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From individual symptoms to psychopathological fields. Towards a field perspective on clinical human suffering

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Abstract: In this article I introduce the concept of *psychopathological field* to move from an individualistic psychopathology towards a radically relational one. I have sought to describe the concept by tracing its roots, which lie deep in Gestalt psychology, in Gestalt therapy and in phenomenology – in its classical and neo-phenomenological formulations and in its derivations in psychopathology and psychiatry. From this perspective, the psychopathological field is the field of experience that is actualised in the therapeutic encounter, bringing into play at the contact-boundary the absence which it conveys. To grasp the actualisation of the field and its movements, the therapist must develop an aesthetic sensibility, which is what enables him to become attuned to the root of the experience, where the psychopathological field emerges as an atmospheric presence, a perceptive *prius*, before distinct subjects and objects emerge. In this way the therapist perceives how the intentionalities for contact at play in the field move and shift, so as to reveal the presence of an absence, which can then be transformed into presence itself and beauty. Taking the subject of psychopathology to be the field instead of the individual opens up a radically relational horizon, with significant implications for both clinical practice and therapy. This perspective on Gestalt therapy seeks to remain faithful to its epistemological roots while tuning in to the developments and needs of contemporary psychotherapy.

Key words: psychopathological field, psychopathology, aesthetics, domains of contact, perception, *Gestaltung*, pain, beauty, almost-entities, new-phenomenology, trans-generational.

Introduction

As has been extensively remarked, an individualistic perspective imbues contemporary Western culture and, with it, contemporary psychotherapy. It is this perspective that underpins the classical conceptualisations of psychopathology that continue to be most widespread (Civita, 1999; DSM-5, 2013). By *individualistic perspective* I mean an approach that takes the individual as the fundamental unit sufficient for the functioning of the human being, in contrast with a relational perspective, which considers it irreducible to the isolated individual. Immersed as we are in the contemporary cultural climate, it is easy for therapists to slip unintentionally into an individualistic paradigm, despite all the careful work that has gone into their preparation, training and supervision in adopting a relational model. For this reason, it is fundamental for therapists to reflect on their own practice and on theory in an ongoing way, so as not to lose touch with the relational epistemology that grounds and guides clinical work in Gestalt therapy. It is precisely this imperative that has motivated this contribution of mine towards a radically relational perspective of psychopathology.

A Gestalt therapy perspective of psychopathology is necessarily grounded in a field epistemology (Francesetti and Gecele, 2009, 2010; Spagnuolo Lobb, 2013a; Francesetti, Gecele and Roubal, 2013). The field concept enables us to understand experiential phenomena as being emergent from a dimension that cannot be reduced to the individual, or to the sum of individuals at play. Every relational situation actualises a new, original field. Subjective experience is not the product of a single mind or isolated individual; it is an emergent phenomenon of the actualised field. Such a perspective is in line with the relational turn (Lingiardi et al., 2011) taken by psychoanalysis, in particular intersubjective psychoanalysis (Orange, Atwood and Stolorow, 1999), infant research (Stern, 1985) and psychotherapy in general in recent decades. Various Gestalt therapy thinkers have also felt the need to stress the relational aspects of their perspective, to distinguish themselves from the more individualistic conception of Gestalt therapy developed along the lines of Perls' later work

and in the spirit of the 1960s. See in this regard the thoughts of Wheeler, 2000; Philippson, 2001, 2009; Yontef, 2001, 2002, 2009; Bloom, 2003, 2014; Jacobs, 2005; Robine, 2006a; Wollants, 2008; Vázquez Bandín, 2008, 2010; Jacobs and Hycner, 2009; Staemmler, 2009, 2010; Spagnuolo Lobb, 2013a; and Wheeler and Axelsson, 2015. However, while the relational turn in psychoanalysis called for a paradigm shift away from Freud's naturalistic and individualistic epistemology (Eagle Morris, 2011), in Gestalt therapy, the relational perspective can already be found in Perls and Goodman's foundational work; consequently, the radically relational approach of the field perspective presented in this paper lies firmly on the theoretical foundations laid by *Gestalt Therapy* in 1951. The conception of psychopathology presented here builds on the theoretical and practical contributions of Margherita Spagnuolo Lobb (1990, 2001, 2002, 2005, 2013a; Spagnuolo Lobb and Amendt-Lyon, 2003), who in turn developed the teachings of Isadore From, working in continuous hermeneutic dialogue with the foundational text and within the New York Institute for Gestalt Therapy. Specifically, her relational perspective of the emergence of the contact-boundary in the phenomenological field provides the background to this paper. The ideas presented here would like to offer a development and an expansion on the principles described in the foundational text – a development insofar as they seek to remain faithful to the radically relational origins of Gestalt therapy; an expansion through the introduction of new words conveying new horizons and new resonances. The perspective might well be seen as a hermeneutical effort[1] to inject new life into the fundamental concepts at the heart of *Gestalt Therapy* with regard to psychopathology.

The aim of this article is twofold: to present a radically relational way of understanding suffering and to underscore the crucial importance of a specific sensibility in the therapist, the aesthetic sensibility. In doing so, it shifts the focus of therapy from the client to the phenomena that are actualised in the here and now. The therapist is no longer seen to work on the client but, rather, seeks to modulate the field co-created together with the client through his own presence. The theoretical ground underpinning this paper lies in the foundational work of Perls, Hefferline and Goodman, but also in specific literature on psychopathology and diagnosis (Francesetti and Gecele, 2009, 2010; Francesetti, Gecele and Roubal, 2013; Francesetti and Spagnuolo Lobb, 2013), on psychopathology and aesthetics (Spagnuolo Lobb and Amendt Lyon, 2003; Francesetti, 2012, 2014) and on domains of contact (Spagnuolo Lobb, 2012, 2013c). The works cited thus represent for the reader a useful, perhaps indispensable, introduction to this article.

The concept of psychopathological field

There are various ways to understand 'field' in psychology and in Gestalt therapy (Cavaleri, 2003; Spagnuolo Lobb, 2013a; Robine, 2006a; Parlett, 1991, 2000; Philippson, 2009; Vázquez Bandín, 2014; O'Neill and Gaffney, 2008; Wollants, 2008). Here, 'we refer to a concept of field that is phenomenological, and hence experiential, but it is not merely a subjective reality' (Spagnuolo Lobb, 2013a, p. 73). It is a phenomenological dimension, one that supports the emergence of specific forms and figures of experience. In a certain field, a certain experience will emerge rather than another; the experience is, therefore, a phenomenon that emerges from the present field, which is unique, ephemeral, co-created, situated, corporeal and dynamic (i.e. in movement). It is unique because it is a function of the present situation, which is unrepeatable. It is ephemeral because it changes when any particular element of the field changes. It is co-created because it is an expression of the histories and intentionalities present. It is situated because it exists only in the here and now, generating a time and space that extend to where the presence of the field makes a difference to experience. It is corporeal because it is always embodied, perceived and circularly generated by lived bodies. It is in movement because it tends to evolve, following the intentionalities for contact at play in the field. As a concept it is systemic (every element influences and is influenced by the others), contextual (the actual, concrete situation supports the emergence of a given field of experience), holistic (every experiential phenomenon is embodied) and gives rise to gestalten (emerging phenomena are more than the sum of their parts).

> *In a therapy group, Alexander asks to explore the solitude he feels in intimate relationships. He sits in front of me and we look at each other in silence. After a while, as I feel a certain tenderness arise in me, he says, 'Finally, I can feel small without being afraid'. I smile. I feel it's true, a real affectionate link resonates intensely between us. A woman in the group coughs. Alexander gives a start, glances furtively at her, then turns to me and says, 'Now I'm afraid'. A tense, paralysing atmosphere immediately crystallises the air between us. 'What's happening Alexander?'*

The field emerges and constitutes us, we perceive it between us and around us; it is actualised and gives shape to our experience. Within the range of possibilities for contact, the field that emerges is the unique synthesis of the histories of the client and the therapist, and the situation that brings them together; it is the result of a creative act that actualises the encounter of

their histories and evolves with it. Thus the field is a third dimension, one that is neither subjective nor objective, but where subject and object emerge and are distinguished. At the root of experience, where the figure/ground dynamic in which experience is generated dawns, the subjective and objective have yet to be distinguished. Here we are 'beyond the Pillars of Hercules',[2] in an aesthetic (sensorial) realm that comes before reflection and before predication (Francesetti, 2012; Francesetti and Spagnuolo Lobb, 2013). Every experience has its original moment, what Maldiney (2007) calls the 'event' – a moment beyond the Pillars of Hercules, before the differentiation process that casts an object over there (*ob-jectus*, from the Latin, *cast away*) and a subject over here (*sub-jectus*, from the Latin, *cast under*).[3] Between me, Alexander and the group there immediately emerges an experience that brings into play memories of assimilated contact and the intentionalities for contact that seek, here and now, a new, positive form of contact (Spagnuolo Lobb, 2013a). The scene that is actualised is immediately real. Before being perceived cognitively, it emerges to the senses, in the aesthetic dimension. It is a phenomenological field, one that focuses on the experience of what appears. But there are two meanings to '*what appears*': a *spatial* meaning, which refers to what lies on the surface, a film that envelops and at the same time reveals something much deeper; and a *temporal* meaning, where what appears is what comes to life here and now, what emerges and unfolds, becoming present, a real event between us: it actualises (etymologically, *becomes an act in the present*). This second meaning is the one alluded to by phenomenology when it stresses the importance of grasping the obvious. Obvious, from the Latin, *ob-vius*, is what is 'in the way'; it is what is encountered as we stay and proceed on our way. The field is an emergent phenomenon, by which we mean it is an experiential phenomenon that is actualised in the here and now in a creative way, shaped by the situation and the intentionalities for contact at play. Significant insight into emergent phenomena has come from phenomenology (Merleau-Ponty, 1945; Maldiney, 2007), Gestalt psychology (Ash, 1998) and the theory of complex systems, in particular, chaos theory (Bocchi and Ceruti, 1985; Gleick, 1987). These various perspectives bring together concepts such as the irreducible primacy of subjective experience, the formation of figures that cannot be reduced to the sum of their parts, and the emergence of phenomena that are unpredictable *a priori* in complex systems. Further on we will see how new-phenomenology[4] can offer additional insight.

If we take these to be the characteristics of a phenomenological field and understand psychopathology as absence at the contact-boundary[5] (Francesetti and Gecele, 2009; Francesetti, 2011, 2012, 2014), it follows that a psychopathological field is a phenomenological field in which there is an absence at the contact-boundary: it is a field in which suffering is contained as an absence.[6]

Therefore, I take the object of psychopathology to be the field, not the individual. This shifts the epistemological ground of psychopathology itself, in the definition, understanding and treatment of suffering. Thus I assert that it is not in the client that we should locate suffering, but rather we should regard it as an emergent phenomenon at the contact-boundary. Accordingly, if psychopathology is an absence at the boundary and the boundary is a co-created phenomenon, there can be no psychopathology of the isolated individual or mind. The therapist does not 'work on the client', but in the field that is actualised between the therapist and client. Given that this field is co-created, the therapist works primarily on himself and on modulating his presence and absence at the contact-boundary.

Let us consider the example of depressive suffering (Francesetti, 2015). If we say that the client *is depressed*, we lose sight of the fundamental fact that he is also not depressed,[7] and our perception of him becomes crystallised, objectifying him and denying input to therapy. We might, therefore, choose to say that the client *is suffering from depression*, but this reifies depression, turning it into an abstracted thing, extraneous to the person and his history, and thus offering no help in giving sense to his suffering. In reality, such approaches are not even sufficient for the correct use of drug treatment as they do not support the search for meaning, something which the client always needs. Alternatively, we can say that the client is having *a depressive experience*. This does not reduce the situation to the suffering itself and opens up possibilities to explore and give meaning to the experience, but it ultimately still remains within an individualistic frame of reference. In a radically relational frame of reference, we can instead say that the encounter with the client is actualised in a *depressive field*. This places the depressive phenomenon in a relational frame of reference, bringing to the fore the co-creation of the experience, activating the search for meaning within the therapy context and immediately helping the therapist to feel part of and within a psychopathological field. In this sense, Gestalt psychotherapy is *deconstructive*. The symptom – the crystallised and perceived experience – is progressively deconstructed so as to bring out the relational field and its suffering, which in becoming actualised makes movement and transformation possible.

In this way, a depressive psychopathological field, to continue with our example, can be considered the actualisation of a phenomenological field in which the client and the therapist experience a hopeless sense of

defeat in their attempt to reach the other. This defeat, and the helplessness it provokes, imbues the psychopathological field in various ways, giving rise to experiences that are typical and recognisable by both the client and the therapist (Francesetti, 2011, 2015; Roubal, 2007, 2015). The situation is no longer one where 'the therapist encounters a depressed client', but rather, '*this* depressive field is actualised between the therapist and the client' – a field that is different with different clients, different with different therapists and different with the same client in different moments (Francesetti, 2011, 2015; Spagnuolo Lobb, 2013a; Robine, 2006a). Similarly, panic disorder, and a certain kind of hypochondria, arise in a phenomenological field in which denied solitude (Francesetti, 2007) or a denied trauma (Spagnuolo Lobb, 2007) is present. Or a schizophrenic delusion arises in a field in which the differentiation between subject and object has not emerged sufficiently, the relational boundaries are blurred and the experience rests beyond the Pillars of Hercules (Francesetti and Spagnuolo Lobb, 2013, 2014). Focusing on the psychopathological field reveals how suffering is actualised in reality, in the here and now, co-created at the contact-boundary, in the *in-between* and around of the therapeutic relationship, and how it is experienced by the client and the therapist. Compared to a psychopathology of the isolated individual, to see psychopathology as a phenomenon of relational suffering that becomes real and alive in the therapeutic encounter is revolutionary. It might be objected that the client is depressed even outside the therapy room and hence her depression does not emerge in the therapy setting. But the argument is not valid. The fact that the client is depressed before and after the therapy session serves to show that she brings and actualises a depressive field in the different contexts she encounters, perhaps even in all of them. But this does not change the perspective that the depressive field is co-created every time and that the way it is actualised is specific and different in different situations and, as may be the case, with different therapists. The field perspective enables the therapist to move from the question 'What can I do for such a depressed client?' to 'How are we depressing together right now?' (Roubal, 2007; Francesetti and Roubal, 2013, 2014). It is precisely the element of co-creation that gives the therapist margin for therapy, as minimal as it can sometimes be. Since the therapist himself is part of the id and the personality of the situation (Robine, 2006a), he will always be able to effect a choice (ego function) that is rooted in the here and now of the situation and is an expression of the intentionalities at play in the field. Such a perspective also presents psychopathology with two new tasks: to describe the specific way the *Gestaltung*[8] unfolds for different types of suffering; and to describe the specific phenomenological and aesthetic aspects of the different psychopathological fields actualised. Work on the first task is exemplified by studies on panic disorder (Francesetti, 2007), depression (Francesetti, 2011), schizophrenic psychoses (Francesetti and Spagnuolo Lobb, 2013) and other disorders (Francesetti, Gecele and Roubal, 2013). The second task has yet to be explored in a systematic way.

The field (including the psychopathological field) is an atmosphere, i.e. an *almost-entity*

Although perceived as 'real', a phenomenological field does not exist in the same way other *external* objects do. It does not have the physical characteristics of a chair, for instance. But nor can it be reduced to a mere subjective, *internal* experience. Rather, in some way it unfolds *between and around* subjects; it engages them, influences them and in turn is influenced by them. Thus we find ourselves dealing with a region of existence that defies a Cartesian and positivistic description of the world based on its reduction to subjects and objects – such a world view does not conceive the existence of phenomenological fields and hence cannot contemplate them. Another philosophical ground is needed to understand experiential phenomena when we regard them as expressions of the field. New-phenomenology, as theorised by Hermann Schmitz,[9] is a philosophical system that describes a class of entities that exist precisely in this third dimension. For Schmitz, ever since Democritus (5th century BC), Western culture has progressively scotomised and denied this dimension, splitting the external world (of Euclidean geometry) from the internal realm (the intrapsychic) and locating experience within the subject, and objects in the world. The Cartesian method of doubt (Descartes [Cartesio], 1993), which admits only 'clear and distinct ideas' and casts out anything overshadowed by doubt, is a method that systematically eliminates almost-entities from its world view.[10] Such scepticism has sterilised and done away with the 'half-way world', disenchanting the world (Weber, 2004). According to Schmitz, between the subject and the object lies the shadowy world of 'almost-entities' (or 'half-entities'), such as atmospheres, extended emotions and all the phenomena of the lived body. Every perception starts out as an atmosphere. Such atmospheres constitute the perceptive *prius* of every figure of experience. A depressive field actualised in a group, for instance, is palpable and perceptible by the people present as an atmosphere. Someone who walks into the room will feel its presence; she may be contaminated by it, or may react to it, or may notice a discrepancy between the atmosphere

encountered and her own frame of mind, if in a good mood. The field exists as an almost-entity, ephemerally present among the participants. This concept is also significant for our understanding of corporeity. In the Cartesian world view, the body is reduced to a machine, separate from the world and from the psyche – it is the *Koerper*, as German thinkers have called it, the anatomical-functioning body of medicine (or the athletic or cosmetic body of the consumer society). The lived body (or felt body) – the *Leib* in German (sharing the same etymological root as *love* and *life*) – is the body that we experience in being alive and in contact with the world. The *Koerper* is an entity; the *Leib* is an almost-entity. The difference can be understood effectively through a simple experiment. Place your hand near another person without actually touching them; at a certain point you will feel a change in the mutual experience: you are not touching the person's *Koerper* (which ends at the surface of the skin), but their *Leib* (which exists beyond the skin, in the space-time between and around bodies). In contrast with full entities, almost-entities do not perdure continuously in time; they can appear and disappear. Secondly, they are surfaceless and are poured out spatially. A chair perdures in time – if my chair is not in the room, it makes sense to ask where it is; and it has clear-cut, geometrical surfaces which I can touch. Phenomenological fields, and with them psychopathological ones, can instead be described as almost-entities. They exist between and around the subject and object and cannot be reduced to either of them; perceptively they come before them. Each of us retains and actualises in different situations psychopathological fields – our own modes of presence and absence. These fields give rise to the specific atmosphere that each of us evokes at a given moment, in an immediate way.

Such a perspective restores dignity to emergent phenomena, re-opening the gates to the enchantment[11] of the 'half-way world' – a world that Western society has all but consigned to oblivion (although traces remain in language), squeezing almost-entities into the ranks of external things (*ob-jectus*) or internal experience (*sub-jectus*). But experiential phenomena (implying, indivisibly, the lived body and the phenomenological field) are almost-entities that constantly vibrate in the *in-between.*

At the root of the *Gestaltung*: atmospheric presence as a perceptive *prius*

The phenomenological field is perceived aesthetically, that is, by the senses. At the origin of perception, subject and object have yet to become separate; their differentiation is a product of the perceptive process (Francesetti, 2012; Francesetti and Spagnuolo Lobb, 2013, 2014). Studies in Gestalt psychology, in particular those of Metzger (1941), established how the emergence of a perceptive figure is a step process, beginning with 'pre-percepts' (*Vorgestalten*), moving on to 'final percepts' (*Endgestalten*). Pre-percepts are pre-reflective and have an immediate affective charge; they are diffuse and indeterminate, tending to gain definition as they transform. Normally, pre-percepts elude identification because they become final percepts so quickly, in just a fraction of a second. Final percepts are definite forms of experience, in which the subject has stepped back and perceives a certain distance, a separation between the subject and object. With pre-percepts, what counts most are so-called physiognomic and expressive qualities – the moment is full of emotion, expectation and suspense and there is a drive to define the figure. With final percepts, it is the material and structural elements that count – the object is clearly defined and clearly separate from the subject; the gestalt is clear-cut and structured, and there is a sense of completeness to it. The importance of pre-percepts especially comes to the fore when it is difficult for the final percept to take shape. At night, for example, a tree by the side of the road might look like a thief lying in ambush. That this happens is not because of a cognitive error in the interpretation of the percept; it is an immediate, emotionally charged perception: *I do not think* there is a thief there, *I perceive* a thief, together with my fear, and only after that do I think it is not a thief. The pre-reflective dimension of pre-percepts is crucial for understanding psychotic experiences. Exploring how, however, goes beyond the scope and purpose of this paper, for which readers are referred to the literature (Conrad, 1958; Francesetti and Spagnuolo Lobb, 2013, 2014; Alessandrini and Di Giannantonio, 2013). What I would stress is that an epistemology that admits only clear and distinct ideas, filling the world with only clearly differentiated subjects and objects, is certainly not one that lends itself to understanding what is not clearly differentiated, as in the case of someone having a psychotic experience. Only the capacity to enter the shadows of the making of experience offers the possibility of phenomenological and Gestalt therapy understanding. The perceptive *prius* at the origin of perception does not lie in the process of a subject distinctly perceiving an object through separate sensory channels, as the British empiricists, à la Locke, described it; it is, rather, the vague feeling of a presence, from which a subject and object progressively emerge.[12] The perceptive *prius* is the sensation of a *something* – a something that has its own, albeit as yet undefined, form, vibration and affective resonance. What and where it is emerges through the unfolding of a gradual, complex process,

which we are usually unaware of – firstly because it happens so rapidly, in a split second, giving way to the clear, distinct perception of the known world on this side of the Pillars of Hercules, where subject and object are distinct, but also because Western culture does not pay attention to this other place that lies in the *humus* of every moment. Understanding perception from a Gestalt therapy and phenomenological viewpoint (in contrast with a mechanistic and associationistic one) leads us to identify atmospheres, conceived as primary, emotionally charged presences, as the perceptive *prius* beyond which nothing experientially is anterior: 'there is no scene perceptively anterior to the ''Gestalt qualities of global consciousness'', i.e. those atmospheric tonalities that permeate and colour all the objects and events entailed by an experience' (Griffero, 2010, pp. 21–22).

It is the capacity to attune to these emergent atmospheres that enables the therapist to grasp how the psychopathological field moves in the sensorial realm of the atmospheric. The present field emerges from this ground, bringing out its affective tone, the forces at play, and the intentionalities and potential for contact. The field arises from bodily presence in the situation. Posture, breathing, rhythm and voice, but also physical elements of the situation, such as the hour of the day, the season, the colour of the walls and the weather, generate a unique, ephemeral field that actualises the past and projects itself towards a future. The field is the *ecstasy of the situation*, in the etymological sense of *ekstasis*, of being put out of place;[13] it is *to ek-sist* in the space-time of the here and now (Böhme, 2010).

A psychopathological field is an ecstasy of the suffering experienced and, at the same time, an urge towards its transformation.

T: 'What's happening Alexander?'
A: 'I don't know . . . I'm ashamed now.'
I feel my breath freeze. I'm afraid now, too. I breathe.
T: 'Breathe and look at me.'
A: 'I'm afraid if I look at you . . .'
Something changes in my breathing. I draw confidence from this.
T: 'Don't worry about being afraid, keep your eyes on mine . . .'

The search for suffering and its transformation: the aesthetic competence in psychotherapy

In an aesthetic dimension,[14] an aesthetic approach is needed. It is a sense and capacity necessary for grasping phenomena in the field. Aesthetics steers Gestalt therapy in at least four ways. Firstly, by focusing on and grasping the inherent beauty of every person and every story (Polster, 1987; Vázquez Bandín, 2008; Spagnuolo Lobb, 2013a). Secondly, by identifying the intrinsic criterion for the co-creation of a positive form of therapeutic contact as an aesthetic criterion, which gives rise to the possibility of an intrinsic Gestalt therapy diagnosis (Bloom, 2003; Spagnuolo Lobb and Amendt-Lyon, 2003; Robine, 2006b; Francesetti and Gecele, 2009, 2010; Spagnuolo Lobb, 2013a; Roubal, Gecele and Francesetti, 2014; Vázquez Bandín, 2014). Thirdly, by viewing therapeutic contact as a moment in which suffering transforms into beauty (Francesetti, 2012, 2014), closure into an openness towards the other, wounds into relational breathing (Spagnuolo Lobb, 2013a). And finally, by identifying the aesthetic dimension as a space orienting the therapeutic encounter towards the contact-boundary at every instant (Francesetti, 2012, 2014; Spagnuolo Lobb, 2013a, 2013b). Such orientation, like all orientation, is grounded in a process of evaluation – not of the client, or of what the client is or does, but an evaluation of what happens at the contact-boundary, in keeping with a field epistemology. This shift in perspective is crucial, as it radically changes the approach and meaning of therapy. The fundamental element for such evaluation is a sense of curiosity – curiosity in what happens now as a source of interest (Miller, 1987, 2003). What is evaluated and supported is not the client but the contact process, which in Gestalt therapy terms is the process of the gestalt forming (the *Gestaltung*) at the contact-boundary. Being radically relational, the field perspective saves us from judging the other (we 'judge' the *Gestaltung*) and from working on the other (we influence the *Gestaltung* that we co-create).

Following Böhme (2010) and transferring his philosophical thoughts on perception to the therapy situation, we can identify three possible ways of orienting therapy: a semiotic way (focusing on the meaning of signs according to a code), a hermeneutic way (focusing on the meaning of what happens in the light of a theory), and an aesthetic way (focusing on what happens on the basis of what is felt in its presence). These are means of understanding that can be used for any text or event. As a paradigm we can consider the understanding of a painting. Let us take, for instance, the *Adoration of the Child*, a nativity by Correggio (*c.*1526, Uffizi Gallery, Florence). A semiotic reading enables us to understand the meaning of the signs used by the painter; the Madonna's red dress and blue mantle, for example, indicate her dual, terrestrial and celestial, being. Semiotics refers us to a shared, set code of understanding, such as the language of road signs or the symptoms indicative of pneumonia or the DSM criteria. A hermeneutic reading of the painting can instead help explain the meaning of the light that emanates from the child, illuminating all around; indeed, according to the Scriptures, the child is the

saviour of the world, who has come to bring light to humankind. Finally, from an aesthetic point of view, the painting can be 'understood' from the sensorial, corporeal and affective resonance it elicits, from the atmosphere that emerges in the presence of the painting – a sense of peace, of emotion or something else. What is felt emerges between the subjective and the objective, co-created by the subject and the painting. Contemporary art generally throws semiotic and hermeneutic understanding into disarray, calling primarily for aesthetic appreciation, as it does not use codes or theories to convey a message; the message is contained in the viewer's involvement in the experience of the work, which often requires an exclusively aesthetic approach to its appreciation. To understand one of Lucio Fontana's slashes, one needs to stand near the work and feel the sensorial effect that emerges. Contemporary installations in which the public is part of the piece work in much the same way, as does the performance art of Marina Abramovic, in which the sense of her art revolves around contact and what emerges in the present. To appreciate such art, one must be prepared to step into the aesthetic dimension, where the line of primary separation between subject and object is blurred. The painting brings together a vision where

> I do not look at it as I look at a thing, I do not focus on it there where it is; my gaze is lost in it as in the clouds of Being. Rather than seeing the painting, I see according to the painting, or with it. (Merleau-Ponty, 1964, p. 42, Italian translation, 1989)[15]

In this way, contemporary art can be seen to be of therapeutic effect for a desensitised society, as it cannot speak to us if we do not attune to it on an aesthetic plane. Discoveries in neuroscience also suggest this, showing how the gestures underlying the pictorial marks of an artwork provoke an embodied simulation in the viewer of the artwork, who embodies the artist's gesture and feels a specific sensorial effect (Freedberg and Gallese, 2007). Someone who observes a Fontana canvas, with its characteristic slashes, will have an aesthetic, i.e. sensorial, experience in at least two ways:

> The first concerns the relationship between the empathetic feelings generated in the observer by the simulation of the content of the artwork. [. . .] The second way regards the relationship between the empathetic feelings generated in the observer by the simulation and the visible traces of the artist's expressive gestures, such as the brushstrokes, the signs of the incision and, more generally, signs of the movement of his hand. [. . .] This allows us to view the symbolic-aesthetic dimension of human existence no longer from an exclusively semiotic-hermeneutic point of view, but including the dimension of bodily 'presence'. [. . .] Presence reflects the bodily involvement of the viewer through a multimodal, kinaesthetic relationship [. . .]. When it is presence that dominates, objects in the world derive their meaning not by virtue of interpretation, but thanks to their intrinsic sensorial-motorial inherence. Individuals do not just relate to the *external world* in an objective way, from a third-person perspective, but literally inscribe themselves on that same world, as their bodies constitute an integral part of it and, in part at least, constitute its origin (Gallese, 2014, pp. 55–59, original italics).

Turning back to psychopathology, if our focus is the psychopathological field, the way to grasp its emergence is aesthetic – through the attunement to one's senses, or, to put it in Gestalt therapy terms, by being present and aware of what takes shape at the contact-boundary. This does not mean that semiotics and hermeneutics are not useful or indispensable to the therapist – they most certainly are and all three orientations are usually present together. Knowing the signs (semiotics) of depressive phenomena, for example, and their relational meaning (knowing the psychoanalytic or Gestalt therapy hermeneutics of depressive experiences, for instance) constitutes a necessary ground for therapy. But moment by moment orientation in therapeutic contact is given by aesthetics, by being present and attuned to one's senses so as to grasp the emergence and movement of the actualised field. Thus the therapist needs to develop an aesthetic sensibility that can never be reduced to a technique. In an Aristotelian sense, the aesthetic task we are describing requires *phronēsis*, not *tekhnē*[16] (Orange, Atwood and Stolorow, 1999; Sichera, 2001).

> *Something changes in my breathing. I draw confidence from this.*
> *T: 'Don't worry about being afraid, keep your eyes on mine . . .'*
> *Alexander bursts into a flood of tears.*
> *A: 'I could never be afraid. If I cried my mother would humiliate me'.*

The ecstasy of suffering: the presence of absence at the contact-boundary

Elsewhere I have described how psychopathology is absence at the contact-boundary and have identified three forms of absence (Francesetti, 2012; 2014): absence in a neurotic field, in which the subjects have emerged but are unable to be fully present at the contact-boundary; absence in a psychotic field, in which the subjects are not fully constituted due to a disturbance of differentiation, in schizophrenic experiences, or of connection, in melancholic experiences, in the unfolding of the *Gestaltung*; and absence in a psychopathic field, in which one subject is unable to access his pain and to actualise it he uses the other,

making her experience it. From a field perspective, it cannot be said that the client is absent and the therapist present; the absence occurs in the field that is actualised. Both the therapist and client do their best to be present. The therapeutic act consists in making it possible for the field of suffering to be actualised in the therapeutic setting *without* seeking to change it. Change is effected by the actualisation itself of the suffering. The therapist's task is not to change the suffering strategically or performatively, nor play the game that produced it; her task is to support the emergence of the psychopathological field and *be aware of the presence of absence*. This transforms absence into presence. *Being aware of the presence of absence* means: grasping and letting oneself be touched by the client's pain – by her exhaustion at having borne it thus far, by her exhaustion at feeling it, and even by her past and present exhaustion at trying not to feel it, to anaesthetise it. When all this is actualised in the present field and the client experiences it all, together with the therapist, both are fully present and aware of the presence of absence, and the field of experience is no longer a psychopathological field – in that moment, at least, there is no absence. It is at this moment of the encounter that the ephemeral and permanent, transformative beauty of true contact emerges. It is at this moment that we see what Margherita Spagnuolo Lobb (2013a) and I (Francesetti 2012, 2014) have related about transformation in therapy: through the acknowledgement of the client's pain, and thanks to the therapeutic love that this implies, the beauty and transformative power of the encounter comes to the fore. This perspective provides a relational ground to Beisser's paradoxical theory of change (Beisser, 1970), whereby the desire to change the situation or the client prevents full contact with the present situation and the person as he is and thus prevents the emergence of the absence and of the pain contained within. Only by emerging as an absence, together with the pain that such an absence entails, can absence become presence. In this relational framework, change is no longer paradoxical. Rather, it is obvious that when absence becomes presence it is no longer absence. And so the transformation occurs.

Alexander bursts into a flood of tears.
A: 'I could never be afraid. If I cried my mother would humiliate me.'
His tears overwhelm me. They frighten me, perhaps because of their intensity, perhaps for my own ground of childhood memories that are called up. Even the group is frightened; I support them and contain them with my breath and body, which becomes ever more firmly rooted. We look at each other. His chin trembles and his eyes are terrorised, but slowly he calms down. We relax. The woman who had coughed is crying now. Others are crying in the group. As a therapist I feel that I could well have lost hold of the fear present in the field if I had ignored my own fear. By being confident in the feeling that something had changed in my breathing when Alexander had verbalised his fear, and by giving dignity to my own fear, it was able to be actualised.

From a field point of view focused on the here and now, it was not Alexander who had to contact his fear, but fear had to emerge in the situation. I, too, was afraid at a certain point and felt confident in that and in the feeling that '*something [changed] my breathing*' when Alexander looked at me and felt afraid. Alexander actualised a field in which fear evoked belittlement and violence, and here the therapist runs many a risk. If I had said, 'Don't be afraid of your fear', I would have risked belittling Alexander's fear and my own, and by not giving importance to my own sensations I would have risked losing the feeling that 'something changed in my breathing', which is what then underpinned my confidence. The transformation of the field came through the liberation and the vibrant dignity of fear, which had precipitated into a body frozen in intimacy, a *Leib* that in intimacy becomes a *Koerper*. This transformation of the atmosphere vibrated in the *in-between*, at the contact-boundary, and was perceived by everyone present, transforming them.

The actualisation of history

To recap, the field that is actualised is the ecstasy of bodies and histories. It is the becoming present, here and now, of everything that is pertinent to the intentionalities for contact that move in the present situation. A psychopathological field carries within it an absence that is actualised to reach the contact-boundary and hence become present. When this happens, absence transforms into presence and the pain that emerges becomes beauty (Spagnuolo Lobb, 2013a; Francesetti, 2012, 2014).

But in what way does the field become actualised at the contact-boundary in the present moment?

Domains of contact

To answer this question we can take as our starting point the polyphonic development of domains, a developmental perspective on clinical practice proposed by Margherita Spagnuolo Lobb (2012, 2013a). From this perspective, it is through the specific polyphony of contact domains that the field is actualised. The way in which the client and therapist make contact is shaped by how their experiences attune and resonate (domain of confluence), by how they receive and learn from each other (domain of introjection), by how they imagine

and leap into contact (domain of projection), by how they withdraw, relate their stories and are creative (domain of retroflection), and by how they feel the dignity and autonomy of their way of being (domain of egotism). Altogether, this produces a specific aesthetic quality, a specific music that characterises the encounter itself. It might be said that domains are how a specific psychopathological field is actualised, where we find all the history pertinent to the present situation and the movement given by the intentionalities for contact relevant to the present moment (ibid.). Past and future emerge in the present through the embodied memory and embodied leap that take shape in the interplay of the domains. During the encounter, the therapist does not dissect the experience into domains. No gestalt can ever be grasped by dissection. Rather, as Spagnuolo Lobb writes, the therapist learns to listen to the 'music' that together they create, to appreciate it aesthetically, making absence presence and pain all resound and grasping their original beauty, and to support the actualisation of what has precipitated, for it to reach the contact-boundary vibrant and alive. Let us take as an example how the domains moved at the start of my interaction with Alexander. It is, of course, just one possible reading, as there will always be an irreducible gap between the music experienced and its description in words. It should also be remembered that each of the domains is always active, although here I indicate only what figures in my perspective of the experience.

In a therapy group, Alexander sits in front of me and we look at each other in silence. Alexander and I are attuning (domain of confluence);[17] we focus our attention on what is happening in our experience and the meaning it can have (domain of retroflection).[18]

After a while, as I feel a certain tenderness arise in me, he says, 'Finally, I can feel small without being afraid'. From the resonance that emerges between us (domain of confluence), a sense (domain of retroflection) and a courageous leap (domain of projection)[19] emerge in Alexander.

I smile. I feel it's true, a real affective link resonates intensely between us. We are closely attuned (domain of confluence).

A woman in the group coughs. Alexander gives a start, [and] glances furtively at her. The leap of projection is present ('*something frightening is happening down there*'), as is the capacity to give meaning through what has been learnt and memorised ('*I know that what has happened means that . . .*') (domains of introjection[20] and retroflection) and the capacity to maintain in any case an *us* through the domain of confluence *('the us persists even if for a moment I moved out of the us; what frightens me is down there*').

He turns to me and says, 'Now I'm afraid'. Alexander turns to me (domain of confluence), grasps an experience to which he autonomously gives meaning and verbalises (domain of retroflection) and he leaps towards me again (domain of projection).

A crucial passage in the encounter happens at this point:

> *I feel my breath freeze. I'm afraid now, too. I breathe.*
> *T: 'Breathe and look at me.'*
> *A: 'I'm afraid if I look at you . . .'*
> *Something changes in my breathing. I draw confidence from this.*

In this passage, both of us bring up the courage to remain in uncertainty in a difficult situation in which fear has been actualised but is as yet without direction. It is the feeling that something has changed in my breathing that enables me to draw confidence as the therapist. In doing so, I rely on the domains of confluence ('I feel what happens between us'), introjection ('We can learn something from this'), projection ('I have the courage to cast out a tough proposal'), retroflection ('I make the leap') and egotism[21] ('I dignify what I feel').

The therapist's approach is not to analyse the domains but to be confident that what happens is the emergence, through the modes of contact, of the history relevant to the intentionalities for contact at play. These intentionalities actualise that part of the psychopathological field that potentially can be transformed by the contact in the making. Psychopathological fields are the ecstasy of our embodied history. In therapy they find a situation in which they can unfold, become actualised and reach the contact-boundary, where absences become presences and can therefore transform themselves aesthetically.

The transgenerational transformation of psychopathological fields

This opens up a much broader perspective which here we can only mention. A psychopathological field can be maintained and transferred across different generations, in that absences, and presences, can be passed on from parents to children. The ways in which psychopathological fields are transferred are both relational and biological. Thanks to new discoveries in epigenetics (Spector, 2012; Bottaccioli, 2014), we know that experience can modify genetic expressions, which are passed on to future generations. A depressive field, for example, can be transmitted through how the mother (or father) relates to the child, as well as through the transmission of a specific genetic expression. The latter can then in turn be modified by experience, generating an indissoluble cycle of biology and relationships, nature and culture.

Through the challenge of encountering the new that

every child brings with him, the parent has the chance to transform her psychopathological fields. Letting oneself be transformed by children is the task and destiny of every parent (Spagnuolo Lobb).[22] On the other hand, the child will carry within himself the absences experienced with the parent in the search for transformation in other encounters, in what we might say is the musical background that guides each of our lives in the quest to transform the pain we hold within us into beauty (Francesetti, 2013, 2014). Psychopathological fields are actualised in complex relational systems (families, communities, societies, cultures, organisations, etc.) as implicit, pre-reflective atmospheres that imbue presences, bodies, languages, narrations and myths (Pino, 2015). They constitute the invisible and usually unconscious perceptive *prius* that often is only disrupted by the intervention of a third person, the carrier of a dissonance that reveals the more or less harmonious or dissonant musical background that is always present and never consciously heard. Wide-ranging psychopathological fields can exist which encompass entire cultures or social systems. In order for such a psychopathological field to exist, it has to rest on an aesthetic desensitisation of the people who are a part of it. Here, yet again, aesthetics encounters and underpins ethics, when the feeling of pain – aesthetics – stirs consciences and drives change – ethics.

From the individual to the field: a clinical example under supervision

I would like to conclude by comparing the individualistic perspective with the field perspective, with a view to illustrating the profoundly different impact that these two horizons have on clinical practice. I also hope to illustrate the fact that, as stated at the start, even the expert therapist runs the risk of slipping back into an individualistic perspective. From a sociological point of view, in a social context such as our own, not only is there much pressure to adopt an individualistic perspective, but very likely much of the widespread suffering comes from the solitude that entails and which is re-actualised in the therapeutic encounter (Francesetti, 2011; Cacioppo and Patrick, 2008).

In a supervisor session, the therapist relates a moment of interaction with Davide, a client he has had in his care for years.

> *Therapist: 'In our last session, finally, after years, Davide let his small, emotional side come through; it was endearing, I was really happy. But then suddenly he shut himself up and started speaking of his hypochondriac symptoms again. "No way!" I thought, "not now!" So with a smile I said to him, "What are you doing? You came over all emotional and now you're talking about symptoms again?" Davide gets all embarrassed and says, if somewhat ironically, that he feels I have reproached him. I really regret it, the last thing I want to do is reproach him. This is his thing, that he always has to be perfect so that nobody can reproach him. How annoying, I fell for it like an idiot!'*
> *Supervisor: 'What happened in you when he suddenly started talking about his symptoms again?'*
> *T: 'I felt regret, it made me sad . . .'*
> *S: 'And what did you base your intervention on? It seems that in that moment you thought something like "No, this isn't good" . . .'*
> *T: 'Yes, that's exactly right!'*
> *S: 'Well, I think that here you flirted with the emergent psychopathological field. A feeling of inadequacy came into play; first Davide experienced it (by feeling reproached) and then you did ("I fell for it like an idiot")'.*
> *T: 'Yes, I thought Davide had done something that wasn't good . . . but what could I have done?'*
> *I [supervisor] sense an urgency in this question that makes me feel awkward but at the same time tempts me. I want to tell him immediately what he should do, but my breath fails me a bit and troublingly I feel I'm not able to. I feel a familiar sadness arise. So I stop and say,*
> *S: 'Wait a minute . . . before we look at what you could have done, what do you feel now?'*
> *T: 'I regret it. I feel sad . . .'*
> *S: 'I feel your sadness, I feel a bit sad, too, but I feel it's good. It's good to feel sadness.'*
> *T: 'I feel that way, too.'*
> *S: 'I think this is an important point. I think this sadness needs to be able to emerge between the two of you, too. Perhaps the sudden shift from emotion to hypochondriac symptom is precisely a way of avoiding regret and sadness. This could probably open up a new road for therapy.'*[23]

Considerations on therapy and psychopathology

If the therapist works within an individualistic paradigm, she will see the passage as Davide's work, thinking that Davide 'withdrew from contact', and will seek to prevent this from happening, probably through frustration, that is, through an effort not to let him 'withdraw' and stop him from going. On an individualistic horizon, we can recount the scene in this way. The client interrupts contact when he becomes anxious about appearing 'small'; the therapist has to grasp this 'flight' and help the client remain where he is by making him aware that he is withdrawing. The major, and perhaps inevitable, risk of this perspective is that of re-traumatisation – the therapist thinks the client is doing something wrong and steps in to remedy it. The

client then relives the experience of feeling inadequate (the re-traumatisation). Moreover, the therapist who takes an individualistic perspective risks basing his actions on the feeling of 'having understood', of 'knowing'; he felt the client was withdrawing and sure of this, being in the role of therapist, he inevitably (and sometimes unconsciously) exercises his power by defining what is right and what is not. When this happens, there is a great risk of re-traumatising the client and implicitly asking him to adapt to the therapist's reading of the situation. The client is also driven to adapt so as not to lose the love of the caring relationship.

Now let us look at the therapy passage from a field perspective. The therapist senses a change in the quality of presence in the therapeutic field. What was vibrating in the field (a genuine affection that encourages confidence in the other) suddenly changes and what emerges is regret, a sadness. The therapist becomes curious about the phenomenology of the moment (the sudden change from open affection to sadness) and explores it without judging it, by asking himself and the client, 'what has happened between us?' The sudden change and the sadness are a co-created perceptive *prius*, which the therapist lets vibrate so as to search for a shared, emergent meaning. He does not precociously attribute it to himself or the other, but leaves open a clearing for it to unfold and actualise what is contained in the sudden shift. The therapist does not read the situation as one in which, 'the client has interrupted contact', but as one where 'something has happened which has something curious about it, something strange, not good or unexpected for me', and becomes curious about what emerges and happens between them. From a field perspective, there is nothing wrong in what the client does, there is only something that moves towards something else – it is the *Gestaltung* process that is being co-created that is judged. Supporting this movement means guiding, by co-creating it, the intentionality for contact and supporting the elements of contact, its domains. How does the therapist manage to do this, to 'leave open a clearing'? By being welcoming and curious of what happens (Miller, 1987, 2003), by tolerating uncertainty, buoyed by the legitimacy of his not knowing (Staemmler, 1997, 2009), by leaving be what emerges as an expression of the situation (Robine, 2006a; Wollants, 2008; Bloom, 2013; Vázquez Bandín, 2014), by being open to dialogue (Jacobs and Hycner, 2009; Yontef, 2001, 2002, 2009), by letting himself be led by his aesthetic sense (Spagnuolo Lobb, 2013a; Francesetti, 2012, 2014), and, without attributing it precociously to himself or the other, by seeking to be humble and not performative (Orange, 2014).

From the point of view of psychopathological analysis, in the therapeutic situation related, first there emerges an open affection that encourages confidence, then the sudden shift to the symptom and the emergence of the sadness perceived by the therapist. From an individualistic perspective, we look at how the client 'functions' – in his personal history he has perhaps been frustrated in showing confidence and has learnt to withdraw when he feels the need, while the therapist is saddened because he feels contact has been interrupted, which is what the client's absence consists in. From a field view, none of this belongs *a priori* or to just one of the people involved; our gaze is focused not on the individual but on the field that is actualised with the co-created phenomena that emerge – the emergent almost-entities, the ecstasy of suffering, which are held in various different ways by the therapist *and* the client. By following the trail of our gaze what we see is open affection precipitate suddenly into symptom and sadness emerges. This sadness is perceived by the therapist but it belongs to the field. We might say that the therapist grasps through sadness what is contained in the sudden shift made by the client; the relational phenomenon that seeks to emerge is *being able to be sad*, something that belongs as much to the client as to the therapist. For in this field, both feel unable to let such a feeling exist between them – even the therapist does not let sadness emerge at the contact-boundary. Only if actualised and unfettered can the sadness give rise to a further relational movement that will probably lead to a feeling of closeness and the possibility of showing confidence in the other. In the *Gestaltung* of the encounter, it is sadness that is the phenomenon crystallised in the symptom that seeks relational space. But it is not the inner sadness of the client; it is the sadness-feeling, the sadness-almost-entity, which the client contains and which has precipitated into symptom, which the therapist has to let vibrate in the encounter. In a relational field in which sadness as an almost-entity cannot *ex-sistere*, it has to materialise in something; the *Leib* precipitates in *Koerper*, feeling becomes symptom. In being faithful to the history and the stories of life, no experience disappears, but is stored as an 'entity clot', the symptom. The therapeutic experience for Davide, in this shift, consists of the ecstasy of sadness.

There is still one final consideration to be made that illustrates how considering psychopathology as a field phenomenon influences the supervision process in Gestalt therapy. It concerns the passage in which my sadness emerges during the supervision meeting. Just as in the therapeutic process the ecstasy of sadness represents the *next* that gathers the intentionalities for contact at play, similarly with supervision, it is my awkwardness and my sadness that show me the way forward. There is a parallel between what is actualised in therapy and what is actualised in supervision; the field is analogous. With supervision, the therapist and supervisor attempt, with greater support, to let what in the

therapy setting did not fully unfold become actualised. In this case, this archaic sadness of mine that always re-emerges afresh when I am unable to act immediately to help somebody in trouble is the ecstasy of my history and of my suffering. When I am aware of it and faithful to it so as to be able to let it unfold at the contact-boundary, without even having to name it, it becomes a precious presence. And I am grateful for this faithfulness: as the Italian modernist poet, Giuseppe Ungaretti says, pain is a clearing you pay for.

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Notes

1. Without escaping, therefore, the hermeneutical circle of interpretation on the basis of present, contextual and personal foreknowledge.
2. In ancient times, the Pillars of Hercules were the boundaries of the known world; beyond them lay the unknown, inhabited by monsters and dangers.
3. The neuroscientific studies of Damasio (2012) into the emergence of the self also place subjectivity after feeling, emerging from the sentiment of such feelings belonging to us.
4. I thank Olaf Zielke for pointing out to me the affinity between the ideas I presented in 'Pain and Beauty' (Francesetti, 2012) and new-phenomenology and, in doing so, introducing me to the work of Hermann Schmitz.
5. In psychopathology, suffering is not pain but absence. Desensitisation or anaesthesia at the contact-boundary prevents presence in full (Francesetti, 2012, 2014). For example, the pain of grief is not psychopathological because it is a presence; the absence of pain in sociopathy or the absence of joy in neurosis are instead psychopathological phenomena.
6. Such a conception takes us back to the thought of Spagnuolo Lobb, who gives a relational perspective of Perls' understanding of psychopathology as not being an integrated part of the client. In focusing on desensitisation at the contact-boundary as the primary phenomenon of suffering, she identifies restoring sensibility at the boundary to be the key task of therapy (Spagnuolo Lobb, 2013a).
7. To cite Minkowski, it is important to grasp the extent to which a client is schizophrenic, but it is just as important to grasp the extent to which she is not (Minkowski, 1927).
8. *Gestaltung* is the process by which a gestalt is formed; it is the emergence of a figure from a background, and hence the becoming and defining of a figure of experience.
9. Here we can only give a brief outline of Schmitz's theoretical system; see the works of Schmitz (2011), Böhme (2010), and Griffero (2010, 2013) for a more in-depth understanding of his thought.
10. Cartesian dualism obviously served an evolutionary purpose at a time when casting out all that was shadowy meant casting off the yoke of the Medieval world, paving the way towards the light of reason, the individual, science and technology.
11. Max Weber spoke of positivist science's disenchantment of the world (see Weber, 2004).
12. 'The perceptive paradigm from which we are starting is not one in which there is a subject who refers to an object. The basic perceptive fact for our investigation is anterior to any kind of subject/object split. The distinction between a perceiving subject and a perceived object comes only with diversification and the taking of a step back. The basic perceptive fact consists in sensing a presence. [. . .] The primary perceptive object is the atmosphere or the atmospheric' (Böhme, 2010, p. 81). See also Minkowski (1936) and Tellenbach (1961, 1968).
13. From late Latin *extasis*, from Greek *ekstasis*, from *eksta-* stem of *existanai* put out of place, formed as *ex-* + *histanai* to place (Oxford English Dictionary).
14. For more on aesthetics and Gestalt therapy see Spagnuolo Lobb (2013a) and Francesetti (2012, 2014).
15. Cited in Fortis (2011).
16. While *tekhnē* is the reproduction of actions to produce an object as identical as possible to a prototype, *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. For a critique of *tekhnē* from a historical and philosophical point of view, see Galimberti (1999); for a psychoanalytic critique, see Orange, Atwood and Stolorow (1999).
17. 'Confluence, as a mode of contact, is the capacity to perceive and make contact with the environment as though there were no boundaries or differentiation between the organism and the environment' (Spagnuolo Lobb, 2012, p. 42).
18. Retroflection is the capacity to 'feel the fullness of one's energy confined/kept safe within the body and the self. [. . .] capacity to stay on one's own, to reflect, to produce one's thoughts, to invent a story' (ibid., p. 44).
19. Projection is the capacity to leap into the environment through 'the *imagination*, the *courage of discovery*, the use of the body as a promoter of change in contact with the environment' (ibid., original italics).
20. Introjection is the capacity to 'assimilate environmental stimuli [. . .] and underlies the capacity to *learn*' (ibid., pp. 43–44, original italics).
21. Egotism is the 'capacity to be proud of being oneself, it is the art of deliberate self-control, [. . .] It lies at the basis of *autonomy*, of the capacity to find a strategy in tough situations and to offer oneself to the world in all one's individuality'(ibid., p. 45, original italics).
22. Address at the conference *Lasciarsi trasformare dai figli. La genitorialità nella società contemporanea*, organised by the Gestalt Institute HCC Italy (Siracusa, 6–7 June, 2014).
23. The supervisor meeting does not end here, but this is the passage that is most pertinent to our discussion.

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