Brno, Catania and Turin, 19th March 2013

To the President of the Polish National Association for Gestalt Therapy

Dear President,

We are writing to you as chair of the Polish National Association for Gestalt Therapy in order to support the undeniable value of Gestalt therapy in clinical psychotherapeutic treatments.

We hope this letter will help support the position of Gestalt therapy in your Country.

We, the authors of this letter, are medical doctors, psychiatrists, and Gestalt therapists at the same time. We have been practising Gestalt approach within various clinical settings (psychiatric hospital, public health service, private psychiatric and psychoterapeutic practice etc.) and with various patients (patients diagnosed with depression, anxiety and panic disorders, schizophrenia, bipolar disorder, obsessive-compulsive disorder, dependent behaviors, etc.). We are supervisors of psychotherapists, psychiatrists and working groups in public health services and psychiatric institutions. It is our experience, and the experience of many Gestalt therapists who work in
clinical practice worldwide, that Gestalt therapy is a valuable and undoubtedly useful approach in clinical settings and is supported by theory and by research. In the current book (of almost 800 pages) we edited, the theory of Gestalt approach to psychopathology, diagnostics and all the main psychiatric diagnostic domains are described by Gestalt therapy specialists in specific clinical work (Francesetti, G., Gecele, M., Roubal, J., *Gestalt Therapy in Clinical Practice. From Psychopathology to The Aesthetics of Contact*. Franco Angeli Publ., Milano, 2013 – in the process of being translated in French, Spanish, Italian, German and we hope in Polish). The approach described in the book is highly recommended by Leslie Greenberg - one of the world leading researchers in the field of psychotherapy in clinical practice - in his Preface in the volume. You can find included the index, the bibliography and the list of the authors.

Here you can see the wide background - in psychiatry, psychology, psychotherapy, research – of the applications of Gestalt therapy in clinical practice. We also want to state clearly that in other Countries, like in Italy, Gestalt Therapy has a solid reputation as a psychotherapeutic approach to clinical disorders and psychopathology. One of the authors is the Coordinator of an International Training Program in Gestalt therapy approach to psychopathology, the President of the National Psychotherapy Association that collects associations and colleagues from all the modalities, a board member of the SIPSIC, the Italian Society
that collects not only psychotherapists from all the modalities, but also the National Psychiatric Association.

In order to support our statements, we include a letter from P. Brownell, the organiser of the Gestalt Therapy Research Conference (Cape Cod, USA, 2013), who summarises the research evidence of the Gestalt therapy approach in clinical practice, and a letter from Ken Evans, former EAP and EAGT President. We also include a list of some research findings published in academic publications, which are used by the European Association for Psychotherapy.

Best regards,

Gianni Francesetti

Michela Gecele

Jan Roubal

**Gianni Francesetti, M.D.,** Gestalt therapist, psychiatrist, supervisor and international trainer. President of the European Association for Gestalt Therapy, President of the Italian Federation of the Psychotherapy Associations, Past President of the Italian Association for Gestalt Therapy, Member of the New York Institute for Gestalt Therapy, of the Society for Psychotherapy Research. He has authored articles, chapters, and
books in the field of psychiatry, psychopathology and psychotherapy.

**Michela Gecele, M.D.,** Gestalt therapist, psychiatrist, supervisor and psychotherapy trainer. She has been working for 19 years in a public mental health service, for three years has coordinated a psychological and psychiatric service for immigrants and she is supervisor of public mental health services and of programs for immigrants. She has authored articles and books in the field of psychiatry, psychotherapy and transcultural matters. She is a member of the Human Rights & Social Responsibility Committee of the European Association for Gestalt Therapy.

**Jan Roubal, M.D.,** Gestalt therapist, psychiatrist, supervisor and psychotherapy trainer. He teaches psychotherapy and psychiatry at Masaryk University in Brno. He is a member of the European Association of Psychotherapy, European Association of Gestalt Therapy (chairing the Research Committee), Society for the Exploration of Psychotherapy Integration and Society for Psychotherapy Research. He publishes texts mostly on psychotherapy in clinical practice and has co-edited a Czech publication entitled „Current Psychotherapy“.
GESTALT THERAPY IN CLINICAL PRACTICE. 
FROM PSYCHOPATHOLOGY TO THE AESTHETICS OF CONTACT.

Gianni Francesetti, 
Michela Gecele, 
Jan Roubal 
(Eds)

Preface by Leslie Greenberg

English Series of Gestalt Therapy Books 
By Margherita Spagnuolo Lobb 
And Gianni Francesetti

Franco Angeli Publ. 2013
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Preface

A Gestalt therapy handbook on Psychopathology, and to boot a relational approach to this complex topic! This book is ground breaking and revolutionary. Breaking new ground is always controversial, as I am sure this book will be, both among Gestalt therapists and among more traditional medical model psychopathologically oriented psychiatrists and psychologists. First generation Gestalt therapists would probably respond with shock and surprise to see Gestalt being applied to severe disorders and to the use of labels such as borderline and narcissistic. On the other hand medical model practitioners will find it hard to assimilate concepts such as that psychopathology emerges at the contact boundary and ideas of process oriented, aesthetic diagnoses. But as revolutionary ideas they hopefully will have an impact on received views of treatment and psychopathology and help give Gestalt therapy a voice in mainstream dialogue on more severe disorders.

Gestalt therapy initially was occupied with supporting the growth of the self and greater autonomy in neurotic personalities. As part of the Third Force of Humanistic Psychotherapies it was part of a new cultural movement. Gestalt therapy promoted supporting the autonomy and creativity of those individuals, who felt the need to free themselves from suffocating societal “shoulds” and family introjects. Self-expression, growth and excitement in the personality was the aim of therapy.

The Gestalt approach began and developed without paying much attention to more severe forms of suffering and psychopathology. Gestalt psychotherapy was not developed to treat more severe disorders such as psychosis, self-harm or severe trauma or personality disorders such as borderline and narcissistic disturbances. Perls promoted Gestalt therapy as the therapy of choice for “neurotic” individuals but he was clearly aware that he could not use Gestalt techniques with seriously disturbed individuals.
In addition Gestalt therapy was identified by many with techniques without the theoretical understanding that guided their practice. It proliferated through workshops and self-experience. Research and theory development were viewed with scepticism and academic work on Gestalt therapy suffered. Gestalt came to be seen as a growth therapy and not applicable to serious disorders.

The view of Gestalt therapy offered in this book is refreshingly quite different. This book is revolutionary in its effort to tackle the topic of psychopathology from a Gestalt relational perspective and it offers a specifically formulated Gestalt therapy view of understanding psychopathology. It views psychopathology as a co-created phenomenon of the field, that emerges at the contact boundary and as being able to be transformed in the process of contact. This is a laudable attempt to expand the core concepts of a Gestalt theory of human functioning to understanding seriously disturbed clients and psychotic functioning.

There has until recently been a lack of development of theory and research in Gestalt therapy that has greatly hampered the recognition of what Gestalt therapy has to offer. Being an experiential therapy, training was based strongly on promoting personal experience as a way of learning. This led to the denigration of intellectual and scientific pursuits, to the elevation of learning by doing, and to only valuing “knowledge of acquaintance”. You had to experience it to know it. This was in line with Gestalt phenomenological theory of practice, but this approach had its problems in promoting theory and research. This approach exposed Gestalt to the danger of becoming an esoteric practice and of losing any recognition as a serious academic, professional and scientifically valid approach. The theoretical and clinical writing that appears in this book is an antidote to this trend.

With the advent of the worldwide call for evidence based practice Gestalt has begun to shift its focus and has begun to develop and encourage more theoretical and research efforts. A sophisticated treatment of psychopathology as offered in these chapters fits into, and points the way, along this new path. In my view it can be thought of as helping to set a new frame for a third generation of Gestalt therapists, one that is more holistic, integrating theory research and practice in a phenomenological, relational and empirical framework.

Chapters in the book focus on many classical diagnostic categories: mood, psychotic, personality, eating and psychosomatic disorders, sexual difficulties, violent behaviours, and dementia. These chapters, although adopting classical
diagnostic categories, attempt to keep the meeting with the client as central and preserve the importance of the uniqueness of each person and each encounter.

In addition, I think this approach will help promote one of the key views I have promoted, that of the importance of what I have called process diagnosis which the editors capture in their concept of intrinsic or aesthetic diagnosis. In this view diagnosis involves the moment by moment observation and sensing of where the client is, a functional diagnosis that guides the therapist’s next moment. This is a co-constructive form of engagement that is at the heart of a form of diagnosis that leads to differential intervention. Thus following the process, a central Gestalt principle, is not some mystical or esoteric process, wild and creative, beyond description or understanding, but rather a disciplined form of recognising the obvious, a form of perceptual differentiation akin to radiologists reading of scans to detect phenomena indicating that certain processes are occurring internally. We have suggested that therapy benefits from the identification of certain markers as indicators of internal states that offer opportunities for particular types of actions by therapists that best fit these states. Viewing diagnosis and intervention in this light helps bring the art and science of psychotherapy together in the performance of skilled practice.

I congratulate the editors on producing a volume that adds to the development of Gestalt therapy theory and captures the complexity of the Gestalt approach applied to clinical practice with complex problems.

Leslie Greenberg

Toronto, December 2012
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Authors

Nancy Amendt-Lyon (Austria), Dr. phil., is a psychotherapist, psychologist, trainer and supervisor in private practice in Vienna. She is an experienced Gestalt therapy trainer and has authored numerous publications on Gestalt therapy and gender issues. She is a member of the EAGT, the Austrian Association for Psychotherapy and is Chair of the Austrian Association for Gestalt Therapy (www.oevg-gestalt.at).

Contact: nancy.amendt-lyon@oevg-gestalt.at

Daan van Baalen (Norway), MD, PhD Is a psychotherapist, psychiatrist, pathologist, trainer and supervisor, is rector of Norsk Gestaltinstitutt College, he has been teaching Gestalt therapy since 1976 mainly in the Netherlands, Norway and many other European countries. He has been working as general practitioner, as a researcher on the Erasmus University Rotterdam, the Netherlands and as Gestalt therapist in private practice in Norway and the Netherlands. His main interest has been and is how medicine and Gestalt therapy are compatible. Is member and is and was board member of EAGT and EAP.

Contact: daanbaalen@c2i.net

Talia Bar-Yoseph Levine (Israel/United Kingdom), D. Psych. Jerusalem Gestalt Inst; past head of the MsC in Gestalt psychotherapy, Metanoia Institute UK, registered clinical psychologist. Talia is a business consultant in Israel, Europe, USA and Asia, an international trainer and teaches at Tel Aviv U. Israel. Talia is on the editorial board of the Gestalt Review and edited The Bridge. Dialogue Across Cultures and Gestalt Therapy: Advances in Theory and Practice.

Contact: t_choice@012.net.il

Stefan Blankertz (Germany), born 1959, is a novelist and social scientist. He got his teeth onto Paul Goodman since 1973 and published translations of and books about Paul Goodman and Gestalt therapy ever since. His most recent novel deals with Paul the Apostle.
Martine Bleeker (The Netherlands) studied Developmental Psychology at the Rijksuniversiteit Groningen (1985-1992) and followed the Gestalttraining at the Nederlandse Academie voor Psychotherapie in Amsterdam (2000-2004). She works as Gestalttherapist in her own practice and works as a psychologist in a nursery home in Amersfoort. She supports the carers in their work with demented people.

Contact: www.info@de-ont-dekking.nl, info@de-ont-dekking.nl

Dan Bloom (United States), Doctor of Law, Licensed Clinical Social Worker, is a psychotherapist in private in New York City. He teaches, supervises, gives workshops, and lectures internationally. He was editor-in-chief of *Studies in Gestalt Therapy: Dialogical Bridges* and is an associate editor of the *Gestalt Review*. He was president of AAGT and of the NYIGT, where is a Fellow. His writings are published widely.

Contact: dan@djbloom.com

Dieter Bongers (Switzerland), MD, is a Psychologist, Dr. phil. and Gestaltpsychotherapist. He absolved the training in Gestalt therapy by IGG in Berlin; in Gestalt OE with the Gestalt Institute of Cleveland (GIC); and a training in Couples und Family therapy in the Center for Intimate Studies (Mass). Since 1984 he does Psychotherapy and Consulting and worked several years with addicted people. From 1991-2001 Dr. Bongers worked as the Therapeutic Director of an Institution for Correction with young male offenders. Actually he works in Liestal, Switzerland.

Contact: dieter@bongers.ch

Philip Brownell (United States/Bermuda), MDiv, Psy.D. is a clinical psychologist. He worked on the Intensive Care Unit of a co-occurring disorders treatment hospital and sees numerous cases of addiction in his private practice in Bermuda. He is the author of *Gestalt Therapy for Addictive and Self-Medicating Behaviors*, co-convener of The Research Conference, and editor of the *Handbook for Theory, Research, and Practice in Gestalt Therapy*.

Contact: philbrownell@logic.bm


Contact: kontakt@trauma-ambulanz.com
**Nathalie Casabo** (France), after 20 years working in Contemporary Art, she studied philosophy and trained in Alcoholology and Gestalt-therapy. She uses a Gestalt approach when she leads training workshops, designed for employees of various public administrations in improving reception of disabled people. As alcoholologist and Gestalt therapist, she has had a private practice in Lyons, since 2008. She belongs to the European College of Gestalt Therapy.

Contact: nathalie.casabo@wanadoo.fr

**Elisabetta Conte** (Italy) is a psychoterapist, psychologist, trainer and supervisor. She teaches in the Gestalt Psychotherapy Training Programs of the Istituto di Gestalt HCC. She was for many years the joint coordinator of the Institute’s branch in Venice. She works in a private practice. She has published many papers in the field of psychotherapy and she is part of the editorial board of the journal *Quaderni di Gestalt*.

Contact: betticonte@libero.it

**Valeria Conte** (Italy), is a psychologist, psychotherapist, Director and Teacher of the GTK Institute and post-graduate school of Gestalt psychotherapy. She works with psychotic patients in a mental health department, examining in depth the work with serious patients (psychotic and schizophrenic) as well as with couples and families as for research and didactics. Member of the Scientific Committee of the international GtK review.

Contact: valeri.conte@gmail.com

**Hans Peter Dreitzel** (Germany), MD, is Professor em. of Sociology, FU Berlin, and Gestalt Therapist, Trainer, Supervisor. He is author of many articles and books in both fields (see homepage: Dreitzel Gestalt Therapie), among them: *Gestalt and Process. Clinical Diagnosis in Gestalt Therapy - A Field Guide*, EHP 2010.

Contact: peter.dreitzel@yahoo.de

**Ken Evans** (United Kingdom), MD, is co-director of the European Centre for Psychotherapeutic Studies (www.eurocps.eu) and Visiting Professor of Psychotherapy, USEE. Since 1994 he has taught research at university validated programmes and training institutes in the UK, Czech, Italy, Norway, Sweden and nations of the former Yugoslavia. He is co-author (2009) with Linda Finlay of *Relational Centred Research of Psychotherapists*, Wiley Blackwell.

Contact: ken@eurocps.eu

**Gianni Francesetti** (Italy), Gestalt therapist, psychiatrist, international trainer and supervisor, program coordinator of the International Training on Gestalt Approach to Psychopathology. President of the EAGT and of the Italian NUO (FIAP, Italian Federation of Psychotherapy Associations), Past President of the SIPG (Società Italiana Psicoterapia Gestalt), member of the EAP, NYIGT, SPR. He has authored many papers and chapters and edited books on Gestalt therapy approach to psychopathology.

Contact: gianni.francesetti@gestalt.it
Ruella Frank (United States), Ph.D., is founder and director of the Center for Somatic Studies, faculty at the NYIGT, and teaches throughout the United States, Europe and Mexico. She authored Body of Awareness: A Somatic and Developmental Approach to Psychotherapy, available in four languages, (Gestalt Press, 2001), and co-authored The First Year and The Rest of Your Life: Movement, Development and Psychotherapeutic Change, available in three languages (Routledge Press, 2010).

Contact: ruellafrank@gmail.com www.somaticstudies.com

Michela Gecele (Italy), psychiatrist, psychotherapist, she teaches on the Gestalt Psychotherapy Training Programs of the Istituto di Gestalt HCC. She has been working for 19 years in a public mental health service and for three years she has coordinated a psychological and psychiatric service for immigrants. She has authored articles and books in the field of psychiatry, psychotherapy and transcultural matters. She is a member of the HR&SR Committee of the EAGT.

Contact: mgecele@hotmail.com

Leslie Greenberg (Canada), Ph.D, is Distinguished Research Professor Emeritus of Psychology at York University in Toronto, Ontario. He has published extensively on research on the process of change and is recipient of the 2012 American Psychological Association award for Distinguished Professional Contribution to Applied Research. He conducts a private practice for individuals and couples and trains therapists internationally in Emotion-focused approaches.

Contact: lgrnberg@yorku.ca

Neil Harris (United Kingdom), MA, Bachelor of Medicine and Bachelor of Surgery degree, Member of the Royal College of Psychiatrists, UKCP Registered Psychotherapist, has been practicing as a Gestalt therapist for 16 years, and as a child and adolescent psychiatrist for 20 years. He has a particular interest in the mental health needs of fostered and adopted children with traumatic early lives. He has a private practice and works with Family Futures Consortium (London) and with the Child and Adolescent Mental Health Service (Guernsey, Channel Islands).

Contact: drneilharris.org or neilph@aol.com

Marta Helliesen (United States), MD, is a sex therapist in private practice in New York City. She approaches sexuality from a comprehensive perspective and has developed unique interdisciplinary treatment modalities for sexual problems based on Gestalt therapy, neurobiological theories, and breath and body awareness. Her work with individuals and couples ranges from gender struggles to intimacy issues to alternative lifestyle.

Contact: marta@mkhelliesen.com

Giuseppe Iaculo (Italy), PhD, is a psychotherapist, trainer and supervisor. He is the author of Le identità gay. Conversazioni con noti uomini gay ed un saggio introduttivo sul
processo di coming out (2002) and of several articles about social psychology, psychopathology, clinical practice, therapist awareness and psychosomatic. He teaches psychotherapy in several Institutes. He lives in Naples and works in a private practice in other Italian cities.

Contact: giuseppe.iaculo@fastwebnet.it

Elena Křívková (Czech Republic), MD, is a psychotherapist, psychiatrist, trainer and supervisor. She has been working in a psychiatric hospital, mainly with neurotic and addicted patients. Currently she works in a private practice. She is interested in problematic personality disorders, she teaches this topic in several courses. She is a member of EAGT.

Contact: elena.krivkova@gmail.com

Brigitte Lapeyronnie-Robine (France), MD, is a psychiatrist, Gestalt therapist, trainer and supervisor (Institut Français de Gestalt-thérapie). She works currently in private practice. Author of: La confluence, approche d’un concept de la Gestalt-thérapie, L’Exprimerie, 1999.

Contact: b.lapeyronnie@wanadoo.fr

Sergio La Rosa (Argentina), BD, is a psychotherapist, psychoanalyst, gestaltist, trainer and supervisor. He teaches psychotherapy and psychopathology at postdoc HCC Italy and HCC Kairös in Italy and another postdoc in Mexico, Spain, Argentina, Usa and Chile. He has been working in a psychiatric institution in Argentina, mainly with schizophrenic patients. He currently works in a private practice in Italy and Argentina.

Contact: sergiolarosa.gestalt@gmail.com

Nurith Levi (Israel), PhD, is a certified psychotherapist, supervisor, family and Gestalt therapist. Former Dean of Students at the academic College Beit Berl, senior lecturer, the School of Social Work at Ben Gurion and Tel Aviv Universities. Chairperson of the Israeli Association for Gestalt Therapy. Chairperson of training Standards Committee, EAGT. In private practice mainly with families of children and adolescents.

Contact: levi.nurith@gmail.com

Philip Lichtenberg (United States), PhD, is Mary Hale Chase Professor Emeritus at Bryn Mawr College. He was a founding member of The Gestalt Therapy Institute of Philadelphia. He is the author of 6 books and many articles and chapters. He continues to teach at the Institute and to supervise psychotherapists.

Contact: phil.els.lichtenberg@gmail.com

Richard E. Lompa (The Netherlands), MSc is a practicing Gestalt therapist/trainer/supervisor in Amsterdam. As chair of the EAGT ethics committee for nine years, he was influential in the creation and establishment of their Code of Ethics and Complaints and Appeals Procedure. While a member of the ethics committee for the
NVAGT, he helped to produce a Code of Ethics with a Complaints and Appeals Procedure for this national Gestalt Association.

Contact: silo@wxs.nl

**Irina Lopatuhina** (Russia), 50 years, is a Gestalt-therapist of the Moscow Gestalt Institute and the author of the book *The slave of Food*. Therapy specialization: work with the eating disorders. More information here: [www.lopatuhina.ru](http://www.lopatuhina.ru)

**Dave Mann** (United Kingdom), MSc (Psychotherapy), Dip Supervision is a UKCP Registered Gestalt Psychotherapist, Supervisor and Trainer. He is a core trainer on a BSc programme at The Sherwood Psychotherapy Training Institute, Nottingham where he has a busy private practice. Dave is author of *Gestalt Therapy: 100 Key Points & Techniques* (Routledge 2010). He delivers training and supervision nationally and internationally.

Contact: dp.mann@virgin.net

**Gonzague Masquelier** (France) is a civil engineer and psychologist. He has been the Director of Ecole Parisienne de Gestalt (EPG) for 20 years. Currently he works in a private practice, as Gestalt therapist, trainer in a dozen countries and supervisor. He also works in Organisations as Gestalt coach and consultant. He is a member of EAP and EAGT.

Contact: gonzague.masquelier@wanadoo.fr

**Joseph Melnick** (United States), PhD, is a psychologist and organizational consultant who has published extensively and teaches worldwide. He has served on the Faculty and Boards of The Gestalt Institute of Cleveland and the Gestalt International Study Center, where he currently chairs the Cape Cod Training Program. He is the Founding Editor of the *Gestalt Review*, a contemporary Gestalt journal.

Contact: josephmelnick10@gmail.com

**Frans Meulmeester** (The Netherlands). In 1977, I was invited by a school for nurses and nurse aids to teach psychology on old age. Since then I work in this field of geriatrics, already for more than 35 years as a trainer, consultant and supervisor. I build up my knowledge mainly, by working with the old people myself too. They were my teachers. Beside this work, I also work as Gestalt therapist and trainer and staff member in several Gestalt institutes in Europe.

Contact: info@lifeisaninvitation.nl

**Maria Mione** (Italy) is a psychotherapist, psychologist, trainer and supervisor. She teaches on the Gestalt Psychotherapy Training Programs of the Istituto di Gestalt HCC. She was for many years the joint coordinator of the Institute’s branch in Venice. She works in a private practice. She has published many papers in the field of psychotherapy and she is part of the editorial board of the journal *Quaderni di Gestalt*.

Contact: maria.mione@alice.it
**Peter Mortola** (United States), PhD, is Professor of Counseling Psychology at Lewis and Clark’s Graduate School of Education and Counseling. He is the author of *Windowframes: Learning the art of Gestalt play therapy the Oaklander way* (Gestaltpress, 2006), the culmination of 10 years of inquiry and research on Violet Oaklander’s methods of both child therapy and adult training. www.lclark.edu/faculty/pmortola

Contact: pmortola@lclark.edu

**Bertram Müller** (Germany), Dipl. Psych, clinical therapist, trained in Gestalt Therapy with Isadore From, Laura Perls, Erving and Miriam Polster, Bob Martin. Founding co-director of the Institute for Gestalt Therapy (JFG Düsseldorf) and founding co-President of the German Association of Gestalt Therapy (DVG), he is a Gestalt Trainer and Supervisor in Germany, Holland, Italy, Serbia, Malta. Artistic Director of Tanzhaus nrw in Düsseldorf, he is the author of several articles on subjects like Diagnostics, Art and Gestalt Therapy, the works of Otto Rank and Isadore From.

Contact: bmueller@tanzhaus-nrw.de

**Myriam Muñoz Polit** (Mexico), (1948) is a pioneer of the humanistic psychology and Gestalt therapy in Mexico. She holds a PhD in Human Development. In 1985 founded the Humanist Institute of Gestalt Psychotherapy, considered the largest world Gestalt Institute, of which she is currently Rector. In 1997 started *Figura Fondo* magazine. She is the author of many articles and books, passionate about the topic of emotions, dreams, symptoms and love relationships.

Contact: myriam@gestalthumanista.com

**Oleg V. Nemirinskiy** (Russia), PhD, is a founder (in 2000) and director of Moscow Institute for Gestalt Therapy and Consulting. In 2007-2008 and 2011-2012 he was a president of the Association of Russian Language Gestalt Institutes. He teaches Gestalt therapy in Russia, Belorus and Ukraine and works in private practice. He authored the book *Personal Growth in a Therapy group* (1990) and many articles in different journals.

Contact: migtikon@mail.ru

**Peter Philippson** (United Kingdom) is a Member of the Gestalt Psychotherapy & Training Institute UK, a founder member of Manchester Gestalt Centre, Full Member of the NYIGT, Senior Trainer for GITA (Institute for Gestalt Therapy, Ljubljana) and Past President of the Association for the Advancement of Gestalt Therapy. Peter is the author of *Self in Relation, The Emergent Self and Gestalt Therapy: Roots and Branches*, and many other chapters and articles.

Contact: peterphilippson@gmail.com

**Jean-Marie Robine** (France), psychologist since 1967 and Gestalt-therapist from the mid-70ies. Founder of Institut Français de Gestalt-thérapie in 1980, the first created in France. Past president of EAGT in the 90ies. Founder of journals of GT, author of 7 books translated into several languages. As an international trainer, he teaches GT all over the world. He also authored the first article ever published about shame in GT in 1991.
Jan Roubal (Czech Republic), MD, is a psychotherapist, psychiatrist, trainer and supervisor. He teaches psychotherapy and psychiatry at Masaryk University in Brno. He has been working in a psychiatric hospital, mainly with depressive patients. Currently he works in a private practice. He is a member of EAP, EAGT, SPR, chair of the EAGT Research Committee.

Contact: jan.roubal.cz@gmail.com

Giovanni Salonia (Italy), Gestalt Psychotherapist (trained by E. and M. Polster, I. From, J. Zinker). Trained in Client-Centered Therapy, Bodytherapy, Family Therapy. He directs the School of Gestalt Psychotherapy since 1980. University Lecturer (Palermo, Rome). Director GTK International Journal Psychotherapy. Full Member NYIGT. He wrote about: Gestalt Therapy and lived time of the contact, the developmental theory, cultural contexts, psychopathology, personality function.

Contact: salonia.giovanni@gmail.com

Peter Schulthess (Switzerland), MSc, is a psychotherapist practicing in Zurich. He teaches Gestalt therapy mainly in the Swiss Branch of the Institute for Integrative Gestalttherapy Würzburg, but also in several other countries. He has a rich experience in therapy of dependent behaviors. He is a member of various associations, such as EAGT, EAP, SPR, International Federation for Psychotherapy, World Council for Psychotherapy.

Contact: peter@pschulthess.ch

Katerina Siampani (Greece), Msc in Counseling and Psychology, is a Gestalt psychotherapist trainer and supervisor, instructed in Art and Sandplay therapy. She worked for many years in YWCA (Young Women’s Christian Association). Last ten years she’s been working in Greek Association of Alzheimer’s Disease and Related Disorders, with both demented people and their caregivers. At the same time, she works in a private practice. She is a member of EAGT.

Contact: siampk@ccpsychotherapy.eu

Antonio Sichera (Italy) teaches Modern and Contemporary Italian Literature in the University of Catania. Formed at the intersection of Hermeneutics, Lexicography and Gestalt Therapy, he wrote on matters of literary theory, clinical and philosophical as well as on many writers of Italian and European Literature. He teaches Hermeneutics and Epistemology in the School postgraduate specialization in Gestalt Therapy of Institute HCC Kairòs in Ragusa, Rome and Venice.

Contact: asichera@unict.it

Margherita Spagnuolo Lobb (Italy), director (since 1979) of the Istituto di Gestalt HCC Italy, international trainer, full member of NYIGT, past-president and first Honorary Member

Contact: margherita.spagnuolo@gestalt.it

**Christine Stevens** (United Kingdom), PhD, is a psychotherapist, trainer, supervisor and editor of *The British Gestalt Journal*. Working in private and National Health Service practice she is a faculty member of the Doctorates in Psychotherapy at Metanoia Institute London. She is Programme Leader for MA Pastoral Counselling at St John’s College, Nottingham England and supervisor for GITA (Institute for Gestalt Therapy, Ljubljana). She runs a Clinical Training Unit for Psychotherapy in Primary Care.

Contact: therapy@mappmed.co.uk

**Bernhard Thosold** (Austria), Gestalt therapist, Psychotherapist in private practice in Vienna. Founding member of the Austrian Association for Gestalt Therapy (OEVG). He has 25 years of experience and is specialised in psychotherapy with substance abusers in the field of enforced therapy in organisational contexts as well as in private practice.

Contact: be.tho@utanet.at

**Carmen Vázquez Bandín** (Spain), PhD, clinical psychologist, psychotherapist, international trainer and supervisor. She is founder and director of the Centro de Terapia y Psicología (CTP) in Madrid, Spain. She works in a private practice. She is a member of Spanish Association for Gestalt Therapy, EAP, EAGT, NYIGT. She is author of papers and books about Gestalt Therapy. She is founder and co-director of Asociación Cultural Los Libros del CTP, a publishing company about Gestalt Therapy books in Spanish.

Contact: etppezquez@correo.cop.es

**Ivana Vidakovic** (Serbia) is a psychologist, psychotherapist, teacher and supervisor at EAPTI Gestalt Studio Belgrade. She has been working for 13 years in International Aid Network and Center for Rehabilitation of Torture Victims. She is a member of EAP, EAGT, International Trauma Treatment Program, International Society for Traumatic Stress Studies.

Contact: ividakovic@ian.org.rs

**Gordon Wheeler** (United States), PhD, is author or editor of some dozen books and over 100 articles in the field. His work has emphasized the integration of Gestalt therapy with relational psychology, focusing on self and support, lifespan development, intimacy and shame, gender, community, and coaching, and Systems Constellations. Gordon teaches widely and serves as President of Esalen Institute in Big Sur CA.

Contact: gordonmwheeler@gmail.com
Beatrix Wimmer (Austria), Psychologist, Gestalttherapist, Accredited psychotherapist by the Austrian Ministry of Health, vice president of the Austrian Association for Gestalt Therapy ÖEVG, member of Ethics Committee of EAGT. The author has 25 years of experience and is specialised in psychotherapy with substance abusers in the field of enforced therapy in organisational contexts as well as in private practice.

Contact: beatrix.wimmer@oevg-gestalt.at

Gary Yontef (United States), PhD, ABPP. Formerly on the UCLA Psychology Department Faculty and Chairman of the Professional Conduct Committee of the Los Angeles County Psychological Association, he is in private practice and consults internationally. He has also worked in psychiatric hospital and clinics. He is a co-founder of the Pacific Gestalt Institute, past president and Faculty Chair of the Gestalt Therapy Institute of Los Angeles. Among his publications: *Awareness, Dialogue and Process*.

Contact: yontef@pacbell.net

Jelena Zeleskov Djoric (Serbia), PhD, is a psychotherapist, psychologist, research fellow, assistant professor and trainer. She teaches psychotherapy at the Institute for Gestalt Therapy Belgrade. She worked at the University. Currently she works at the Institute of Criminological and Sociological Research. Also, she works with patients in a private practice. She is a member of APA and EAGT.

Contact: jelena.zeleskov.djoric@gmail.com

Lee Zevy (United States) Former President and current Fellow of the New York Institute for Gestalt Therapy where she trained and has been working in many capacities since the 70’s. As a founder and current clinical Director of Identity House, a 40 year old Walk-In Peer Counseling and Psychotherapy Community Mental Health Center for the LGBTQ Community, politics has always been an integral part of her life. Lee has a private practice in Gestalt therapy and is also certified as Integral Coach.

Contact: lzevy@verizon.net
APA: American Psychological Association
ABPP: American Board of Professional Psychology
EAGT: European Association for Gestalt Therapy
EAP: European Association for Psychotherapy
EAPTI: European Association for Psychotherapy Training Institute
ECP: European Certificate for Psychotherapy
NYIGT: New York Institute for Gestalt Therapy
SPR: Society for Psychotherapy Research
UKCP: United Kingdom Council for Psychotherapy