

Field Theory in Contemporary Gestalt Therapy Part Two: Paradoxical Theory of Change Reconsidered

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ABSTRACT | Conceptualization of change processes presents a significant source of therapists' self-support in demanding clinical situations. Three perspectives on understanding the process of change used in Gestalt therapy are set forth in a systematic way: mono-personal, bi-personal and field theory. Changes in psychotherapy in clinical practice, conceptualized from a field theory perspective, are addressed in order to support both the growing edge of contemporary Gestalt therapy and to add a Gestalt therapy contribution to the current emphasis on field theory in psychotherapy. The Paradoxical Theory of Change, as the leading theoretical concept for Gestalt therapy theory of

change, is reconsidered from a field theory perspective, and the consequences for clinical work are addressed.

KEYWORDS | therapeutic change, therapeutic process, theory of change, Gestalt therapy, mono-personal, bi-personal, dialogue, field theory, paradoxical theory of change

And the end of all our exploring
Will be to arrive where we started
And know the place for the first time
—T.S. Eliot (1971)

Introduction

When we meet with a client in therapy, there is great richness in the processes occurring on many levels. We can imagine that, apart from the two people actually there, the ancestors of both client and therapist are present through trans-generational relational patterns—as if the ancestors too, from ages back, were meeting here and now. Moreover, there are other influences implied: social atmosphere, culture, and spiritual traditions; and not least autonomous somatic inputs such as mutual reactions to olfactory sensations, as well as other influences that become actualized in the present moment and play a part in the therapy process.

That is why the constant change in psychotherapy is so complex, that it will probably never be fully understood. This is not unlike our auditory apparatus that can only intercept sounds on a limited frequency: when there are many more vibrations in the air, we are just not able to hear them. Similarly, from all the possible processes engaged in the therapy situation and resulting in the complexity of psychotherapy change, we are limited to noticing only some. Moreover, the change in psychotherapy also interacts with the change outside the therapy room. The change also develops over time; some changes can appear months or years after the therapy has ended. In the end, it seems that we need humbly to admit that we are not able comprehensively to see and clearly name the change resulting from therapy in its complexity. We can, however, learn

to understand the processes involved in therapy and try to explain the changes we can observe.

What is the desired change in psychotherapy? What makes the change and how? Answers to these crucial questions, found in theories of change from different psychotherapy approaches, often differ¹ and develop over time. In its historical development, psychotherapy started from the medical paradigm. The therapist was seen as the one who actively intervenes in order to make the change; therapy was understood as a reparation of dysfunctions. Manuals of effective procedures have been developed for different psychotherapy modalities. Research, however, has shown that differences among individual therapists are greater than differences between psychotherapy modalities (Kim, Wampold, and Bolt 2006), depending on who applies the procedure. The importance of the person of the therapist has become obvious, as has that of the variables on the side of the client (Duncan, Miller, and Sparks 2004; Bohart and Tallman 1999). This emphasizes the crucial role of the therapeutic relationship in the process of change (Norcross 2011; Horvath et al. 2011). This bi-personal perspective has become more and more influential within the postmodern paradigm (Boston Change Study Group 2010; Eagle 2011).

It seems to us that, by taking these changes into account, we can now sense the emergence of a new paradigm in psychotherapy. In this perspective, the change is not “made” by someone; rather, it is seen to be a process with its own dynamics that transcends the individuals involved. We are referring here to the field theory paradigm, which seems to be reinforced nowadays not only in Gestalt therapy, but also in other approaches, especially psychoanalysis (Ogden 2003; Katz 2016; Ferro and Civitarese 2016). The current growing interest in altered states of consciousness, connected to the use of psychedelics (with “their own ways” of healing) in psychotherapy, can also be seen as a sign of this emerging paradigm shift² concerning the process of change.

1. On the other hand, there is also an attempt to formulate an atheoretical theory of change (Krebs et al. 2018), which is based on research of common factors of change present across psychotherapy approaches (Wampold 2001).

2. Nevertheless, we need not adhere to a linear development of paradigms. Maybe we were only lost for a while, bedazzled by our possibilities to make changes (as a

Gestalt therapy theory has not been completely consistent in addressing the processes of change. Within our approach, we can find several different theories of change that are unfortunately often implicit and not clearly distinguished one from the other. This makes the theory confusing for practitioners and an unreliable support for their work. Is the therapist enabling the change? Is the change cocreated by both therapist and client? Does the change appear as the result of healing processes that overcome the individuals involved? If these questions are theoretical, answering them can offer practical guidelines. But our answers will depend on the point from which we observe the process of change, from our perspective.

In Gestalt therapy, we can find three perspectives: mono-personal, bi-personal, and field theory; each provides a specific kind of understanding and offers different guidelines. Each can be useful as the supportive theoretical third party for the therapist during the process of therapy. At one moment, one perspective can become figural with the others staying in the background; at another moment, they can switch positions. For example, in the initial phase of therapy, the symptoms or the clients' need to deal with their problems are often dominant. Then the mono-personal perspective becomes foreground as it enables the establishment of a good working alliance, and only later will the therapeutic relationship become figural. Similarly, in situations of emergency when clients are beyond their window of tolerance, the attitude of therapists tends toward the mono-personal paradigm: they intervene actively on the body processes of clients. When the unbearable arousal has been regulated, a bi-personal or field approach can become figural and necessary in order to process the unbearable feelings.³

In this article, we first introduce and differentiate the three perspectives on change in Gestalt therapy; and then the *Paradoxical Theory of Change* (PTC) will be reconsidered from a field theory perspective (see

result of the Industrial Revolution), and now we are sobered by the illusion of human omnipotence and returning to a humble recognition of our limited influence on the processes of change.

3. The therapist's flexibility in moving from one paradigm to another, according to the needs of the situation, allows us to contest the assertion that Gestalt therapy is not appropriate for work with traumatic experiences when clients are beyond their window of tolerance (Taylor 2014).

Francesetti 2015a, 2019a, 2019b; Roubal 2019a, 2019b). We specifically address the theory of change from our understanding of the field theory perspective,⁴ because we believe it offers innovative consequences for clinical practice. We hope that in this way we can not only support the growing edge of contemporary Gestalt therapy but also contribute to the wider debate about psychotherapy change from the Gestalt therapy perspective. We do not claim that the field theory perspective is somehow superior to other perspectives; for example, to those that conceptualize help to suffering clients in the form of symptom relief, system restructuring, or dialogical cocreation of a corrective experience. We believe, nonetheless, that the field theory perspective can bring into current psychotherapy an important emphasis on humility in the face of healing processes that transcend the individuals involved.

Conceptualization of the Process of Change in Gestalt Therapy

In the conceptualization of change in Gestalt therapy, historically, several shifts occurred similar to the abovementioned development of psychotherapy paradigms. First, a one-person psychology was dominant. Gestalt therapists worked out a therapeutic approach in order to support a change in the client. The change was, in accordance with the humanistic tradition in psychotherapy, seen as a growth in the person. This *mono-personal* perspective, which still holds an important place in Gestalt therapy, is easy to understand and practical to use. Collaterally, the influence of the *bi-personal* perspective, based on a two (or more) persons psychology, was growing. This bi-personal approach has supported an important relational turn in Gestalt therapy. With this focus, the change is observed, not in the client, but in the therapeutic relationship. Gestalt therapists have developed an approach that can support the transformation of the relational patterns.

In the development of Gestalt therapy, another radically different theory of change existed, grounded in the *field theory* perspective (Latner

4. We refer here to our previous article on the topic (Francesetti and Roubal 2020), which precedes and complements this text.

1983; Yontef 1984, 2002; Parlett 1991, 2005; Wheeler 2000; Cavaleri 2001, 2003; Kennedy 2003; Robine 2004; Jacobs 2005; Staemmler 2005; O'Neill 2008; Wollants 2008; Jacobs and Hycner 2009; Bloom 2011, 2016, 2019; Spaguolo Lobb 2013; Day 2016; Philippson 2016; Francesetti 2019a, 2019b; Francesetti and Roubal 2020; and others). The use of the field theory perspective in clinical situations appears to have become one of the growing edges in contemporary Gestalt therapy. From this perspective, change is understood as an emergent process with its own dynamics that exceed the individuals participating in the therapeutic interaction. The change is happening, and it “uses” the people involved in order to happen (Roubal 2019b).

From this point of view, both the traditional mono-personal approach and the bi-personal concept of cocreation of change seem still too anthropocentric: you and I are making the change. The field theory paradigm overcomes this perspective and humbly acknowledges that change can happen differently than intended and expected, it can even happen without an intention or an understanding from the therapist or the client. The field theory perspective accentuates humility when the healing processes are seen as field forces greater than the therapeutic relationship. The change is then supported by a humble acceptance of the therapeutic situation as it is. This brings us to the crucial concept for this text: the PTC.

Case Example: Different Ways of Working

Let us introduce a concrete clinical situation, approached from the three different perspectives cited previously. In each, we will offer a short conceptualization of the change process, and we will focus on the way in which the therapist intervenes. We can see significant differences between the ways of working, rooted in different conceptualizations of change in psychotherapy.

The client, Steven, came to therapy because of his sleeplessness and pain in the stomach. Nothing was found in somatic investigations, and psychotherapy was recommended for him. When exploring stressful aspects in his life in the initial sessions, Steven realized how much he suffers from the despotic behavior of his current boss. In some later sessions, he also realized how similar this boss is to his father, a soldier who

had died six years ago. Steven was always submissive toward his father, even choosing his current job in accordance with his father's wish. Steven's way of contacting others was heavily influenced by this experience with his father, and he learned to live according to the expectations of dominant others. One concrete situation from the seventeenth session with Steven will be introduced here to illustrate different ways of conceptualizing and working, rooted in the three different perspectives described earlier.⁵

Mono-personal Perspective

In his childhood, Steven did not have support in learning to recognize his own needs and in consciously choosing relationships with the environment to fulfill them. Instead, he creatively adjusted to the difficult situation and learned to recognize and fulfill the needs of others. In short, he retroflected his own impulses, needs, and wishes.

In the first part of the session, Steven speaks quietly, looking at the floor and breathing shallowly.

Therapist: Could you focus, now and for a little while, on how you are breathing?

Steven: Well, I am not breathing, in fact . . .

Therapist: Hmm . . . and how does that feel?

Steven: I don't know . . . Unpleasant, I have no power for anything.

Therapist: I see. You feel you have no power for anything . . . Well, what would you need then?

Steven: I don't know . . . nothing . . . Do you think that . . . ehh?

Therapist: What would your body need?

Steven: Well, to breathe in, that's clear. But for some reason, I do not do it . . . strange . . .

5. Three variations are presented here. One really happened, whereas the other two are hypothetical, deduced from other real situations with other clients, in the sense of a "composite case study" (Gabbard 2000) used for illustrating a specific phenomenon. The real variant is not identified here on purpose so as not to favor it, because all three perspectives and the interventions deduced from them have their important place in Gestalt therapy.

Therapist: What seems strange to you?

Steven: That I need something and I don't do it.

The therapist's suggestions for increasing awareness in a supportive relationship gradually lead Steven to a recognition of a repeating pattern. Later in therapy, Steven takes responsibility for the pattern, slowly freeing himself from it and developing an alternative way.

Bi-personal Perspective

After the formative experience with his father, Steven is used to putting himself into a submissive, even obedient position. We do not see the phenomena mentioned earlier (retroflexion of impulses, needs, and wishes) as belonging to the client now; rather, we see them as cocreated by both the client and the therapist in the therapeutic situation.

Steven speaks quietly, looking at the floor and breathing shallowly.

Therapist: Could you tell me how you are feeling right now?

Steven: What? . . . Well, just normal. . .

Therapist: I noticed you are almost not breathing.

Steven: Yeah, that's . . . I . . . yeah, you're right, I am not breathing.

Therapist: Is there anything I could do that would make it easier for you to breathe now here with me?

Steven: What? . . . That's a strange question . . . oh, please excuse me, I did not mean to criticize or . . .

Therapist: That's fine with me . . . and how is your breathing now?"

Steven: It's better! . . . How did you do that?"

Therapist: I don't know, we might have done that together somehow . . . Do you have an idea, how it could have happened?

The crucial process is happening on the relational level now. On the one hand, Steven and the therapist are repeating the usual pattern, with Steven being submissive and the therapist speaking from a position of authority. On the other hand, however, Steven has an opportunity of having a new relational experience with an authority who is interested

in his opinion and willing to adjust to his needs. Such a recurring experience with the therapist can increase Steven's self-confidence and courage to step forward into contact with others.

Field Theory Perspective

Insensitivity to one's own needs and retroflection are phenomena of the field that exceed both the client as an individual and the relationship of client and therapist. These phenomena show how the field becomes organized. Client and therapist are functions of the actual field organization; they are drawn into the flow of the situation.

Steven speaks quietly, looking at the floor and breathing shallowly. The therapist notices that and then switches his attention from the client back to himself, to his own experience here and now, especially to his body. He realizes that he too is not breathing freely. He is sitting on the chair slightly leaning forward and trying to find out what would be a good way of working with such an inhibited client. After becoming aware of this, he leans back in the chair, breathes in and relaxes his body when breathing out. He lets go of the expectations he has of himself ("I should find a good way of working with such a client"), and grounds himself through the contact of his feet with the ground. He feels more relaxed, looks at Steven, and smiles with relief. Steven looks at him questioningly, then looks back at the floor. After a moment of silence, Steven turns to the therapist: "You know, in fact, I would like to talk with you about something different now." He speaks more loudly and watches the therapist—his breathing is deeper.

When the therapist becomes aware of being taken by a field force, he changes his own way of being present in the situation. He does not try to change Steven nor their relationship; he is just aware of what is happening to him and he lets it be. He adjusts his way of dwelling in the situation so that he can be present in a free and grounded way. Through accepting the situation as it is and adjusting his presence, a chance for a

transformation opens up. A new figure can now emerge from the transformed background.

Process of Change: Three Perspectives

In this section, we will try systematically to distinguish between three different perspectives used in Gestalt therapy: mono-personal, bi-personal, and field theory. First, a summary is introduced in Table 1; then in the subsequent text, answers to the following questions are suggested from the three different perspectives:

- What is changing?
- How can we understand psychopathological suffering?
- What kind of change do we aim for in therapy?
- How can the therapist support the change?
- What can be a specific supportive third party for therapists?

TABLE 1 | Three Perspectives on the Process of Change in Gestalt therapy

	1	2	3
	<i>What is changing</i>	<i>Psychopathology symptoms</i>	<i>What the therapy aims for</i>
Mono-personal perspective	The clients' functioning in relation with his environment.	Limiting fixed patterns created originally as creative adjustments.	The ability to make new, updated creative adjustments.
Bi-personal perspective	The relationship between client and therapist.	Individual expressions of a lack of support in the relationship.	Creating an authentic relational experience where the symptoms are not needed any more.
Field theory perspective	The way the field gets organized here and now.	Individual expressions of absences in the field.	Spontaneous flow of presence.

Mono-personal perspective

What is changing?

The person in front of us! From this perspective, we observe the change in the client in different aspects of their life. We use this one-person psychology perspective to appraise the habitual ways of functioning, which

TABLE 1 | Three Perspectives on the Process of Change in Gestalt therapy

	4	5	6	7
	<i>How can the therapist support the change</i>	<i>Dominant self-function</i>	<i>What supports the therapist as a theoretical third party</i>	<i>Metaphor</i>
Mono-personal perspective	Raising awareness in the supportive/challenging contact.	<i>Ego-function.</i> What the client and the therapist do in therapy.	One-person models of functioning (contact styles, sequence of experience).	Tree and gardener. Elephant and string.
Bi-personal perspective	Enabling a new relational experience by relating to the client openly, honestly, and genuinely as a person.	<i>Personality-function.</i> Who are the client and the therapist for each other.	Cocreative and dialogical approach (inclusion, confirmation, presence, commitment to dialogue).	Relational dance: old dance and new steps.
Field theory perspective	Letting oneself being taken by the field's forces and transforming own way of being in the situation.	<i>Id-function.</i> Bodily sensations emerging as a function of the field dynamics.	Field theory, paradoxical theory of change, emergent self, atmospheres.	Client and therapist in a river, being moved by the water forces.

helped the person to survive in difficult conditions, and which still help the person to feel safe. At the same time, we support the client in discovering new possibilities and in awakening their potential for growth. From this perspective, psychopathological symptoms are seen as the original creative adjustments of the organism, which is using available resources for coping with difficult conditions. Symptoms are not seen as something dysfunctional to be repaired but as an originally useful coping strategy. A strategy, however, that limits the organism in later life because it is rigid does not allow the organism to adjust creatively to new conditions. In general, the therapy aims to raise the client's ability to creatively adjust to changing life conditions.

How can the therapist support the change?

We help clients to become aware of how they function in their life. Based on such awareness, they can live their lives more freely and more responsibly. The awareness of fixed patterns helps them either to use these patterns with awareness, or to change them. We help them to find new ways of creatively adjusting, so they have a broader spectrum of choices. The change is enabled by the therapist's interventions that raise awareness in a specific balance between supportive and challenging contact. This means that we support the person and challenge the fixed patterns at the same time (Roubal 2019b). The change is mainly observed on the level of ego-function (Perls, Hefferline, and Goodman 1994; Spagnuolo Lobb 2005): what clients learn to choose and do differently with us. The therapeutic approach is also based mainly on the level of the ego-function: on what the therapist does (the three self functions are, of course, intertwined and continuously cooperating; here we are distinguishing them for didactic purposes).

What supports the therapist as the theoretical third party in the process of therapy?

Useful models exist for personal functioning in the Gestalt therapy theory: for example, the model of different contact styles or the model of a contact sequence. We can use them to understand how the client functions. This enables us then to appreciate the client's habitual

safety-producing ways of functioning, and also to challenge them when the client has the capacity to change. The therapist uses a phenomenological method for noticing what is obvious and at their disposal with regard to the fixed patterns and in the available potential of the client.

The position of the therapist who approaches the client from the *mono-personal perspective* is depicted in the following *metaphor*: we can imagine the client as a tree with its unique shape, a shape that shows past creative solutions (in the specific ground and weather conditions) and builds a basis for future growth. As gardeners, we water it with just enough support and without aiming to change what already is; we stay with the uniqueness of the growth. The process of change from this perspective can be illustrated by another *metaphor*: in India, where elephants are used to help with heavy work, one back leg of small elephants is chained to a stake in order to teach them not to run away. When they grow up, a string is enough to prevent them from running away: they have learned the pattern that they cannot move freely, so they do not try any more, even though the simple step of grown elephant could tear off the string and free them. Psychotherapy can be seen, from this perspective, as the process that supports the client to be aware of actual freeing possibilities and to update old patterns to the new reality.

Bi-personal Perspective

What is changing?

The relationship between therapist and client.⁶ From this perspective, we focus on here-and-now relational dynamics that are cocreated by both client and therapist. In the therapeutic relationship, repeating relational patterns come to life and so become available for phenomenological exploration. The patterns are cocreated by both client and therapist so that both can explore their contributions to the pattern as it appears. This enables them to become more aware of their fixed relational patterns

6. On the relational turn in psychotherapy and Gestalt therapy, see Mitchell (1988); Yontef (2002); Jacobs and Hycner (2009).

in and outside therapy. We also use the therapeutic relationship to offer our clients a new relational experience, which supports a change in the way they experience themselves. They can then bring the new relational experience as a form of self-support to their other relationships.

From this perspective, *psychopathological symptoms* appear within the relationship here and now in the therapy situation, revealing a lack of a specific kind of support. These are seen as an individual expression of a specific relational experience. The therapist is the other who is present with the client in the moment, and who is at the same time representing the general experience of the other in the client's life. The therapist is part of the psychopathological dynamic actualized in the present relationship. Psychopathology is then seen as cocreated here and now by therapist and client. In the case of depression, for example, we can say that client and therapist are depressing together (Roubal 2007; Francesetti 2015b).

This bi-personal perspective offers a direct possibility for change. Both therapist and client can become aware of how they contribute to the cocreation of the current experience, helping them to step out from the fixed relational pattern and offering the possibility for a new relational experience. Working from the bi-personal perspective, the therapist stops treating symptoms and meets the person instead. The change happens on the relational level, between client and therapist. A new, healing relational experience is cocreated in which the longing for the missing kind of support is recognized, and the symptoms may no longer be needed. Clients feel accepted as they are and can learn to accept themselves as they are. This opens a space for the actualization of their human potential. Clients change by becoming more of who they are.

How can the therapist support the change?

The change is basically enabled by the therapist's availability for engagement in the dialogue as a person, as a human being in contact with another human being. This requires from therapists the ability to switch between two ways of functioning: being immersed in meeting the other, and being able to observe the quality of the relationship in order to adjust their own part in it. Clients have a chance to be more truly themselves with us when we are truly ourselves with them. Being in a genuine, honest, and open relationship with the client, we offer opportunity for new ways of contacting to be cocreated. What we do as therapists (*ego-function*) is

less important than allowing the *personality-function* to come to the foreground in the process of change, revealing who we are for each other.

What supports the therapist as the theoretical third party in the process of therapy?

The therapist can rely on the principles of a cocreative and dialogical approach: inclusion, confirmation, presence, and commitment to dialogue (Jacobs 1995; Yontef 1988). Keeping these principles in mind helps us to stay in the meeting with the person without aiming to change the symptoms. The therapist can also use the *metaphor* of dancing, often used in Gestalt therapy recent writings (Spagnuolo Lobb 2017; Jacobs 2017; Philippson 2016), which helps us not to push for some specific kind of change but to wait for the change that appears from an alive and genuine dialogue. We can then see the fixed relational pattern in the therapeutic relationship as the “old dance” the client is used to dancing, and we can discover which “new steps” can appear in the genuine here-and-now meeting.

Field Theory Perspective

What is changing?

The on-going and ever-changing process through which the field becomes organized into the current situation.⁷ The situation is the actualization of the emergent phenomena, that is, what actually happens within the horizon of possibilities given by the specific phenomenal field (for more details, see Francesetti and Roubal 2020).⁸ The change appears

7. In this section, we are trying to describe processes that are experienced bodily and sensed synesthetically (i.e., before the distinction of different senses happens in the process of perception). These processes happen even before the self-environment differentiation (for details, see Francesetti and Roubal 2020). Such processes are preverbal and pre-reflective; therefore, a verbal description is limited, and their completely comprehensive description even impossible. Metaphorical language is therefore helpful here, and we invite readers to read creatively.

8. Metaphorically, we can refer to the quantistic difference and relationship between waves and particles. In each moment, the waves precipitate in a specific state of matter that then mutually influences the waves.

in the way the field dynamics are freed and reorganized to allow a natural flow from every now to the next.

From a field perspective, the situation is not considered as being cocreated by therapist and client. Client and therapist are seen as processes emerging here-and-now in the flow of the situation (Robine 2004, 2016; Philippson 2009; Spagnuolo Lobb 2013; Vázquez Bandín 2014; Roubal 2019b; Francesetti 2016, 2019b, 2022). There is something new that appears in a meeting of people that transcends the individuals involved and even the relationship they cocreate. The whole of the situation is more than the sum of the people who meet each other (Wollants 2008). Moreover, the situation is forever changing from one moment to the next. This constant change, the flow of the situation, follows its own dynamics, and the people involved are constantly transformed by it, since they are functions of the situation in every here-and-now moment.

Therapist and client are, in a way, used by the field dynamics that can then come to life in the therapy situation. Here, we abandon the concept of causality, even the circular one. We no longer see the situation as created by therapist and client, nor do we see therapist and client as just created by the situation. Here, we use the holistic paradigm of complexity that cannot be reduced to linear causes and predictable effects (Prigogine 1997; Morin 2008). Also the dichotomy *active-passive* is too limiting to understand the phenomena described here; we prefer to rely upon the concept of *middle mode*, a natural spontaneity transcending (and including) both activity and passivity (Perls et al. 1994). The change emerges by itself; in relating it to a specific cause, we reduce the actual complexity.

Both client and therapist are exposed to the field forces that are pushing to become embodied. These forces are perceived as sensations, impressions, or atmospheres (Francesetti and Griffero 2019)⁹ in the form of *proto-feelings*. We refer here to Damasio (2012), who calls the first

9. We are referring to Böhme's (2017) conception of atmospheres as perceptive phenomena that are not independent from the subjects' presence. This understanding is different from Schmitz's (2011): for the first author an atmosphere is a perceptive phenomenon in the process of perception itself (that we can place in the phase of fore-contact); for the second, the atmospheres exist in the world independently from the subject.

moment of the emergent self “*proto-self*,” the first stage when something starts to emerge, not yet defined, not yet attributed to *me* or to *the other*, since this distinction has still to emerge. The field forces are the intentionalities of the field¹⁰: the *intrinsic tensions* pushing toward the kind of contact where the potentialities of the field can be developed, where the situation dynamics can be transformed. Such a transformation starts in an undifferentiated and holistic way; the proto-feelings call to emerge through the embodiment of client and therapist, opening up an opportunity for a change in the field organization processes.

The healthy situation follows a natural flow, enabling intentionalities to be expressed and developed. The situation is grounded in the here-and-now and naturally aims to the next moment. The intentionalities give power to the flow; they channel it and give it a direction, which enables the situation to move naturally and smoothly to the next here-and-now. As functions of such field dynamics, the individuals involved can then be seen by each other, express themselves towards each other, receive responses from each other, and be transformed by the experience of the alive contact flow. In psychopathological situations, the natural flow of the situation is distorted in a specific way in which both the client and the therapist are functions. Such psychopathological dynamics actualizes them into rigid patterns, squeezes them into rigidly formed processes as flowing water into a deeply eroded riverbed. The client is then unable to experience a satisfying contact, and this suffering becomes embodied as observable psychopathological symptoms. Therapists also experience the devitalizing dynamics because they also emerge as a function of the psychopathological field organization.

Psychopathology is the result of experiences that cannot be assimilated, so they remain unformulated proto-feelings and absences in the process of contact. Using classical Gestalt therapy terminology, “unfinished businesses” appear here. From a field theory perspective, however, it is not the unfinished business of the client but the unfinished business

10. Intentionality can be understood as a force belonging to individuals, but this is not the meaning we are referring to here. Here, we refer to the anonymous intentionality that precedes individuals as it is conceptualized by Merleau-Ponty (2003): “We are just a place of passage” (201). As Heidegger (1927) put it: “There is always a depersonalisation in the heart of consciousness” (192).

of the situation, a function of the actual field organization. An experience cannot be assimilated when it is overwhelming (as in traumatic situations), or when there is not enough environmental support to allow it to be felt, recognized, named, expressed, validated, and valued (which happens in neglect, abuse, and violent situations in the personal story, or in feelings that cannot emerge in the social field).¹¹ The proto-feelings can be heavily disturbing, so they are put aside as dissociations that become disturbances of contact. They are points of absence in contact, relationships, and life, which become creatively packed into the rigid forms of psychopathological syndromes and symptoms.

During a session, the unformulated and dissociated proto-feelings that could not be processed are circulating in the undifferentiated level of experience as a disturbing “stranger knocking on the door” (Francesetti 2019a, 2019b; Francesetti and Roubal 2020). As Perls et al. (1951) put it: “A poet does not reject an image that stubbornly but ‘accidentally’ appears and mars his plan; he respects the intruder and suddenly discovers what ‘his’ plan is, he discovers and creates himself” (137). The proto-feelings are seeking an opportunity to emerge, and to become feelings that can be processed (felt, recognized, named, expressed, validated, and valued) and assimilated (integrated into the personality and so memorized as a past experience). In order for these proto-feelings to emerge, the body of the client is not enough, as it was not enough in the client’s life story. The proto-feelings need another flesh, the body of the therapist in the therapeutic situation. Therapists lend their flesh (Marion 2003) to the field forces in order to allow these change processes to happen.¹²

How can the therapist support the change?

In adopting a field perspective, we assume that change transcends the individuals involved and presents a process with its own dynamics,

11. This also includes the lack of support of entire societies, creating personality styles and disorders that are both psychopathological (forms of absences) and normal (affecting everybody, and so invisible).

12. In a personal communication with one of the authors, Marion recognizes the important role that the phenomenon of lending the flesh—which he calls the “Erotic Phenomenon”—can have in therapy as conceptualized in Francesetti (2019a; 2019b), and in Francesetti and Roubal (2020).

which is “using” those people. The therapeutic approach is based on the therapists’ aesthetic experience (Bloom 2003; Francesetti 2012) of their embodied presence in the flow of the situation. Therapists lend their flesh to embody the forces of the field. Their way of being in the situation thus presents an opportunity to allow what is striving to emerge, to come into existence.¹³ “We perceive no *Thou*, but nonetheless we feel we are addressed and we answer . . . with our being” (Buber 1937, 6).

The therapist becomes orientated in the field forces through a phronetic process (Francesetti 2019a; Francesetti and Roubal 2020). According to Aristotle, *phronesis*¹⁴ is an orientation that comes from the wisdom emerging in the situation. We use different orientations in different situations: when we drive a car, we know how the car works and the rules of driving (*epistemological* knowledge), and we know what to do in order to have an effect on the car (*technical* knowledge). But to know *when* and *how* to accelerate or brake, turn left or right, depends upon sensing the very moment of the present situation (*phronetic* knowledge). For a field theory perspective on psychotherapy work, the *metaphor* of a river can be useful. Client and therapist are together in a river being moved by forces far exceeding human power. There is the complex, more or less turbulent flow of the river, and therapist and client are carried along by it. Whether the water runs fast, turns around in whirlpools, or stands still, the movements of both client and therapist are part of the phenomenology of the situation, which the therapist needs to accept and respect in her responses.

From this perspective, it is less important what we do, but more how we are with the client. Or, let us say, whatever we actively do as an intervention is important primarily to calm us down to stay quiet enough to listen to the tacit call of the potential, natural, fluent flow of the situation longing to be released from the prison of psychopathological field organizations. By changing our way of being with the client, the situation itself follows the transformation process, the fixed dynamics of the field

13. To exist, from Latin *existere*, “come into being,” from a combination of *ex*, “out,” and *sistere*, “take a stand.”

14. The concept of *phronesis* is used by intersubjective psychoanalysts (Stolorow, Atwood, and Brandchaft 1994; Orange, Atwood, and Stolorow 1997); and by some Gestalt therapists (e.g., Sichera 2001; Francesetti 2019a).

processes are redirected, and an opportunity arises to free the natural flow of the situation. Our main task, then, is not to stand as an obstacle in the way of this newly developing movement but to allow it to find its own way in the unique conditions of the here-and-now situation; a way that we cannot plan or arrange, nor even foresee. The change might happen, and we welcome it, whatever shape it takes. We as therapists do not make the change; we just become a door for it. The dynamics of the situation are transformed; client and therapist as individuals, being a function of the field, are transformed too. Not stepping in the way of change does not mean that the therapist stands aside from the forces' movements: on the contrary, it means being taken, moved, and transformed by them.

What supports the therapist as the third theoretical party in the process of therapy?

When we stop trying to achieve a change, the change arrives on its own. Therapists can repeat to themselves a kind of mantra: *It is not about what I do, but how I am with the client*. This refocusing can free them from performative tasks and demands from clients and from therapists themselves. The change happens mainly on the level of the *id-function* of the situation, the embodied undifferentiated intentionalities not belonging to single individuals but being a function of the situation flow. In this, we are pleased to find strong support in the concept of the PTC (Beisser 1970).

To Change or Not to Change? Challenges of Working from the Field Theory Perspective

“The art of medicine lies in amusing the patient while nature heals the disease.” Voltaire’s motto here could count for psychotherapy too, falling in line with Goodman’s perspective: nature heals (Stoehr 1991). When we strive to help our clients, we reduce the potentialities of the situation to what we assume to be profitable for the client. In this way, our assumptions are already part of the psychopathological field organization. That is why, by trying to help the client, we often stand in the way of the *natural healing processes* that are pushing to be freed from the psychopathological field organization. The necessary general strategy is therefore

to be in the therapy situation without aiming and expecting and, at the same time, to be able to actively transform the way we are present into a free and joyful surrender to the hope inherent in the situation itself. Our being in this way releases natural healthy field dynamics, whatever concrete form they might take. Nevertheless, *not striving to help* the client is a demanding job in clinical situations when therapists are exposed to strong emotional movements. The depressed situation takes us down into a whirlpool, the panic situation opens the ground under our feet, the psychotic situation disperses us, the obsessive-compulsive situation squeezes us. We are taken by the phenomenal field; we become a function of the depressed, psychotic, panic, obsessive-compulsive, or other psychopathological field dynamics. Being taken by these forces brings us many confusing and unpleasant feelings, and it would be easier for us to protect ourselves by trying to help the client. When working from a field theory perspective, however, we decide not to protect ourselves by our knowledge, our diagnostic skills, our professional experience, or our authority. We *expose ourselves* voluntarily and on purpose, and so we “risk ourselves” (Buber in Anderson 1997, 85). We allow the ego-function and the personality-function to withdraw into the background for the moment. They become a background support, which enables us to risk ourselves and be formed by the field process. In this way, we not only include ourselves in the suffering of the other, but we also become an embodied part in the actualization of this suffering; we become a function of the process by which the suffering emerges here and now. A dilemma appears here: how can we take part in the movement of the psychopathological field without accentuating it? How can we support the contact with the other human being in front of us and, at the same time, challenge the fixed processes experienced as symptoms by the same human being? Should we meet the human beings in front of us with full respect and acceptance of everything they experience including their symptoms? Or, should we help people move from their suffering by trying to change the symptoms?

Field theory offers us a way of overcoming this dichotomy, one we regularly meet when working in clinical practice. We need to be well grounded if we are exposed to strong movements of the field's forces and, at the same time, are able to transform our way of being in the clinical situation. We need to have a strong handle to hold a strong

supportive third party. In this way, we can use our experience, knowledge, and authority, not as a shield to protect us from being experientially moved by the situation, but rather as a handle to allow us to flow with the field processes without becoming confluent with them. This is why we need to keep a meaningful theory of change—a handle—as a supportive theoretical third party. We are fortunate to find such a support in the PTC. It helps us to trust in what we are doing (and especially in what we are not doing). It helps us to keep the *faith* that, when we move a step forward, we will find the needed ground.¹⁵ It enables us to trust the process of change, which is happening on its own, often in an unexpected and unpredictable way.

PTC: The Art of Doing Nothing

The PTC lies at the heart of the Gestalt therapy approach and is related to two of its important roots: the humanistic-existential tradition in psychotherapy, and the Eastern philosophical inspiration (especially from Zen Buddhism). Although mainly implicit in the theory and practice of Gestalt therapy since its origins, PTC was only later briefly summarized by Beisser in 1970: “*Change occurs when one becomes who he is, not when he tries to become what he is not*” (77, emphasis in original). In this way, PTC describes a process of self-development which later evolved more as a guiding umbrella concept for Gestalt therapists’ work with clients (e.g., Philippson 2012; Yontef 2005).

In practice, PTC is often understood only on the level of therapists’ active interventions: *If I do not push for the change, the change will appear itself*. Although this approach can quite often work well, we believe this is a simplified way of bringing PTC into therapists’ practice. We would like to develop the concept of PTC more in depth, specifically in regard to the field theory paradigm. From this perspective, the theory of change does not seem paradoxical any more (Francesetti 2015a). On

15. “[F]aith is knowing, beyond awareness, that if one takes a step there will be ground underfoot: one gives oneself unhesitatingly to the act, one has the faith that the background will produce the means” (Perls et al. 1994, 123).

the contrary, it is a logical consequence of the abovementioned principles of working within the field theory paradigm. PTC does not address the *what we do*, but the *from where we do it*. It addresses the way we are present here-and-now when we make an intervention. Let us consider, for example, one intervention so familiar to Gestalt therapists: *What do you feel when speaking about this with me now?* We can say this to a client with our own mind–body set oriented to change. From the **mono-personal** perspective, we can ask the question with an implicit agenda, as if we would say: *Let's explore how do you feel here and now, because I believe that raising awareness will help you to change your functioning.* From the **bi-personal** perspective, the implicit agenda would be as if we would say: *I am interested in your feelings right now, because they can help me to understand how we are cocreating our relationship, and how we can find some new way of relating to each other.* In both cases, there is an expectation in the back of our mind that working on the client's feelings here-and-now would help create change. If such an expectation is not made explicit, it is present anyway in the situation, and it influences the field organization.

When working from the field theory perspective and being guided by PTC, we can ask the same question with a **mind–body** set free from expectations to change. It would be as if we would say: *We can talk about your feelings here-and-now. They are OK for me as they are. They attract me now; I can sense something knocking on the door, and I can feel excitement when I let my attention be directed this way.* The words we say to the client can be exactly the same: *What do you feel when speaking about this with me now?* However, we make this intervention from a place that gives us more freedom. There is no expectation of a result; the result can be anything. We open the door and leave space and time to what comes. We follow our curiosity, without an expectation to change the client or our relationship with the client. Curiosity can be considered the specific seismograph able to detect the lines of the field's forces, i.e., the intentionalities. As we can see from this example, PTC does not address the *ego-function*, about what I and the client *decide to do*, nor the *personality function* that informs us about who are we for each other now. Rather, it addresses the transformation of our *embodied way of being*, the *id-function* of the here-and-now situation.

Of course, in order to be free to swim in the emerging water's forces, we need to be supported by our assimilated clinical ground. When we know well the suffering of the client, then we are freer when making an intervention. We are self-supported, we know what our position and our task is. For example, if the therapist has a long practice in working with people addicted to substances, they can be relaxed and free to make interventions without pushing for a specific kind of change. Someone who is not used to working with these people does not feel safe enough and has not enough support to work from a free position. In such a case, they implicitly push the client toward some concrete way of change (usually abstinence). On the other hand, therapists experienced with addicted people can lose their stable and free position when working with a depressed client. They can give themselves an implicit task to pull the client out of the depression, which limits them in their freedom.

When the situation has too much novelty for us, and we are not self-supported enough as therapists, we start to be anxious. Because we do not know well enough who we are in that situation, we cannot *lose ourselves* for the moment. The *personality function* is not supporting us enough to be taken by whatever comes. As a result, we start to take care of ourselves, forgetting the client for the moment. Our interventions, which seem to be made to help the client, are in fact helping to calm down our own anxiety. We make an intervention in order not to feel helpless in front of the suffering client. Our anxiety is a sign of not having enough ground for tolerating uncertainty while waiting for a change to appear in any possible, even unexpected, way. The more we are grounded, the more we can be free from the task to produce a change. From a free position, we can be in service to the field process. We follow the field movements (experienced through our body), but we do not identify ourselves with them. We can trust the emergence of our feelings since they are always and anyway in the service of therapy. We stay curious, and so we create a freedom for ourselves. This enables us to risk ourselves and let our body be seized by the emerging "strangers."¹⁶ They

16. When being taken by the flow of the field dynamics, we sense that there is something that we would rather not like to perceive. This tendency—not to feel, see, think, and so on—is an extremely important marker, because it informs us that we were taken by the fixed *Gestaltung* of the psychopathological field. It also informs us that a

show us a door for a change waiting to be opened by our free acceptance of what emerges. This is the intentionality of the situation, inviting us to take part in the change so that the change can be embodied. So, we allow ourselves to be taken by forces moving into the undifferentiated level of experience, waiting to be embodied in order to exist. This way, by *transforming our way of being* in the clinical situation, we influence the ground from which the symptoms originally appeared as a figure.

This approach guides us in a paradoxical way. When we sit with the client and we feel an urgency to *do* something, then it is the right time to wait and not to do anything. Just wait and focus on ourselves; let ourselves become figural, and let the client withdraw into the background for us for the moment. Because of the urgency to do something, which we feel informs us that we are not in a stable and free position for the moment, we need to wait and search for ways to support ourselves. We can ground ourselves using our body position, our breathing. We can recall the theoretical third party and use it as a handle. In a longer term, we can ask for supervision, or we can read theoretical literature about the topic we are not familiar with. In doing all of that, we are building a supportive ground to lean on in order not to intervene from our anxiety.

With support, anxiety becomes transformed into excitement. As therapists, we need to support ourselves in order to transform our anxiety and the sense of urgency we feel in clinical situations into excitement and curiosity, with its freedom. When feeling tension or other limiting feelings with the client, we need to support ourselves first. With sufficient support, we can then lean on ourselves; we become free and grounded even when being taken by the strong movements of the psychopathological field. We do not need to make an intervention. We have established a free position for ourselves to make an intervention *or* not to make one. Paradoxically, this is exactly the right time to make the intervention, to answer the call of the emerging figure. All this work on our self-support is not done on the basis of a conscious decision, such as “*Now I will transform tension into curiosity.*” Rather, it all happens here and now mainly intuitively, which works much faster than cognitive

certain theme—often unformulated and unspeakable—pushes throughout our body in order to become figure. (For details, see the first part of this article, Francesetti and Roubal 2020.)

understanding. The transformation of our experience happens on a preverbal, bodily level. The way we are bodily present with the client is what is changed. We let the *id-function* become figural; we focus on the embodied need for grounding, calming, and strengthening. Our interventions then, paradoxically, are not aimed to the client but back to ourselves. Bodily experienced tension is a great helper here; it informs us that the *id-function* needs our support. For example, we do not make an intervention from a body position, which is tensed, when we sit leaned toward the client with our shoulders shrunk. First, we need to support ourselves on the body level. We sit upright or we lean on the chair's back, we relax our muscle tensions, we start to breathe freely. This can be enough; the transformation of our anxiety into an excitement can happen. Small interventions like this happen many times during the session, often without our conscious decision.

We support the *id-function* to become figural, which changes the *personality-function*: who we are in the situation. Being supported by the embodied assimilated experience on which we can lean, we can take a risk. We can risk ourselves and trust the process as it develops. We are here, not as the ones who are responsible for a change, the ones who should help. Instead, we are present and available to be in service, to be taken by what will emerge. We offer ourselves to be used by change so that the change can happen. Then we can *do something* and our action will be free from expectations, grounded in our presence. To summarize the process: when the *id-function* is transformed, and consequently the *personality-function* becomes transformed too, only then can we allow the *ego-function* to become figural, and can we *make* an intervention with the client. (The personality-function and id-function are circularly intertwined: since the beginning, I am supported in my role by the personality-function of the situation that defines me as the therapist.)

The crucial task is to focus on the tiny moment between receiving the impulse from the field process and our response to it. We need to insert the *in-between step*, when we can dwell in the in-between time and space and switch our attention back to ourselves. If we make an intervention before this time, we would intervene before “the stranger can enter in the room”; we would try to make a change before all the elements needed for the holistic change are present. We would repeat the psychopathological process, because we wanted to change it. We would

want to step in too early, before giving a chance to some proto-feelings to be embodied. Inserting this in-between step can be trained until it becomes a spontaneous competence. When we observe experienced therapists at work, we do not see them doing anything special. What we can observe is that they somehow strangely slow down a bit in their interactions with the client, as if they were somehow retarded. In fact, they are. They are retarded by this in-between step, which throughout the years naturally became part of their work. The accumulated wisdom of their long work with clients teaches them how important it is to do nothing in this so precious in-between moment. Every word or smile or sigh can then become a powerful intervention, because it is made from a free position fully answering to the call coming from the field and still without any expectation from the client.

We could paradoxically say that psychotherapists are in fact paid, not for what they do when trying to help the suffering person in front of them, but rather for what they *do not do*. *Doing nothing* is an active attitude in this sense. We can realize it from the kind of tiredness we feel when practicing this approach, different from when we actively try to help the client. It is a specific tiredness, indeed; the tiredness of travelers who expose themselves, their bodies, to foreign and new landscapes. We tame our instinctive reactions that are functions of the forces organizing the psychopathological field. We actively let go of our tendencies to change the situation; we do nothing and allow whatever is happening to us. This way we are welcoming what was dissociated and remained unformulated. In this moment of full acceptance of our feelings, the change has already started to happen; the stranger knocking on the door is here, strongly contributing to the process of change. We do not want to change what is absent, out of contact, dissociated; we just welcome it, and remain *present* to it.¹⁷ If our wish for a change steps in the way, then the absence cannot become present, and so the change cannot happen. When, however, we are present to what was absent, the absence is not absent anymore. In this light, therapy is to be present to absences without expecting change.

17. Presence, from Latin *prae* (next to) + *sum* (to be): the etymological meaning is originally relational, referring to *being-next-to*.

Conclusion: Opera without Author

In the movie *Werk ohne Autor* [Never Look Away] by Henckel von Donnersmarck (2018), a painter is able to represent the stories that are the fabric of his life even though he does not know them. He is taken by the forces implicit in the field, and he is sensitive and creative enough to make them explicit, visible, and communicable in his work. His work *knows* more than he himself does. He is not the author who decides what to paint; rather, he is in service of what pushes to be expressed.

In psychotherapy, we are like artists who are in the service of the therapy process itself. Here, we come back to our foundation: “[W]e reiterate that the suggestion is a spectacularly conservative one, for it is nothing but the old advice of the Tao: ‘stand out of the way’” (Perls et al. 1994, 24). The change can grow from our humble, grateful, and joyful acceptance of what is. From the field theory perspective, the crucial point is that the acceptance is not referred to the client but to whatever emerges in the session, because everything that emerges is a function of the field dynamics. Accepting the client in fact means accepting everything that happens with us in the presence of the client.

The PTC was called paradoxical because the change occurs when we stop trying to arrange it. From the field perspective that we propose here, the PTC is not paradoxical anymore; it is only when we are not trying to change the client (and our experience with her) that the dissociated proto-feelings can be embodied and emerge. We could, paradoxically, call this process the *Obvious Theory of Change* (from Latin, *ob* [on]+*via* [way]): what spontaneously appears on the way. Abstaining from changing allows the exiled stranger to come into presence. The absences become present, so they are not absent anymore which means that the process of change has already started. The ground becomes transformed, and anything that grows from it *is* the change. Change occurs when one becomes what he is with the client, not when he tries to help the client to become what she is not.

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