

# **Field Theory in Contemporary Gestalt Therapy.**

## **Part 1: Modulating the Therapist's Presence in Clinical Practice**

Gianni Francesetti, Jan Roubal

### **Abstract**

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

### **Key words**

Gestalt therapy; field theory; psychopathology; phronesis; resonance; transference; countertransference

## **1. Introduction**

This paper is the first of two aimed at exploring the implications of Field theory in contemporary Gestalt therapy. Field theory is a foundational concept in Gestalt therapy, on which the theory and its practice has been built (Perls, Hefferline & Goodman, 1951). It is not new. Nevertheless, the development of theories need not be a consequence of a new idea, but can come from a new consideration of an existing idea according to the new background provided by changes in the social, cultural, and scientific context. We believe that this perspective is both connected to, and inspired by a transversal movement in psychotherapy in general (Roubal, 2019a), and so it can be relevant also for colleagues trained in other approaches as well. To the point that field theory has the potential to be a shared core concept

of contemporary psychotherapy, contributing to its evolution from a pre-paradigmatic stage to a paradigmatic stage, where a science reaches a paradigmatic stage when all theoreticians share a basic common ground (Evans, 2007).

In this first paper we present the definition of Field theory we rely upon; in particular, we define the phenomenal field, the phenomenological field, and the psychopathological field. Then we explore the implications of these distinctions in psychopathology and clinical practice, and we describe the guidelines to apply field theory in practice in sessions, in order to support the process of change. We conclude with an illustrative clinical example. The theory that we present here is a way to address—from a Gestalt Therapy perspective—the relational phenomena that psychoanalysis has called ‘transference and countertransference.’ We base this understanding on a different epistemology: a radical relational epistemology based on Field theory, which considers the self and the other as incessant and unending emerging processes (Perls, Hefferline & Goodman, 1951; Philippson, 2009; Vazquez Bandin, 2014; Robine, 2016; Bloom, 2016).

The second paper (Roubal & Francesetti, forthcoming) will address the Field theory perspective in the theory of change and its consequences for the Paradoxical Theory of Change (Beisser, 1970).

## **2. Field theory: from Babylonian confusion to differentiated understanding**

The concept of field has been used in psychotherapy in a variety of ways by different authors, but also in a variety of ways by the same authors at different times, both in Gestalt therapy and in other approaches. Without clarifying the meaning of the term, the risk is of creating a Babylonian confusion in which it is often unclear what we are talking about (Staemmler, 2006). The foundational text of Gestalt therapy (Perls, Hefferline, and Goodman, 1951) speaks only and specifically of the organism-environment field. Through that concept, the founders rejected the reductionist perspective of viewing the organism without considering its environment, and they adopted a perspective that takes into account the interaction between the organism and the environment. Such interaction is continuous, indispensable, and indissoluble, and underpins the shift from a view centred on the individual, to a view centred on the interactions in the between.

All the various Gestalt therapy authors would appear to agree with this basic assumption. However, they differ in their further elaboration of Field theory. Some authors, in line with the original understanding of Kurt Lewin (1952), hold that, at any specific time, everyone has a

specific organism-environment field, just as everyone has their own visual field, consisting of the horizon of all that they can see (i.e., Robine, 2008). Other authors, more in line with the original understanding of Jan Smuts (1926), have proposed another conception of the field, which allows the focus to be placed on the bigger, irreducible whole that people engaged in a common situation perceive, and which in some way influences them all. We do not see these two different conceptualisations as right or wrong, but rather as two possible perspectives that need to be clarified in discussion.

Parlett (2005, p.60) frames in a very clear way a crucial point: “A particular question eventually becomes unavoidable. Is ‘the field’ ultimately just a metaphor, a useful derived concept and framework that can be used to explain what is difficult to explain? Or is ‘something there’ in the form of an explicit energy field in the ‘space between?’” In this paper we consider the phenomenal field not just as a metaphor, but rather as an emerging ‘*something there*’. We do not enter into the ontological debate over ‘what it is,’ whether it is energy or not; we do not need to resolve that question for the clinical implications we want to focus on here. We simply consider that the ‘something there’ can be perceived as an emerging phenomenon (Francesetti, 2019a; 2019b), which transcends the sum of the parts. To further our exploration of the clinical consequences, we propose distinguishing three different concepts: the phenomenal field, the phenomenological field, and the psychopathological field (Francesetti, 2015; 2019a; 2019b).

## **2.1. The phenomenal field**

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

The phenomenal field is perceptible by the senses as the atmosphere of the situation (Francesetti & Griffero, 2019; Francesetti, 2019d), in which the forces that condition the emergence of phenomena move. Those forces of the field are intentionalities: *intrinsic tensions*

moving towards the fulfilment of the potentialities of the situation. Similarly as with black holes, where the force that bends the event horizon is gravity, within the phenomenal field, it is the intentionalities at play that bend it.

In the therapeutic encounter, the intentionalities are embodied forces and move both the patient and the therapist. In this paradigm,<sup>1</sup> the self is not a structure, but a phenomenon that emerges in the situation. The forces of the phenomenal field are in motion before the subjects are differentiated and defined. Therefore, we can say that the therapist and the patient emerge here and now, they 'are created' within the situation as functions of the field and are moved by the forces of the field. Because of that, we are continuously in confluence with the phenomenal field from which we emerge. The phenomenal field is *pathos*, i.e., it is suffered and not chosen (Waldenfelds, 2011).

## 2.2. The phenomenological field

The phenomenological field is the result of a "phenomenological conversion" (Husserl, 1913), which underpins the capacity to look at the phenomena that emerge with curiosity and seek their sense and intentionality. Such a competence requires a shift from the immediate perception/action that we experience as a function of the phenomenal field. That shift is generated by curiosity and a feeling of wonder about what is happening (Bloom, 2009). As Eugen Fink (1933), Husserl's collaborator, says, *wonder about the world* is the best definition of the phenomenological attitude. It is an enhancement of freedom and a differentiation enabled by a distance from what is seizing us.

As therapists, we have the capacity to be aware of the phenomenal field, to notice the forces at play that move us, to be curious about what is happening. That way the phenomenal field—where I am *subject-to*—is transformed into a phenomenological field—where I am the *subject-of*. Now, it is possible to reflect on what is happening and make choices. The space of possibilities expands.

This passage from the phenomenal to the phenomenological is an action of introducing the *logos*, with the possibility it affords of reflecting, wording, thinking, telling, giving meaning, and choosing. It brings light into the shadows. It introduces the possibility of wording, which implies differentiation. It requires a pause, a lapse of time—to *re-reflect* means to flex—to bend—twice, to come back to the phenomenon once more. Such a passage is close to what

---

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

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

### **2.3. The psychopathological field**

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

In every field, there is a certain degree of absence and presence. The more a field is psychopathological, the more absence is rigidly present, and the more potentialities there are for presence. Psychopathology can be seen as the study of the ways of being absent, and therapy as the art of presence to those absences. Compared to a psychopathology of the isolated individual, understanding psychopathology as a phenomenon of relational suffering that becomes real and alive in the therapeutic encounter can be revolutionary, since it offers direct access to psychopathological field transformation.<sup>2</sup>

## **3. A theory of psychopathology<sup>3</sup>**

### **3.1. What is psychopathology? The footprints of the absent other.**

Psychopathological suffering is not existential pain; it is not discomfort ensuing from the limitations or losses that we all experience in our lives (Salonia, 2013; Francesetti, 2019e).

---

<sup>2</sup> See also Francesetti (2015).

<sup>3</sup> We refer the reader interested in knowing more about the fundamentals of phenomenological-Gestalt psychopathology to Francesetti (2019c; forthcoming).

Psychopathology starts when the experiences emerging in difficult situations cannot be processed and assimilated, when the other, needed in order to afford and to process the difficult experiences, is not there. Psychopathology starts when the other is missed. The feelings cannot be assimilated and remain as more or less chaotic and disorganized sensorial footprints.

We have some systems to protect ourselves from such chaos. For instance, we are able to put them aside, in order to make them as less disturbing as possible. They are dissociated and packed up in patterns of symptoms, syndromes, and personality. The tables of content of all nosographic psychiatric systems are a list of the forms of those packages.

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

### **3.2. How do we encounter psychopathology during the session? The stranger knocking at the door**

In the therapeutic session, the psychopathological field emerges. It is the result of the forces that are intended to bear the absence and to open a possibility for its transformation into presence. The absences are moments when experiences that are not assimilated emerge. They are feelings that are not integrated into the personality-function, so we cannot differentiate ourselves from them. We call them *proto-feelings*, according to the definition of the *proto-self* provided by Antonio Damasio.<sup>4</sup> They are the signs and footprints of an unfinished business, something that, due to the lack of support, has not been processed and closed. The proto-feelings can be organized as repetitive patterns in the relationships, and as such Enduring Relational Themes (Jacobs, 2017) they become part of the personality.

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

---

<sup>4</sup> According to Damasio, the first step of the emerging self is the proto-self, a stage where there is something in perception that is not defined as *mine* yet. The perception becomes *my* perception only in the second stage, that of the subjective-self (Damasio, 2012).

<sup>5</sup> “Gadamer reminds us that the Greeks had a word for that which brings understanding to a standstill. That word was *atopon*, which in reality means ‘that which cannot be fitted into the categories of expectation in our

(from Greek, *out of place*) (Francesetti, 2019a; 2019b)—something that the therapist would rather not feel, something meaningless, strange, embarrassing, interfering, disarranging, annoying, unsettling. Something out of place, which the therapist would rather not feel or think. What was not shaped, formulated, and assimilated, what has had no right to exist, pushes to come to life in the here and now of the therapeutic situation.

Therapy is basically support for the potentiality brought by this stranger at door. The forms that the unformulated proto-feelings take in the session are original and unique. What pushes in the situation is embodied by both the client and the therapist. The therapist contributes to the emergence of the unformulated by lending her flesh to the forces of the field<sup>6</sup>.

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

In the history of psychoanalysis and psychotherapy, the issue of the therapist’s self-disclosure has been considered differently, from the position that sharing should be completely avoided, to a position of indiscriminate openness, typical of the first humanistic movement. In our perspective, we can identify a fundamental criterion for self-disclosure by the therapist: as long as he perceives only the first wave of feeling that comes, he should abstain from sharing it with the client. For as far as only the first wave of feeling is perceived, it is a figure without a ground, and so without meaning yet. It is only when a new dynamic is brought by the second wave of feeling, that the risk of re-traumatizing the client diminishes and the transformative process can develop.

### **3.2.1. An example from a workshop: is it mine or yours?**

---

understanding and which therefore causes us to be suspicious of it” (Costa, Carmenates, Madeira & Stanghellini, 2014, p.356).

<sup>6</sup> In Jean Luc Marion’s philosophy *to lend one’s flesh* is a basic and fundamental phenomenon in human communications and relationships. Pleasure is when the other accepts my flesh, pain is when my flesh is rejected by the other (Marion, 2003).

While sharing feedback after an exercise in triad groups, a participant in the role of therapist says that the client's anxiety was so strong that she had to interrupt the session to ask for support from the observer. She concludes that she has not worked out this kind of anxiety enough in her own therapy, and consequently that as a therapist she is not a good enough for such a clinical situation.

However, from the perspective we have described, it is the specific quality of the emergent anxiety that implies the need for a third party. Another person is needed in order to contain it. It is not a lack of expertise or maturity on the part of the therapist, but the intrinsic quality of the emerging force. When this is expressed, the client in the exercise bursts into tears and says 'yes, now I understand... it is the anxiety related to the abuses suffered in my childhood...'

The need for a third party and the devaluation of feelings is constitutive of an abusive field. To see the phenomena as resulting from the emerging forces of the situation opens up a new horizon of understanding that is not restricted to the history of the client *or* the history of the therapist. The unformulated proto-feelings push to emerge, and the therapist embodies them along with the client, so they become part of the affective landscape that strives to be transformed. However, in order to be transformed, the absence must be experienced first.

In this perspective, it is not so important to understand who is bringing what to the encounter, but rather to consider what is happening as an expression of the field's forces, which are not reducible to either the contribution of the therapist or of the client.

### **3.2.2. An example from clinical work: when the therapist reacts first**

In a session, the client shares that he realizes how much he is putting himself in danger, without protecting himself and without any perception of fear. In the last year, he once climbed into his burning car to save some documents, and more recently he had an accident on his motorbike, because he was riding too fast on a wet road. Now, he wonders why he did such dangerous things, among the many others, without feeling any fear, and so without being able to even think about protecting himself. When telling these stories, he feels a fluttering in his belly. By staying with this sensation, he realizes that it is a kind of subtle fear. An exploration of those feelings reveals that fear has never been legitimated in his life. He has always felt compelled to build a personality that is unflinching, strong, brave, and Spartan.

At a certain point the therapist feels that something is inhibiting his breathing. It seems to be the same with client. For a while time stops, felt as a tension and a kind of waiting. The therapist feels discomfort, a sudden emptiness between them, a kind of anxiety that needs to



be escaped from. The therapist asks some awkward question, formulated poorly. The client says that he does not understand the question.

The therapist becomes interested in what is happening and he realizes that he himself does not understand his own question. He asked the question only because he could not bear the suspension in his the breathing rhythm. Now that he slows down, he realizes that he felt a kind of fear, maybe the fear of leaving the client on his own in that emptiness that appeared between them.

Realizing this helps the therapist to breath more freely, to relax. It seems that light can now enter, that something can be opened in the situation. The therapist then decides to share his experience with the client. It touches him deeply and opens up a feeling of solitude. He says, 'It's nice to know that you are afraid of leaving me on my own, that you are scared for me. That's what I miss. That somebody who cares about me can feel my solitude and can be scared for me... I have a good life, I'm lucky, there are people who love me and that I love, but I miss this. I have always missed it.'

In this example, we can see how the therapist was seized by the phenomenal field, where fear was delegitimized. (The therapist's own sense of fear was a feeling that had no right to exist in that field.) By asking a question, the therapist reacted to that anxiety, instead of waiting and recognizing that he was scared of leaving the client on his own. Only after his reactive intervention could the therapist recognize his feelings, and he decided to share them. The intrinsic tension in the field—the intentionality—was seeking legitimation of fear, the fear that opened up both feelings of loneliness, but also the need to be seen as limited and fragile. The field first seized the therapist, then he modulated his presence in order to support the transformation, rather than the confirmation, of the pattern.

#### **4. Modulating the therapist's presence**

Psychotherapy is the art of being present to emerging absences. Arts in general cannot be reduced to knowledge or techniques, even though knowledge and techniques are a fundamental part of the journey to learn any art. Arts require *phronesis*,<sup>7</sup> which is the skill of finding an orientation according to the specific conditions—the possibilities and limitations—of the present situation. Since each situation is unique, every therapeutic intervention, as with

---

<sup>7</sup> While *tekhnē* is the reproduction of actions to produce an object as identical as possible to a prototype (like a craftsman producing terracotta cups), *phronēsis* is the capacity to act in accordance with the current situation, which is never exactly the same, thus requiring creativity and the capacity to grasp all the significant aspects present (like a sailor using the forces of the particular situation: the wind, the waves, the size of the ship, the currents, distance from land, etc.). In *phronesis* lies the artistic nature of therapy (Francesetti, 2019a).

every instance of an art, is unique. Being aware of this, our goal is not to prescribe a set of techniques. Rather, we try to describe a model which can help therapists orient themselves through the delicate tones of ever-changing complexity of their own experiences in the presence of the client. We hope it can assist them in modulating their presence, in order to support the transformational forces of the psychopathological field.

What we are addressing are some very specific moments<sup>8</sup> of the therapeutic process, the moments when the stranger knocks at the door and the *atopon* appears. These are special and crucial events, crossroads between transformation and repetition, between re-traumatisation and therapeutic change. Such precious moments are enabled by the whole therapeutic process, which offers alliance, trust, a bond, support, and containment. Even though we focus on some very specific moments of the process of change, they are inseparable from the whole process, which provides the necessary ground for the change. Our guidelines, therefore, do not refer to the whole process of therapy. They only address the specific moments when the therapist experiences a kind of disturbing or pointless resonance, and they offer support to process it.

Resonance can be a feeling, a sensation, a bodily pain, an emotion, an image, a metaphor, a tune, a song, or anything else, which comes out of the flow of attunement with the client (Francesetti, 2015; 2019a; Frank & La Barre, 2010; Spagnuolo Lobb, 2018). When perceived as “out of place,” the resonances can be called *atopòn*. They refer to what is beyond the boundary of what is accepted and known. The *atopòn* is the stranger knocking at the door, the one who upsets the fixed patterns of the field’s repetitive organization and stirs the therapist to be actualized.

When the therapist is taken by a resonance that is perceived to be out of place, disturbing, and inappropriate, a moment of particular importance is happening. Something that has been dissociated and that pushes to come to light and be processed and integrated is knocking at the door. Some resonances are more disturbing or felt to be out of place than others. The more out of place they seem and the more the therapist is tempted to neglect them, the more precious they are. This quality of being out of place indicates how much they are dissociated, and so how important it is to pay attention to them and treat them with delicate care.

It is precisely at that moment that the therapist is lending her flesh to the field’s forces in order to bring to light what was dismissed, and hence left unformulated. In that moment, the therapist is seized by a proto-feeling that needs another body open to receiving it in order to come to light. The other who was missed is now offering his flesh. It is a process of transformation that needs two bodies in order to happen. It is here that the process of

---

<sup>8</sup> Frans Meulmeester has addressed the same topic in an unpublished paper ‘Gestalt in seven steps’.

transformation starts. Here the 'unfinished business' of the field, a world of unformulated proto-feelings, comes to existence and is ready to be processed. And it is also here that the risk of being seized by the fixed pattern without supporting its transformation, and thus the risk of re-traumatisation, is high.

The following guidelines offer a way for the therapist to orient herself in those delicate moments, when the repetitive patterns of field organization can be changed. During the transformative process, the therapist is continuously dealing with the uncertainty of the unfolding field. She needs to be able to tolerate not knowing and to be ready to change direction according to the field's forces. The metaphor of being in a river moved by bigger forces expresses that attitude. The therapist proceeds with both cautiousness and faith, ready to be awkward, and prepared to take wrong steps while incessantly correcting them.

## **5. Guidelines for modulating the therapist's presence**

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

For didactic reasons, we will divide the process into a sequence of steps, although in practice it is experienced more as a flow of slower and faster parts. We will also use the first-person perspective in our description in order to highlight the subjectivity and intimacy of experiential work. Thus, we can recognize three basic phases (divided into partial steps):

- (1) Attention without judgment (*Epoché*);
- (2) Receiving the first and the second wave (*Lending the flesh*);
- (3) Supporting the new emerging dynamics (*Poiesis*).

## **5.1. Attention without judgment (*Epoché*<sup>9</sup>)**

### **5.1.1. I focus on myself**

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

### **5.1.2. I slow down and wait**

I rely on my own resources to deal with the risk, so as not to do anything actively directed towards the client yet. I do not try to change the situation, or even have a focus, concept, or vision. I can support myself by slowing down and adopting an attitude of waiting-for-what-comes. I prepare a clearing (*Lichtung*<sup>10</sup>) for what has started to come and may develop. I take my distance from the emerging noise, without focusing too much on its contents; I do not give importance to anything particularly specific<sup>11</sup>.

### **5.1.3. I expose myself to the field's forces**

I expose myself to whatever comes, with the senses receptive and awake, ready and without any specific focus. I am open and grounded bodily, focused on my senses to welcome whatever comes. I focus on whatever is moving me, whatever is happening to me, without

---

<sup>9</sup> *Epoché*, from the Greek, is the act of holding on, of stopping and waiting. Husserl takes the concept from the pyrrhonists (e.g. Sextus Empiricus), for whom *epoché* meant a suspension of judgement, defined as a state of the intellect on account of which we neither deny nor affirm anything, which was used for the ultimate goal of *ataraxia*. So, in phenomenology *epoché* is the act of bracketing all preassumptions and judgments about the emerging phenomena as they appear, in order to receive them simply as they are. For a Gestalt therapy revision see Bloom (2009; 2019). We thank George Giaglis for sharing with us his knowledge and passion for etymology.

<sup>10</sup> *Lichtung* is a neologism coined by Heidegger, referring to the experience of walking in a dark wood and suddenly arriving in a clearing, where light comes and reveals for a moment an unexpected landscape. For Heidegger, it is both the light that reveals and the work for preparing the conditions for truth appearing, for what is hidden to come to light, to exist.

<sup>11</sup> (Bloom, 2009; 2019).

dismissing any element or possibility. I attune myself to the pathic dimension<sup>12</sup>, the twilight, the undifferentiated and synaesthetic moment of the onset of the sensations.

## **5.2. Receiving the first and the second wave (*Lending the flesh*);**

### **5.2.1. I receive the first wave without reacting**

When something comes to me as my experience, I do not dismiss it, nor do I react to it. I am aware that the more what comes is strange, disturbing, out of place, and inappropriate, the more important it could be for the process of change. It could be unpleasant, shameful, or even distressing. I do not prematurely attribute the experience to myself or to the client. Rather, I welcome it and keep my distance from it, relying on my bodily self-support. I maintain a position of wonder and curiosity: '*what is happening to me?*' Whatever I feel, I do not identify with it for now. What I feel is a way to detect the force of the field ('*I am not what I feel, I am more than what I feel, I look with curiosity to what I feel*'). Curiosity helps me to keep some distance from the impulse triggered by the feeling. This is how I make the move from the phenomenal field to the phenomenological field.

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

### **5.2.2. I wait again, now for the second wave**

Now I need to wait again, but it is another quality of waiting. Earlier, it was waiting in an open space, in a clearing. Here the situation is different. Something has already come, has already taken me; the space is occupied and affectively tuned. While holding onto what has already appeared, I now wait for what comes next. I need to tolerate a certain degree of

---

<sup>12</sup> The pathic dimension of experience refers to the bodily sensations that cannot be chosen, so they are *pathòs* (see §2.1).

discomfort and uncertainty (Staemmler, 1997). A good question at this point is ‘*what is my experience as a therapist in feeling such a sensation/emotion in this situation?*’ It is crucial to consider the feeling within the frame of the therapeutic situation where the feelings are emerging. That anchors me to the personality of the situation, while waiting for the second wave of my experience. It also helps me differentiate myself a bit more from the feelings that have seized me. I detect what emerges from the fringes of the first feeling, from the background.<sup>13</sup> I give time, space, and flesh to what usually does not emerge and is not yet formulated (Stern D.B., 2015), for it to take shape and come to exist.

### **5.2.3. Receive what comes next: the second wave brings the *logos***

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

### **5.2.4. Let the meaning come**

From the second wave that emerges from the background of the first feeling, a kind of new understanding and meaning starts to appear and prepares me for a possible active intervention. Often, the meaning is not yet clear, it is more of an intuitive nature. However, it is clear to me now that what is happening is meaningful, opening up an unencumbered way of moving in a new, although possibly not yet clear, direction. The meaning is not necessarily conceived cognitively. It can come to me as a metaphor, a picture, a sound, a memory, a movie,

---

<sup>13</sup> This is what Ken Evans (Evans and Gilbert, 2005) called the second impulse of the therapist, which informs us about the unfulfilled relational needs from the client’s history.

or I may be attracted by a detail that becomes figure, etc. It can happen that there is only the feeling that what is happening is meaningful, without knowing the content of the meaning yet.

### 5.3. Supporting the flow of the emerging dynamics (Poiesis<sup>14</sup>)

At this point, the ground for active intervention is ready. There are many different possibilities to actively intervene in the complex configuration of feelings and movements that have emerged. The awareness of the situation is now ripe and mature, and it supports my ego-function, so I can take a decision and action. By active intervention we mean any decision that I take and put into action in this moment, including when I decide to do nothing. My aim is to support the movement that is already happening at this point. The forces are in motion, I just need to follow and support them. The decision is based on the aesthetic intrinsic criterion in the present situation (Bloom, 2003; Francesetti, 2012; Roubal, Gecele & Francesetti, 2013). I let myself be used by the new dynamics of the field's flow, with my already developed awareness of it. My action is 'phronetic,' since my decision is based on the forces in play right in this unique moment. Here are some examples of possible active interventions:

- **I do nothing** (on a behavioural level). This is the case when I feel that the movement is already going on and that it can continue and find good form by itself. This 'doing nothing' is not a lack of support, but rather a specific stance: I am aware, recognize, allow, and welcome the movement, and I release into the field my trust that the movement is good in itself and my faith that it will develop in a good way. My task, in this case, is not to step in the way of the process of change and not to interfere with it.

- **I propose an experiment.** This is the case where I need to explore further the forces already in play and to support their movement (Roubal, 2019b). Such support is when I need more clarity about the meaning or more intensity or embodiment of the forces and movements in play.

- **I self-disclose.** I share what I am experiencing, with the intention of finding meaning together with my client. Self-disclosure contains a lower risk of re-traumatization if it happens after that the second wave has appeared. So, as a basic rule of thumb, I do not share my feelings until I have a background for the first feeling. It would appear useful to share not just one of the two feelings, but the dynamics between the two.

---

<sup>14</sup> Poiesis, from the Greek, means to create, to make, from the same root of "poem." The therapeutic intervention can be conceived as an act of doing according to the intrinsic aesthetic criterion of the Gestaltung, and so it is a form of poietic and poetic act.

It can be safer to start by sharing the second feeling since it provides a background to the first. Sharing aims to support the progression of the movement from the now to the next. In this moment, the movement emerges from the repetitive pattern and moves towards a new configuration. It is important that I share my experience with the client when I am aware of that movement.

- **I do not self-disclose** and remain curious about my resonances. I do not understand their meaning yet and I feel it is risky to explore and to share. I keep my resonances to myself as important information, without sharing them. I need more time and I consider requesting a supervisory session.

- I receive a second wave without being able to connect it with the first one. There is no clarity or direction, just a difference, two strong and apparently independent movements. In this case, **I wait and welcome everything appearing, while containing it.** I consider the meaning of such a situation, including that when the process of differentiation is difficult (as in personality disorders and psychotic experiences), a longer time in therapy will be needed. I need to welcome whatever comes until the meaning emerges. In these cases, I consider a process of continuous supervision.

## **6. A Clinical example: *I can't! No, you must!***

A clinical experience<sup>15</sup> of one of the authors in a workshop is presented here to illustrate the sequence described above, as well as both the risks of re-traumatisation and the possibilities to support transformation.

In a group, Veronica feels deeply touched and becomes very emotional, so she asks for personal work.

*'My son, now 10 years old, was sexually abused when he was 2, by a boy much older than him.'*

She tells me that when her son told her and her husband the games that the older boy was making him play, she was upset and started screaming, saying that it could not be true, that it was wrong, that it was impossible, and she ran away screaming and crying, leaving the child with his father. She ran to her mother and when she came back later she was calmer but unable to speak about what happened. After two years, they decided to undergo family therapy, and it was very good for all of them. After that, for the last six years, nobody in the family has ever mentioned the abuse.

---

<sup>15</sup> This clinical example has been checked by the client and it is published with her permission.



Now, Veronica is seized by strong emotions; she is shaking, crying. I am very touched and attuned, and I give her bodily support in order to let the feelings come out between us. She comes to a peak, her body shaken and trembling:

*'I am shaken, I am scared, I feel sick, I am going to vomit.'* She starts retching violently, on the verge of vomiting.

In this unbearable intensity she says *'I can't! I can't! I can't bear it! I can't!'*

I hold her hands and immediately I feel a change in myself. I feel my body becoming stronger and stiffer and I think that she must, that it is definitely her responsibility as a mother to bear it, that she should have stayed by her child instead of running away. I feel this 'you must!' very strongly, and I become curious about it... it seems too strong, even violent... I feel such intensity and absolute certainty to the point that I feel my reaction is out of place. I feel that my body is full of power—I know what must be done and I want to impose it. Her 'I can't' is not relevant at all.

I am surprised by how strongly I am seized by these feelings. So, I wait... and I feel that I have become cold and powerful, I feel a disproportionate power over her... I realize that I am doing a kind of violence to her. I cannot accept her saying 'I can't'; she must tolerate it! I stay with this.

Something softens in my body, somewhere in my chest. And I realize that I am forcing her boundaries, her limits... and this orients me to think, of course she has the right of not being able to tolerate...What would I feel if I was her? Of course it is her right to have limitations and nobody has the right to overcome them.

And so, very simply, I say: *'no, of course you can't... you can't.'*

The atmosphere and the emotions immediately change. They remain extreme, but there is no retching any more. Instead, a sobbing cry arrives, a relieving, deep, sobbing cry.

The theme of overcoming and forcing the boundaries, present in every abuse, has emerged. I embodied it. By feeling it was out of place, by not re-acting, but waiting, it has allowed me to feel something soft and to feel respect for her. It has oriented me. I did not act it out, I legitimated the limit, the boundary, which in a field of abuse is crucial and transformative.

After the emotional peak passes, she shares that this 'I can't' was always present. But it was perceived as an unbearable guilt, totally delegitimized, and so it was quickly dissociated and forgotten. In any case, it was unspeakable. In both cases, of feeling or dissociating guilt, it was impossible for her to share it with her husband, because the guilt of having run away was too great. But it remained in her mind every day, every single day for the last eight years.

Now that the limit and the boundary is legitimated between us and in the group, everything flows. A new awareness of willing to share with her husband emerges, and she clearly realizes

that they both need support, that the family sessions six years ago were good, but that there are still more issues to be processed and reprocessed, especially now that their son is entering into preadolescence.

*'How do you feel Veronica?'*

*'I feel exhausted.... yes, really exhausted... and free.'*

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

## **7. So what?**

The other was missed, the experience could not be processed, now the other comes and the experience can be assimilated... Is life a zero-sum game? Not exactly. When the therapist is present to the emerging absences, what was waiting for the other arrives at the contact boundary. The cherished pain emerges and it is transformed. In that moment, there is an increase in presence and in being (Weil, 1952), a production of presence (Gumbrecht, 2003) that we perceive like something beautiful appearing. So, the sum of this existential game is not zero—beauty is the remainder. Beauty emerges, and this is the plus that the world receives from the transformation of suffering into pain and of pain into beauty. Beauty is the core of some existential and philosophical views, to the point that beauty can be conceived as what will save the world (Dostoevsky, 1869) or the intrinsic law of what is good (Weil, 1952), or the final goal of the evolution of the universe (Whitehead, 1929). We are intrigued by these perspectives, even though we do not dare go so far. But what we can say is that the emerging beauty in the process of transforming suffering seems to be the palpable sign that this fragment of the world—as tiny as it may be—has been healed.

## **Literature**

Anderson H. (1997). *Conversation, language, and possibilities: A postmodern approach to therapy*. New York, NY: Basic Books.

Beisser A. (1970). The Paradoxical Theory of Change. In: Fagan, J., Shepherd, I. (eds.), *Gestalt Therapy Now*. New York, NY: Harper Colophon Books, pp. 77-80.

Bion W. (1967). Notes on memory and desire. *Psycho-analytic Forum*, II, 3: 271-280 (reprinted in: E. Bott Spillius, ed., *Melanie Klein Today. Vol. 2: Mainly Practice*. London: Routledge, 1988, pp. 17-21).

- Bloom D. (2003). "Tiger! Tiger! Burning Bright". Aesthetic Values as Clinical Values in Gestalt Therapy. In: Spagnuolo Lobb M., Amendt-Lyon N. (eds.), *Creative License. The Art of Gestalt Therapy*. Wien-New York: Springer.
- Bloom D. (2009). The Phenomenological Method of Gestalt Therapy: Revisiting Husserl to Discover the Essence of Gestalt Therapy. *Gestalt Review*, 13, 3: 277-295.
- Bloom, D, 2016, "The Relational Function of Self: Self Function on the Most Human Plane. In *Self, A Polyphony of Contemporary Gestalt Therapists*, edited by Jean-Marie Robine. 67-87. St Romaine Virvée, France: L'Exprimerie.
- Bloom, D. 2019. "Gestalt Therapy and Phenomenology: The Intersection of Parallel Lines." In *Handbook for Theory, Research, and Practice in Gestalt Therapy*, 2nd ed. edited by Philip Brownell, 183–202. Newcastle upon Tyne, UK: Cambridge Scholars Publishing.
- Fink E. (1933). Die phänomenologische Philosophie Husserls in der gegenwärtigen Kritik. *Kantstudien*, 38(1-2): 319-383.
- Böhme G. (2017). *The Aesthetics of Atmospheres*. New York, NY: Routledge.
- Costa C., Carmenates S., Madeira L., Stanghellini G. (2014). Phenomenology of atmospheres. The felt meanings of clinical encounters. *Journal of Psychopathology*, 20,4: 351-357.
- Damasio A. (2012). *Self Comes to Mind. Constructing the Conscious Brain*. New York, NY: Vintage.
- Dostoevskij F. (1869). *The Idiot*. New York, NY: Vintage, 2003.
- Evans K. (2007). Living in the 21st Century: A Gestalt Therapist's Search for a New Paradigm. *Gestalt Review*, 11(3): 190-203.
- Evans K., Gilbert M. (2005). *An Introduction to Integrative Psychotherapy*. Houndmills, NY: Palgrave Macmillan.
- Fonagy P., Target M. (1997). Attachment and Reflective Function: Their Role in Self-organization. *Development and Psychopathology*, 9(4): 679-700.
- Francesetti G. (2012). Pain and Beauty. From Psychopathology to the Aesthetics of Contact. *British Gestalt Journal*, 21,2: 4-18.
- Francesetti G. (2015). From Individual Symptoms to Psychopathological Fields. Towards a Field Perspective on Clinical Human Suffering. *British Gestalt Journal*, 24, 1: 5-19.
- Francesetti G. (2016). "You Cry, I Feel Pain". The Emerging, Co-created Self as the Foundation of Anthropology, Psychopathology and Treatment in Gestalt Therapy. In: Robine J.-M. (ed.), *Self. A Polyphony of Contemporary Gestalt Therapists*. St Romain la Virvée: L'Exprimerie.
- Francesetti G. (2019a). The Field Strategy in Clinical Practice: Towards a Theory of Therapeutic Phronesis. In: Brownell P. (ed.), *Handbook for Theory, Research and Practice in Gestalt Therapy (2nd edition)*. Newcastle Upon Tyne, UK: Cambridge Scholars Publishing.
- Francesetti G. (2019b). A Clinical Exploration of Atmospheres. Towards a Field-based Clinical Practice. In: Francesetti G. and Griffiero T. (eds.), *Psychopathology and Atmospheres. Neither Inside nor Outside*. Newcastle Upon Tyne, UK: Cambridge Scholars Publishing.

- Francesetti G. (2019c). *Fundamentos de psicopatología fenomenológico-gestáltica: una introducción ligera*. Madrid: Los Libros del CTP.
- Francesetti G. (2019d). *Psychopathology, Atmospheres, and Clinical Transformations: Towards a Field-Based Clinical Practice*. In: Griffero T., Tedeschini M. (Eds.), *Atmospheres and Aesthetics. A Plural Perspective*. Palgrave Macmillan, London, pp. 223-240.
- Francesetti G. (2019e). *La metamorfosi del dolore*. In: Conte V., Sichera A. (Ed.), *Avere a cuore. Scritti in onore di Giovanni Salonia*, Edizioni San Paolo, Cinisello Balsamo (MI) pp. 109-118.
- Francesetti G. (forthcoming). *Fundamentals of Phenomenological-Gestalt Psychopathology: a Light Introduction*. L'Exprimerie, Bordeaux.
- Francesetti G., Spagnuolo Lobb M. (2013), *Beyond the Pillars of Hercules. A Gestalt Therapy Perspective of Psychotic Experiences*, in: Francesetti, G., Gecele, M. and Roubal, J. (eds.), *Gestalt Therapy in Clinical Practice. From Psychopathology to the Aesthetics of Contact*, Milano, FrancoAngeli, pp. 393-432.
- Francesetti G., Griffero T. (eds.) (2019). *Psychopathology and Atmospheres. Neither Inside nor Outside*. Newcastle Upon Tyne, UK: Cambridge Scholars Publishing.
- Frank R., La Barre F. (2010). *The First year and the Rest of Your Life. Movement, Development and Psychotherapeutic Change*. Routledge, London.
- Griffero T. (2017). *Il pensiero dei sensi. Atmosfere ed estetica patica*. Milano: Guerini Scientifica.
- Gumbrecht H.U. (2003). *Production of presence: What Meaning Cannot Convey*. Stanford: Stanford University Press.
- Husserl E. (1913). *Ideas. General Introduction to Pure Phenomenology*. New York, NY: MacMillan, 1931.
- Jacobs L. (2017). Hopes, Fears and Enduring Relational Themes. *British Gestalt Journal*, 26,1: 7-16.
- Lewin K. (1952). *Field Theory in Social Science: Selected Theoretical Papers*. New York, NY: Harper & Brothers.
- Marion J.-L. (2003). *The Erotic Phenomenon*. Chicago, IL: University of Chicago Press, 2008.
- Parlett M. (2005). *Contemporary Gestalt Therapy: Field Theory*. In: Woldt A.L., Toman S.M. (eds.), *Gestalt Therapy. History, Theory, and Practice*. London: Sage.
- Perls F., Hefferline R.F., Goodman P. (1951). *Gestalt Therapy. Excitement and Growth in the Human Personality*. Highland, NY: Gestalt Journal Press; Gouldsboro, ME: Gestalt Journal Press, 1994.
- Philippson, P. (2009). *The Emergent Self. An Existential-Gestalt Approach*. London: Karnac Books.
- Robine J.-M. (2008). Le fond du champ. En arrière-plan du concept. *Cahiers de Gestalt-thérapie*, 22,1: 197-210.
- Robine J.-M. (Ed.) (2016). *Self, A Polyphony of Contemporary Gestalt Therapists*. St Romaine Virvée, France: L'Exprimerie.
- Roubal, J. (2019a) Theory of change in Gestalt therapy clinical work. Preface. In Francesetti, G., Vázquez Bandín, C., Reed, E. (eds.) *Obsessive-compulsive experiences: a Gestalt therapy perspective*. Madrid, Los Libros del CTP, 9-20.

- Roubal J. (2019b). An Experimental Approach: Follow by Leading. In Philip Brownell (ed.). *Handbook for Theory, Research, and Practice in Gestalt Therapy, 2nd edition*. Newcastle upon Tyne: Cambridge Scholars Publishing, 220-268.
- Roubal J., Gecele M., Francesetti G. (2013). Gestalt Therapy Approach to Diagnosis. In: Francesetti G., Gecele M., Roubal J. (eds.), *Gestalt Therapy in Clinical Practice. From Psychopathology to the Aesthetics of Contact*. Milano: FrancoAngeli.
- Roubal J., Francesetti G. Field Theory in Contemporary Gestalt Therapy. Paradoxical Theory of Change Reconsidered. *Gestalt Review*, forthcoming.
- Salonia G. (2013), *Social Context and Psychotherapy*, in: Francesetti G, Gecele M. and Roubal J., Eds., *Gestalt Therapy in Clinical Practice. From Psychopathology to the Aesthetics of Contact*, Milano, FrancoAngeli.
- Smuts J.C. (1926). *Holism and Evolution*. New York, NY: Macmillan; Goulsboro, MA: Gestalt Journal Press, 2013.
- Spagnuolo Lobb M. (2018), Aesthetic Relational Knowledge of the Field A Revised Concept of Awareness in Gestalt Therapy and Contemporary Psychiatry, *Gestalt Review*, 22, 1: 50-68.
- Staemmler F.-M. (1997). On Cultivating Uncertainty: An Attitude for Gestalt Therapists. *British Gestalt Journal*, 6,1: 40-48.
- Staemmler F.M. (2006). A Babylonian Confusion? On the Uses and Meanings of the term Field. *British Gestalt Journal*, 15,2: 64-83.
- Stern D.B. (1997). *Unformulated Experience. From Dissociation to Imagination in Psychoanalysis*. Hillsdale, NJ: Analytic Press.
- Stern D.B. (2015). *Relational Freedom. Emergent Properties of the Interpersonal Field*. New York, NY: Routledge.
- Vázquez Bandín C. (2014). *Sin tí no puedo ser yo. Pensando según la terapia Gestalt*. Los Libros de CTP, Madrid.
- Waldenfels B. (2011). *Phenomenology of the Alien: Basic Concepts*. Evanston, IL: Northwestern University Press.
- Weil S. (1952). *Gravity and Grace*, trans. by Emma Crawford and Mario von der Ruhr. London-New York: Routledge, 2002.
- Whitehead A.N. (1929). *Process and Reality*. New York: Free Press, 1978.
- Wiesing L. (2014). *The Philosophy of Perception. Phenomenology and Image Theory*. London: Bloomsbury.

Gianni Francesetti, M.D., is a psychiatrist, Gestalt therapist, and Adjunct Professor of Phenomenological and Existential Approach at the Dept. of Psychology of the University of Torino, Italy, and he also works as an international trainer and supervisor. A past president of the EAGT (European Association for Gestalt Therapy), the SIPG (Italian Society for Gestalt therapy), and the FIAP (Italian Federation of Psychotherapy Associations), he is currently Co-Director of the IPsiG—International Institute for Gestalt Therapy and Psychopathology, President of Poiesis—Gestalt Therapy Clinical Centre of Torino, and Co-Director of the Turin School of Psychopathology . Gianni is a member of the New York Institute for Gestalt Therapy, the Association for the Advancement of Gestalt Therapy (AAGT), the European Association of Psychotherapy (EAP), and the Society for Psychotherapy Research (SPR).

[gianni.francesetti@gmail.com](mailto:gianni.francesetti@gmail.com)

Jan Roubal, M.D., Ph.D., is an Associate Professor at Masaryk University in Brno, Czech Republic, where he also works in the Centre for Psychotherapy Research. Jan is both a psychotherapist and psychiatrist, and works internationally as a psychotherapy trainer and supervisor. He has founded and leads two training programmes, *Training in Psychotherapy Integration* and *Gestalt Studia*, in the Czech Republic.. Co-Director of the Turin School of Psychopathology, he has co-edited the books *Current Psychotherapy*, *Gestalt Therapy in Clinical Practice*. *From Psychopathology to the Aesthetics of Contact*, and *Towards a Research Tradition in Gestalt Therapy*.

[jan.roubal.cz@gmail.com](mailto:jan.roubal.cz@gmail.com)