Gestalt Therapy Effectiveness: A Systematic Review of Empirical Evidence

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Abstract

Keywords

1. Introduction
2. Theoretical Background
2.1. Psychotherapy Effectiveness
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][13][14]. Ri habeck 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 the 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...
2.2. Concepts, Principles, and Techniques of Gestalt Therapy
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 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 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, 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.

[Diagram of the work and research process, and screening of the articles.]

Figure 1. Diagram of the work and research process, and screening of the articles.
3.2. Data Collection and Analysis

4. Results
4.1. Objectives and Methodological Features of Reviewed Papers
In particular the scholars aimed to reduce parents’ anxiety levels, get over avoidance of inner experiences, and end of therapy on how they have felt over the past week and post research design. Every session was 90 minutes. Each session videotaped. Six registered General nurses trained as an experimental group. One experimental group and one control group randomly put into experimental and control groups. Experienced social workers were involved as facilitators for data collection and post research design. Pre and post research design. Valuated test as validated test as efficacy scale. Validate test for efficacy scale. Narrative inquiry. Structured clinical interview for subjective treatment of sleep/dream diary frequency; lucid dreaming training. In the dream state while dreaming consists of cognitive attitudes, realize that there is no danger. Share the dreams in group only GT over nine weeks. In one experimental group, other group session GT on the other group. Share the dreams in group. The sessions were once a week for nine weeks. In one experimental group, the control group intervened with hypnosis and the central therapy and behavioral therapy. In the control group, the other group GT for nine weeks. The sessions were one hour weekly sessions. Valuated open journal of social sciences. DOI: 10.4236/jss.2019.76005.
4.2. The Outcomes and Process Effectiveness of GT
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 psychological 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 gestic.
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 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 models 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, Hypnotherapy 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 practical 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 psych therapies [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 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…” (pg. 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.

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 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, psychological, 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.

References


