

# Gestalt Therapy Effectiveness: A Systematic Review of Empirical Evidence

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## Abstract

Gestalt therapy (GT) is a humanistic clinical approach. The research concerning the efficacy of this model represents a controversial and quite poorly investigated topic within the general field of psychotherapy effectiveness. An up-to-date review of the studies concerning GT efficacy is currently lacking. Therefore, we conducted a systematic review of all available studies in the past twelve years aiming to give an overview of the most important findings of empirical researches published in international peer review journals in English and Italian languages. A total of 11 studies were included in this review. GT intervention was shown to especially improve conduct in the group therapy setting—not only for clinical disorders, but also related to other social issues. Findings allow suggesting certain reflections concerning future directions in GT research.

## Keywords

Gestalt Therapy, Psychotherapy Outcome Effectiveness, Outcome Research, Process Research

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## 1. Introduction

The gap between psychotherapeutic research and the clinical praxis is broad, and this is particularly true for certain clinical approaches that—due to their theoretical principles and methodology—distance themselves from the empirical-positivistic methods of scientific research. This applies to Gestalt Therapy (GT), a humanistic and holistic approach based on phenomenology, which has suffered from a lack of scientific recognition over the years and from its focus mainly on practice and published papers that expressed the theoretical clinical point of view and the experience of the authors.

However, in recent years there has also been a growing awareness, even in

scholars and clinicians of GT, of the importance and the need to give a scientific dignity to this clinical approach [1]. Therefore, certain studies, researches, and reports have been presented, often associating scientific recognition to the possibility of using empirical methods that respect the values, principles, and even the method proposed by this clinical approach. For instance, Doric [2] affirmed that it should be considered a form of art, that is, “intuitive, holistic, and dynamic” (pg. 46). In the past, certain researches assessed the effectiveness of GT, recognizing its utility, and as affirmed by Elliott, Greenberg and Lietaer [3] “this body of research is continuing to grow rapidly” (pg. 4).

In order to know the evidence for GT effectiveness in more recent years, it is important to summarize studies and researches that focused on a GT approach. As Fogarty [4] affirmed “If GT could establish its own evidence base, this would help GT both to claim its tradition and methods for itself and to receive the recognition and funding that these newer modalities are receiving” (pg. 45). Thus, in our systematic review, we focus on GT, and not on the integration of clinical models that used methods and principles of GT (such as Emotion-Focused Therapy) and we avoid considering papers focused on aspects, concepts, and principles of the Gestalt model, but refer to different clinical models. In fact, our interest is specifically to evaluate the effectiveness of GT and its clinical methodology in the context of Gestalt clinical principles and methods, in order to reveal its particular essence and to assess its effectiveness also as a method standing out from the general field of experiential psychotherapy which it is part of. Moreover, in accordance with Roubal and colleagues [1], we believe that it is important to develop a research in GT both in terms of the knowledge and praxis awareness development and the need for it not to be disregarded by the community of scholars and clinicians increasingly oriented towards the scientific evaluation of therapeutic work.

## 2. Theoretical Background

### 2.1. Psychotherapy Effectiveness

The studies concerning psychotherapy effectiveness have made much progress, mainly by proving—through rigorous investigations—that this care form can be effective for patients, and that different clinical-theoretical models show similar results [5].

In literature, this research topic follows the distinction between studies on outcomes (which evaluate both the overall efficacy and the different forms of efficacy of specific clinical models) and the studies on the process (the mechanisms of change that operate within the therapeutic pathway).

As for the *outcome analysis*, the research has mainly been directed toward the effectiveness assessment of the specific clinical models. A large number of empirical and evidence-based researches concern the behavioral-cognitivist models. Tolin [6] proposed a quantitative review concerning the efficacy of Cognitive-Behavioral Therapy (CBT) in comparison with other forms of psychothera-

py, showing the superiority of CBT over alternative therapies only among patients with anxiety or depressive disorders. Despite the clear prevalence of empirically-based evidence concerning CBT, the extensive literature also shows the effectiveness of other clinical models. For example, there are the humanistic-experiential therapies that, in Europe, are becoming increasingly widespread, also integrated into approaches not traditionally viewed as humanistic [7]. Some recent reviews observed the effectiveness of humanistic-experiential therapies [8] [9]. Among these clinical models, mainly Emotion-Focused Therapy (EFT) got extensive empirical evaluation that has been considered an Evidence-Based Treatment generating a good deal of research on the process of change, even in children and families [10]. Despite the ever-increasing evidence of their efficacy, humanistic psychotherapies tend to be overlooked in the scientific and health settings [8].

While a particular area of research highlights the greater effectiveness of certain clinical models, an equally consistent amount of research emphasizes how different approaches can be equally effective. In their review, Cuijpers, van Straten, Andersson and van Oppen [11] observed that there are no major differences in efficacy between the major psychotherapies (CBT, Psychodynamic Problem-Solving Therapy, Interpersonal psychotherapy ...) for mild to moderate depression.

The assessment of common factors of the various clinical models has been widely developed in research, and their importance in producing the benefits of psychotherapy has been observed [12]. These common factors mainly regard *process variables*—such as empathy, therapeutic alliance, emotion, and interpersonal behaviors—and various studies highlighted how these variables are generally associated with a positive outcome and psychotherapy change [13] [14] [15] [16]. Rihacek and Roubal [17] identified three principal components of psychotherapy change: exploration, acceptance, and understanding of patient experience; attending to patients' own resources; and providing patients with new skills and advice.

Certain scholars showed the transversal interest in process variables spanning across various clinical models. For instance, regarding the emotional process, Whelton [18] proposed a brief review about it in humanistic, cognitive, behavioral, and psychodynamic psychotherapies, showing the transversal interest in this topic spanning across all therapeutic modalities. In fact, emotional processing and depth of experience are extensively explored both by behaviorists and humanist scholars, who have proven the association with therapeutic outcome and change.

However, as affirmed by Fogarty [4], the common factors approach fails to account for the specific elements of what works in therapy and “instead, what is needed is an approach that focuses on a treatment modality's ‘specific factors’” (pg. 46).

Certain scholars have aimed to identify the essential features of the specific clinical model. For instance, Elliott and Greenberg [19] identified five essential

features of the Process-Experiential/Emotion-Focused Therapy (PE-EFT). It is a neo-humanistic approach that integrates and updates the five features of Person-centered, Gestalt, and existential therapies.

## 2.2. Concepts, Principles, and Techniques of Gestalt Therapy

The pioneer of GT was Perls [20] who, basing his approach on Gestalt psychology (Max Wertheimer and Wolfgang Kohler), put the principles of the human as a total entity into practice. GT is part of humanistic-experiential approach (also including Person-centered therapy, Existential therapy, Psychodrama, Emotion-focused Therapy, Experiential therapy, Transactional analysis, process-experiential therapy) that considers the person as a complex self-organizing system, the growth tendency of human functioning, and the human capacity for reflective consciousness.

In GT literature, certain scholars have attempted to identify the principles and specific features of GT with respect to the clinical approach which it is part of [21]. We proposed a summary of the main features of GT in **Table 1**.

Thus, the influence of *phenomenology and existentialism* has been recognized [22]. Phenomenology is the basis of GT as an experiential psychotherapy [23], as well as the “here and now” experience in the clinical process and therapeutic dialogue [24].

Albeit GT considers the human being experience lived in the present, it does not neglect the past, which exists in the actual life of people with its unfinished gestalts. As affirmed by Perls [25], our life is an infinite number of *unfinished situations*. Such situations are dysfunctional, and in the clinical process the Gestalt therapist helps the patient satisfy his/her need to complete the uncompleted gestalt emerging from the past.

Moreover, GT values the key concept of *Self*, which is considered a complex and integrated structure that involves a wide range of aspects, also in opposition to one another [26]. While the healthy person recognizes his/her Self formed by such different aspects or even opposite aspects, and accepts the possibility to be

**Table 1.** Summary of the main features of GT.

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Phenomenology is the basis of GT
The experience is lived in the presence
The life is an infinite number of unfinished situations
The self concept and its opposite aspects
The process of human contact
The adaptation process and the creative adjustments
The awareness process
The experimentation as a clinical method
The therapist-patient dialogue
The importance of body language

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contradictory, the pathological person views him/herself in a one-sided perspective, focusing rigidly on a polarity of the Self [27]. Upon creating a polarity, the split in the personality is at the origin of the person's discomfort inasmuch as not allowing him/herself to live a complete and holistic experience. GT envisages that the Self exists in interaction with others and it is expressed through the process of *human contact*: a psychological process in which it is possible to meet one's self, others, and the environment [28]. GT leads to the recognition of the presence of different contact styles in the individual-environment interactions, some of which functional, creative, or adaptive, and others dysfunctional [28].

On the other hand, GT is a *functionally oriented* clinical model [29], focusing on the importance of the person's adaptation to a changing environment and the various life situations in an unhindered and healthy way, and to create new responses to new situations (creative adjustments). In fact, as affirmed by Perls *et al* [28] the person's abilities to self-adjust in response to environmental conditions allow his/her growth. This adaptation occurred in terms of figure-ground organization, and while in a healthy patient the figure will emerge clearly from the background and he/she will identify a defined form, in a pathological one the relationship between figure and ground can be inhibited by mental blocks, resulting in an inability to form figures in the here and now.

In the clinical praxis, an important step of GT is the *awareness process* that does not mean simply developing insight or introspection, but exploring experiences and making sense of our world and our relationship with others and the environment [21]. In fact, a central tenet of the Gestalt clinical method is *experimentation*, defined as "a behavioral approach for moving to a new way of operating" ([30], pg. 31). It is an experiential learning process, based upon what occurs and emerges during the therapeutic encounter, which also involves the use of different techniques (examples are: making aware of unconscious emotional processes; two-chair/empty chair work; working with unfinished situations from the past). In general, through the various Gestalt techniques—which are nothing more than experiments—the therapist allows the patient to transform the tendency to "talk about" into "talk to", as Perls [25] affirmed. Thus, GT recognizes the importance of a direct impact deriving from representing and "acting" the situation in the present, and it favors the dramatized approach to the experience and conflict-based contents more than the traditional conversational approach [31].

Moreover, Gestalt therapists believe that in the therapist-patient dialogue the important elements are not only words, but also movements, gestures, tone, and glances, all communicating the relationship between the two. Clemmens [32] sustained that "*embodiment* is the sensate experience of my body as self in relation to others and the world about me. I know my arms as I reach my heart as I feel it/[myself] beat together, my eyes as I gaze upon the other. Embodiment is a quality of presence, an ontological sense of 'here and nowness', and the sense of being awake and fully engaged in the relational world" (pgs. 3-4).

### 3. Method

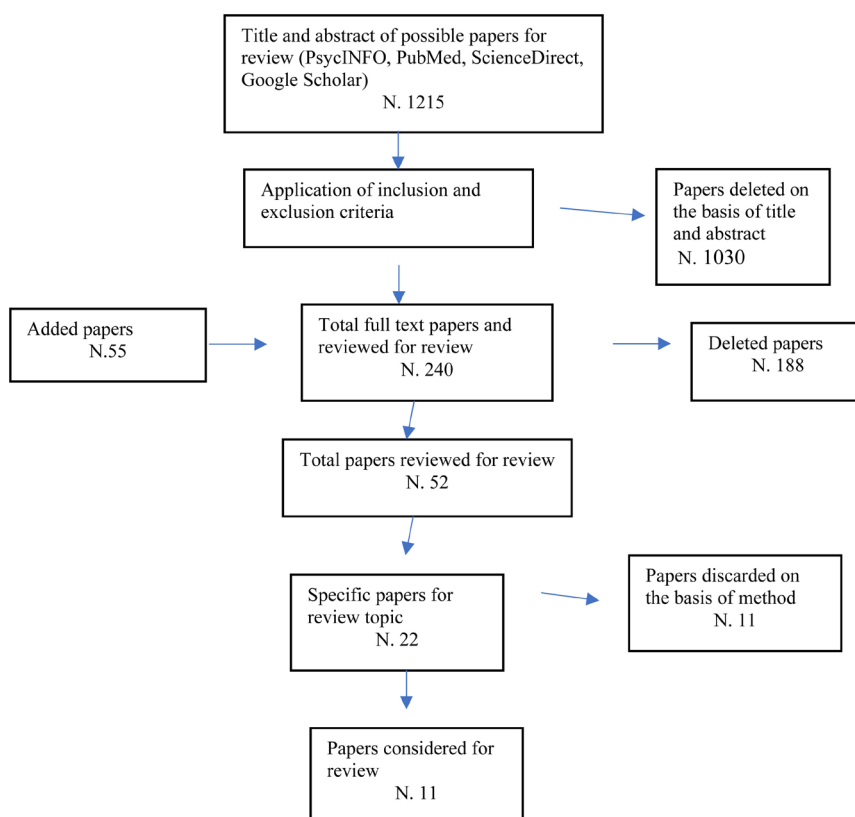
#### 3.1. Literature Search

The literature search was based on a comprehensive initiative to set up a database of references to clinical studies investigating the effectiveness of GT, published from 2007 to 2018 in English and Italian.

The literature search strategy involved three steps that are summarized in **Figure 1**:

1) The first step included systematic searches in the ScienceDirect, PubMed, PsycINFO, and Google Scholar databases. Searches were carried out combining keywords and text relating to GT. For the purposes of the present review, all references related to the search terms Gestalt Therapy, Psychotherapy effectiveness, Psychotherapy approaches, and Clinical models were considered for inclusion. In this first step, we have also included essays that could be useful for a full background of the review topic. We have left out proceedings as they entail a time investment for virtually irrelevant material. Overall, we have viewed 1215 paper titles and abstracts.

2) In the second step, based upon the information provided in the title and abstract, all studies found during the database search were assessed for their relevance to our review. We have applied inclusion and exclusion criteria considering also theoretical or clinical studies useful for a full background of the review



**Figure 1.** Diagram of the work and research process, and screening of the articles.

topic. In particular we included papers focusing on GT and on psychotherapy effectiveness regarding also other clinical models. So, we identified 240 papers. The papers met the inclusion criteria, and a full report of the papers was retrieved.

3) In the third step, we added 55 other papers and a total of 295 full texts were examined by only one author, except when the author sought consultation with colleague to examine their centrality to the review's aims and their quality, proceeding to their further assessment for selection. Any disagreement has been discussed with an additional review researcher. This approach narrowed down the sample to 52 papers, and information from analysis of these full-texts was used as a basis for the review. Among the discarded papers there are also those with no clear findings related to GT and those that did not present an empirical research. Finally, we focused solely on GT effectiveness and a sample of 11 papers was identified for analysis.

### **3.2. Data Collection and Analysis**

To analyze the final sample of 11 papers, we assessed the theoretical basis – as well as the editorial and scientific quality. In particular, we considered papers published in international journals and empirical researches that respected as much as possible a clear and quality procedure. We have excluded summaries at seminars, reports introduced at conferences, dissertations, and comment arts that provided only partial data and authors' opinions.

A review design, involving three summary sheets, was employed for a straightforward and immediate knowledge concerning the topics background, research's goal and hypotheses (sheet one), research methods (samples and their main features, cultural context, research design), clinical interventions, procedure and tools utilized (sheet two), and the main findings of the reviewed papers (sheet three). During this phase of quality appraisal, any question and doubt was resolved through a discussion with a colleague and occasionally by enlisting a third reviewer for mediation.

The review synthesis is narrative, because it aims to provide a full picture of the topics and the methods. The various topics emerging from the sample provided a general understanding of the state-of-the-art concerning the review topic and they are summarized in the following discussion sections.

## **4. Results**

The majority of the reviewed papers focused on the efficacy of the clinical model in the treatment of psychopathology and various symptoms. However, a number of researches considered different dimensions such as self-development, offender behaviors, social issues, and identity issues. Most papers involved outcomes researches, which assessed GT efficacy especially in group therapy. In certain cases, we found a comparison between GT and other clinical models. Most articles refer to the scarcity of research material concerning GT and the need for

evidence-based research in GT.

We have thus considered four result types. One concerns the quality of research method used in the reviewed papers. The other three types concern different research findings of the reviewed papers. We have identified papers that aimed to prove the effectiveness of GT assessment, those that focused on specific GT methods and techniques, and those that proposed a comparison between GT and other clinical models.

#### 4.1. Objectives and Methodological Features of Reviewed Papers

The objectives and methodological features of reviewed papers are resumed in **Table 2**. In particular, we gathered on research objectives, the sample features and the sampling process, the country in which the research conducted, the research design and procedure, the variables examined and the measured used by the scholars. Then we considered also the therapy method for its importance to observe the different clinical aspects on which the scholars focused. The treatment length also has been examined to assessing the clinical consistent of the treatment proposed.

The majority of researches have been conducted in European (e.g. Serbia, Italy, Spain, Norway), and Extra-European countries (e.g. Mexico, Iran, Australia) and for the most part they used pre-test and post-test *research design*, which allows to assess the efficacy of clinical treatment or of specific methods and techniques. In some cases, GT was compared with other clinical models. Stevens, Stringfellow, Wakelin and Waring [33] assessed the effectiveness of GT by comparing it to CBT, Person-Centred Therapy, and Psychodynamic Therapy. Arip, Bakar, Ahmad and Jais [34] reported the structure and the content validity of a GT group guidance approach for student self-development, testing its content validity and its applicability in any student experiential context.

The research *sample* varied depending on the goals. Participants of the therapeutic process were mostly patients with different psychopathologies ([33] [35] [36] [37]). We have also found samples composed of students [34] and female students with dysthymic disorder [38] or anxious parents [39], but even offenders [2], divorced women [40], participants in group or workshop GT [41] and registered psychiatric nurses trained in GT [42]. In other researches, scholars involved experts [34], and psychiatrists [42] for the assessment of a GT design and method. In certain researches the sample was composed of few participants, following the principle of qualitative research that favors the deepening and richness of data [42].

We found poor information concerning *sample features* and *sampling*. Generally, scholars reported the participants' sex and age. In terms of *sampling*, certain scholars mentioned screening sample criteria such as validated tests [35] and interviews [36] [37] [38].

Furthermore, the scholars used various *selection means*. The participants have been engaged by means of advertisement in public media [37] or through organizations and associations [40] [41].



**Table 2.** Synthesis of key objective and methods of reviewed papers.

<i>Authors</i>	<i>Research Objectives</i>	<i>Sample and sampling</i>	<i>Setting</i>	<i>Research design and procedure</i>	<i>Variable and measures</i>	<i>Therapy Method and treatment length</i>
1) Arip, Bakar, Ahmad & Jais (2013) <i>Procedia-Social and Behavioural Sciences</i>	<b>Assessing content validity of GT's</b> group guidance module for student self-development	9 experts (6 in teaching the subject matter + 3 language)	Sultan Idris Education University UPSI	Quantitative approach Review of literature about GT to build Group guidance module Examination of the face validity and content validity of the module by experts	Different sessions and individualized activities of the module	Group guidance module: 9 group guidance sessions and 12 individualized activities
2) Doric. (2017) <i>Gestalt Journal of Australia and New Zealand</i>	<b>The effectiveness of GT</b> in a prison setting. May GT change offenders' behaviours and lives?	70 male offenders serving sentences for criminal offences	Serbia, Italy	Group therapy for a period of one year.	Validation tools Photography CORE Outcome Measure forms; CHAP treatment scale; Manic depressive, mixed-affective states	Four therapy groups, with 7 - 10 participants in each group Sessions were conducted weekly.
3) Drăghici (2011) <i>Procedia-Social and behavioural Sciences</i>	<b>Effectiveness of Experiential therapy,</b> Gestalt and expressive-creative methods to improve geriatric patient functionality	30 geriatric patients with depressive and anxious disorders		Criteria to select the members of the groups. Patients were grouped according to the severity of their symptoms. One closed and one open group underwent therapy during two different periods	Interview, direct observation and psychometric testing Mental states, Depression, Severity of affective disorders and cognitive efficiency	Eight sessions of group treatment. Drawing method
4) Farahzadi & Masafi (2013). <i>Procedia-Social and Behavioral Sciences</i>	<b>Comparison of different clinical models</b> To study the effectiveness of Gestalt and cognitive-behavioural play therapies for decreasing dysthymic disorder in children	18 fourth-grade female students at the elementary level with dysthymic disorder	Iran	Pseudo experimental with a pre-test and post-test. Semi-structured interview to put students randomly in three research groups: two experimental and one control group. 10 ninety-minute sessions held two times a week. At the end of the sessions, post-test completed by teachers	Child Symptoms Inventory (CSI-4), teacher form.	One experimental group intervened with GT plays and the other with Cognitive-Behavioural plays. The first focused on immediate experience, present time, responsibility, vocabulary use, and polarities. The second focused on relaxation, thought-record, positive self-expressions, social improvements, thoughts, modelling and role playing
5) Gonzalez-Hidalgo (2017a). <i>Emotion, Space and Society</i>	<b>Effectiveness of GT in social problems</b> To assess if GT workshops help indigenous and peasant activists to deepen their life-stories, subjective reflexivity	23 interviewees selected from 300 workshop participants		Participants chosen by Edupaz Scholar spent two months as an active participant-observant of Edupaz, interviewing their staff and two group therapists as well as conducting 23 interviews and three "performative" focus groups with members of indigenous and peasant communities that participated in GT workshops between 2004 and 2014	Observation Interview Focus group	Workshops were inspired by Naranjo's training for psychotherapist named SAT (Seekers After Truth); Workshops were 6 days long, intensive and retreat-based, focusing on the process of the relational construction of the self. Meditation, body work and movement, theatre, peer and group therapy were used

## Continued

6) González-Ramírez, <i>et al.</i> (2017b). <i>Clínica y Salud</i>	<b>Effectiveness of different clinical models</b> for the depression treatment	30 patients with depression	Culiacan Sinaloa Mexico	To select depression patients applying MINI to 300 individuals Pre-post research design; two experimental groups and one control group. Each session videotaped	Validated test as pre-test and post-test International Neuropsychiatric Interview (MINI)	One experimental group intervened with hypnosis and the other with a combination of Gestalt-Hypnosis Therapy and Cognitive-Behavioral Therapy. In the control group the passive listening technique was used Six sessions with each participant.
7) Holzinger, Klosch, & Saletu (2015). <i>Acta Neurol Scand</i>	<b>Effectiveness of Gestalt techniques</b> To evaluate the efficiency of <i>lucid dreaming</i> in the treatment of recurring nightmares, particularly when applied as an add-on therapy to GT	32 of 40 patients suffering from nightmares		Recruitment through advertisements in public media. Pre-post research design. Random assignment of participants to two groups All sessions videotaped.	Validated test and Structured clinical interview for screening. Questionnaire each morning for dream, nightmare, and lucid dream frequency; asleep/dream diary At the end of treatment subjective assessment of group therapy	The sessions were once a week for 90 min, for nine weeks. In one group only GT over nine weeks. In other group, GT and lucid dreaming. Share the dreams in group Lucid dreaming (being aware of the dream state while dreaming and realization that there is no danger). Lucid dreaming training consists of dream and nightmare education, change of cognitive attitudes, talking about dream content, and so on
8) Kelly & Howie (2011) <i>International Journal of Mental Health Nursing</i>	<b>Effectiveness of GT</b> To explore the influence of GT training on the professional practice of psychiatric nurses.	4 registered psychiatric nurses trained in Gestalt therapy.	Victoria, Australia.		Semistructural individual narrative interviews. Narrative inquiry	
9) Leung & Khor (2017) <i>Journal of Evidence-Informed Social Work</i>	<b>Effectiveness of GT intervention groups</b> for anxious parents <sup>1</sup>	156 of 637 parents completed the post-group test	11 primary schools.	Recruitment via school talks and school notices Pre- and post-test research design with control group Experienced social workers were involved as group facilitators and for data collection Post-test of groups within 1 month	Validate test for screening and post assessment	Four 2-hour weekly sessions. GT for enhancing awareness of personal needs and promoting self-kindness and mindfulness. Content of the intervention group included mindful breathing, sensory activities, using sand trays, and two-chair work
10) Saadati & Lashani (2013) <i>Procedia-Social and Behavioral Sciences</i>	<b>Effectiveness of GT</b> Purpose is appointment of GT on self-efficacy	34 divorced women-members of Department of Social Welfare		Pre-post research design Random sampling and randomly put into experimental and control groups. two groups = one experimental and one control	Self-efficacy scale. General self-efficacy scale	12-session GT on the experimental group. Every session was 90 minutes.
11) Stevens, Stringfellow, Wakelin & Waring, (2011). <i>British Gestalt Journal</i>	<b>Effectiveness of GT</b> comparing it to other clinical models	Of 249 clients, complete data for 180 Anxiety, depression, poor self-esteem	UK	Project regarding the effectiveness of GT work using CORE Pre- and post-research design treatment Questionnaire at the beginning and end of therapy on how they have felt over the past week	Clinical Outcomes Routine Evaluation (CORE)	GT, Cognitive-Behavioral Therapy (CBT), Person-Centred Therapy, Psychodynamic Therapy

<sup>1</sup>In particular the scholars aimed to reduce parents' anxiety levels, get over avoidance of inner experiences, boost self-kindness, reduce self-judgment, and enhance mindfulness.

In terms of the *clinical intervention type*, researches generally concerned group therapy, sometimes specifying the number of participants, duration, and frequency of the therapy. González-Hidalgo [41] claimed that the workshops were inspired by Naranjo's psychotherapist training named SAT (Seekers After Truth). Farahzadi and Masafi [38] proposed Gestalt Therapy and Cognitive-Behavioural Play Therapy, and González-Ramírez, *et al.* [36] used a combination of the Gestalt-Hypnosis Therapy (GHT) and Hypnosis Therapy. Holzinger, *et al.* [37] combined GT and GT with lucid dreaming.

Certain scholars mentioned *group therapy organization*. Generally, groups included 7 - 10 participants [2] [35], which were followed for a set period of time and with sessions of about ninety minutes [37] [40].

More in particular, the *method*, used in most proposed clinical interventions, regards different concepts, clinical praxes, and activities referred to GT. The methods we identified are expressive-creative methods, such as drawing [35], and spiritual/psychological methods, such as meditation, bodywork and movement, or theatre [39]. In some cases, particular activities are proposed such as lucid dreaming [37], mindful breathing, sensory activity, two-chair work [39], even the semi-structural individual narrative interview technique to elicit narrative responses from the participants [42].

In terms of the *efficacy assessment* of the clinical intervention, we found that various different methods and techniques have been used. Certain researches proposed intervention models involving expert advice, such as the group guidance model proposed by Arip, *et al.* [34]. González-Hidalgo [41] spent two months as active participant-observers of GT workshops, and Holzinger, *et al.* [37] used video recordings of sessions during the treatment period. Kelly and Howie [42] employed narrative inquiry, which involves systematic examination of the plots and subplots common to all dreams to identify recurring elements and experiences. Instead, Stevens, *et al.* [33] assessed the efficacy of GT with a self-report questionnaire (the Clinical Outcomes in Routine Evaluation/CORE), compiled by clients of gestalt therapists who have joined the research project. It is not specifically Gestalt orientated, but it is the most widely used across psychological therapy services in the UK. It includes 34 items which measured subjective well-being, problems or symptoms, life functioning and risk or harm, and it filled in by the client at the beginning and end of their therapy.

#### **4.2. The Outcomes and Process Effectiveness of GT**

The majority of researches aimed to know the *outcome effectiveness* of GT, especially when it has been applied to group intervention, investigating the important changes that participants reported. The scholars often focused on specific psychopathological, social, and personal issues, as well as on a particular target group. Focusing on the outcomes of GT on *indigenous and peasant activists*, González-Hidalgo [41] found that GT workshops (conducted following Naranjo's SAT-HTH training) helped activists both to reflect on their own life stories and to obtain certain advantages in social life. Following the workshops, a

number of participants, especially women, gained confidence to participate more actively in community meetings. Such outcome was considered quite remarkable in a society where women are normally absent at community meetings. Exploring GT training efficacy on *professional practice*, Kelly and Howie [42] reported that psychiatrists recognized the potential application of GT knowledge and skills to their psychiatric nursing practice. Organizing a Gestalt group intervention for *anxious parents* whose children were studying in primary schools, Leung and Khor [39] found that the clinical approach helped parents to reduce anxiety levels, avoid inner experiences over time, and enhance mindfulness with a slight increase in self-kindness. Focusing on a specific psychological dimension, Saadati and Lashani [40] observed the effectiveness of GT on the improvement of self-efficacy in *divorced women* that participated in experimental groups. A research paper by Arip *et al.* [34] reported the overall content validity of the group guidance module in *student self-development*, based on Gestalt theory and its basic principles (such as holistic approach, person experience, individual responsibility, the here and now method). Applying GT group treatment in prison with a sample of *offenders with psychopathology symptoms*, Doric [2] found no changes in offenders' behaviors and lives, although they observed less improvement in depressive groups compared to those suffering of mania, who obtained specific benefits from their active involvement in sessions and from the possibility to resolve basic conflicts in their lives through the analysis of unfinished gestalts.

In a number of papers, the scope of research was to assess the *effectiveness of specific Gestalt methods and techniques*. Upon undergoing the Gestalt and *expressive-creative methods*, the geriatric patients analyzed by Drăghici [35] showed certain improvements in their anxious and depressive symptoms, in their global functionality, and in their interactional behavior. In particular, while during treatment, they became aware of the need to resolve their conflicts, even attempting—at the end of the therapeutic process—to obtain the restoration of their confidence, their communication ability, their feelings of group membership, and the awareness that their need for assistance may be fulfilled by means of supportive and relaxation methods. In a paper by Holzinger, *et al.* [37], the scholars evaluated the efficiency of *lucid dreaming* in the treatment of recurring nightmares, observing a significant reduction in nightmare frequency (NMF) at the follow-up and end of therapy phases compared with the baseline. A continuous increase in dream recall frequency (DRF) was observed over three weeks, starting from the 5<sup>th</sup> treatment week onward.

Three research papers reported *comparisons between GT and other clinical models*. So, Stevens, *et al.* [33] assessed the effectiveness of GT by comparing it to national data bases of similar UK studies about other clinical models, such as Cognitive Behavioural Therapy (CBT), Person-Centred Therapy, and Psycho-dynamic Therapy. They found that Gestalt Therapy was as effective as other modalities. In fact, the scholars observed that the pre-post treatment difference in their research was comparable to the results observed in studies that analyzed

other clinical models, using the CORE method of assessment. Farahzadi and Masafi [38] found the same results upon studying the effectiveness of Gestalt and cognitive-behavioral play therapies to decrease dysthymic disorders and the intensity of symptoms in Iranian children. Instead they observed significant difference in the mean of two clinical models and control group. In particular, the most important feature of both clinical model seems the warm relationship accompanied by confidence-building in the initial sessions. That permitted to children to be able to share their denied feelings (fear, timidity, sadness) and then to express and to talk about these feelings. Focusing on hypnosis, González Ramírez, *et al.* [36] compared two treatments about it, Hypnosis therapy and Gestalt-hypnosis therapy. They recognized their effectiveness in patients with forms of depression against a control group. While the therapeutic groups showed significant differences between pre-test and post-test results, with an important decreasing in the depression degree, no difference was observed in the control group.

## 5. Discussion

The aim of this paper was to analyze the state of literature concerning GT effectiveness. In general, we revealed the lack of scientific attention toward GT empirical assessment. In fact, the majority of papers that we found in international literature are essays, where the scholars reported their reflections as well as clinical examples concerning GT and its concepts, methods, and techniques.

Empirical researches using appropriate methods are scarce, so much that we were only able to select 11 papers considered useful for our review. This is both in line with the tendency to be overlooked of humanistic psychotherapies in the scientific and health settings [8] (Elliott *et al.*, 2013), and in contrast with the extensive empirical evaluation of other clinical models similar to GT such as Emotion-Focused Therapy (EFT) [10].

Our reviewed papers involve empirical researches that appear to confirm and strengthen the consideration that GT is an effective and acceptable clinical model. Thus, it was proven that the effectiveness of the clinical model was comparable to other similar clinical approaches, such as humanistic-experiential therapies [8] [9].

Moreover, in terms of the implementation of GT in group settings, the papers reported the efficacy of GT and its concepts, methods, and techniques for various issue types, even socio-professional and not only psychopathological. It appears to be an affirmed clinical model that may be applied to numerous social contexts. For instance, González-Hidalgo [41] conducted an interesting research project focused on indigenous and peasant activists, with the aim of fostering new insights to better understand the subjectivity in political ecology. This appears to be in line with what was claimed by various Gestalt scholars and clinicians who—though sometimes in different ways—have contributed to understand the GT applications not only in clinical contexts, but also in social

and health situations. As Menditto [43] points out, “psychotherapy, which deals not only with the treatment of psychological discomforts, but also with orientation and guidelines for everyday life, encourages the management of insecurity and isolation that come from both our interiority [and] from the complexity of the affective and community context ...” (pgs. 119-120).

In terms of the research method quality of the reviewed papers, we have observed certain trends and limitations that still make it difficult to generalize the findings. The papers reported GT applied to group intervention. No studies concerning other clinical settings—such as individuals, couples, or families—were reported. This was a shortcoming of the review, in that GT has also been applied to such settings, with interesting considerations being made [44].

While presenting certain gaps in literature related to the phenomenon, the review of findings allows to support the importance of developing on the subject to generate further knowledge about the effectiveness of the clinical praxis. Such goal is central for GT, because the clinical model suffers a lack of empirical evidence. We believe that GT should reach a greater consideration in the scientific and academic contexts, but to achieve this it is necessary, as affirmed by Boswell, *et al.*, [45] “that it should cease its almost exclusive reliance on what has been called “empirical imperialism” (...) where researchers (most of them seeing only a few patients) dictate what to study and how to study it” (pg. 31).

A dialogue between researchers and clinicians is also important. To this regard, Dattilio, Edwards and Fishman [46] affirmed the need to overcome the divide between researchers and practitioners in the field of psychotherapy. In particular, they stressed the need to overcome the positivist paradigm—which fails to provide for context-based practical knowledge—and to use, instead, a mixed methods paradigm, involving pragmatism and multiplicity.

While our systematic review allows to have a general idea of the state of the art of knowledge and to fill the gaps and critical issues concerning the interesting topic, there are certain *considerations* to be made. First of all, the selection of keywords and peer-reviewed journals in Italian and English language limited the possibility to analyze additional studies published between 2007 and 2018 consisting mainly of clinical and theoretical essays. We have only considered such studies—in part—in the first section concerning general knowledge about the topic, and indeed they have allowed us to convey a broader picture of the analyzed subject matter. Moreover, our review did not use meta-analysis, which may be more accurate to understand the topic, given that knowledge concerning the subject was relatively scarce. Therefore, the results and conclusions must be interpreted with caution, as it was difficult to present certain inferences on the importance, effects, and ways of solving the issue. Another limitation of our study is that the narrative synthesis is an interpretation by the authors.

## 6. Conclusions

In conclusion, despite the above limitations, our review provides a full picture of

the art state about GT effectiveness, highlighting some progress in the field of this clinical approach that has suffered from a lack of scientific recognition over the years. As we can see, however, the studies are still scarce and there is still a long way that has been done for being able to fill the gap between research and clinical. About that, our review allows identifying *challenges for future research* concerning GT.

Firstly, we supported the need to maintain a research line that favors a scientific approach to the topic, in order to facilitate the process of translating the scholars' opinions, experience, and reflections into research objectives.

Secondly, we affirmed the necessity of a wider range of interesting in-depth GT studies, incorporating different variables identified in GT literature, in order to promote a more accurate and dynamic understanding of its effectiveness. Besides, a more careful rating of the differences in situations, contexts, variables, concepts and techniques, as well as personal, psychopathological, and social characteristics is often forgotten in the reviewed studies, while the latter should subscribe to the tendency toward complex research designs. This is in line with the various studies in psychotherapy effectiveness literature that sustained the importance of focusing on the process, and not only on the outcomes, of psychotherapy.

Also, in GT this approach could be particularly useful in that the model entails many different *process variables*, some of which similar to other psychotherapeutic approaches such as therapeutic alliance, emotion, and understanding of patient experience attending to patients' own resources that had formerly been considered variables associated with a positive outcome and psychotherapy change [13] [14] [17] [18].

Finally, it is also important to consider the use of both quantitative and qualitative methods, "because these two approaches are essentially different tools that accomplish different things and should be used accordingly" ([4], pg. 35).

## Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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