

Final version to be published in *Psychotherapy: Theory, Research, Practice & Training*. © APA. This is a post-print version of this article. This article may not exactly replicate the final version published in the journal. It is not the version of record.

Gestalt Therapy in Clinical Practice: From Psychopathology to the Aesthetics of Contact by Gianni Francesetti, Michela Gecele, & Jan Roubal (eds.). Milan, Italy: FrancoAngeli, 2013, Gestalt Therapy Book Series, 762 pp, 10 tables, 2 figures. ISBN: 978-88-204-2072-7 €55.00

Reviewed by Robert Elliott, School of Psychological Sciences & Health, University of Strathclyde (Scotland).

The humanistic therapies have long rejected psychiatric diagnosis and, along with that, the development of specific ways of working with specific client populations (e.g., Rogers, 1957). Although this has begun to change in recent years (e.g., Greenberg, Watson & Lietaer, 1998), very little is known about how to go about adapting humanistic approaches such as Gestalt therapy to specific subpopulations of clients. This is exactly what Francesetti, Gecele and Roubal set out to do in *Gestalt Therapy in Clinical Practice*.

In this historic, encyclopedic work, a group of well-known, talented Italian Gestalt therapists and trainers contribute close to half of the 33 chapters. Around this core are writers from 13 other countries, mostly European. Unusually, but true to the dialogical nature of Gestalt therapy, each chapter concludes with a critical commentary by another expert in the same topic. The result is a rich, international polyphony on the current state of Gestalt theory and practice, appropriate for inexperienced and experienced practitioners, especially those with a humanistic therapy orientation.

As noted, the primary focus is on differential treatment, that is, careful adaptations of Gestalt therapy to each of 21 client populations and presenting problems, from shame to forensic populations, from psychosis to narcissistic personality difficulties. This puts the authors into dialogue with standard models of psychopathology in psychology and psychiatry, as they attempt to translate or reformulate traditional psychiatric practices and concepts like diagnosis, medication and hysteria into Gestalt terms, with varying degrees of success.

Reviewing a book like this is a bit like reviewing an encyclopedia. The first section consists of seven chapters that provide an overview of the current state of Gestalt therapy theory and its interface with related fields. I found the chapters on fundamentals, psychopathology, diagnosis, ethics and medication to be very useful; however, the chapters on developmental theory and research seemed underdeveloped and too abstract to me.

The second section locates Gestalt therapy within its larger social and cultural contexts and makes it clear that this is a relational rather than an individualistic form of Gestalt therapy. To my mind, this provided interesting background reading, but there was too much general material here (e.g., a whole chapter on Paul Goodman's political views) and not enough about practice. I wanted to see more here like Robine's piece on shame, which formulates a key role for implicit shame that really rings true with the socially anxious clients I work with.

The third section consists of five clinically useful chapters on specific life situations, including work with children and young people, the elderly, bereavement, trauma, and suicidality. These chapters illustrate the key strengths of the book, focusing on client lived experience or phenomenology, translating/reformulating more traditional psychiatric concepts into Gestalt terms, continually locating clinical phenomena within their broader cultural-historical context, while also providing rich, detailed case illustrations for the reader to see how the theory plays out and what the practice looks like concretely. In my view, the chapter by Mann on working with client suicidality is one of the strongest in the book, emphasizing the value of detailed exploration of suicidal experience in the context of a strong therapeutic relationship and pointing to the role of shame and loss of connection in client suicidality.

The fourth section, which makes up half of the book, cycles through a large catalog of particular client presenting problems (“clinical sufferings”, a lovely phrase). This section makes it possible to use *Gestalt Therapy in Clinical Practice* as a practice handbook, into which a psychotherapist could dip for help in working with particular clients. Although it would be going too far to describe this as a set of treatment manuals, these chapters regularly feature useful theory, practice principles and well-chosen and presented case examples.

Highlights for me in Part IV included the following: Meulmeester’s chapter, “‘What Does it Look Like?’ A Gestalt Approach to Dementia,” is highly consistent with new developments in the field, such as validation therapy (Neal & Briggs, 2003), and usefully reframes dementia as “confusion and disorientation.” Brownell and Schulthess offer a particularly nice chapter, ‘Dependent Behaviors,’ on self-damaging behavior/substance misuse, in which they integrate Gestalt therapy with elements of Motivational Interviewing and emphasize the relational context of self-damaging activities. After some rather dense philosophical background, Francesetti and Spagnuola Lobb’s chapter, ‘Beyond the Pillars of Hercules. A Gestalt Therapy Perspective of Psychotic Experiences,’ does an excellent job of capturing psychotic experiences as “creative adjustments” and provides lovely client examples and useful information of how to implement the treatment in an inpatient setting. Finally, I think Spagnuola Lobb’s chapter on working with clients with borderline processes (‘Borderline. The Wound of the Boundary’) is an important, ambitious piece that really captures what this book is trying to do: Among many other things, she thoroughly analyzes the standard diagnostic criteria and reformulates each in Gestalt terms and offers a framework of five key change processes for work with this challenging client population.

Other high points in the section on ‘Specific Clinical Sufferings’ include the following chapters: Francesetti’s chapter on working with panic attacks formulates them as involving a traumatic “loss of ground”, with clear descriptions of practice. Salonia details six types of anxiety difficulty with formulations and therapeutic suggestions for working with each. Conte and Mione’s chapter locates eating difficulties culturally, provides precise phenomenological descriptions, and contains a great case study. In writing about psychosomatic difficulties, Nemirinskiy helps us appreciate physically-manifested client symptoms as vitality/contact and offers a set of useful experiments for application with this population. Also recommended: Amendt-Lyon on sexual difficulties and Bongers on working with forensic populations who have been coerced into therapy.

Though I am very impressed by what I’ve read here, I do have a couple of complaints: First, perhaps inevitably, there is some unevenness between chapters, with the weaker ones tending to be too abstract, global or traditionally Freudian (see

chapters on depression, bipolar, anxiety, narcissistic, and hysteric personality processes). This can make parts of some chapters tough going. Interestingly, this was generally pointed out and partly remedied in the end-of-chapter commentaries. Second, for a professionally published book, the large number of typographical errors disappointed me, suggesting the need for better copy-editing and proofing in future.

Nevertheless, it will be evident from this necessarily brief summary of highlights that *Gestalt Therapy in Clinical Practice* is a comprehensive, landmark work that demonstrates the vitality and creative energy of Gestalt therapy as it is today. Although techniques and experiments are described here, it is clear throughout that the central focus of the approach is the therapeutic relationship, specifically the healing power of authentic and properly-bounded dialogical contact between client and therapist. Having moved from its previous individualistic focus to a strongly and ethically grounded relational position, it has now accumulated a rich set of theoretical concepts and therapeutic practices that give it the flexibility needed for application to a wide range of clients.

In fact, the ambitiousness of this work and the degree to which it succeeds inspires me to conclude with my personal wish list for a second edition or later version: First, I would like to see more on theory of practice and more specifics on what happens in sessions and how clients change. Second, the contributors to this volume have done the clinical and theoretical spadework needed as the foundation for useful, productive research. Capitalizing on what is so evident here, I am hoping that we will see much more research on outcomes and change processes in Gestalt therapy with different client populations.

References

- Greenberg, L.S., Watson, J., & Lietaer, G. (Eds.) (1998). *Handbook of experiential psychotherapy*. New York: Guilford.
- Neal, M., & Briggs, M. (2003). Validation therapy for dementia. *Cochrane Database Systematic Reviews*, 3, CD001394.
- Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21, 95-103.