

G. Francesetti, M. Gecele, J. Roubal

“Become yourself the prey” Field perspective and emerging self in psychopathology and psychotherapy.¹

Abstract

Therapist's and client's experience in the session are emerging from the field forces in play; these forces are the intrinsic tensions of the emerging field. We propose an understanding of the therapeutic process as a field phenomenon: the process of change is made by the forces already active in the field and the therapist has just to let them move on without interfering, or sometimes to support them. Psychopathology is then the emerging absence, and therapy becomes the art of presence.

Keywords

Field, Psychopatology, Presence

Received: 14/03/2022

Approved: 22/05/2022

Editing by: Giulio Piatti

© 2022 The Author. Open Access published under the terms of the CC-BY-4.0.

gianni.francesetti@gmail.com

michelagecele@gmail.com

roubal@fss.muni.cz

¹ This contribution is a revision of Francesetti, Gecele, Roubal (2022).

Go slowly. Let your hand
Express the fragile suggestion.
Have faith in that nothing
That comes—that nothing that happens.
Don't speak a word.
Let it come on its own. Become yourself
The prey. Let it capture you.

(Mariangela Gualtieri,
Celestial Madness, 2019)

1. *Introduction*

Field theory has been a core concept of Gestalt Therapy since the beginning of its development (Robine 2001; Wollants 2008; Parlett and Lee 2005; Staemmler 2006; Francesetti 2019b; Francesetti and Roubal 2020), and it has been used with different meanings by various authors to the point that this theoretical domain can lead to a Babylonian confusion (Staemmler 2006). This is not just a sign of lack of definition and clarity, but indicates the richness of this concept that can have multiple understandings and applications (Philippson 2016). We claim in this paper that field theory is not only a bedrock of our approach, but one of the possible paradigms that informs clinical practice in Gestalt therapy, in psychotherapy and in psychiatry. We can identify other paradigms: i.e., the mono-personal and the bi-personal paradigm, that we have discussed elsewhere (Francesetti and Roubal 2020; Roubal and Francesetti forthcoming). In this chapter we want to focus on the implications of the field paradigm for psychopathology, psychotherapy, and psychosocial perspectives. According to field theory the self is not a structure, but an emergent process (Philippson 2009; Robine 2016; Höll 2020). The consequence of this conceptualization is that there is a dimension of the ongoing process of the emergence of self when self and world are not yet differentiated and from where the poles of self/world (or me/other or subject/object or organism/environment) emerge. This foundational pathic dimension – that the clinicians can access by their aesthetic sensitivity – is crucial for the diagnostic and therapeutic processes in a field perspective. We think that this paradigm is revolutionary for understanding the human suffering and for clinical practice.

This chapter is based on some papers already published (Francesetti 2012; 2015; 2019a; 2019b; Francesetti, Griffero 2019; 2020; Francesetti, Roubal 2020; Roubal, Francesetti forthcoming; Francesetti, Gecele, Roubal forthcoming; Gecele 2013; 2021), to which we refer the reader who is interested in more in-depth study.

2. Some preliminary definitions

Let's start with some definitions at the outset in order to clarify the terms that we use and the perimeter of our exploration.

2.1. The phenomenal field

The phenomenal field is the horizon of phenomenal events for a given situation, the boundary of possibilities within which certain phenomena tend to emerge, while others do not. For example, at a party with friends, it is easier for jokes and jests, moments of good cheer, and feelings of lightness to emerge, during which time will tend to flow quickly. At a funeral wake, it is more likely that feelings of heaviness will emerge, along with the slowing or rarefaction of time, gloominess, and immobility. The phenomenal field is perceptible by the senses as the atmosphere of the situation, in which the forces that condition the emergence of phenomena move. With black holes, the force that bends the events' horizon is gravity; with the phenomenal field, it is the intentionalities at play that bend it. In the therapeutic encounter, those forces – embodied intentionalities – move both the patient and the therapist who are functions of them. In this paradigm – in which the self is not a structure but a process that emerges in the situation – the forces in the phenomenal field are in motion before the subjects are differentiated and defined. Therefore, we can say that the therapist and the patient emerge, 'are made,' within the situation and are moved by the forces of the field. The phenomenal field is pathos: it is suffered and not chosen (Waldenfels 2011).

2.2. The phenomenological field

The phenomenal field (where I am subject-to) can be transformed into the phenomenological field (where I am the subject-of) that is, into a field where it is possible to reflect on what is happening and make

choices, where the sphere of possibilities can expand. Such a transformation is enabled by 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. We could say that the phenomenological field is the phenomenal field + 'logos', i.e., from the Greek, the possibility to bring order, meaning, sense, to think, reflect and to give words. That passage from the phenomenal to the phenomenological field is close to what Fonagy (Fonagy and Target 1997) describes as the capacity for reflection and mentalization. Nevertheless, from the perspective that we propose, the ability to reflect and verbalize is not only a passage to a cognitive competence, since it is combined with an embodied awareness of the sensorial phenomena in motion.

2.3. The psychopathological field

The psychopathological field is a phenomenal field where it is not possible to be present one to the other, either because perception or emotion is dulled or restricted, or because people cannot be fully constituted as differentiated and connected subjects belonging to a common world (in which case the experience has a psychotic quality). It is a phenomenal field where an absence is struggling to become present. Psychopathology can be seen as an expression of the ways in which we can be absent at the contact boundary. Psychotherapy then is a situation in which the therapist can be present to those absences.

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

Psychopathology starts when the other is missed. The sensorial and affective elements are proto-feelings² that cannot be assimilated and

² According to Damasio's definition of the stage of proto-self (when self and world are not separated and defined yet in the process of perception), we call proto-feelings the feelings that are not processed, nor arrive at a clear definition, and remain as a vague sensorial impression not clearly belonging to the person (Damasio 2010; Francesetti, Griffero 2019; Francesetti, Roubal 2020).

remain as more or less chaotic and disorganized sensorial footprints. We have some systems to protect ourselves from such chaos: we are able to put them aside, in order to render them minimally disturbing. They are dissociated and “packed up” in patterns of symptoms, syndromes, and personality. The tables of content of the nosographic psychiatric systems present 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 not-processed experiential points. Such absence is the emergent psychopathology that we experience when meeting our clients. There, the absences become present, and so therapy can be seen as a way of allowing the absences to become present.

We can see two main origins of absences emerging in therapy.

3. The stranger³ knocking on the door

The first origin of absences in therapy is connected to the impossibility of processing an experience.

Taking inspiration from both Gestalt Psychology and American Pragmatism, Gestalt therapy has rooted its anthropology in the description and analysis of the process of experiencing, i.e. the process of Gestaltung and the sequence of contact. To experience is a process starting from the emergence of a new figure. In order to process the novelty that we meet we need support (Perls 1992): the novelty, indeed, must be sensed, perceived, approached, chewed, assimilated, and in the process of assimilation the organism also changes and grows. But what happens if such support is not available? The result of facing the novelty without enough support is that the experience cannot be processed and assimilated. The bodily excitement remains unprocessed and an unfinished business remains open, waiting for the chance to be closed. In order not to be disturbed by it, we can put it aside, we dissociate those unprocessed feelings (proto-feelings), that cannot become integrated in

³ We have chosen the word “stranger” even though, in some of the literature quoted, the same concept is expressed by the word “alien” (Waldenfels 2011).

our personality’s archives, thus they cannot become ‘past’. All traumatic experiences, (but not only them) present this lack of environmental support and sensorial activation such that these experiences find no place in the memories that are integrated into the personality function⁴.

These proto-feelings are packed in rigid forms in order not to occupy too much space, time and energy in one’s life. They become absences at the contact boundary: inaccessible corners of our life’s landscapes, mute strings that cannot resonate, blind spots in our sight. These dissociated sensorial impressions are unformulated since the experiences take their form during the process that ends with the assimilation: the personality function weaves the sensorial impressions of the id function and makes it possible to create a narrative form of the experience. In a field perspective the novelty is not met as something external, objective, separated from the organism, it is an emerging phenomenon already influenced by the personality function, that is both supporting the process of meeting the novelty and hindering it with its structures and previous forms.

When there is not enough support, the body of the client is not enough to allow the process of *Gestaltung* to proceed towards assimilation. So, in the therapeutic meeting, the unformulated proto-feelings call the flesh of the therapist to emerge and to come into existence. They are like a stranger knocking on our door. Therapists lend their flesh⁵ to the field forces in order to allow the stranger to appear. The stranger knocking on the door is often disturbing: perceived as out of

⁴ Trauma, by definition, is an overwhelming event that cannot be processed. But also an experience that is not traumatic (and doesn’t activate the psychophysiological responses typical of trauma) can be unprocessed. I.e., a child who lives in a family where an emotional dimension is forbidden doesn’t have the support to feel, recognize, name, communicate it, and it remains unformulated and unprocessed. This is, for example, what usually happens in Panic Disorders that are not always connected to traumatic experiences, but to the impossibility to relationally process the feelings of solitude and so to recognize it (Francesetti 2007; Francesetti, Alcaro, Settanni 2020).

⁵ “To lend the flesh” is a specific philosophical concept developed by Jean-Luc Marion (2008). In a personal communication with one of the authors, he recognizes the important role that the phenomenon of lending the flesh (that he calls the “Erotic Phenomenon”) can have in therapy as conceptualized in Francesetti (2019a; 2019b; 2019c) and in Francesetti and Roubal (2020).

place⁶, inappropriate, embarrassing, shameful, etc. But “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” (Perls, Hefferline and Goodman 1994: 137).

The disturbing stranger knocking on the door is the welcome guest at the therapeutic meeting. It is a process belonging to the undifferentiated level of experience – it is not of the client, neither of the therapist – until somebody is available to receive it in order to allow it to become present. In this moment, the absence becomes present and it is not absent anymore. The stranger knocking on the door is finally admitted to life, in a unique and unpredictable way, since it takes its form when coming into existence in this unique therapeutic meeting.

Therapy, in this perspective, is the special time and space where these field forces are free to move. The task of the therapist is to lend flesh to them and not to step in the way of the process. “We 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, Hefferline and Goodman 1994: 24). This “art of doing nothing” (Roubal, Francesetti forthcoming) is however a very active psychotherapeutic attitude, since the therapist needs to transform their way of being in the session. They need to build enough self-support to be able to allow themselves to be used by the field forces, to embody the absences, and make them present.

4. *The one who is always there*

The second possible origin of absences in therapy is indeed connected with the social context at many different levels. The most simple, “normal”, one is what each society and culture take for granted. What is taken for granted can be more or less available to awareness and awareness can be more or less supported in different societies, for different issues, for different groups and for different people. What is normally taken for granted becomes invisible, and is not experienced as existing.

⁶ We developed the concept of atupon (out of place in Greek) elsewhere (Francesetti 2019a; Francesetti and Griffero 2019; Francesetti and Roubal 2020).

Like water for fish. It is the ground that enables societies and cultures to grow and perpetuate themselves. However, what enables societies to grow is also the possibility, sometimes for some of its members, to find new ways, to change something or just to be aware of the possibility for humanity to have different ways of living. The less this possibility is present and shared, the more the society and the culture create blind and fixed spots. The more societies, nations and cultures are powerful, successful and self-referential, the less this possibility is accessible for people. Such blind spots in a culture, a society, a group, a political party, or a family, can be easily detected by a third party, i.e., by everybody outside either the confluence or the influence (Gecele 2002; 2021).

For example, when we watch a video from the Sixties we immediately notice what was impossible to notice if we were in that time and culture. The fashion, the words, the attitudes, were peculiar maybe strange, and clearly different from other times. But the atmosphere, the *Zeitgeist*, is invisible when you are inside it. Also the forces that maintain the atmosphere are invisible, since they are acting on – and acted by – everybody. What exceeds this normality is easily put aside as weird, out of place, odd, irrelevant, useless, dangerous, unreal, crazy, etc. It becomes a minority with less voice. It has, indeed, more truth to speak (Francesetti 2013).

The consequence is that there are pieces of experiences or perspectives that are dissociated on a social level. What is beyond the horizon of the common world is neglected or rejected.

This horizon of the common social world supports some ways of being in relationships and prevents some others, so that societies have specific and normal ways for people to relate to each other⁷. There are omnipresent forces in a society that influence personalities to prefer a specific shape, to accept some feelings, beliefs, views, and to reject others. For example, aggression can be neglected or rejected, as stated by Perls, Hefferline and Goodman (1994), and this dissociated feeling comes up as a social tendency – powerful even though invisible – towards destructive and suicidal wars.

These kinds of absences are difficult to detect and, at the same time, crucial to consider. They are field forces omnipresent both in the client’s and the therapist’s lives. Water for fishes. The one who has always been

⁷ See the concept of Basic Relational Mode (Salonia 2007; 2013).

there. And they are important for psychopathology: "The disturbances are in the field (...). The lapse of community in political societies is not reducible to the neuroses of individuals, who indeed have become 'individuals' because of the lapse of community; nor is it reducible to bad institutions, for these are maintained by citizens; it is a disease of the field, and only a kind of group-therapy would help" (Perls, Hefferline and Goodman 195: 134-5). Different societies have different forces, exerting different pressures on the process of the emergence of individual personalities.

In a liquid society (Bauman 2002), fragmented and complex (Morin 2008), accelerated (Rosa 2010), with porous boundaries and disembodied (Gecele, Francesetti 2007), bipolar (Francesetti, 2019d), the personality cannot but be unstable, threatened by dissolution: the sense of identity becoming vague, uncertain, ephemeral. Two opposite risks arise: of discontinuity, emptiness and vagueness of the sense of self; or, at the other pole, the risk of adhesion to strong and salvific narratives. The first is more often met in therapy (people suffering from personality disorders), the second in politics (people needing a man of strength in a powerful position). In therapy all the actual clients come from such a social field and the therapists too. This is why personality disorders can be considered the ethnic disorder of our time (Gecele 2013; 2016), they have eroded the classical neurotic and psychotic functioning and ways of suffering. It is more and more important not to consider just the symptomatology or the disorder (as listed into the Axe 1 of the DSM IV), but to understand them in the frame of the personality functioning and traits of our clients.

The basic issue in therapy is no longer to gain a personal freedom from a rigid and limiting social context, as it was in the sixties when Perls was working in Esalen. Today it is rather to achieve a sense of being somebody rooted somewhere, with some more or less clear and persistent boundaries and sense of belonging. Our personality function cannot integrate all the accelerated, contradictory, ever changing, disembodied stimuli that we receive without the pauses needed to assimilate them. The consequence is that we change continuously our focus of attention and we split vertically different unfinished pieces of experience. More than the problem of the removed (the experiences that are pushed down, as happened in Freud's times), we have today the problem of the splitting between infinite not-integrated fragments of experience, that are continuously put aside (Gecele 2019). This is the background to be considered behind every suffering figural with our clients.

Being aware of this issue is a support for the therapist from the very first meeting: it offers the possibility of seeing the background that the client brings, the background from where the anxieties, depressive experiences, obsessive-compulsive behaviors, eating disorders, relational problems, etc. arise. Being aware of this common ground makes it possible for the therapist to rely upon a frame, to calm down, to stay rooted in the personality of the situation, and to offer very simple and surprisingly very effective feedback to the client. And, most importantly, being aware of dwelling in the same landscape as the client, he has the chance not only to experience it, but also to bring some logos to it.

5. The transformation of absences in presence

We have described two kinds of absences.

We called the first ‘the stranger knocking on the door’, which we refer to as a proto-experience that couldn’t be processed and that is pushing in order to be embodied and to emerge in the session.

We called the second kind of absence ‘the one who is always there’, which we refer to as the common and shared social ground where parts of possible experiences are neglected or rejected. In both cases, these absences are unformulated proto-feelings that cannot be fully present without some support. They are pushing as intentional forces of the field in order to emerge, increase the presence and develop the potentialities of the actual field (Perls, Hefferline and Goodman 1994: 151).

The task of the therapist is neither to change the client, nor the absences (Francesetti 2015; 2019a; Francesetti, Griffero 2019; Francesetti, Roubal 2020; Roubal, Francesetti forthcoming), it is rather to become aware of those absences in order to allow them to become present and to follow their journey towards being processed and transformed. Without the therapist’s awareness the absences remain absent and are reenacted in the therapeutic process, with a reiteration that can increase or reinforce the absences in the field.

We won’t describe here the theory and the passages in the modulation of the therapist’s presence, the reader can refer to Francesetti and Roubal (2020) and to the mentioned bibliography.

A couple of clinical examples may help to understand this process in the therapeutic practice.

5.1. “You must be angry!”

In a group, Roman, a 60 years old monk, has taken many roles of responsibility, both as a teacher and as an Abbot. Now he lives in another community where the Abbot is much younger and less experienced than him and who was his student years ago. The actual Abbot is leading the community by often humiliating the members. Roman strongly contributes to the community life, including financial support. Some months ago his laptop broke down and, after many frustrating requests for permission to buy another one, he was finally successful. The Abbot, in front of many other people, humiliated him by saying in a contemptuous and mocking way, "how ingenuous you are brother Roman to buy such a stupid laptop. You waste the money of this community!". Roman couldn't reply, felt very hurt and was unable to recover from that episode. From that point on, he has had declining energy, his voice has faded, he feels sad and exhausted, has experienced sleeping disorders, and has progressively withdrawn from the community's life. He is very critical towards himself: 'Why am I not able to recover from that episode? Has all the work that I have done on myself been useless? Why have I learned so little? Do I have so big an ego that I am not able to go beyond my narcissism?'

While listening to him, I feel pain and anger: first, pain for him and anger towards the Abbot. Then, suddenly, something changes: he was humiliated, and instead of protecting himself he feels inadequate, not good enough, guilty, he invalidates and devalues his feelings and his own value. How many times have I seen these dynamics in closed communities, not only religious ones. I share that I feel some anger and I ask what effect this has on him. He says that he understands. I ask him whether he feels anger too. He doesn't know. I feel a wave of anger: he should be angry, but he is not. Why is he so mild, gentle and submissive? I feel this wave as too strong, out of place, so I wait... and after a while I realize that what I am doing is what he is already doing to himself: I want him to feel something else other than blaming himself. Since he is not able to feel something different, I invalidate his way of being. Roman is like that: he is not angry, it is just me who feels anger. He is profoundly gentle. Why should he feel the same as I feel? Or what I think it is right to feel? I am putting into the field the same invalidating force that the Abbot uses, and that Roman uses against himself too... And now I feel pain for what I was doing, I stay with this, I breathe, my anger calms down. Then, while looking at him, a vague fantasy comes to my mind, something like a little flame in the darkness. I share it with him and then I say: "Maybe your persistent pain and your humiliation that

cannot be overcome are the ways of not letting the violence be normalized... Somebody in the community must do it”. Roman changes his eyes, he looks at me as if a new horizon has opened up. “Oh... I see... indeed the other brothers are accustomed to it... they are humiliated and this seems normal to them...”. He cries now. The pain has a meaning now, it can flow. Now his feelings are “right”. Everything becomes meaningful, included his movements – that now he shares with me – to leave this community and to found a new one. He was ashamed for that wish and vision, now he understands that maybe it is not a narcissistic illusion of too big an ego.

The therapist is taken by the force of invalidation, and he is about to act on it, of course with good therapeutic intentions (“you should be angry!”). He could even push the client to become angry, and in doing so he would just repeat – with good intentions – the invalidating and humiliating pattern. The perception of something out of place, too strong, supports the therapist to wait for what comes next, and the awareness of being invalidating again of Roman’s experience becomes clear. This opens the door for feeling pain for the invalidation that Roman has received, that he himself was doing, and even the therapist was about to do. In this case the stranger knocking on the door is the pain of the invalidation: while this pain cannot become present the invalidation will continue to circulate. In this process the therapist modulates his own presence: he is available to be taken by the field forces, he doesn’t reenact them, he waits and allows the something more⁸ to emerge that opens the door for the transformation.

5.2. “It’s not me!”

Another example is more connected to the second kind of absence, the one that is always there.

In the first session, Katy, a young woman who has just very successfully finished her studies in economy says: “I feel disoriented, I don’t know who I am, I can’t sleep anymore, I live in continuous anxiety, I don’t know why! With my boyfriend things are going worse and worse, even though nothing bad has happened... I feel desperate, I cannot recognize myself.... it’s not me!”.

⁸ We called this second feeling “the second wave” (Francesetti, Roubal 2020).

She is very upset, and for the first half of the session her intense and unmanageable feelings occupy all the available space, and the therapist is not able to intervene in any way. Then, he offers her just a simple and obvious reminder: "Katy, you said that you have just finished the University and that it was very stressful. So, in this moment you may be very tired and also uncertain about the direction you will take in your life".

Katy, after thirty minutes of strong tension in her body and an accelerated unstoppable talking, finally breathes out, and leans on the chair.

She pauses and then says "Do you think so?".

"Yes, I think so..."

"Oh, I am so relieved..."

As we discussed elsewhere (Roubal, Francesetti forthcoming), what matters in the therapeutic intervention is the quality of the therapist's presence: from where the words come, more than the spoken words. But what makes such a simple, even obvious, intervention effective? Let's consider the therapist's experience: for the first half hour the therapist is very tense, almost not breathing, taken along with Katy by the tornado in the room. Slowly he notices his own bodily tension, almost a kind of disembodiment, he tries to relax but he can't. So, after some struggle he let his experience be. At this point, some memories of scary and disorienting turning points in his life come up. He becomes aware that he is meeting Katy in her landscape, he comes back to his perception: he is taken by the same tornado, he doesn't know what to do, but he can feel, now, his and Katy's need to root somewhere. This awareness opens up some new possibilities, he breathes, he roots himself in his body and in the same unsupportive ground of contemporary time and society. In this case, the therapist is aware of the unsupportive social ground that the client and he share. He is now able to feel Katy's fearful disorientation, even her terror of no longer being the person that she once was. The therapist can calm down now. He senses his body and, very simply recognizes a possible meaning for Katy's situation. A possible meaning that is not necessarily catastrophic. The therapist has taken a little journey from disembodiment and disorientation to a feeling of being part of the same world as Katy. At this point he can ground himself in his somatic and emotional experience. Only as a result of the process of awareness of all that has emerged in the session is he able to support the personality function of the situation: now the feelings can be contained and a first provisional and possible shape of the experience begins to emerge.

6. Conclusions

In this paper we have tried to describe how we understand psychopathology as a quality of absence in the phenomenal field, and therapy as a modulation of presence. We have also identified two possible roots of these absences. Therapists, in this perspective, are not the agents of change, nor the co-creators of the change⁹. They are rather at the service of the field forces: they lend their flesh to these intentionalities in order to let them produce the transformation. Therapy, in this view, can be understood as the ‘art of doing nothing’. Nevertheless, this is not a passive attitude. On the contrary it is a very active one, even though often invisible from the outside. In psychotherapy, we are like artists who are in the service of the therapy process itself. Here, we come back to our foundations: “(...) we 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, Hefferline and Goodman 1994: 24). Change can grow from our humble, grateful, and joyful acceptance of what is. From a field theory perspective, the crucial point is that the therapist’s acceptance does not only refer 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. And the art of therapy, is to be aware of what is happening without reiterating the rejection of the stranger knocking on the door or the invisibility of the one who is always there. Being present to absence: this is the very simple, even though often not easy, core of the therapeutic process in a field theory perspective.

⁹ We don’t see the three paradigms of change (mono-personal, bi-personal, field theory based paradigm) as alternative or competitive at all. The three are equally important and in figure in different moments of the therapeutic process. See Francesetti, Roubal 2020 and Roubal, Francesetti 2022.

References

Bauman, Z., *Liquid Modernity*, Cambridge, Polity Press, 2002.

Damasio, A., *Self Comes to Mind. Constructing the Conscious Brain*, New York, Pantheon Books, 2010.

Francesetti, G., (ed.). *Panick Attacks and Post-modernity. Gestalt Therapy Between Clinical and Social Perspectives*, Milano, FrancoAngeli, 2007.

Francesetti, G., *Pain and beauty: from psychopathology to the aesthetics of contact*, "British Gestalt Journal", 21, 2 (2012), pp. 4–8.

Francesetti, G., *The Emergent Suffering. Field Perspective on Psychopathology in Gestalt Therapy*, in Klaren G., Levi N., Vidakovic I. (eds.), *Yes We Care! Social, Political and Cultural Relationship as Therapy's Ground. A Gestalt Perspective*, The Netherlands, EAGT, 2013.

Francesetti, G., *From Individual Symptoms to Psychopathological Fields. Towards a Field Perspective on Clinical Human Suffering*, "British Gestalt Journal", 24, 1 (2015), pp. 5-19.

Francesetti, G., *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, Cambridge Scholars Publishing, 2019a.

Francesetti, G., *Fundamentos de psicopatología fenomenológico-gestáltica: una introducción ligera*, Madrid, Los Libros del CTP, 2019b.

Francesetti, G., *A Clinical Exploration of Atmospheres. Towards a Field-based Clinical Practice*, in: Francesetti, G. and Griffero T. (eds.), *Psychopathology and Atmospheres. Neither Inside nor Outside*, Newcastle Upon Tyne, Cambridge Scholars Publishing, 2019c.

Francesetti, G., *Interview with Miguel Benasayag*, in Francesetti, G., Griffero, T., (eds.), *Psychopathology and Atmospheres. Neither Inside nor Outside*. Newcastle Upon Tyne, Cambridge Scholars Publishing, 2019d, pp. 164-177.

Francesetti, G., *La metamorfosi del dolore*, in Conte, V., Sichera, A. (eds.), *Avere a cuore. Scritti in onore di Giovanni Salonia*, Edizioni San Paolo, Cinisello Balsamo, 2019e, pp. 109-118

Francesetti, G., Alcaro, A. and Settanni, M., *Panic Disorder: Attack of Fear or Acute Attack of Solitude? Convergences Between Affective Neuroscience and Phenomenological-Gestalt Perspective*, "Research in Psychotherapy: Psychopathology, Process and Outcome", 2/3 (2020), pp. 77-87.

Francesetti, G., Gecele, M., Roubal J., *Being present to absence. Field Theory in Psychopathology and Clinical Practice*, in Cole, P. (ed.), *Relational Heart of Gestalt Therapy*, Routledge, 2022.

Francesetti, G. and Griffero, T., (eds.), *Psychopathology and Atmospheres. Neither Inside nor Outside*. Newcastle Upon Tyne, Cambridge Scholars Publishing, 2019.

Francesetti, G. and Roubal, J., *Field Theory in Contemporary Gestalt Therapy. Part One: Modulating the Therapist's Presence in Clinical Practice*, "Gestalt Review", 24, 2 (2020), pp. 113-136.

Francesetti, G. and Griffero, T., *Psicopatologia e atmosfere. Prima del soggetto e del mondo*, Roma, Giovanni Fioriti Ed., 2022.

Fonagy, P. and Target, M., *Attachment and Reflective Function: Their Role in Self-organization*, "Development and Psychopathology", 9, 4 (1997), pp. 679-700.

Gecele, M. (ed.), *Fra saperi ed esperienza. Interrogare identità, appartenenze e confini*, Torino, Il Leone Verde Edizioni, 2002.

Gecele, M., *Introduction to Personality Disturbances. Diagnostic and Social Remark*, in Francesetti, G., Gecele, M. and Roubal, J. (eds.), *Gestalt Therapy in Clinical Practice. From Psychopathology to the Aesthetics of Contact*, Milano, FrancoAngeli, 2013, pp. 601-608.

Gecele, M., *Intersections. Gestalt Therapy Meets Ethnopsychiatry*, "GTK Journal of Psychotherapy", 5 (2016).

Gecele, M., *Chasing Joy in the Liquid Time of Emptiness: Obsessive-Compulsive Experiences in Postmodern Era*, in Francesetti, G., Kerry-Reed, E. and Vazquez Bandin, C. (eds.), *Obsessive-compulsive Experiences: A Gestalt Therapy Perspective*, Madrid: Los Libros del CTP, 2019.

Gecele, M., *Gli sfondi dell'alterità. La terapia della Gestalt nell'orizzonte sociale e culturale: tra frammentazione e globalizzazione*, Roma, Giovanni Fioriti Editore, 2021.

Gecele, M. and Francesetti, G., *The Polis as the Ground and Horizon of Therapy*, in Francesetti, G. (ed.), *Panick Attacks and Post-modernity. Gestalt Therapy Between Clinical and Social Perspectives*. Milano: FrancoAngeli, 2007.

Höll, K., *The Gestalt of the "Self" in Gestalt Therapy: A Suggestion for a New Configuration of Theory*, "Gestalt Review", 24, 1 (2020), pp. 33-59.

Marion, J.-L., *The Erotic Phenomenon* (2003), Chicago, IL, University of Chicago Press, 2008.

Morin, E., *On Complexity*, Cresskill, Hampton Press, 2008.

Parlett, M, Lee, R.G, *Contemporary Gestalt Therapy: Field Theory*, in Woldt, A.L. and Toman, S.M. (eds.), *Gestalt Therapy. History, Theory, and Practice*, Thousand Oaks, Sage, 2005, pp. 41-63.

Perls, F., Hefferline, R. and Goodman, P., *Gestalt Therapy. Excitement and Growth in the Human Personality* (1951). Gouldsboro, ME, Gestalt Journal Press, 1994.

Perls, L., *Living at the Boundary*, Highland, Gestalt Journal Press, 1992.

Philippon, P., *The Emergent Self. An Existential-Gestalt Approach*, London, Karnac Books, 2009.

Philippon, P., *Revisiting the Field. Topics in Gestalt Therapy Book 1*, Manchester Gestalt Centre, e-book, 2016.

Staemmler, F.M., *A Babylonian Confusion? On the Uses and Meanings of the term Field*, "British Gestalt Journal", 15, 2 (2006), pp. 64-83.

Robine, J.-M., *From the Field to the Situation*, in Robine, J.-M. (ed.), *Contact and Relationship in a Field Perspective*, Bordeau, L'Exprimerie, 2001, pp. 95-107.

Robine, J.-M., *Self: Artist of Contact*, in Robine, J.-M. (ed.), *Self. A Polyphony of Contemporary Gestalt Therapists*, St. Romain-La-Virvée, L'Exprimerie, 2016, pp. 213-232.

Rosa, H., *Alienation and Acceleration: Towards a Critical Theory of Late-Modern Temporality*, Aarhus, Aarhus Universitetsforlag, 2010.

Roubal, J., Francesetti, G., *Field Theory in Contemporary Gestalt Therapy. Part Two: Paradoxical Theory of Change Reconsidered*. "Gestalt Review", forthcoming.

Salonia, G., *Social Changes and Psychological Disorders. Panic Attacks in Post-modernity*, in Francesetti, G. (ed.), *Panic Attacks and Post-modernity. Gestalt Therapy Between Clinical and Social Perspectives*, Milano, FrancoAngeli, 2007.

Salonia, G., *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, 2014, pp. 189-200.

Waldenfels, B., *Phenomenology of the Alien: Basic Concepts*, Evanston, Northwestern University Press, 2011.

Wollants, G., *Gestalt Therapy. Therapy of the Situation*, London, Sage, 2008.