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

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A review of *Gestalt Therapy in Clinical Practice: From Psychopathology to the Aesthetics of Contact* Edited by Gianni Francesetti, Michela Gecele, and Jan Roubal.


*Gestalt Therapy in Clinical Practice* shifts the traditional focus of Gestalt from excitement and growth in the “neurotic” human personality to a radically relational approach to psychopathology. This impressive 762 page collection of papers by Gestalt therapists and psychiatrists was born at the European Association of Gestalt Therapy conference in Athens in 2007. These papers have been re-edited, in some cases translated and grouped into four sections for this 2013 publication. The first section addresses the fundamental principles and rich theoretical tradition of Gestalt. The second reflects on the social, cultural and political contexts in which Gestalt is practiced. These introductory sections provide a theoretical basis from which to investigate the more specific offerings in the second half of the book. The third section investigates life situations from childhood to old age, trauma, suicide, loss and grief. The fourth investigates specific clinical issues including dementia, dependent behaviours, depressive, psychotic, and bipolar experiences, anxiety, panic attacks, phobic, obsessive, compulsive presentations, anorexia, bulimia, psychosomatic disorders, sexual difficulties, personality disturbances (borderline, narcissistic, hysterical) and violent behaviours.
Each of the thirty-three chapters is presented by an author or authors who are mostly European. At the end of each chapter the presentation opens out into a conversation, with a respondent providing a brief and differentiated position on the same topic. These shorter responses are written by mostly British or North-American Gestalt practitioners/writers. This style of presentation wonderfully reflects Gestalt praxis, providing dialogue and debate on key topics and creating a truly international reflection on contemporary Gestalt theory and clinical practice. The editors rightly claim that this collection fills a gap between the rich clinical experience of many Gestalt therapists and the literature currently available. The collection introduces many of us in the English-speaking Gestalt world to our European colleagues who demonstrate how fully Gestalt is thriving in some European countries (particularly Italy) and is applied to clinical settings seldom addressed in Gestalt literature.

The fundamental and unifying principle of the collection is a specific approach to psychopathology, which moves away from the reifying and isolating paradigm of the medical model towards a deeply Gestalt approach whereby suffering is apprehended relationally as a field-phenomena. While this relational approach is familiar to those of us trained in the Gestalt tradition, it is not so well understood by those in the more traditional professions of psychology and psychiatry. As many of the authors in the collection are psychologists or psychiatrists with Gestalt training, the collection creates a bridge between these two worlds.

“Aesthetics of contact” is a framework originally offered in the seminal 1951 Gestalt text by Perls, Hefferline and Goodman. It describes the contact process by which suffering (psychopathology) can be transformed. “This transformation is aesthetic: that means it is perceived by our senses, it is evaluated by aesthetic intrinsic criteria and can even create beauty” (p. 18). Where DSM criteria provide a diagnosis and treatment plan based on largely decontextualised symptom presentation, Gestalt focuses on the form and ground of the clinical encounter and facilitates a thematic understanding of how the client experiences suffering in the world. This aesthetic (or sensate) focus facilitates the exploration of awareness and experience and how to take it apart in the encounter of therapist and client. What is refreshing about this book, is that it shows how the individualistic psychological approach is translated into Gestalt praxis. This is particularly the case in Spagnuola Lobb’s chapter on working with clients with borderline processes, and Francesetti and Lobb’s reframing of psychotic experiences.
as “creative adjustments”. Many of the authors offer useful reflections on implementing treatment and formulating diagnosis in a continuous and relational framework, rather than the categorical approach recommended by the DSM.

I found the earlier sections of the book were characterised by a boldness that is sometimes lacking in Gestalt publications from the Anglosphere. A German colleague suggested that this might have been due to a translation process where the conditional tense, so commonly employed in English, and particularly in English writings about clinical matters, is almost absent in this text (Thanks to Julia Werner for this observation). Instead of tentative and speculative statements carefully backed up by evidence, the first section of the book plunges into cultural observations that locate both Gestalt and psychopathology in a social field of history and context. For the most part I found this style refreshing and bravely “situational” and I often resonated with the propositions put forward by the authors of these chapters.

Dan Bloom’s excellent chapter on situated ethics clarified some of the ethical complexities of a clinical practice that honours the commitment to staying with the here and now of the therapeutic encounter, whilst being simultaneously located in the wider context of a social field. Bloom makes a useful distinction between the intrinsic and extrinsic ethics of the clinical encounter; and seeks to develop a situated ethics of Gestalt therapy that bridges both of these dimensions. He also underscores the need for continuous supervision in order to help Gestalt therapists navigate this difficult ethical terrain.

The chapter on diagnosis, co-written by the editors of the book, exemplified the clinical approach shared by the authors of the collection. Diagnosis is not presented as a categorical approach but as a continuous process where the shifting phenomenology shared in the contact between therapist and client is used to determine the next intervention. In this sense, diagnosis is a fluid description of the shared clinical experience of client and therapist. The therapeutic relationship is a microcosm of the ways in which the client relates to the environment. Hence the diagnosis is an aspect of the clinical treatment and a tool for change.

Other chapters from the first section, on psychopathology, fundamentals, and medication were also useful. However the chapters on developmental theory and research were a little schematic and not fully representative of
recent developments in the Gestalt literature.

The second section provides a social and cultural context for Gestalt. Again this section was characterised by rich and philosophically informed writing that made a compelling argument for the necessity of a situated and relational approach to understanding psychopathology. The authors in this section continually returned to Perls, Hefferline and Goodman (1951) and sought to clarify some of the ambiguities in that seminal text. This led to some ambitious chapters such as Blankertz’s chapter on the political dimension in Gestalt therapy and his effort to reconcile Gestalt’s social political agenda with clinical practice, and Gecele’s chapter on multicultural contexts. I was impressed by the scope of these contributions, but was left with a feeling of wanting more from each of the authors and the topics that they introduced. Jean-Marie Robine’s chapter on shame was beautifully descriptive of the existential experience of implicit shame. Robine recognised and represented some of the key shifts in Gestalt thinking about shame and how these have contributed significantly to Gestalt theory and practice. However, the reduction of these contributions to such a short chapter, and the lack of engagement with recent Gestalt writers on shame such as Robert Lee and Gordon Wheeler, left me hungry for a deeper and fuller conversation.

The third and fourth sections of the book provided a more clinical focus, and it was here that the key themes of the collection were developed. One of those themes is that “The reduction of presence through contact interruption is a key factor in the Gestalt reading of psychopathology” (Francesetti, 499). Where these interruptions to contact become habitual a person’s ground is limited. The Gestalt therapist joins a person in this ground and thereby alters the isolated environment of this habitual interruption to contact. Making contact with the client in this way can be difficult, but it is the central means for healing and connection prescribed in this collection.

Every form of psychopathology involves a different form of interruption to contact. For example, according to the respective authors of each chapter, in panic disorder the interruption takes the form of a sudden and unanticipated vortex of support in the field (Francesetti); whereas in narcissism it takes the form of retroflection (Salonia); and in depression the interruption is desensitisation towards the field (Francesetti & Roubal).

Each of the 21 clinical populations presented in this book requires...
a different approach to working with the contact interruptions that characterise their subject. For the most part, each author attempts to address their topic from diagnosis, through treatment planning and case vignettes, through to description of outcomes of an effective therapeutic alliance and healing process. Some chapters more successfully followed this sequence than others. For example, the chapters entitled “Old Age” (Meulmeester) and “Loss and Grief” (Vazquez Bandin) provided useful characteristics of the clinical populations described. These descriptions are helpful in determining differential diagnoses, and invaluable for the less experienced therapist who may be meeting clients from these clinical populations for the first time. However, these chapters tended towards generalisation, and left me wanting more depth and specificity. Other chapters, such as “Children and Adolescence” (Levi) and “Dementia” (Meulmeester), provided close observations or case studies that were deeply moving and compassionate. However, they lacked a taxonomy by which common characteristics of the clinical population they described might be readily apprehended by the clinician.

The chapters “Suicide” (Mann), “Trauma” (Vidakovic) and “Dependent Behaviours” (Brownell & Sculthess) provided an excellent summary of the effective treatment interventions for their respective clinical population. They then went on to explicate specific Gestalt interventions relevant to that client group and always with an emphasis on the centrality of the therapeutic relationship and the need for connection and support. Each author provided case vignettes illustrating the application of contact between therapist and client and gave some indication of what to expect in the progress of the therapeutic work. Each of these chapters demonstrated the extent to which Gestalt is an effective and relevant modality for healing and recovery with these clients.

Several chapters ambitiously addressed the gap between the medical model and Gestalt praxis by presenting the reader with a journey from DSM diagnostic categories (or World Health Organisation nosology) and approaches through to how these can be deconstructed and translated into a phenomenologically based contact approach. These chapters include “Dependent Behaviours” (Brownell & Sculthess) “Depressive Experience” (Francesetti), “Bi-polar Experiences” (Gecele), “Sexual Issues” (Amendt-Lyon), “Personality Disturbances” (Gecele), “Borderline Processes” (Spagnuolo Lobb) and “Hysteria” (La Rosa). Again there
is variation in the degree to which these chapters successfully manage this project, however it is the attempt to do so that I deeply appreciated throughout the book.

Gestalt writers have critiqued attempts to engage with categorical terminology as reductive and positivistic (See McConville, 2014). To some extent these criticisms are warranted. For example Gary Yontef’s respectful response to the chapter on psychotic experience (Francesetti & Spagnuolo Lobb) applauds the authors’ clinical attitude, then critiques it because it is applied only to psychotic presentations, rather than promoted as good therapy for all clients. Throughout the collection many contributors fall into generalisation, where they might be more specific; or become reductive, where their observations might be more broadly applied. The authors in this collection agree that every client has his/her own experience, and each relationship and therapy is unique. However the conditions of psychological practice require communication and common language. Some reduction of specificity is going to be risked in the task of developing the bridge between a medical model and Gestalt therapy. Even in its own domain Gestalt therapists do not always agree about what Gestalt is, nor how it is operationalised. For example, some readers of this collection might be confronted by the tendency of many of the authors to draw on the terms id-function and personality function. Though these terms are widely used in Perls, Hefferline and Goodman (1951), and explicated in Dave Mann’s (2010) *Gestalt Therapy: 100 Key Points and Techniques*, many Gestalt writers have jettisoned this terminology as outmoded. As Lynne Jacobs (2003) has commented, “I would [...] get rid of the terms ‘Id’ and ‘Ego’ altogether. The terms have long ago been abandoned by contemporary psychoanalysis as outdated relics of a non-relational, intra-psychic, drive-based theory of mind”. And yet the authors of *Gestalt Therapy in Clinical Practice* show how helpful these terms are in understanding the specificity of particular conditions and the specificity of clinical contact that is required to bring these self-functions back to spontaneous vitality.

Throughout the collection there is conflation of conventional psychiatric/psychology terms and Gestalt terminology. For example: the nomination “Gestalt psychopathology” is problematic, but is widely used by many of the contributing authors. This term needs to be deconstructed. I imagine that what the authors mean here is the way in which a Gestalt approach might understand psychopathology from a diagnostic, therapeutic,
treatment planning and outcome assessment point of view. These concepts – diagnosis, treatment plan, outcome assessment, are foundational for psychology. When examined through a Gestalt lens, these concepts are stretched (sometimes beyond the point of conventional recognition). For example the co-ordinates of psychopathology as apprehended through the relational frame of Gestalt become phenomenological. Instead of being interpretive – as they are in psychology – they shift to a focus on understanding lived experience.

Butollo’s response to the chapter on trauma, heads in the opposite direction. He observes that the broad resources of Gestalt therapy make it difficult to identify actual therapeutic interventions. He therefore asks the Gestalt community to “loosen the anti-mainstream, diagnostic taboo in humanistic psychotherapy” in order to reach scientific standards of research criteria (331). At the recent GANZ conference in Brisbane (2014) Dr. Matthew Bambling also invited the Gestalt community to do the same. And this is precisely what Gestalt Therapy in Clinical Practice begins to do. In undertaking the bridge building task between the traditional medical model and Gestalt, chapters offer a basis for developing a common language between these two worlds. Phil Brownell continues to rally for a Gestalt research praxis that is sufficiently coherent to connect with research data from different fields (2008, 2014). That coherence is reached for in this collection. That it does not quite get there, is both understandable and inspirational for future Gestalt researchers and practitioners.

This landmark collection makes a significant contribution to a debate that is alive and well in current Gestalt writing and research. Indeed, it is a remarkable feat to start with broadly recognised medical/psychological terms such as diagnosis, treatment planning and outcomes; to reconstruct these in Gestalt terms; to apply the reconstructed terms to traditionally recognised clinical populations; and then to reframe these populations as individuals with their own unique, yet collectively recognisable phenomena.

The encyclopaedic proportions of the book are both its strength and weakness. The breadth of articles offers something invaluable for any Gestalt practitioner or student. After a long time sitting open on my desk, whilst reviewing this tome, it will now take pride of place in my library as a go-to resource for clinical reflection. However, this wide-ranging selection also left me feeling like I wanted more from certain topics. I would also have liked an index, and I salute the editor who brings out a second edition
of this book with that addition.

References


Biography

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*Madeleine has been in private practice as a Gestalt therapist for almost 15 years. She works with individuals, couples and groups in Melbourne and also offers supervision. An “eternal student”, Madeleine graduated from GTA in 2001, has a masters degree in psychoanalysis and cultural studies, recently completed an honours degree in psychology and has just started a PhD in psychology at Swinburne University on the development of a Rater Scale for Gestalt therapy. This scale aims to contribute an essential tool in creating a coherent common language for Gestalt, in order to facilitate its acceptance as an Evidence Based Practice.*

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