then move into a state of metacognition, this is where we surrender to intuition and spontaneity.

The feeling of happiness arises, through satisfaction, in the moment when we function in the here and now. It is contact when there is no "resistance" to the background, but surrender to movement, risk, activity, ideals and art. For Gestalt psychotherapy, "art" is more important than "science", because it supports what is not measurable and tangible, while science is all about meaning and complete awareness. Science can be limiting for the feeling of complete satisfaction and functioning, because it is exclusive for the development of creative will (B. Muller, 2003).

Gestalt is not a calculated psychotherapy. This refers to the ideal as always being more honest than the fact, because it is an integration of different experiences. "Self" can only be created in complete contact, within the field of essential support.

Information field/ Essential support

The feeling of "importance", emphasizing the significance of the figure/personality, is finding the client's basic values and emphasizing talents. Lack of essential support results in anxiety (Perls, 1976). Without spontaneity and adaptation, fixed boundaries appear, within which the unconscious processes of defense mechanisms spread. These are the four basic blocks of awareness: - Introjection, - Projection, - Retroflexion, - Confluence.

The blockage of the conscious state is a consequence of the absence of essential support. The point of Gestalt therapy is to re-establish the "contact" in which essential support is blocked, in order to develop awareness and acceptance of the cause of said blockage. It is important to establish an interpolation between the "past and present", so that everything that happened before gains meaning in the here and now.

Reflexivity

Gestalt has no fixed methods of work. The formation of "character", as a fixed gestalt/whole, in accordance with the automatic requirements of the background, creates blockages in the development process of "full contact". Gestalt methods work on the breakdown of these blockages, a de-automation process. This refers to strengthening the figure, accepting risks, including awareness of their causes. The illumination of an idea, the "Aha" moment, occurs when we let our emotions flow, in contact with the field in which we are. For that field, it is important that we have the support of a self-aware person with a pronounced aesthetic need. Creative work and life imply suffering, in which we function, in which we are satisfied, from which we summon a new moment of satisfaction, as part of the conviction of the legitimate definition of "happiness" (Goodman, 1950).

Complete contact between therapist and client implies the only successful result. Such contact cannot occur without aesthetic awareness, without positive basic and complex emotions, without sensibility, without essential support, without the de-automation of unacceptable components from our field.

Our reflection is based on the following question: "Why did Frederik Perls, only in the last years towards the end of his professional career, realize that working with professionals in Gestalt education training is much more fulfilling and meaningful, compared to clients without metacognitive needs?"

We find the answer in the honest words of Laura Perls: For a good therapist, personal growth and development is very important, and there is no such thing without mutual therapist-client interaction, without spontaneity and adaptability in reactions, without the importance of the field - mutual essential support.

Conclusion

Awareness, as an aesthetic concept, is a key part of metacognition. Aesthetic qualities of contact such as feeling, observing and expressing are at the centre of psychotherapy (Bloom, 2003). Inhibition of these processes, either as limitations of spontaneity, such as interruptions in contact, provide knowledge for psychotherapeutic insight (Perls et al., 1951). Our thoughts commence in a natural manner as human beings who live naturally, judge, decide and desire (Husserl 1999). This can be seen as a natural framework of our surrounding world, representing a personal memory available to the therapist and client (Blum, 2009). This reveals 'contact' as the psychotherapeutic engine (Blum, 2008) whereby dialogue between the therapist and the client co-create therapy and create a space for openness. This awareness creates the sequence of contact in Gestalt therapy.

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Biography

Sanida Šehmehmedović (Lepara)

Psychologist

Master of educational social sciences (MS),

Doctor of Psychological Science (PhD, Assistant professor)

Education: Ph.D. Assistant professor, Lecturer of psychological courses in relevant directions: Cognition and Emotion, Life span Development psychology, Educational psychology, Personality psychology, Social psychology; Master degree (CES-Finland/ BiH corporation) in "Inclusion and Individualisation in education"; Doctoral thesis (University in Sarajevo, Psychology): "Mental abilities, affective indicators and individualization in education as determinants of academic achievement and behavior of adolescents"; Projects: Vejle Comune Denmark- Center for trauma (PTSD patients), IVF clinics Counseling; Psychotherapy: Beginner in Gestalt psychotherapeutic education/ EAPTI – Malta University. Place of work/ Main activities: School psychologist at Highschool in Konjic, HNK- BiH (20 years experience); Assistant professor at IUS-International University in Sarajevo, BiH (3 years experience); Pedagogical institute Mostar HNK/ BiH- Chief Advisor for Cantonal Psychologists in Schools. Affiliations: Play sport activities, like table tennis, swimming, rowing, cycling; Like nature and ecological activities; Like art as painting, writing, dancing and singing; Like poetry, film performance and theater.

The Experience of Becoming and Being a Gestalt Psychotherapist: Contemporary debates in gestalt theory and methodology

Mikela Gonzi

Abstract

This paper reviews the literature on the micro-experience of becoming and being a Gestalt psychotherapist, alongside the integration of individual development with the macro-evolution of Gestalt psychotherapy. It considers the needs of clients, trainees, and practitioners in contemporary society, addressing grounding, self-awareness, training methods, accreditation, and socio-political engagement. Reflections include emerging concepts, regulatory frameworks, and the evolving role of Gestalt therapists, with specific reference to the Maltese context. The discussion highlights the necessity of experiential, humanistic training within structured educational programs and ongoing engagement with the wider Gestalt community to ensure the modality remains relevant, ethical, and responsive.

Keywords

Gestalt psychotherapy, experiential learning, psychotherapist development, training standards, socio-political context

Background

This paper looks at the shifts and development of gestalt psychotherapists as a dynamic evolving group or growing community, with a focus on the Maltese context. The larger picture, or the environment from which the gestalt psychotherapist developed and grew, is discussed. I seek to go beyond the individual personal process and to focus on the macro-dynamics of the profession, becoming curious about authenticity, creativity, competence and responsibility as integral to the grander movements within the gestalt therapeutic community.

We are in a time where gestalt psychotherapy ranges from being a relatively unstructured spontaneous experiential learning experience in some countries, whilst in others having been framed and structured into rigorous academic Master and Doctorate (EQF¹ Levels 7 and 8) programmes. In Malta, for example, specialised post-graduate programmes in gestalt psychotherapy have been created over the years, and two of them (focusing on working with children and adolescents and working in organisations) have recently been formally accredited.

It is also a time where the socio-political push towards bringing further recognition and regulation of the profession is being felt and discussed within the European context, touching on political difficulties and struggles that are highly linked with the historical, cultural and legal/political stories of each country.

We are in a place that now requires adopting a reflexive approach in relation to gestalt in order to evaluate whom we have become as a profession. The need for gestalt psychotherapy research, together with the need for ensuring adequate accreditation and standardisation both at a micro and a macro level, is being strongly felt.

This wider curiosity brings several questions, including asking the question, how has gestalt psychotherapy developed as a *profession* in the socio-political field? What are the historical struggles related to recognition, employment and standardisation? What were/are the specific needs of each country and how did gestalt psychotherapy training and practice respond to such needs and reshape itself over time? How have teaching styles emerged from the origins of gestalt and how have such styles shifted, differed to, or integrated the focus, methods and approaches over time? For example, would a teacher from the Gestalt Institute of Cleveland, the Istituto Di Gestalt HCC, or the Gestalt Psychotherapy Training Institute in Malta all have the same pedagogical approach, theoretical ground and focus? Finally, how are all these aspects connected

¹ EQF European Qualifications Framework <https://europass.cedefop.europa.eu/europass-support-centre/other-questions/what-european-qualification-framework-eqf>

in terms of our Gestalt Psychotherapy community's *personality function* as a body across countries. Who have we become? Who are we now? The aim of this paper is to discuss such questions, with a particular focus on Europe and Malta.

Literature Review

Existing literature on the micro experience of becoming and being a gestalt psychotherapist

To date, the main body of literature that exists about the development of psychotherapists is mainly through the direct authorship of experts in the field, through the publication of books with chapters and case studies highlighting different aspects that are related to the developing psychotherapist (Yalom, 2002; Kottler, 2010; Skovholt, 2012; O'Shea 2009; Brownell, P. 2010). Irvin Yalom, for example writes extensively in this way, particularly in his book "The Gift of Therapy: An open letter to a new generation of therapists and their patients" (2002). Another relevant source is the book "On being a therapist (4th Ed., 2010)" in which Jeffrey Kottler, explores the most private and sacred aspects of therapist's work, including the therapist's journey, power and influence, challenges therapists face such as managed care bureaucracy, economic realities and advances in theory and technique. The author also discusses the therapist's psycho-social role and responsibility to promote issues of diversity, social justice and systemic changes within the community and the world at large.

Research studies specifically about the development of psychotherapists is relatively limited, with sparse contributions focusing on different aspects of becoming a psychotherapist (Klein, Bernard, & Schermer, 2011). Only a few have specifically addressed the evolving professional self through research study (Messina, Gelo, Gullo, et al. 2018; Messina, Gelo, Sambin, et al, 2017; Orlinsky & Ronnestad, 2005; Murphy, 1993; Hill, Lystrup et al, 2013). Of these, one specific research is worth highlighting, in that it gathered self-reports from 5,000 psychotherapists worldwide in order to study therapeutic work and professional growth over 15 years (Orlinsky & Ronnestad, 2005).

In gestalt psychotherapy, the main literature on the topic comes in the form, of practitioners in the field writing to inspire or guide trainees directly or indirectly (e.g. O'Shea, 2009, Brownell, 2010; Wollants, 2012; Mann, 2010) or discussions in conferences that are then recorded as short papers in Gestalt therapy journals. Gradually, a new focus is appearing on aspects that further strengthen and define what Gestalt psychotherapists do and hence also the direction of development towards becoming a gestalt psychotherapist. The book "Towards a Research Tradition in Gestalt Therapy"

(2016) edited by Jan Roubal covers various themes, including warranting, research and practice; and the “Handbook for Theory, Research, and Practice in Gestalt Therapy” (2nd Ed., 2019) by Philip Brownell, includes a chapter on “The Gestalt Therapy Fidelity Scale” developed by Fogarty (Fogarty, Bhar & Theiler, 2019a; Fogarty, 2019b), a scale which is drawing the interest of several therapists seeking to somehow put on paper what gestalt psychotherapists do, also in relation and comparison to other modalities.

A recent publication emphasises the importance of having a practice-based pedagogy, not just academic gestalt therapy theory, but deeply rooted in experiential learning (Skottun & Krüger, 2022). In practice, trainee development is highly experiential and thus little is recorded about these processes. Michael Miller, for example, explains that Isadore From, one of our founders, was not widely published but had an extensive personal circle of influence. “All of his transmission of theory was through teaching and teaching of psychotherapists over close to four decades, and leading groups studying theory...He was a therapist's therapist.” (Goleman, D. 1994). In speaking about the need for having a coherent account of Gestalt therapy, Philippson says, “I find that doing it in practice (both as therapist and as client) shows the approach much more clearly than words on paper can. No words can replace experience!” (2001, p. 233). Similarly, Yontef & Jacob's write “Gestalt therapy is known for a rich oral tradition, and historically, gestalt writings have not reflected the full depth of its theory and practice” (2010, p. 351), being more interested in the experiential practice rather than in the recording of these processes. Thus, our love and reverence to experiential work as integral to our approach, appears to come at an expense in today's 'evidence-based' professional world. We do not record this enough! Except perhaps for the numerous small case studies discussed by gestalt therapists in literature, and Skottun & Krüger's book (2022), there is little research that is written specifically with a focus on the development of the gestalt therapist.

Available literature focusing on integrating the psychotherapist's development with the macro-development of gestalt psychotherapy

Hardly any studies have yet attempted to integrate personal and professional development with the socio-historic and cultural development of psychotherapy as a profession, highlighting a gap in the area of research around the field of psychotherapy. This gap emerges even more strongly when speaking specifically about the gestalt psychotherapy modality.

The closest we can get, in terms of available literature on the evolving field of general psychotherapy in relation to the personal and professional journey, are three books. “On becoming a psychotherapist: The personal professional journey” (Klein, Bernard, & Schermer, 2011) looks at the evolving nature of the therapist's journey in

an attempt to provide a comprehensive and generalisable model for therapist growth and development, combining this with formal training received and with how shifting cultural contexts affects psychotherapists today.

Second, the literature that comes closest to linking the individual therapist's process with the profession's own development and with socio-cultural shifts is "The making of psychotherapists: An anthropological analysis" (2009). It is a first book of its kind. The author, James Davies, a psychotherapist and anthropologist, immerses deeply into the world of psychoanalysis covering aspects of this modality's institutional and training devices used to transform trainees into professionals. He attends closely to what trainees feel, do and think as they struggle towards professional status and links this professional 'shaping' not only to the individual therapists but also to the community itself. More importantly, he links the individual processes to the macro socio-historical development of the profession and also includes an interesting genealogical map presenting the proliferation of institutes, traditions (e.g. humanistic, psychodynamics, Jungian, behavioural) and accrediting bodies, together with a timeline of their development. His writing is rooted in extensive fieldwork allowing for anthropological scrutiny, case-studies of clinical work and several interviews with teachers, senior practitioners and trainees.

The only book found that explores this in relation to gestalt psychotherapy has only been published recently, by Gutjahr (2024) who argues that in Gestalt therapy, the "field" – meaning the relational, sociopolitical, economic, and situational context – should be central, not secondary. The author emphasizes that therapy cannot ignore social, political, and economic dimensions. He maintains that Gestalt therapy is necessarily embedded in "liquid modernity" (Zygmunt Bauman, 2012), and so therapists must account for how societal conditions shape the field of contact, limiting or affording agency. Rather than seeing agency as individual empowerment or self-realisation, Gutjahr frames it as "response-ability" within the field. This means being able to respond to the field's demands, limitations, and opportunities – a relational form of agency, grounded in mutual resonance and co-emergent processes.

Also noteworthy, is that there seems to be a recent emerging interest highlighting the need to stop and reflect on where we are now. In fact, the Society for Psychotherapy Research have begun researching whether there are empirically supported methods and modes of psychotherapy training that reliably stimulate and support the development of trainees and candidates. As a result, the Society established the SPR Interest Section on Therapist Training and Development (SPRITSAD) (SPR, 2011). They developed the idea of conducting a collaborative, multisite, longitudinal study of development in psychotherapy trainees (Orlinsky, Ronnestad & the SPR Collaborative Research Network, 2005; Orlinsky, Strauss, Ronnestad, et al., 2015).

I mention the SPRITSAD here, to highlight that, with the constant effort to establish standards in our education and psychosocial contexts, there is an emerging need in today's society, for research on methods and modes of psychotherapy training, that has begun to be recognised by those responsible for training and employing therapists. Perhaps one of the most vocal persons from the gestalt therapy community promoting this is Marguerita Spagnuolo Lobb. She states clearly "Various psychotherapeutic approaches are deeply linked to the society in which they were born as well as to the emerging social needs" (2018, p.52)

Such literature and studies, bring forth a strong relationship between the development of psychotherapy trainees, the emerging needs related to education and employment standards, and the psycho-social shifts and changes ranging from the client to, services, to the politics of the field and beyond in terms of regularisation and recognition. Producing further literature on this topic will surely nourish and enrich the development of the gestalt psychotherapy community around the world.

Discussion

A basic concept of Gestalt therapy, influenced by Kurt Lewin, is that the need organises the field. Wollants interestingly points out that this can be reversed, in that "the field shapes the need" (2012, p.9). This reversibility highlights the reciprocal relationship and interconnection between the need and demands of a person and his world, the organism and environment, the client world and the therapist world. It is with this in mind that I structure my discussion. I look at how the needs of society, including clients, service-users, employers, regulatory boards and policymakers in our contemporary field, have shaped gestalt psychotherapy today. Gestalt psychotherapy, an innately creative and spontaneous modality, is responding to these needs and is shifting gradually to become more defined and professional. With this, I believe that Gestalt psychotherapy as a force and as a community, has too contributed to quietly shaping society, by working towards bettering its health and well-being through psychological growth. In this light, 4 different dominant needs emerge as figure to our contemporary society and to Gestalt psychotherapy today:

- The Individual/Service-User/Client/Patient needs: *Reflections on contemporary society*
- Trainee psychotherapist needs: *Implications for training Methods and Gestalt Institutions*
- The Psychotherapist, Practitioner, Researcher Needs: *Socio-political considerations*
- Wider needs beyond respective countries: *Who are we now? The Gestalt Psychotherapy Community*

Each of these are discussed in further depth.

1. *The Individual/Service-User/Client/Patient needs: Reflections on contemporary society*

What are the needs of society today and how do we, as psychotherapists, respond to such needs? Now, more than ever, the words of Bauman come to mind. We are living in a society characterized by radical change. We are overthrowing traditions and traditional forms of economy, culture and relationship. As Ken Evans puts it, and still relevant today, in our contemporary lives, “there is no single, universal, privileged, accurate, truthful, and secure way of understanding anything, especially people!”(2007, p.194).

The contemporary being

Constructing a durable identity, as individuals and as a community, that lasts over time and space, is increasingly impossible. We are in a period where we act in search of multiple but fleeting experiences. We are caught up in the global drive that is “forever ‘becoming’, avoiding completion, staying underdefined. “Change is *the only* permanence and uncertainty *the only* certainty” (Bauman, 2012, Foreword).

With everything becoming ‘liquidized’ it leaves us with little to taste, to chew, to discern, to regulate as nourishing or poisonous, removing a sense of power, removing the capacity to choose and to find a clear direction forward. Our senses, our id function, finds little solid to hold on to, to experience long enough, to become figural enough. Over-stimulation around us and our developing addiction to technology, alienates us from our emerging needs. Things happen faster around us than our capacity to be in tune with our inner being and in tune with the relationships around us. Ego function thus, does not have a stable ground, with clear figures, upon which to base a sound decision on how to go forward. Directionality and intentionality become riddled with doubts and anxious uncertainty.

We live “in a society that develops at a rapid rate, which is difficult to psychologically follow and legally regulate”. This requires strengthening the individual’s “ability to evaluate where s/he is in relation to such variability and to find his/her own stable basis” (Pečotić, 2018, p.47).

Our ground

As a society, our *ground*, from which figures could emerge, has become volatile, fast, ambiguous, value-less, indiscriminate and fluid. Figures that emerge are fragile, short

lasting, unsupported and with an urge to be instantly gratified. Figures cannot last long enough to support directionality. Potential and foresight get lost, melt away. Actions, rather than being informed, supported, creative and spontaneous become impulsive, fleeting, and quickly abandoned to move to the next.

We are constantly on the move with no clear destination. To continue with Bauman's 'liquid' metaphor, our ground is liquid, yet with the urgent, rush of life, it almost feels like our choice-making, direction and ego is up in air, far from solid, cloudy, unclear and floating.

We contemporary beings, so easily float from moment to moment, unanchored, disconnected from a solid ground, moving from one thing to another, with an inner sense of discontent, unfinished, empty, void and an unsettled sense that something bigger than us may happen. The feeling that a storm will come, danger is impending, is rooted deeply in the fears and trauma of terrorism, migration, environmental catastrophes and potential nuclear wars. Our anxious postmodernist view puts us in a sceptical position where "Nothing is real, nothing is true, and nothing (I am) is important" (Evans, 2007, p. 195).

Earthing our self to the ground and to others

Where does this put us as psychotherapists?

Doubtless, we first need to see and acknowledge the society we live in, are part of, and are caught up in. What is clear to me is that we cannot as psychotherapists work through this alone or believe that what we learnt up to graduation is enough to sustain and remain rich in our work with other human beings. If we do, we would be putting ourselves at risk of providing a service which too will be liquid, temporary, unsupported and short-lasting.

As Spagnuolo Lobb writes,

Regardless of the approach, a psychotherapist has a social and political mission as he helps the individuals to regain an inspired vitality and different faiths, while getting themselves rooted in their significant and constitutive relations and overcoming the current impasse made of fear of death and emptiness of values. (2018, p.52)

Self-development, through ongoing individual/group therapy, supervision, congresses, writing, reading and peer support is crucial. Even better, in my experience, is feeling and being part of the community of psychotherapists, as this enriches and reminds us

of our solid ground, based on methods, theories, epistemological basis and values that guide us in our way forward with clients.

Only with this happening, can we then be in a position to look at and work in a way that “supports the ground” (Spagnuolo Lobb, 2018, p.47) of the person with whom we are working. The need of society today is to somehow *earth* our ‘floating’ ‘air-like’ sense of being. Reconnecting us with our ground.

As Michael Miller highlights, “we grow through our meetings with our environment” and “since growth is the main concern in psychotherapy, emphasizing that it occurs at the point of contact makes a revolution in the practice of psychotherapy by profoundly refocusing where therapist and patient pay attention in order to create something new” (Miller, 2018, p.40). As psychotherapists, we are in a privileged position to support such connection of self with ground and from that place connect self with other. Through this, we engage in an embodied encounter that brings back a sense of inner familiarity with self and the world, of rootedness, of stability in a support system and of being able to regulate our movement and actions according to arising needs and situations, with the clear destination of meeting ‘the other’ through meaningful contact, fulfilment and completion.

“The goal is not so much to develop a good, fixed character of a person, but rather to develop his awareness and ability to move with time and co-create adjustment to the environment, while at the same time maintaining the stability of his/her support system”. (Pečotić, 2018, p.61)

Psychotherapy is “a process of intentionality” shared during the therapeutic session, a process that through this “deep and procedural recognition allows the patient to feel rooted in the relation” (Spagnuolo Lobb, 2018, p.47). Miller writes:

Nothing about experience of self remains the same. It has to be made through contacting what is not yet self but is always in the process of becoming self. Self is a joint venture between organism and environment, connection between your person and other persons, between yourself and themselves. It is made again at each meeting and therefore is a temporal ever-changing process. (Miller, 2018, p.40)

In relation to this Spagnuolo Lobb continues, “we must focus our attention on the feelings of the therapist and their patient at their contact boundary, on being ‘the self’ in the here-and-now of the encounter” (2018, p.47). In order to find one’s stable basis as a psychotherapist – one’s self – therapy and peer or formal supervision, can be supportive through the approaches and choices which allow dynamic and flexible movement “through time and field, while keeping with him/her the precise centre which

guides him/her" (Pečotić, 2018, p.61). Psychotherapists themselves, need to remain connected with the world and with the gestalt community in order to be in a position to work with clients. We too, as psychotherapists, teachers, supervisors are part of today's society and realities.

2. Trainee psychotherapist needs: Implications for training Methods and Gestalt Institutions

What is important to look at next is the implications for trainee psychotherapists. What are their needs and how do we respond accordingly?

While in a world of transience, we are still living in a context that requires highest ethical standards, accreditation, continuous auditing, and regulation of professions. Those who choose to take this seriously, engage in a rigorous evaluation of what is being provided to persons on the journey towards becoming psychotherapists. It comes with a sense of responsibility, authenticity, creativity and rigorousness. Moreover, today's client and student are more informed, more aware of rights, and more demanding in terms of wanting to know that the service or training institution is of best quality. We feel, as service-providers, the need to reach and ensure the standards set by clients, external stakeholders and society in general. In practice, what does this mean?

Clearly there is a need that is requiring us, at least in the European world, to respond to this in a way that is adequate. If we are to remain up-to-date with the European Qualifications Framework that aims to support life-long learning, work and cross-border mobility, then the education standards adopted within Gestalt psychotherapy higher education institutions, at least those within the EU, need to be in line with this. It is expected by National boards, by employers, prospective students and clients alike. Gone is the time when courses could be offered without having an accredited/approved certificate.

Accreditation, standardisation, auditing and regulation

Today, the certificate from accredited institutions and programmes carries weight. It comes with a clear transcript outlining the modules taught, the weighted modules (e.g. ECTs²), and the qualification levels reached (e.g. EQF³). Learning, skills and competences, today need to be clearly outlined in programmes offered, organised neatly into modules, supported by a rigorous structure that specifies teaching methods,

² European Credit Transfer and Accumulation System

³ European Qualifications Framework

examination processes and provides au courant reading lists. This is across board, irrespective of the programme of studies taught. At least, this is the direction that is being taken across the EU.

Internal auditing on a continuous basis and regular formal external audits of educational teaching institutions and programmes are carried out, supporting every level of teaching roles (institutions, directors, teachers, other staff, students and external stake-holders) to adopt a self-reflexive stance, discerning constantly what is being offered in order to ensure that it remains of good quality. This is highly contrasting to the “cafeteria-style, elective system of workshops and classes” (Brownell, 2010, p.233) in some countries, where it is up to the trainee to opt for workshops that they feel would advance specific goals in their personal and professional growth. Clearly the way in which gestalt is being taught around the world varies tremendously according to the different unique socio-political cultures in which gestalt training exists.

A focus on Malta, brings to light how all higher-education institutions had to take on this challenge and engage in a thorough process of regulating and accrediting both the institution itself and each of the programmes offered. In fact, our few psychotherapy institutions have done so. Students today, receive a handbook, outlining the learning journey from beginning (entry criteria, information on websites, application forms etc.) to end, with the idea of providing an educational experience that is student-centred. We now know, that in Malta, upon receipt of certification, employers (through review of such transcripts and EQF Level systems) are now in a position to find out and obtain clear information about what psychotherapists can offer, what competencies they have acquired along their academic journey, and what areas of specialisation they are able to work with.

Doubtless, the teaching of gestalt psychotherapy in Malta, needed to evolve with such requirements, that within the field of Gestalt, appear rigid, fixed and perhaps obsessive. Still, in Malta, it was a necessary response to the socio-political and educational context's emerging needs. Notwithstanding, it was crucial to ensure that with this academic rigour or 'rigidity', its *experiential* teaching remains alive and at the heart of the programmes taught.

As highlighted earlier, the forte of our Gestalt teaching method is the experiential learning. From the beginnings, “we learned Goodman’s theory of self and contact as they were embodied in our group experiences” (Bloom, 2016, p.218). It remains the same today. Gestalt trainees in Malta⁴, learn the philosophical underpinnings, methodology and techniques of gestalt psychotherapy, through the lived experience

⁴ Trainees at the EAPTI-GPTIM <https://www.eapti-gptim.com/>

in trainee groups, which has remained a central and integral part of the gestalt programmes offered.

Our hermeneutic understanding and philosophical premises

Perhaps what requires further debate and reflection at this point is the hermeneutic understanding of our origins and our classic texts from which teachers of gestalt psychotherapy find their ground.

Contemporary psychotherapy, psychology and medicine, are firmly embedded in a modernist paradigm that first emerged more than 300 years ago (Evans, 2007 p.194). It is important to start from the hermeneutics of each approach in order to use the psychotherapeutic approach appropriately. “Psychotherapy students do not have to learn fundamentalism, but the ability to work within the limits, first of all their own limits, and then those of the model, as well as within the limits of the situation” (Spagnuolo Lobb, 2018, p.52). By “attending more closely to the values underpinning psychotherapy theory and critically examining the philosophical premises on which our theory is based, we might inform and evolve our methods and practices, to take more seriously the wider “field” in which we live (Evans, 2007 p.191).

Unfortunately, the ever-growing literature on gestalt psychotherapy, hints and sometimes blatantly outlines the historical dichotomy that originated from the split in the initial stages of teaching gestalt therapy, splitting the ‘self’ as autonomous from the relational self. Authors – some who are pioneers – in the field, pick at the text and words of our fore-founders in a way that at times is beyond hermeneutic but used to put forward an agenda, highlighting one bit or another while excluding others. Dan Bloom’s words shout out at us:

Let PHG stand as it is. Let us read it on its own terms, in good faith, with our own eyes, with our own experience and understanding. We are in an ongoing hermeneutic conversation with it so that it remains alive to us. When we approach it with reforms’ zeal to rewrite it or settle old scores, we lack good faith” (Bloom, 2016, p.232)

As teachers of gestalt psychotherapy, we need to remember these words, remember the ground on which our psychotherapy modality is based. In relation to our teaching, Peter Philippson, is right in emphasising the need to look at how the “different strands of Gestalt theory fit together” and the need for “a useful ‘map’ of the Gestalt landscape” (p.233).

Looking at the ever-increasing Gestalt literature and the focus of pioneers in the field today, one can easily trace the shift from the focus on self, to the idea of relational gestalt, to the emerging concept of the situation and the moment-to-moment. Unless we are clear with students that all these shifts are a response to the every changing socio-cultural world and are concepts that are firmly rooted in philosophical conceptual frameworks (Gonzi & Young, 2024) and in our origins of gestalt psychotherapy (particularly in the words and experiential teachings of our fore-founders), the learning process can easily become confusing and a hotchpotch of different ideas and concepts, with some highlighting one at the expense of another.

An approach in which the trainer supports the trainee to make sense of these emerging figures within our own theoretical ground, is necessary in our teaching today, especially at a time when, upon entering the online world, we enter a world of everything and nothing. We find information about everything, with pros and cons for everything, with little compass that helps us decipher how to make sense of it all. Somewhere, with the inundation of information that we find online, teachers need to be some kind of compass, in guiding the students in this sense-making process in order to end the taught programme with clarity and a strong core (rather than with a mishmash of concepts) supported by an informed philosophical, theoretical and methodological ground from which to work.

3. The Psychotherapist, Practitioner, Researcher Needs: Socio-political considerations

How can the gap between theory and practice, become less and less? Jean Marie Robine's words depict beautifully our struggle:

Practice is grounded in theory but there is a gap. Theory is grounded in practice but there is distance. Practice demonstrates theory, implicitly, explicitly, and theory is an attempt to give form to experience lived in practice. And something always escapes through the crack between them. And we search, I search, endlessly to shrink this gap because of my need for greater coherence... (Robine, 2011, p.287)

Research

The pool of existing Gestalt literature and the multiple voices of pioneers and practitioners in the field speak loud and clear, stating that Gestalt psychotherapy now needs to grow in terms of research. Phenomenological, action-based research, I believe could add to creating a recorded, evidence-based connection between

theory and practice. There is a drive towards beginning to record our work, reflect on it and discuss different ways forward in the profession that are research-based. Several Gestalt therapy associations in the US, Europe and other countries are in touch with this ever-growing need.

Jean Marie Robine eloquently distinguishes between the *clinical attitude* in research (that focuses more on psychopathology, with detailed descriptions of the patient, their behaviours and symptoms, leaving the observer or clinician invisible as though he or she is not part of that process), and a *psychotherapeutic approach* to understanding and researching the dyadic, two-person, therapeutic ground and processes. He highlights that it is philosophy, sociology and epistemological approaches that will provide the most useful tools towards understanding the “psychotherapeutic encounter as an experience, a mutative, a transformative experience since transformation can only operate on the occasion of an other” (2011, p.301).

Discerning ‘New’ emerging concepts

As mentioned earlier, a research focus on our psychotherapeutic approach requires that we reflect on new concepts, and on new terminologies that some authors tend to promote. We need to question whether such innovative concepts ‘fit’ our gestalt philosophical underpinnings rooted in our origins, without ‘swallowing’ any new contemporary concepts into gestalt but chewing them carefully. We need to discern and recognise personal agendas, some rooted in the internal politics of psychotherapy and some biased by the socio-political and historical past.

For example, one contemporary discussion is around Hermann Schmitz’s concepts of ‘neo phenomenology’ or ‘new phenomenology’ and ‘atmosphere’ that are currently being promoted by some german-speaking therapists in some gestalt circles and conferences (Amendt, Lyon, 2018). The *Gestalt Review Journal* dedicates its 2018 Special Issue to publish a cluster of contributions focusing on this. In her paper, Nancy Amendt Lyon deeply discusses neo-phenomenology and scrutinises Schmitz’s words. She argues very strongly that such discussion “is not merely about the enrichment or impoverishment of Gestalt therapy”, but instead is a “crucial political discourse on preventing anew the intrusion of National Socialistic thinking into the professional world of psychotherapy”. Lothar Gutjhar, further highlights a similar position claiming that at surface level, such concepts appear compatible with Gestalt therapy, however upon understanding Schmitz’s terms, are not compatible and “poisonous prepositions” rather than “nourishing notions” to Gestalt. Gutjhar is strong in his words, “His anti-existential approach is quite indigestible for existentially-based Gestalt therapy” and

“Gestalt therapists would be well advised to chew carefully on Schmitz’s terminology and concepts” (2018, p.332).

Such similar discussions are crucial to our development as a gestalt community. As a body, it is important not to introject new ideas and concepts but to carefully chew, digest, reflect on, and discern what is healthy to assimilate and what is crucial to reject in our own development, self-definition and growth as a professional body. As psychotherapists we need to read and discuss our professional literature critically and thoroughly (Orange, 2018), “being smitten by an assumed authority can squelch our own human responsibility to reflect and debate” (Amendt, Lyon, 2018, p.284). Dialogue through conferences, congresses and journals provide contexts in which this can support our self-reflexivity and development as gestalt psychotherapists.

Outside the therapy room: the socio-political part

As Ken Evans pointed out, “The world of the therapy room can no longer ignore the world outside the therapy room, which impinges directly or indirectly on therapist and client alike” (Evans, 2007 p.191). Today, other therapists are pointing to this particularly in Gestalt conferences. “It is necessary today to leave our offices and continue expanding our field of action in the social world” (Carillo, 2019, p.35). This means that the gestalt psychotherapist’s role has so much to give, including working in mental health, disability, elderly and addiction residential programmes, shelters, immigrant open centres, poverty, prevention, psychoeducation, organisations and so on. This is already happening in Malta across-board, yet no research has yet been undertaken to record in which areas of specialisation psychotherapists have actually ended up.

Since the mid-2000s gestalt psychotherapists and associations have become more and more interested in the socio-political dimensions of our field, with conferences and journals bringing forth an ever-growing dialogue on this theme. One such example is the UK Association for Gestalt Practitioners (UKAGP) conference in 2017 that presented the theme: “Response-ability” in 2017. Articles discussing emerging themes are presented in the British Gestalt Journal. An interesting article is Joseph Melnick’s who recognises that psychotherapists are having their beliefs and philosophy of professional conduct challenged daily by a world that is intruding on what has historically been a safe place, i.e. a supportive sanctuary from the outside, larger, non-intimate world. In his article, he argues “we must adjust to the changing times by learning to stretch our traditional roles as therapists, so that sociopolitical discourse becomes part of our ongoing conversation” (Melnick, 2017a, p.40).

Surely, a psychotherapist cannot regard himself as a private operator (Litchenberg, 2009) cut off from the outside world and community. We need to be wary of the “tendency for Gestalt to disappear into a professional psychotherapy “bubble” and thereby ignore its social, communitarian, and political roots” (Parlett, 2017, p.70). In addition to our being a “psychotherapist with a social conscience,” we might better integrate social awareness and social action into psychotherapy theory and practice (Evans, 2007, p.195). Spagnuolo Lobb is assertive about this: the psychotherapist’s work “is also political and efforts in groups are the most effective support that [the therapist] could give to the actors that move the social welfare gear” (2018, p.52).

We can do so much out there, in our communities. Here it goes to say that the same applies to teachers and students. Gestalt Institutions must remain in touch with the ever-changing needs of society in order to provide students with a rich fertile ground from which to emerge as future gestalt psychotherapists. Placements and teaching curricula in gestalt programmes are greatly enriched when these social realities are included as part of the gestalt psychotherapist’s potential and identity. After all, as Malcolm Parlett points out, the idea of the psychotherapist being a “socially responsible member of society” was promoted by our Founders, including Laura Perls, Paul Goodman and others in the originating group in New York. Social concerns and political activism were central in the founding group’s collective experience (Kitzler, 2003).

I believe that remaining connected with the gestalt community and with the communities we live in, supports us psychotherapists to remain healthy and of good service to others. That said, I want to clarify that while some therapists hold the belief that psychotherapy is a political act (Melnick, 2017b), it is important that rather than fully identifying with an activist, ‘let’s change the world’ positioning, it is crucial to carefully reflect on and understand where we tend to align ourselves, value-wise, orientation-wise in relation to cultural, political, social and spiritual values. It is important to remain aware of our own personal positioning, informed by our personal lived-experiences, and how this may play into our professional positioning in our role as gestalt psychotherapists as we relate with others.

Our growing edge as gestalt psychotherapists: A focus on the Maltese scenario

In Malta, psychotherapy has stretched its boundaries both as a result of the required accrediting processes and standardisations and also, on a political level (Pečotić, 2016⁵; Cassar, 2019).

⁵ Also refer to <https://www.eapti-gptim.com/history> for further information about the

In Europe, having educational standards that are in tune with regulation and accrediting processes, particularly those outlined as part of the Europass system, provides clarity. The Europass⁶ holds the following aims:

- To help citizens communicate their skills and qualifications effectively when looking for a job or training
- To help employers understand the skills and qualifications of the workforce
- To help education and training authorities define and communicate the content of curricula.

This system also works at a higher political level, since the clarity and boundaries that it provides, supports policy making in terms of regulating the profession both for practitioners and service-users. This was in fact the case in Malta, whereby the recognition and accreditation of psychotherapy institutions in Malta, together with that of their specifically tailored specialised programmes, clearly outlined the theory, methodology and practice studied, together with specific knowledge, skills and competencies that graduates hold upon completing their study programme.

Through such accreditation, authorities were able to acknowledge that the psychotherapists, coming from different modalities, were a big asset to the workforce in Malta, particularly within the psycho-social educational and health care systems, whereby specialised staff in these areas are generally overwhelmed with caseloads and waiting lists. Moreover, such clarity also further defined the role of gestalt psychotherapist, highlighting the similarities and differences across different caring professions and within psychotherapy itself, in terms of different modalities practiced. This emphasised further the relevance of having multi-disciplinary teams within care systems.

A most-significant moment in Malta, that is symbolic to the huge socio-political 'stretching' of gestalt psychotherapy, was the enactment of the *Psychotherapy Act*. This recognised psychotherapy as an independent, autonomous discipline. The implications of this are far-reaching, in that training, employment, and recognition of the gestalt psychotherapist's competencies have moved far-beyond the times when gestalt therapists were seen as 'less-than', shunned, were not employed, or were left in the shadows of other professions.

4. Wider needs beyond respective countries: Who are we now? The Gestalt Psychotherapy Community

Gestalt history in Malta

⁶ Europass <https://europass.cedefop.europa.eu/about-europass>

“In many countries in mainland Europe, the practice of psychotherapy was historically the preserve of psychiatrists or psychologists, as was the case in the USA, where this was enshrined in legislation in the form of licensure or certification” (Aherne & McElvaney, 2016). Today, psychotherapy exists as an independent profession in most European countries, however the interpretation of this and ‘who’ exactly can claim to be a psychotherapist is still a huge struggle in most countries.

The first psychotherapy law to recognise the expansion beyond the medical profession was passed in 1986 in Sweden. According to this law, psychologists and nurses, as well as social workers, physiotherapists and priests were also legally entitled to acquire a psychotherapy qualification (Pritz, 2011). This trend has continued in some countries. Similarly, some psychotherapy laws now exist in Europe, recognising the eligibility of professions other than medicine and psychology to pursue training in psychotherapy. Malta is one such case. The *Austrian Psychotherapy Act* passed in 1990 is another, whereby psychotherapy became recognized as an independent healing profession (Amendt-Lyon, 2013).

Gestalt has grown. “Gestalt Institutes, literature, and journals have proliferated worldwide in the past 45 years. There is at least one gestalt therapy training center in every major city in the United States, and there are numbers of gestalt therapy training institutes in most countries of Europe, North and South America, and Australia. Gestalt therapists practice all over the world” (Yontef & Jacobs 2010, p.350). Gestalt has indeed branched out, staying firmly rooted in its original theory and methods, yet regulating itself by taking in from around it and rejecting what does not fit with it. “Various countries and regions have begun to form umbrella organizations that sponsor professional meetings, set standards, and support research and public education” (Yontef & Jacobs 2010, p.351).

Gestalt Therapy literature now includes thousands of books and articles with several journals being published, such as: in the English language, the “Gestalt Review” (since, 1997); “The Gestalt Journal” (since 1978), the “British Gestalt Journal” (since 1991), the “Australian Gestalt Journal” (since 1997), “Studies in Gestalt Therapy” (since 1992) the “Gestalt Today Malta” (since 2016). In Italian, “Quaderni di Gestalt” (since 1985). In German, “Gestalttherapie” (since 1987). In French, “Le Cahiers de Gestalt Therapie” (since 1996), and “Gestalt” (since 1990). In Spanish, “Figura/Fondo” (since 1997) (Collection mentioned here taken word for word from Amendt-Lyon & Spagnuolo Lobb, EAGT, 2019). “In 1952, there were perhaps a dozen people actively involved in the gestalt therapy movement. Today there are hundreds of training institutes...and there are thousands of well-trained gestalt therapists practicing worldwide (Yontef & Jacobs, 2010 pg, 379).

The truth is however, that in contexts where healthcare systems have to cope with long waiting lists, budget restrictions and where policy makers are required to employ empirically-validated treatments, it is clear that Gestalt therapy needs to increase its credibility and legitimacy (Beja, Francesetti, Roubal & Reck, 2018). Unfortunately, the reality remains that there are “large numbers of poorly trained therapists who call themselves gestalt therapists after attending a few workshops and do not have adequate academic preparation” (Yontef & Jacobs, 2010 pg, 379).

In fact, “in many European countries Gestalt therapy is suffering a significant crisis... some institutes are closing down” (Francesetti, 2019, p.34). Different to Malta, the processes of recognition and regulation of gestalt psychotherapy, under the title of a ‘psychotherapy’ modality remains a difficult and arduous journey. The struggle for ownership of psychotherapy by different professional groupings is not a new one (Aherne & McElvaney, 2016). The question of who could practice psychotherapy in Europe was opened up originally by Freud in his 1926 essay on layperson analysis (Pritz, 2011) and some countries are still struggling with this today.

Discussions about these struggles emerged particularly during the IV Gestalt Research Conference (2019) were several participants shared information about the socio-political and research situation of gestalt therapy in their own country, some of which were published in the British Gestalt Journal (2019, Vol.28, No1.). For example, France gave the legal title of ‘psychotherapist’ only to psychologists and doctors of medicine, omitting Gestalt psychotherapists who had the necessary training and leaving them unable to entitle themselves as psychotherapists. Ironically, this happens, while some psychologists are practicing as psychotherapists without having the necessary training (Beja, 2019). In the UK, Gestalt therapists are also pushing for a shift in paradigm in their regulatory system that currently has guidelines recommending only evidence based therapeutic interventions (Merizzi, 2019). Gestalt therapists in Germany have faced similar challenges in gaining formal recognition and legitimacy (Glanzer, 2019, p. 33).

Conclusion

To ensure that Gestalt psychotherapy remains an effective modality rooted in strong humanistic values, it is our responsibility to establish and maintain minimum standards for training. These should include academic, experiential, and practical competencies, enabling practitioners to rightfully call themselves trained Gestalt psychotherapists and allowing students and clients to assess the quality of institutions and services.

Within the EU, Gestalt psychotherapy training programs should support the student's development as a "becoming" psychotherapist. This entails a clear educational framework guiding students toward acquiring formal recognition and certification, positioning them to practice competently—whether through employment or as private practitioners—and to contribute meaningfully to society.

None of this can be achieved in today's world without training programs designed around established educational guidelines and frameworks. Academic content should be organized into clearly defined modules, weighted according to national standards and Qualification Framework levels (such as the EQF). Such programs must adhere to rigorous internal and external quality assurance processes to ensure that students—aspiring psychotherapists—acquire the knowledge, skills, and experience necessary to develop the competence required to practice as Gestalt psychotherapists. My perspective aligns closely with that of the European Association for Gestalt Therapy (EAGT), as stated on their website:

"The creation of minimum Training Standards for Gestalt therapy must be seen against the background of the professionalization of psychotherapy across Europe, specifically the recent dramatic increase in the number of local, national, and European organizations for psychotherapy concerned with establishing standards of training and ethical practice. The credibility of Gestalt therapy as a competent and ethical approach to the healing of human suffering and to personality development requires similar attention to be given to the establishment of high standards of training and ethical practice" (EAGT, 2019)

Moreover, by maintaining ongoing dialogue with stakeholders in the field—including professionals in psycho-social, educational, organizational, health, and clinical services—Gestalt training programs can remain responsive to the evolving needs of society and, ultimately, of our clients. As those of us trained in Gestalt therapy know, "the Gestalt therapy approach is almost impossible to teach without a strong experiential component" (Yontef & Jacobs, 2010). The current challenge lies in ensuring that, within a rigorously structured educational framework, the experiential, creative heart and soul of Gestalt psychotherapy continues to thrive, remaining vibrant and fully alive.

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Biography

Dr Mikela Gonzi is a warranted Gestalt Psychotherapist, Clinical Psychologist, and Supervisor with over 20 years' experience in psychology. She completed her Doctorate in Psychotherapy in 2022 and has been in private practice since 2010, specialising in online therapy, mental health, domestic violence, addiction, and work with children and adolescents. She supervises professionals across social and healthcare sectors and has experience in teaching, training, research, and accreditation. Dr Gonzi serves on Malta's National Board for the Psychotherapy Profession, is a trainer with EAPTI-GPTIM, an ad hoc lecturer, thesis supervisor and examiner at the University of Malta, and Assistant Editor of *Gestalt Today, Malta*.

Address for correspondence

Email Address: mikelagonzi@gmail.com

Postal Address: 10, Wesgha Reggie Miller, Fgura, FGR1210, Malta, Europe

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