“A Gestalt therapy handbook on psychopathology, and to boot a relational approach to this complex topic! This book is ground-breaking and revolutionary. Breaking new ground is always controversial, as I am sure this book will be, both among Gestalt therapists and among more traditional medical model psychopathologically oriented psychiatrists and psychologists. (…)

This book is revolutionary in its effort to tackle the topic of psychopathology from a Gestalt relational perspective and it offers a specifically formulated Gestalt therapy view of understanding psychopathology.

It views psychopathology as a co-created phenomenon of the field that emerges at the contact boundary and as being able to be transformed in the process of contact. This is a laudable attempt to expand the core concepts of a Gestalt theory of human functioning to understanding seriously disturbed clients and psychotic functioning” (Leslie Greenberg)

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The series includes original books specifically created for it, as well as translations of volumes originally published in other languages.

We hope that our editorial effort will support the growth of the Gestalt therapy community, dialogue with other modalities and disciplines and new developments in the fields where Gestalt therapy theory can be applied (psychotherapy, organizations, education, political and social critique and movements).

We would like to dedicate this series to Isadore From, Richard Kitzler, Erving and Miriam Polster, Sonia and Edwin Nevis, Joseph Zinker, and all our Masters of the second generation of Gestalt therapy trainers who have sown fruitful seeds in our minds and hearts.

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Gestalt Therapy in Clinical Practice
From Psychopathology to the Aesthetics of Contact

Edited by
Gianni Francessetti, Michela Gecele and Jan Roubal

Preface by Leslie Greenberg
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European Association for Gestalt Therapy

In copertina: Mimmo Paladino (con Enzo Cucchi), In scena, 2007, 40 x 60 cm, litografia.
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To Isadore From
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A Gestalt therapy handbook on Psychopathology, and to boot a relational approach to this complex topic! This book is ground breaking and revolutionary. Breaking new ground is always controversial, as I am sure this book will be, both among Gestalt therapists and among more traditional medical model psychopathologically oriented psychiatrists and psychologists. First generation Gestalt therapists would probably respond with shock and surprise to see Gestalt being applied to severe disorders and to the use of labels such as borderline and narcissistic. On the other hand medical model practitioners will find it hard to assimilate concepts such as that psychopathology emerges at the contact boundary and ideas of process oriented, aesthetic diagnoses. But as revolutionary ideas they hopefully will have an impact on received views of treatment and psychopathology and help give Gestalt therapy a voice in mainstream dialogue on more severe disorders.

Gestalt therapy initially was occupied with supporting the growth of the self and greater autonomy in neurotic personalities. As part of the Third Force of Humanistic Psychotherapies it was part of a new cultural movement. Gestalt therapy promoted supporting the autonomy and creativity of those individuals, who felt the need to free themselves from suffocating societal “shoulds” and family introjects. Self-expression, growth and excitement in the personality was the aim of therapy.

The Gestalt approach began and developed without paying much attention to more severe forms of suffering and psychopathology. Gestalt psychotherapy was not developed to treat more severe disorders such as psychosis, self-harm or severe trauma or personality disorders such as borderline and narcissistic disturbances. Perls promoted Gestalt therapy as the therapy of choice for “neurotic” individuals but he was clearly aware that he could not use Gestalt techniques with seriously disturbed individuals.

In addition Gestalt therapy was identified by many with techniques without the theoretical understanding that guided their practice. It proliferated through workshops and self-experience. Research and theory development were viewed
with scepticism and academic work on Gestalt therapy suffered. Gestalt came
to be seen as a growth therapy and not applicable to serious disorders.

The view of Gestalt therapy offered in this book is refreshingly quite differ-
ent. This book is revolutionary in its effort to tackle the topic of psychopathol-
ogy from a Gestalt relational perspective and it offers a specifically formulated
Gestalt therapy view of understanding psychopathology. It views psycho-
pathology as a co-created phenomenon of the field, that emerges at the contact
boundary and as being able to be transformed in the process of contact. This is
a laudable attempt to expand the core concepts of a Gestalt theory of human
functioning to understanding seriously disturbed clients and psychotic func-
tioning.

There has until recently been a lack of development of theory and research
in Gestalt therapy that has greatly hampered the recognition of what Gestalt
therapy has to offer. Being an experiential therapy, training was based strongly
on promoting personal experience as a way of learning. This led to the denigra-
tion of intellectual and scientific pursuits, to the elevation of learning by doing,
and to only valuing “knowledge of acquaintance”. You had to experience it to
know it. This was in line with Gestalt phenomenological theory of practice, but
this approach has its problems in promoting theory and research. This ap-
proach exposed Gestalt to the danger of becoming an esoteric practice and of
losing any recognition as a serious academic, professional and scientifically va-
id approach. The theoretical and clinical writing that appears in this book is an
antidote to this trend.

With the advent of the worldwide call for evidence based practice Gestalt
has begun to shift its focus and has begun to develop and encourage more theo-
retical and research efforts. A sophisticated treatment of psychopathology as o-
ffered in these chapters fits into, and points the way, along this new path. In my
view it can be thought of as helping to set a new frame for a third generation of
Gestalt therapists, one that is more holistic, integrating theory research and
practice in a phenomenological, relational and empirical framework.

Chapters in the book focus on many classical diagnostic categories: mood,
psychotic, personality, eating and psychosomatic disorders, sexual difficulties,
violent behaviours, and dementia. These chapters, although adopting classical
diagnostic categories, attempt to keep the meeting with the client as central and
preserve the importance of the uniqueness of each person and each encounter.

In addition, I think this approach will help promote one of the key views I
have promoted, that of the importance of what I have called process diagnosis
which the editors capture in their concept of intrinsic or aesthetic diagnosis. In
this view diagnosis involves the moment by moment observation and sensing
of where the client is, a functional diagnosis that guides the therapist’s next
moment. This is a co-constructive form of engagement that is at the heart of a
form of diagnosis that leads to differential intervention. Thus following the process, a central Gestalt principle, is not some mystical or esoteric process, wild and creative, beyond description or understanding, but rather a disciplined form of recognizing the obvious, a form of perceptual differentiation akin to radiologists reading of scans to detect phenomena indicating that certain processes are occurring internally. We have suggested that therapy benefits from the identification of certain markers as indicators of internal states that offer opportunities for particular types of actions by therapists that best fit these states. Viewing diagnosis and intervention in this light helps bring the art and science of psychotherapy together in the performance of skilled practice.

I congratulate the editors on producing a volume that adds to the development of Gestalt therapy theory and captures the complexity of the Gestalt approach applied to clinical practice with complex problems.

Leslie Greenberg
Toronto, December 2012
Introduction

This book was conceived as a project in Athens in 2007, during the 9th EAGT Conference when we shared the dream of creating such a volume. We have all been interested in psychopathology for many years and especially in the specific Gestalt therapy perspective on this issue (see i.e. Francesetti, 2007; Roubal, 2007; Francesetti and Gecele 2009). We are Gestalt therapists and psychiatrists, and each of us has undergone a process of integrating these backgrounds. Gestalt therapy has deeply influenced our way of being as clinicians: to understand human suffering, to dwell on the therapeutic relationship, to support our clients, to take care of ourselves as therapists. Additionally our clinical experience has made us more sensitive to specific aspects of the Gestalt approach. We were enthusiastic to share with our colleagues the support that Gestalt therapy has provided us as clinicians and to start a dialogue on clinical applications of our modality.

Three elements have been – at the same time – backgrounds and aims in our work: first of all, there was (and still is) a gap between the rich clinical experience of many Gestalt therapists and the literature available; to have literature on Gestalt therapy clinical work is a fundamental tool for students in training programs and also a support for the ongoing dialogue on psychopathology and its changes over time. It is also relevant for the reputation of Gestalt therapy with colleagues from other modalities and a means to dialogue with them: too often our approach has been identified only with techniques without the knowledge of how rich and illuminating the theoretical understanding is that leads our practice. So this book is an attempt to make explicit what Gestalt therapists are doing in their clinical practice and our specific way of understanding psychopathology.

A second element that pushed us to start this project was the caution that Gestalt therapists have often held towards psychopathology. It has not been an easy relationship for epistemological, historical and political reasons. Nevertheless Gestalt therapy has a specific psychopathological understanding: each
psychotherapeutic model has one, explicit or implicit. We think that the lesson of humanistic movements – the uniqueness of each person and experience – remains always precious: Gestalt psychopathology is an understanding of human suffering through our theory, not a way of labelling our clients. This process is a valuable support in our clinical practice. Actually, we think that our seminal book by Perls, Hefferline and Goodman has described healthy and neurotic experience well, but that its core concepts can be further expanded: i.e., the theory of human experience can be the basis for understanding seriously disturbed clients and psychotic functioning.

The third drive was our passion to understand human suffering as a field phenomenon: we are daily involved and challenged by suffering, both when working and in our daily lives. We believe, and have experienced, that Gestalt therapy can offer an original key to understanding, staying with and supporting people who suffer. Moreover, to see human suffering as a field phenomenon opens up the possibility of understanding better both the individual and the social field. Then, by understanding these connections, all of us as professionals play a role in supporting the social field.

These were our motivations that – along with partial blindness to the amount of work – led us to start this book.

Since our understanding of psychopathology is addressed in many chapters, here we just want to focus on the subtitle: from psychopathology to the aesthetics of contact. In this line you can find the core of our vision: in the contact process human suffering can be reached and modified and this transformation is aesthetic. Two ideas are present here: first of all, psychopathology is a co-creative phenomenon of the field, it is emerging at the contact boundary and can be transformed in the process of contact. Secondly, this transformation is aesthetic: that means, it is perceived by our senses, it is evaluated by aesthetic intrinsic criteria and can even create beauty\(^1\).

Through this means we can bring psychopathology to the heart of Gestalt therapy theory.

We want to make clear to the reader that clinical practice is only one of the fields where Gestalt therapy is applied. Gestalt therapy theory and practice can be a model for work in organisations, in arts, in education, in a social and political dimension. Gestalt therapy can be seen as the way to support the Gestaltung, the process of creating the Gestalten, the unified whole of human experience. So, psychopathology and clinical practice are only one of the fields where our theory can be fruitfully applied.

The book has four sections.

The first part focuses on fundamental principles related to Gestalt therapy in clinical practice. Here you can find some basic issues that have to be addressed before or along with the clinical work: core and updated Gestalt concepts, Gestalt perspective on psychopathology, diagnosis and development, ethics, research and the relationship between psychotherapy and drugs.

The second part addresses specific contexts and focuses: this section supports the field perspective of the individual’s suffering and helps the reader to consider it in the frame of social, political and multicultural dimensions. You can also find two specific focuses particularly relevant to clinical practice: developmental theories and shame.

In the third section some specific life situations and moment of risks are addressed: childhood, adolescence, old age, loss and grief, trauma and suicidal risk.

The fourth part examines different clinical sufferings from a Gestalt therapy point of view. This section offers an overview of clinical experiences and research on the main psychopathological issues. We have addressed many classical categories: dementia, dependent behaviours, psychotic, depressive, bipolar experiences, anxiety, panic attacks, phobic, obsessive, compulsive styles, anorexic, bulimic, hyperphagic experiences, psychosomatic disorders, sexual difficulties, personality disturbances (borderline, narcissistic, hysterical), violent behaviours. We have chosen to use these categories because they belong to the current psychopathological and diagnostic vocabulary. We hope that by going through the book the reader can find her/his own way to keep these categories as a point of reference and at the same time to deconstruct them when the meeting with the client happens and reveals the uniqueness of each encounter. We have tried to support this journey in all parts of this volume.

At the end of our work we have realised that the structure of this book has changed from the initial project: we planned to focus one volume on specific clinical sufferings and now this is the last part of four. We think that this evolution witnesses an important issue: to speak about psychopathology is always at risk of reductionism and labelling. So, according to our Gestalt perspective, we have felt the need to nourish and enlighten the ground of clinical suffering and work. In this way, the book has – in some way spontaneously – taken its final shape: quite a long and complex journey into the background before being able to enter into specific individual suffering. In the end, this form mirrors a theoretical cornerstone of this book: individual suffering creatively emerges from a relational ground and this provides meaning and direction to therapy.

Each chapter is followed by a comment written by another author: the aim