

Field Theory in Contemporary Gestalt Therapy, Part 1: Modulating the Therapist's Presence in Clinical Practice

Gianni Francesetti, MD

gianni.francesetti@gmail.com

Jan Roubal MD, PhD

jan.roubal.cz@gmail.com

ABSTRACT | This article is the first of two aimed at exploring the implications of field theory in contemporary Gestalt therapy. We present here the definition of field theory that we rely upon; in particular, we define the phenomenal field, the phenomenological field, and the psychopathological field. Then we explore the implications of these distinctions in psychopathology and clinical practice. We describe the guidelines to apply field theory in practice for therapists to modulate the way they are present in the session in order to support the process of change. We conclude with an illustrative clinical example. The theory that we present in this article is a way to address, from a Gestalt therapy perspective, the relational phenomena that psychoanalysis has called “transference and countertransference.” Our understanding, however, builds on a different epistemology, one that is radically relational and based on field

theory, which considers the self and the other as incessant and unending emerging processes.

KEYWORDS | Gestalt therapy, field theory, psychopathology, phronesis, resonance, transference, countertransference

1. Introduction

This article is the first of two aimed at exploring the implications of field theory in contemporary Gestalt therapy. Field theory is a foundational concept in Gestalt therapy, on which the theory and its practice have been built (Perls, Hefferline, and Goodman 1994). It is not new. Nevertheless, the development of theories need not be a consequence of a new idea, but can come from a new consideration of an existing idea according to the new background provided by changes in the social, cultural, and scientific context. We believe that this perspective is both connected to, and inspired by, a transversal movement in psychotherapy in general (Roubal 2019), and so it also can be relevant for colleagues trained in other approaches. This is to the point that field theory has the potential to be a shared core concept of contemporary psychotherapy, contributing to its evolution from a preparadigmatic stage to a paradigmatic stage, where a science reaches a paradigmatic stage when all theoreticians share a basic common ground (Evans 2007).

In this first article, we present the definition of the field theory we rely upon; in particular, we define the phenomenal, phenomenological, and psychopathological fields. Then we explore the implications of these distinctions in psychopathology and clinical practice. We describe the guidelines to apply field theory in practice in sessions in order to support the process of change. We conclude with an illustrative clinical example. The theory that we present here is a way to address—from a Gestalt therapy perspective—the relational phenomena that psychoanalysis has called “transference and countertransference.” We base this understanding on a different epistemology: a radical relational epistemology based on field theory, which considers the self and the other as incessant and unending emerging processes (Perls et al. 1994; Philipppson 2009; Vázquez Bandín 2014; Robine 2016; Bloom 2016). The second article (Roubal and Francesetti, forthcoming) will address the field theory perspective in the theory of change and its consequences for the paradoxical theory of change (Beisser 1970).

2. Field Theory: From “Babylonian” Confusion to Differentiated Understanding

The concept of field has been used in psychotherapy in a variety of ways by different authors, but also in a variety of ways by the same authors at different times, both in Gestalt therapy and in other approaches. Without clarifying the meaning of the term, the risk is of creating a Babylonian confusion in which it is often unclear what we are talking about (Staemmler 2006). The foundational text of Gestalt therapy (Perls et al. 1994) speaks only and specifically of the organism–environment field. Through that concept, the founders rejected the reductionist perspective of viewing the organism without considering its environment, and they adopted a perspective that takes into account the interaction between organism and environment. Such interaction is continuous, indispensable, and indissoluble, and underpins the shift from a view centered on the individual, to a view centered on the interactions in the between.

All the various Gestalt therapy authors would appear to agree with this basic assumption. They differ, however, in their further elaboration of field theory. Some authors, in line with the original understanding of Kurt Lewin (1952), hold that, at any specific time, everyone has a specific organism–environment field, just as everyone has her own visual field, consisting of the horizon of all that she can see (i.e., Robine 2008). Other authors, more in line with the original understanding of Jan Smuts (1926), have proposed another conception of the field, which allows the focus to be placed on the bigger, irreducible whole that people engaged in a common situation perceive, and which in some way influences them all. We do not see these two different conceptualizations as right or wrong, but rather as two possible perspectives that need to be clarified in discussion.

Malcolm Parlett (2005) frames a crucial point in a clear way: “A particular question eventually becomes unavoidable. Is ‘the field’ ultimately just a metaphor, a useful derived concept and framework that can be used to explain what is difficult to explain? Or is ‘something there’ in the form of an explicit energy field in the ‘space between?’” (60; see also Parlett 1991). In this article, we consider the phenomenal field not just as a metaphor but rather as an emerging *something there*. We do not enter into the ontological debate over *what it is*, whether it is energy or not; we do not need to resolve that question for the clinical implications we

want to focus on here. We simply consider that the *something there* can be perceived as an emerging phenomenon (Francesetti 2019a, 2019b), which transcends the sum of the parts. To further our exploration of the clinical consequences, we propose distinguishing three different concepts: the phenomenal field, the phenomenological field, and the psychopathological field (Francesetti 2015, 2019a, 2019b).

2.1. The Phenomenal Field

The phenomenal field is the horizon of phenomenal events for a given situation. It provides the border within which certain experiential phenomena tend to emerge, while others do not. It can be considered as *the here and now horizon of the probable emerging forms*. On the one hand, it constitutes the *possibilities* for the many different forms of experience that can emerge in the situation. On the other hand, it constitutes their *limitations*, because not all forms of experience can emerge. For example, during a party with friends, it is easier for jokes and jests, moments of good cheer, and feelings of lightness to emerge, and time will tend to flow quickly. At a funeral wake, it is more likely that feelings of heaviness will emerge, the slowing or rarefaction of time, gloominess, and immobility.

The phenomenal field is perceptible by the senses as the atmosphere of the situation (Francesetti and Griffero 2019; Francesetti 2019d), in which the forces that condition the emergence of phenomena move. Those forces of the field are intentionalities: *intrinsic tensions* moving toward the fulfillment of the potentialities of the situation. Within the phenomenal field the intentionalities at play bend it as with black holes, where the force that bends the horizon of the event is gravity. In the therapeutic encounter, the intentionalities are embodied forces and move both patient and therapist. In this paradigm,¹ the self is not a structure but a phenomenon that emerges in the situation. The forces of the phenomenal field are in motion before the subjects are differentiated and defined. Therefore, we

1. The paradigm here is phenomenological (Wiesing 2014), in line with studies of perception in Gestalt psychology (Francesetti 2016); neuroscientific research on the self by Damasio (2012); and the philosophical approach of pathic aesthetics (Wandenfelds 2011; Griffero 2017; Böhme 2017).

can say that therapist and patient emerge here and now; they “are created” within the situation as functions of the field and are moved by the forces of the field. Because of that, we are continuously in confluence with the phenomenal field from which we emerge. The phenomenal field is *pathos*, that is, it is suffered and not chosen (Waldenfelds 2011).

2.2. The Phenomenological Field

The phenomenological field is the result of a “phenomenological conversion” (Husserl 1931), which underpins the capacity to look at the phenomena that emerge with curiosity and seek their sense and intentionality. Such a competence requires a shift from the immediate perception/action that we experience as a function of the phenomenal field. That shift is generated by curiosity and a feeling of wonder about what is happening (Bloom 2009). As Eugen Fink (1933), Edmund Husserl’s collaborator, has said, *wonder about the world* is the best definition of the phenomenological attitude. It is an enhancement of freedom and a differentiation enabled by a distance from what is seizing us.

As therapists, we have the capacity to be aware of the phenomenal field, to notice the forces at play that move us, to be curious about what is happening. That way the phenomenal field—where I am *subject to*—is transformed into a phenomenological field—where I am the *subject of*. Now, it is possible to reflect on what is happening and make choices. The space of possibilities expands. This passage from the phenomenal to the *phenomenological* is an action of introducing the *logos*, with the possibility it affords of reflecting, wording, thinking, telling, giving meaning, and choosing. It brings light into the shadows. It introduces the possibility of wording, which implies differentiation. It requires a pause, a lapse of time; to *reflect* means to flex, to bend twice, to come back to the phenomenon once more.

Such a passage is close to what Peter Fonagy (Fonagy and Target 1997) describes as the capacity for reflection and mentalization. When we pass from being absorbed by the phenomenal field to being aware of it, the capacity to reflect on what is happening, and to verbalize it, does indeed emerge. From the perspective that we propose, however, it is not only a cognitive act since it implies embodied attunement to the sensory phenomena emerging in the situation.

2.3. *The Psychopathological Field*

The field perspective shifts the epistemological ground of psychopathology itself, in its definition, understanding, and treatment of suffering. The field, not the individual, is seen as the object of psychopathology (Francesetti 2015). Suffering is not attributed to a person, but it is rather seen as an emergent phenomenon of the field in the therapeutic situation. Such suffering comes from an absence in the phenomenal field. That means there is an inability to be present one to the other because perception, cognition, or emotion is dulled or restricted. Or, as in the psychotic quality of experience, because it is not possible to be constituted as differentiated and connected subjects belonging to a common world (Francesetti and Spagnuolo Lobb 2013; Francesetti, forthcoming).

In every field, there is a certain degree of absence and presence. The more a field is psychopathological, the more absence is rigidly present, and the more potentialities there are for presence. Psychopathology can be seen as the study of the ways of being absent, and therapy as the art of being present to those absences. Compared to a psychopathology of the isolated individual, understanding psychopathology as a phenomenon of relational suffering that becomes real and alive in the therapeutic encounter can be revolutionary, since it offers direct access to psychopathological field transformation (see Francesetti 2015).

3. A Theory of Psychopathology²

3.1. *What Is Psychopathology? The Footprints of the Absent Other*

Psychopathological suffering is not existential pain; it is not discomfort ensuing from the limitations or losses that we all experience in our lives (Salonia 2013; Francesetti 2019e). Psychopathology starts when the experiences emerging in difficult situations cannot be processed and assimilated; when the other, needed in order to afford and to process the difficult experiences, is not there. Psychopathology starts when the

2. We refer the reader interested in knowing more about the fundamentals of phenomenological-Gestalt psychopathology to Francesetti (2019c), and to a version in English (Forthcoming).

other is missed. The feelings cannot be assimilated, and they remain as more or less chaotic and disorganized sensorial footprints. We have some systems to protect ourselves from such chaos. For instance, we are able to put the feelings aside in order to make them as little disturbing as possible. They are dissociated and packed up in patterns of symptoms, syndromes, and personality. The tables of contents of all nosographic psychiatric systems are a list of the forms of those packages.

Psychopathological forms are the result of our ability to creatively adjust to what could not be fully experienced and processed. With such transformations, the absent other becomes the absence in the present contact. A person becomes blind, absent, less existent, and less alive in those experiential points. Such absence is the psychopathology we experience when meeting our clients.

3.2. Encountering Psychopathology: A Stranger Knocking at the Door

How do we encounter psychopathology during a therapeutic session? In the session, the psychopathological field emerges. It is the result of the forces that are intended to bear the absence and to open a possibility for its transformation into presence. The absences are moments when experiences that are not assimilated emerge. They are feelings that are not integrated into the personality function, so we cannot differentiate ourselves from them. We call them *proto-feelings*, according to the definition of the *proto-self* provided by Antonio Damasio.³ They are the signs and footprints of an unfinished business, something that, due to the lack of support, has not been processed and closed. The proto-feelings can be organized as repetitive patterns in the relationships; as such “enduring relational themes” (Jacobs 2017), they become part of the personality.

What is not assimilated and transformed nevertheless emerges in the therapy situation, together with the potentiality for its transformation. The more the proto-feelings are unformulated and dissociated, the more they appear as something disturbing the therapist. *They are like a stranger knocking at the door.* Such disturbing feelings can be called

3. According to Damasio (2012), the first step of the emerging self is the proto-self, a stage where there is something in perception that is not defined as *mine* yet. The perception becomes *my* perception only in the second stage, that of the subjective-self.

*atopòn*⁴ (“out of place” in Greek) (Francesetti 2019a, 2019b)—something meaningless, strange, embarrassing, interfering, disarraying, annoying, unsettling; something out of place, which the therapist would rather not feel or think. What was not shaped, formulated, and assimilated, what has had no right to exist, push to come to life in the here and now of the therapeutic situation. Therapy is basically support for the potentiality brought by this stranger at the door. The forms that the unformulated proto-feelings take in the session are original and unique. What pushes in the situation is embodied by both client and therapist. The therapist contributes to the emergence of the unformulated by lending her flesh to the forces of the field.⁵

The fact that the therapist feels moved by a force does not mean that it is the client who moves him, as would be seen from monopersonal or bipersonal psychological perspectives. The forces belong to the situation: it is not just about the client, and it is not just about the therapist. What emerges is different from the sum of the parts, in much the same way as when a molecule of oxygen and two molecules of hydrogen meet, and a new, unique quality of water appears. That is why it is not important, or even possible, to distinguish *what is mine* from *what is yours*. What matters is to recognize the forces that push, and to let them transform the field.

In the history of psychoanalysis and psychotherapy, the issue of the therapist’s self-disclosure has been considered differently, from the position that sharing should be completely avoided to a position of indiscriminate openness, typical of the first humanistic movement. From our perspective, we can identify a fundamental criterion for self-disclosure by the therapist: as long as she perceives only a first wave of feeling that comes, she should abstain from sharing it with the client. Insofar as only a first wave of feeling is perceived, it is a figure without a ground and as yet without meaning. Only when a new dynamic is

4. “Gadamer reminds us that the Greeks had a word for that which brings understanding to a standstill. That word was *atopon*, which in reality means ‘that which cannot be fitted into the categories of expectation in our understanding and which therefore causes us to be suspicious of it’” (Costa et al. 2014, 356).

5. In Jean Luc Marion’s (2003) philosophy, *to lend one’s flesh* is a basic and fundamental phenomenon in human communications and relationships. Pleasure is when the other accepts my flesh; pain is when my flesh is rejected by the other.

brought by a second wave of feeling does the risk of retraumatizing the client diminish, and can the transformative process develop.

3.2.1. Example from a Workshop: Is It Mine or Yours? While sharing feedback after an exercise in triad groups, a participant in the role of therapist says that the client's anxiety was so strong that she had to interrupt the session to ask for support from the observer. She concludes that she has not worked out adequately this kind of anxiety in her own therapy, and that consequently, as a therapist, she is not good enough to handle such a clinical situation. From the perspective we have described, however, it is the specific quality of the emergent anxiety that implies a need for a third party; another person to contain the anxiety. It is not a lack of expertise or maturity on the part of the therapist, but the intrinsic quality of the emerging force. When this is expressed, the client in the exercise bursts into tears, saying: "Yes, now I understand. It is the anxiety related to the abuses suffered in my childhood."

The need for a third party and the devaluation of feelings are constitutive of an abusive field. To see the phenomena as resulting from the emerging forces of the situation opens up a new horizon of understanding, restricted *neither* to the history of the client *nor* to the history of the therapist. The unformulated proto-feelings push to emerge, and the therapist embodies them along with the client, so that they become part of the affective landscape that strives to be transformed. But in order to be transformed, the absence must be experienced first. From this perspective, it is not so important to understand who is bringing what to the encounter, as to consider what is happening as an expression of the field's forces, which are not reducible to the contribution either of the therapist or of the client.

3.2.2. Example from Clinical Work: When the Therapist Reacts First. In a session, the client shares that he realizes how much he is putting himself in danger, without protecting himself and without perceiving fear. In the past year, he once climbed into his burning car to save some documents, and more recently he has had an accident on his motorbike because he was riding too fast on a wet road. Now, he wonders why he did such dangerous things, among many others, without feeling fear, and so without

being able even to think of protecting himself. When telling these stories, he feels a fluttering in his belly. By staying with this sensation, he realizes that it is a kind of subtle fear. An exploration of those feelings reveals that fear has never been legitimated in his life. He has always felt compelled to build a personality that is unfailingly strong, brave, and Spartan.

At a certain point, the therapist feels that something is inhibiting his own breathing. It seems to be the same with the client. For a while time stops; it is felt as a tension and a kind of waiting. The therapist feels discomfort, a sudden emptiness between them, a kind of anxiety they need to escape from. The therapist asks some awkward question, formulated poorly. The client says that he does not understand the question. The therapist becomes interested in what is happening, and she realizes that she does not understand her own question. She has asked the question only because she cannot bear the suspension in the breathing rhythm. Now that she slows down, she realizes that she has felt a kind of fear; maybe the fear of leaving the client on his own, in that emptiness that has appeared between them. Realizing what she has felt helps the therapist to breathe more freely, to relax. It seems that light can now enter, that something can be opened in the situation. The therapist then decides to share her experience with the client. It touches him deeply and opens up a feeling of solitude. He says: "It's nice to know that you are afraid of leaving me on my own, that you are scared for me. That's what I miss. That somebody who cares about me can feel my solitude, and can be scared for me. I have a good life, I'm lucky; there are people who love me and whom I love, but I miss someone feeling my solitude and being scared for me. I have always missed that."

In this example, we can see how the therapist was seized by the phenomenal field where fear was delegitimized. (The therapist's own sense of fear was a feeling that had no right to exist in that field.) By asking a question, the therapist reacted to that anxiety, instead of waiting and recognizing that she was scared of leaving the client on his own. Only after her reactive intervention could the therapist recognize her feelings, and she decided to share them. The intrinsic tension in the field—the intentionality—was seeking legitimation of fear: the fear that opened up not only feelings of loneliness, but also the need to be

seen as limited and fragile. The field first seized the therapist; then she modulated her presence in order to support the transformation, rather than the confirmation, of the pattern.

4. Modulating the Therapist's Presence

Psychotherapy is the art of being present to emerging absences. Arts in general cannot be reduced to knowledge or techniques, even though knowledge and techniques are a fundamental part of the journey to learn any art. Arts require *phronesis*,⁶ which is the skill of finding an orientation according to the specific conditions—possibilities and limitations—of the present situation. Since each situation is unique, every therapeutic intervention, as with every instance of an art, is unique. Since we are aware of this, our goal is not to prescribe a set of techniques. Rather, we try to describe a model that can help therapists orient themselves through the delicate tones of the ever-changing complexity of their own experiences in the presence of the client. We hope the model can assist them in modulating their presence in order to support the transformational forces of the psychopathological field.

We are addressing some specific moments⁷ of the therapeutic process, moments when the stranger knocks at the door and the *atopòn* appears. These are special and crucial events, crossroads between transformation and repetition, between retraumatization and therapeutic change. Such precious moments are enabled by the whole therapeutic process, which offers alliance, trust, a bond, support, and containment. Even though we focus on some specific moments of the process of change, they are inseparable from the whole process, which provides the necessary

6. While *tekhnē* is the reproduction of actions to produce an object as identical as possible to a prototype (like a craftsman producing terracotta cups), *phronēsis* is the capacity to act in accordance with the current situation, which is never exactly the same, thus requiring creativity and the capacity to grasp all the significant aspects present (like a sailor using the forces of the particular situation: wind, waves, size of the ship, currents, distance from land, etc.). In *phronesis* lies the artistic nature of therapy (Francesetti 2019a).

7. Frans Meulmeester has addressed the same topic in an unpublished paper, "Gestalt in Seven Steps."

ground for the change. Our guidelines, therefore, do not refer to the whole process of therapy. They only address the specific moments when the therapist experiences a kind of disturbing or pointless resonance, and they offer support to process it.

Resonance can be a feeling, a sensation, a bodily pain, an emotion, an image, a metaphor, a tune, a song, or anything else that comes out of the flow of attunement with the client (Francesetti 2015; 2019a; Frank and La Barre 2010; Spagnuolo Lobb 2018). When perceived as “out of place,” the resonances can be called *atopòn*. They refer to what is beyond the boundary of what is accepted and known. The *atopòn* is the stranger knocking at the door, the one who upsets the fixed patterns of the field’s repetitive organization and stirs the therapist to be actualized. When the therapist is taken by a resonance that is perceived to be out of place, disturbing, and inappropriate, a moment of particular importance is happening. Something that has been dissociated, that pushes to come to light and be processed and integrated, is knocking at the door. Some resonances are more disturbing or felt to be out of place than others. The more out of place they seem, and the more the therapist is tempted to neglect them, the more precious they are. This quality of being out of place indicates how much they are dissociated, and therefore how important it is to pay attention to them and treat them with delicate care.

It is precisely at that moment that the therapist is lending her flesh to the field’s forces in order to bring to light what was dismissed, and hence left unformulated. In that moment, the therapist is seized by a proto-feeling in need of another body open to receiving it, in order to come to light. The other who was missed is now offering his flesh. It is a process of transformation that needs two bodies in order to happen. It is here that the process of transformation starts. Here the “unfinished business” of the field, a world of unformulated proto-feelings, comes into existence and is ready to be processed. And it is also here that the risk of being seized by the fixed pattern without supporting its transformation, and thus the risk of retraumatization, is high.

The guidelines discussed in the following section offer a way for the therapist to orient herself in those delicate moments, when the repetitive patterns of field organization can be changed. During the transformative process, the therapist is continuously dealing with the uncertainty of the unfolding field. She needs to be able to tolerate not knowing, and to be ready to change direction according to the

field's forces. The metaphor of being in a river moved by greater forces expresses that attitude. The therapist proceeds with both cautiousness and faith, ready to be awkward, and prepared to take wrong steps while incessantly correcting them.

5. Guidelines for Modulating the Therapist's Presence

Here we describe how the therapist can work with her own experiences, a process that usually appears to be fast. It happens within the short moment between the therapist's experience of the "stranger at the door" to begin with, and then the therapist's intervention at the end. We will try to describe a process that usually happens within a few seconds, though it can come back at length in therapy in a repetitive way, where the stranger keeps knocking until heard and the field's forces reach transformation.

For didactic reasons, we will divide the process into a sequence of steps, although in practice it is experienced more as a flow of slower and faster parts. We will also use the first-person perspective in our description in order to highlight the subjectivity and intimacy of experiential work. Thus, we can recognize three basic phases (divided into partial steps): (1) Attention without judgment (*Epoché*: etymologically derived from the ancient Greek term *étymo*, which means "suspension"); (2) Receiving the first and the second wave ("Lending the flesh"); (3) Supporting the new emerging dynamics (*Poiesis*: etymologically derived from the ancient Greek term *poieen*, which means "to make").

5.1. Attention without Judgment (*Epoché*)^a

5.1.1. I focus on myself. I switch my attention from the client to myself first. I focus on my own resources, namely my own body. I try to make

8. Epoché is the act of holding on, of stopping and waiting. Husserl takes the concept from the pyrrhonists (e.g., Sextus Empiricus), for whom epoché meant a suspension of judgment, defined as a state of the intellect on account of which we neither deny nor affirm anything, which was used for the ultimate goal of ataraxia (i.e., a lucid state of equanimity). So, in phenomenology epoché is the act of bracketing all preassumptions and judgments about the emerging phenomena as they appear, in order to receive them simply as they are. For a Gestalt therapy revision, see Bloom (2009, 2019). We thank George Giaglis for sharing his knowledge of, and passion for, etymology.

myself comfortable and ready to encounter whatever comes. I am open to what would happen without any specific memory or desire (Bion 1967). When an expectation arises in this moment, it can be a signal of a need for more ground or of a movement of a force from the field. This is the beginning of an attitude of *epoché*: a suspension of the judgment of what is happening. I just wonder. If judgment comes here, I accept it without judging it.

5.1.2. *I slow down and wait.* I rely on my own resources to deal with the risk, so as not to do anything yet actively directed toward the client. I do not try to change the situation, or even have a focus, concept, or vision. I can support myself by slowing down and adopting an attitude of waiting-for-what-comes. I prepare a clearing (*Lichtung*)⁹ for what has started to come and may develop. I take my distance from the emerging noise, without focusing too much on its contents; I do not give importance to anything specific (Bloom 2009, 2019).

5.1.3. *I expose myself to the field's forces.* I expose myself to whatever comes, with the senses receptive and awake, ready, and without any specific focus. I am open and grounded bodily, focused on my senses to welcome whatever comes. I focus on whatever is moving me, whatever is happening to me, without dismissing any element or possibility. I attune myself to the pathic dimension,¹⁰ the twilight, the undifferentiated and synesthetic moment of the onset of the sensations.

5.2. Receiving the First and the Second Wave (Lending the Flesh)

5.2.1. *I receive the first wave without reacting.* When something comes to me as my experience, I do not dismiss it; nor do I react to it. I am aware that the more what comes is strange, disturbing, out of place, and inappropriate, the more important it could be for the process of change.

9. *Lichtung* is a neologism coined by Heidegger referring to the experience of walking in a dark wood and suddenly arriving in a clearing, where comes light to reveal an unexpected landscape for a moment. For Heidegger, *Lichtung* is both the light that reveals, and the work for preparing the conditions for truth to appear, that is, for what is hidden to come to light, to exist.

10. The pathic dimension of experience refers to the bodily sensations that cannot be chosen, so they are *pathòs* (see §2.1).

It could be unpleasant, shameful, or even distressing. I do not prematurely attribute the experience to myself or to the client. Rather, I welcome it and keep my distance from it, relying on my bodily self-support. I maintain a position of wonder and curiosity: “What is happening to me?” Whatever I feel, I do not identify with it for now. What I feel is a way to detect the force of the field (“I am not what I feel, I am more than what I feel, I look with curiosity to what I feel”). Curiosity helps me to keep some distance from the impulse triggered by the feeling. This is how I make the move from the phenomenal to the phenomenological field.

Intervention at this point is usually a way of avoiding the anxiety related to what is emerging. So, I try not to take any action toward the client on the basis of what comes first, on the first wave of my experience. That way, I am introducing a higher degree of freedom into the field. Acting according to the first feeling would probably support the repetitive patterns, since it is the way I am taken by the absence that characterizes the psychopathology of the field. To act now would carry a high risk of making the “enduring relational themes” (Jacobs 2017) circulate once more, and of retraumatizing the client.

5.2.2. *I wait again, now for the second wave.* Now I need to wait again, but it is another quality of waiting. Earlier, it was waiting in an open space, in a clearing. Here, the situation is different. Something has already come, already taken me; the space is occupied and affectively tuned. While holding onto what has already appeared, I now wait for what comes next. I need to tolerate a certain degree of discomfort and uncertainty (Staemmler 1997). A good question at this point is, “What is my experience as a therapist in feeling such a sensation/emotion in this situation?” It is crucial to consider the feeling within the frame of the therapeutic situation where the feelings are emerging. That anchors me to the personality of the situation, while waiting for the second wave of my experience. It also helps me differentiate myself a bit more from the feelings that have seized me. I detect what emerges from the fringes of the first feeling, from the background (what has been called the second impulse of the therapist, which informs us about the unfulfilled relational needs from the client’s history [Evans and Gilbert 2005]). I give time, space, and flesh to what usually does not emerge and is not yet formulated (Stern 2015) for it to take shape and come to exist.

5.2.3. Receive what comes next: The second wave brings the logos. When something next emerges, I usually feel relief, as a sign that I am not stuck with the first limiting feeling. The second wave brings the *logos* to move from the phenomenal field to the phenomenological field. The situation is changed by what has come next; it is not blocked anymore and there is a way to move on, even though I may not know what direction it is taking. I may feel relief, joy, hope, lightness, or happiness. When this *something more* arrives, a dynamic figure/background starts to form between the first feeling and the new, second feeling. In the second waiting, I am embodying the first feeling and lending my flesh to the field (Francesetti 2019a, 2019b). I let the unformulated (Stern 1997) and undifferentiated proto-feelings emerge through me and to become feelings. Often, the meaning is not immediately clear. But I can perceive that something relevant is opening up.

5.2.4. Let the meaning come. From the second wave that emerges from the background of the first feeling, a kind of new understanding and meaning starts to appear and prepares me for a possible active intervention. Often, the meaning is not yet clear; it is more of an intuitive nature. However, it is clear to me now that what is happening is meaningful, opening up an unencumbered way of moving in a new, although possibly not yet clear, direction. The meaning is not necessarily conceived cognitively. It can come to me as a metaphor, a picture, a sound, a memory, a movie, or I may be attracted by a detail that becomes figure, and so on. It can occur that there is only the feeling that what is happening is meaningful, without knowing the content of the meaning yet.

5.3. Supporting the Flow of the Emerging Dynamics (*Poiesis*)¹¹

At this point, the ground for active intervention is ready. There are many different possibilities for actively intervening in the complex configuration of feelings and movements that have emerged. The awareness of the situation is now ripe and mature, and it supports my ego function, so that

11. *Poiesis*—which means to create, to make—comes from the same Greek root as “poem.” The therapeutic intervention can be conceived as an act of doing according to the intrinsic aesthetic criterion of the *Gestaltung*, and so it is a form of poietic and poetic act.

I can make a decision and take action. By active intervention, we mean any decision that I take and put into action in this moment, including when I decide to do nothing. **My aim is to support the movement that is already happening at this point.** The forces are in motion; I just need to follow and support them. The decision is based on the aesthetic intrinsic criterion in the present situation (Bloom 2003; Francesetti 2012; Roubal, Gecele, and Francesetti 2013). I let myself be used by the new dynamics of the field's flow, with my already developed awareness of it. My action is *phronetic*, since my decision is based on the forces in play right in this unique moment. Here are some examples of possible active interventions:

- *I do nothing (on a behavioral level).* This is the case when I feel that the movement is already going on, and that it can continue and find good form by itself. This “doing nothing” is not a lack of support, but rather a specific stance: I am aware, recognize, allow, and welcome the movement, and I release into the field my trust that the movement is good in itself, and my faith that it will develop in a good way. My task, in this case, is not to step in the way of the process of change and not to interfere with it.
- *I propose an experiment.* This is the case where I need to explore further the forces already in play and to support their movement (Roubal 2019). Such support occurs when I need more clarity about the meaning, or more intensity, or embodiment of the forces and movements in play.
- *I self-disclose.* I share what I am experiencing, with the intention of finding meaning together with my client. Self-disclosure contains a lower risk of retraumatization, if it happens after the second wave has appeared. So, as a basic rule of thumb, I do not share my feelings until I have a background for the first feeling. It would appear useful to share, not just one of the two feelings, but the dynamics between the two. It can be safer to start by sharing the second feeling since it provides a background to the first. Sharing aims to support the progression of the movement from the now to the next. In this moment, the movement emerges from a repetitive pattern and moves toward a new configuration. It is important that I share my experience with the client when I am aware of that movement.

- *I do not self-disclose and remain curious about my resonances.*
I do not understand their meaning, yet and I feel it is risky to explore and to share. I keep my resonances to myself as important information, without sharing them. I need more time and I consider requesting a supervisory session.
- I receive a second wave without being able to connect it with the first one. There is no clarity or direction, just a difference; two strong and apparently independent movements. In this case, *I wait and welcome everything appearing, while containing it.* I consider the meaning of such a situation, including that when the process of differentiation is difficult (as in personality disorders, and psychotic experiences), a longer time in therapy will be needed. I need to welcome whatever comes until the meaning emerges. In these cases, I consider a process of continuous supervision.

6. A Clinical Example: “I Can’t! No, You Must!”

A clinical experience¹² of one of the authors in a workshop is presented here to illustrate the sequence described above, as well as both the risks of retraumatization and the possibilities of supporting transformation.

In a group, Veronica feels deeply touched and becomes very emotional, so she asks for personal work: “My son, now ten years old, was sexually abused when he was two years old by a boy much older than him.” She tells me that, when her son told her and her husband the games that the older boy was making him play, she was upset and started screaming, saying that it could not be true, that it was wrong, that it was impossible, and she ran away screaming and crying, leaving the child with his father. She ran to her mother, and when she came back later she was calmer but unable to speak about what had happened. After two years, they decided to undergo family therapy, and it was good for all of them. After that, for the past six years, nobody in the family has ever mentioned the abuse.

12. This clinical example has been checked by the client, and it is published with her permission.

- Now, Veronica is seized by strong emotions; she is shaking, crying. I am touched and attuned, and I give her bodily support in order to let the feelings come out between us. She comes to a peak, her body shaken and trembling: “I am shaken, I am scared, I feel sick, I am going to vomit.” She starts retching violently, on the verge of vomiting. In this unbearable intensity she says: “I can’t! I can’t! I can’t bear it! I can’t!”
- I hold her hands, and immediately I feel a change in myself. I feel my body becoming stronger and stiffer, and I think that “she must,” that it is definitely her responsibility as a mother to bear it, that she should have stayed by her child instead of running away. I feel this “you must!” very strongly, and I become curious about it . . . It seems too strong, even violent . . . I feel such intensity and absolute certainty to the point that I feel that my reaction is out of place. I feel that my body is full of power—I know what must be done, and I want to impose it. Her “I can’t” is not relevant at all.
- I am surprised by how strongly I am seized by these feelings. So, I wait . . . and I feel that I have become cold and powerful, I feel a disproportionate power over her . . . I realize that I am doing a kind of violence to her. I cannot accept her saying “I can’t”; she must tolerate it! I stay with this.
- Something softens in my body, somewhere in my chest. And I realize I am forcing her boundaries, her limits . . . and this orients me to think: “Of course, she has the right not to be able to tolerate . . . What would I feel if I were she? Of course, it is her right to have limitations, and nobody has the right to overcome them.”
- And so, very simply, I say: “No, of course you can’t . . . you can’t.”
- The atmosphere and the emotions immediately change. They remain extreme, but there is no retching any more. Instead, a sobbing cry arrives: a relieving, deep, sobbing cry.
- The theme of overcoming and forcing the boundaries, present in every abuse, has emerged. I embodied it. By feeling it was out of place, by not reacting but waiting, I was able to feel something soft, to feel respect for her. It has oriented me. I did not act it out; I legitimated the limit, the boundary, which in a field of abuse is crucial and transformative.
- After the emotional peak passes, she shares that this “I can’t” was always present. But it was perceived as an unbearable guilt, totally

delegitimized, and so it was quickly dissociated and forgotten. In any case, it was unspeakable. In both cases, of feeling or of dissociating guilt, it was impossible for her to share with her husband, because the guilt of having run away was too great. But it remained in her mind every day, every single day for the past eight years.

- Now that the limit and the boundary are legitimated between us and in the group, everything flows. A new awareness of willing to share with her husband emerges. She clearly realizes that they both need support: the family sessions six years ago were good, but there are still more issues to be processed and reprocessed, especially now that their son is entering into preadolescence.

—“How do you feel Veronica?”

—“I feel exhausted . . . yes, really exhausted . . . and free.”

We hope that this example can illustrate how the therapist works by modulating his presence rather than trying to change the client, by spontaneously allowing the field's forces to come forward and support their journey toward transformation.

7. So What?

The other was missed, the experience could not be processed, now the other comes and the experience can be assimilated . . . Is life a zero-sum game? Not exactly. When the therapist is present to the emerging absences, what was waiting for the other arrives at the contact boundary. The cherished pain emerges, and it is transformed. In that moment, there is an increase in presence and in being (Weil 2002), a production of presence (Gumbrecht 2003) that we perceive as the appearance of something beautiful. So, the sum of this existential game is not zero—beauty is the remainder. Beauty emerges, and this is the advantage that the world receives from the transformation of suffering into pain, and of pain into beauty. Beauty is at the core of some existential and philosophical views, to the point that it can be conceived as what will save the world (Dostoevsky 2003), or as the intrinsic law of what is good (Weil 2002), or as the final goal of the evolution of the universe (Whitehead 1978).

We are intrigued by these perspectives, even though we do not dare go so far. But we can say that the emerging beauty in the process of transforming suffering seems to be the palpable sign that this fragment of the world—as tiny as it may be—has been healed.

GIANNI FRANCESETTI, MD, is a psychiatrist, Gestalt therapist, and adjunct professor of the phenomenological and existential approach in the Department of Psychology of the University of Torino, Italy; and he also works as an international trainer and supervisor. A past president of the European Association for Gestalt Therapy (EAGT), the Italian Society for Gestalt Therapy (SIPG), and the Italian Federation of Psychotherapy Association (FIAP), he is currently codirector of the International Institute for Gestalt Therapy and Psychopathology (IPsiG); president the Gestalt Therapy Clinical Centre of Torino (Poiesis); and codirector of the Turin School of Psychopathology.

JAN ROUBAL, MD, PhD, is an associate professor at Masaryk University in Brno, Czech Republic, where he also works in the Center for Psychotherapy Research. Both a psychotherapist and psychiatrist, he works internationally as a psychotherapy trainer and supervisor. He has founded and leads two programs: *Training in Psychotherapy Integration and Gestalt Studia* (Czech Republic), and the Turin School of Psychopathology, where he is codirector. He has coedited *Current Psychotherapy. Gestalt Therapy in Clinical Practice: From Psychopathology to the Aesthetics of Contact* (2013) and *Towards a Research Tradition in Gestalt Therapy* (2016).

REFERENCES

- Beisser, Arnold. 1970. "The Paradoxical Theory of Change." In *Gestalt Therapy Now: Theory, Techniques, Applications*, edited by Joen Fagan and Irma Lee Shepherd, 77–80. New York: Harper & Row.
- Bion, Wilfred. 1967. "Notes on Memory and Desire." *Psycho-analytic Forum* 2 (3): 271–80. (rpt. *Melanie Klein Today*, vol. 2: *Mainly Practice*, edited by Elizabeth Bott Spillius, 17–21. London: Routledge, 1988).
- Bloom, Dan. 2003. "'Tiger! Tiger! Burning Bright.' Aesthetic Values as Clinical Values in Gestalt Therapy." In *Creative License: The Art of Gestalt Therapy*, edited by Margherita Spagnuolo Lobb and Nancy Amendt-Lyon, 63–77. Wien: Springer.
- . 2009. "The Phenomenological Method of Gestalt Therapy: Revisiting Husserl to Discover the Essence of Gestalt Therapy." *Gestalt Review* 13 (3): 277–95.

- . 2016. "The Relational Function of Self: Self Function on the Most Human Plane." In *Self, A Polyphony of Contemporary Gestalt Therapists*, edited by Jean-Marie Robine, 67–87. St Romaine Virvée, France: L'Expresserie.
- . 2019. "Gestalt Therapy and Phenomenology: The Intersection of Parallel Lines." In *Handbook for Theory, Research, and Practice in Gestalt Therapy*, 2nd ed., edited by Philip Brownell, 183–202. Newcastle upon Tyne: Cambridge Scholars Publishing.
- Böhme, Gernot. 2017. *The Aesthetics of Atmospheres*. New York: Routledge.
- Costa, Cristina, Sergio Carmentales, Luis Madeira, and Giovanni Stanghellini. 2014. "Phenomenology of Atmospheres: The Felt Meanings of Clinical Encounters." *Journal of Psychopathology* 20 (4): 351–57.
- Damasio, Antonio. 2012. *Self Comes to Mind: Constructing the Conscious Brain*. New York: Vintage.
- Dostoevsky, Fedor. 2003. *The Idiot*. New York: Vintage (originally published 1869).
- Evans, Ken. 2007. "Living in the 21st Century: A Gestalt Therapist's Search for a New Paradigm." *Gestalt Review* 11 (3): 190–203.
- Evans, Ken, and Maria Gilbert. 2005. *An Introduction to Integrative Psychotherapy*. Houndmills, UK: Palgrave Macmillan.
- Fink, Eugen. 1933. "Die phänomenologische Philosophie Husserls in der gegenwärtigen Kritik." *Kant-studien* 38 (1–2): 319–83.
- Fonagy, Peter, and Mary Target. 1997. "Attachment and Reflective Function: Their Role in Self-organization." *Development and Psychopathology* 9 (4): 679–700.
- Francesetti, Gianni. 2012. "Pain and Beauty: From Psychopathology to the Aesthetics of Contact." *British Gestalt Journal* 21 (2): 4–18.
- . 2015. "From Individual Symptoms to Psychopathological Fields: Towards a Field Perspective on Clinical Human Suffering." *British Gestalt Journal* 24 (1): 5–19.
- . 2016. "You Cry, I Feel Pain": The Emerging, Co-created Self as the Foundation of Anthropology, Psychopathology and Treatment in Gestalt Therapy." In *Self: A Polyphony of Contemporary Gestalt Therapists*, edited by Jean-Marie Robine, 147–68. St Romain la Virvée: L'Expresserie.
- . 2019a. "The Field Strategy in Clinical Practice: Towards a Theory of Therapeutic Phronesis." In *Handbook for Theory, Research and Practice in Gestalt Therapy*, 2nd ed., edited by Philip Brownell, 268–302. Newcastle Upon Tyne, UK: Cambridge Scholars Publishing.
- . (2019b). "A Clinical Exploration of Atmospheres. Towards a Field-based Clinical Practice." In *Psychopathology and Atmospheres. Neither Inside nor Outside*, edited by Gianni Francesetti and Griffero Tonino, 35–58. Newcastle Upon Tyne, UK: Cambridge Scholars Publishing.
- . 2019c. *Fundamentos de psicopatología fenomenológico-gestáltica: una introducción ligera*. Madrid: Los Libros del CTP.
- . 2019d. "Psychopathology, Atmospheres, and Clinical Transformations: Towards a Field-Based Clinical Practice." In *Atmospheres and Aesthetics. A Plural Perspective*, edited by Tonino Griffero and Marco Tedeschini, 223–40. London: Palgrave.

- . 2019e. “La metamorfosi del dolore.” In *Avere a cuore. Scritti in onore di Giovanni Salonia*, edited by Valeria Conte and Antonio Sichera, 109–18. Cinisello Balsamo, Milan: Edizioni San Paolo.
- . Forthcoming. *Fundaments of Phenomenological-Gestalt Psychopathology: A Light Introduction*. St. Romain la Virvée: L'Expresserie.
- Francesetti, Gianni, and Margherita Spagnuolo Lobb. 2013. “Beyond the Pillars of Hercules. A Gestalt Therapy Perspective of Psychotic Experiences.” In *Gestalt Therapy in Clinical Practice: From Psychopathology to the Aesthetics of Contact*, edited by Gianni Francesetti, Michela Gecele, and Jan Roubal, 393–432. Milano: FrancoAngeli.
- Francesetti, Gianni, and Tonino Griffero, eds. 2019. *Psychopathology and Atmospheres: Neither Inside nor Outside*. Newcastle Upon Tyne, UK: Cambridge Scholars Publishing.
- Frank, Ruella, and Frances La Barre. 2010. *The First Year and the Rest of Your Life: Movement, Development, and Psychotherapeutic Change*. London: Routledge.
- Griffero, Tonino. 2017. *Il pensiero dei sensi. Atmosfere ed estetica patica*. Milano: Guerini Scientifica.
- Gumbrecht, Hans Ulrich. 2003. *Production of Presence: What Meaning Cannot Convey*. Stanford: Stanford University Press.
- Husserl, Edmund. 1931. *Ideas: General Introduction to Pure Phenomenology*. New York: MacMillan (original work published 1913).
- Jacobs, Lynne. 2017. “Hopes, Fears, and Enduring Relational Themes.” *British Gestalt Journal* 26 (1): 7–16.
- Lewin, Kurt. 1952. *Field Theory in Social Science: Selected Theoretical Papers*. New York: Harper.
- Marion, Jean Luc. 2003. *Le phénomène érotique*. Paris: Grasset.
- Parlett, Malcolm. 1991. “Reflections on Field Theory.” *British Gestalt Journal* 1 (1): 69–81.
- Parlett, Malcolm. 2005. “Contemporary Gestalt Therapy: Field Theory.” In *Gestalt Therapy: History, Theory, and Practice*, edited by Ansel L. Woldt and Sarah M. Toman, 41–65. London: Sage.
- Perls, Frederick S., Ralph F. Hefferline, and Paul Goodman. 1994. *Gestalt Therapy: Excitement and Growth in the Human Personality*. Gouldsboro, ME: Gestalt Journal Press (original work published 1951).
- Philippon, Peter. 2009. *The Emergent Self: An Existential-Gestalt Approach*. London: Karnac.
- Robine, Jean-Marie. 2008. “Le fond du champ. En arrière-plan du concept.” *Cahiers de Gestalt-thérapie* 22 (1): 197–210.
- , ed. 2016. *Self: A Polyphony of Contemporary Gestalt Therapists*. St Romaine Virvée: L'Expresserie.
- Roubal, Jan. 2019. “Foreword. Theory of Change in Gestalt Therapy Clinical Work.” In *Obsessive-compulsive Experiences: A Gestalt Therapy Perspective*, edited by Gianni Francesetti, Carmen Vázquez Bandín, and Elizabeth Reed, 4–11. Madrid: Los Libros del CTP.

- Roubal, Jan, and Gianni Francesetti. Forthcoming. "Field Theory in Contemporary Gestalt Therapy, Part 2: Paradoxical Theory of Change Reconsidered." *Gestalt Review*.
- Roubal, Jan, Michela Gecele, and Gianni Francesetti. 2013. "Gestalt Therapy Approach to Diagnosis." In *Gestalt Therapy in Clinical Practice: From Psychopathology to the Aesthetics of Contact*, edited by Jan Roubal, Michela Gecele, and Gianni Francesetti, 87–115. Milano: FrancoAngeli.
- Salonia, Giovanni. 2013. "Social Context and Psychotherapy." In *Gestalt Therapy in Clinical Practice: From Psychopathology to the Aesthetics of Contact*, edited by Jan Roubal, Michela Gecele, and Gianni Francesetti, 189–200. Milano: FrancoAngeli.
- Smuts, Jan C. 2013. *Holism and Evolution*. Gouldsboro, ME: Gestalt Journal Press (originally published 1926).
- Spagnuolo Lobb, Margherita. 2018. "Aesthetic Relational Knowledge of the Field: A Revised Concept of Awareness in Gestalt Therapy and Contemporary Psychiatry." *Gestalt Review* 22 (1): 50–68.
- Staemmler, Frank-M. 1997. "On Cultivating Uncertainty: An Attitude for Gestalt Therapists." *British Gestalt Journal* 6 (1): 40–48.
- . 2006. "A Babylonian Confusion? On the Uses and Meanings of the Term Field." *British Gestalt Journal* 15 (2): 64–83.
- Stern, Donnel B. 1997. *Unformulated Experience. From Dissociation to Imagination in Psychoanalysis*. Hillsdale, NJ: Analytic Press.
- . 2015. *Relational Freedom. Emergent Properties of the Interpersonal Field*. New York: Routledge.
- Vázquez Bandín, Carmen. 2014. *Sin tí no puedo ser yo. Pensando según la terapia Gestalt* [Without You I Cannot Be Myself: Thinking According to Gestalt Therapy]. Madrid: Los Libros de CTP.
- Waldenfels, Bernhard. 2011. *Phenomenology of the Alien: Basic Concepts*. Evanston, IL: Northwestern University Press.
- Weil, Simone. 2002. *Gravity and Grace*. Translated by Emma Crawford and Mario von der Ruhr. London and New York: Routledge (originally published 1952).
- Whitehead, Alfred N. 1978. *Process and Reality*. New York: Free Press (originally published 1929).
- Wiesing, Lambert. 2014. *The Philosophy of Perception: Phenomenology and Image Theory*. London: Bloomsbury.