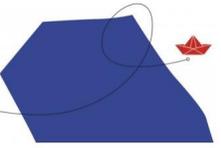
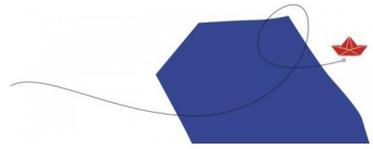


# Gestalt therapy online during the pandemic: exploring the new field

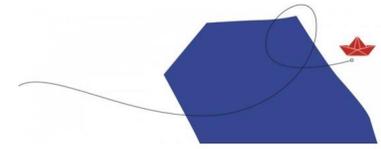


Claudia Fernández Santoyo & Eduardo Rubio Ramírez  
Gestalt Research Conference (Hamburg, 2022)



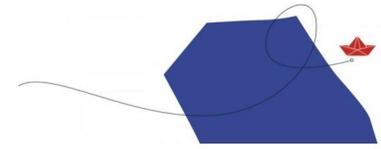
*“The ground shakes, sometimes it collapses like in an earthquake.”  
(G. Francesetti)*





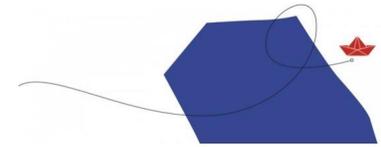
## Introduction

- During the COVID-19 pandemic, a change occurred in our therapeutic practice from a face-to-face to virtual or online modalities. A new field unfolded: the virtual field.
- Psychotherapists experienced confinement like our patients.
- Moments of mourning, uncertainty, anxiety, fear, sadness, loneliness, isolation. We have had to make creative adjustments.
- We formed a Community of Dialogue between Gestalt therapists, with the following purposes: exploring different experiences, supervising cases, supporting personal situations in groups, as well as discussing theoretical aspects.
- *This Community offered to live a virtual relational experience.*



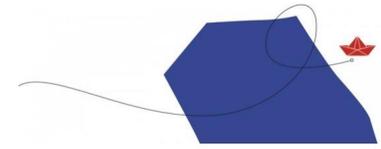
## Research question

What are the relational aspects  
that favor the therapeutic process  
in the new virtual field?



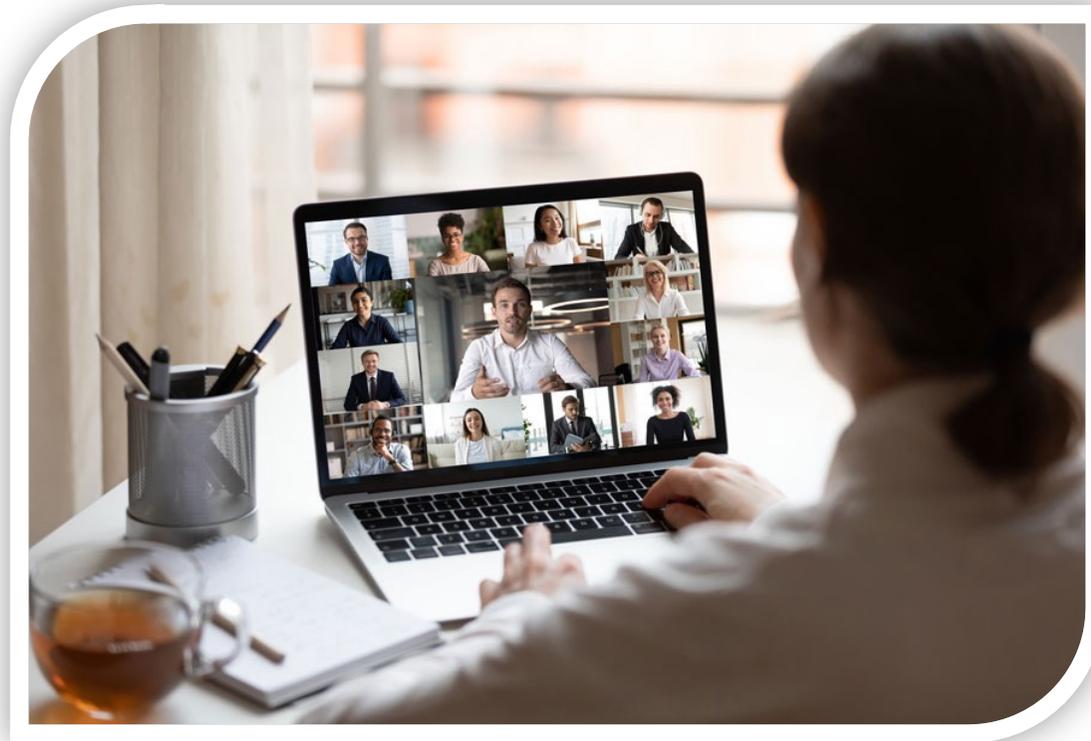
## **Field Theory Principles (Parlett, 1991)**

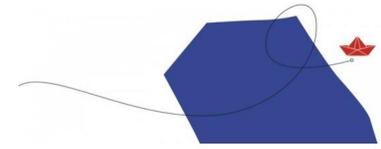
- Principle of Organization
- Principle of Contemporaneity
- Principle of Singularity
- Principle of Changing Process
- Principle of Possible Relevance



The categories that we decided to explore during the group process (*in situ*) were:

- ***Therapeutic belonging***
- ***Intimacy***
- ***Co-regulation***
- ***New ground***





1. **Therapeutic belonging:** Two senses of presence were considered:

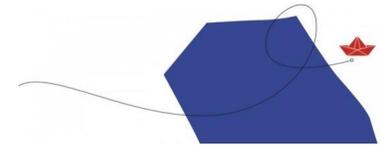
- a. The way in which the therapist is involved in a group relationship, and
- b. The form of contact in the relationship with their patients.

2. **Intimacy:** Ability to achieve full contact.

3. **Co-regulation:** Support process to go towards the environment and to be able to choose what is needed for the relationship.

4. **The virtual relational field** in which the experience of online therapy and the supervision group takes place.

# Questions



## *Therapeutic Belonging*

- *In what way does your belonging to the Community of Dialogue support the therapeutic relationship with your patients?*

## *Intimacy*

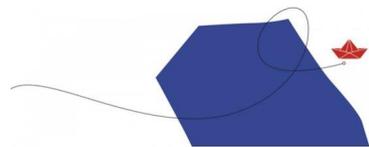
- *Have you been able to discover new forms of intimacy with your patients? What have been these forms?*
- *Do you consider that it is possible to establish an intimate relationship with the participants in the Community of Dialogue? If you do consider it possible, how do you notice it? If not, what is missing?*

## *Self-regulation (as a co-regulation process)*

- *Throughout the process in the Community of Dialogue, how has contact with the other participants occurred for you?*

## *New Ground*

- *How does the Community of Dialogue support contact with your patients?*



## Participants

Age	
32	10%
38	10%
39	10%
42	30%
46	10%
52	10%
60	20%

Gender	
Female	70%
Male	30%

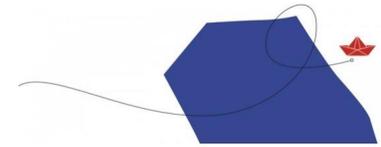
## Time providing online therapy

4 years	10%
2 years	20%
2 months	20%
3 months	10%
4 months	30%
8 years	10%

## Place of residence

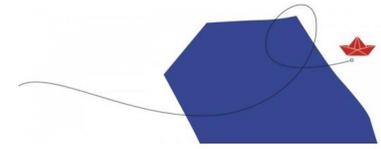
Germany	10%
Argentina	10%
Mexico	80%

# Results



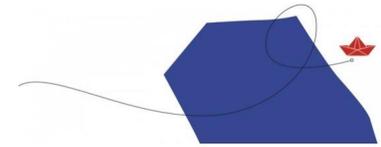
- Confinement accentuates the perception of loneliness on the part of the therapist and at the same time the virtual Community of Dialogue supports the co-creation of therapeutic experiences. Inside the new field a new belonging appears.
- The virtual Community of Dialogue strengthens trust in distant therapeutic relationships, which supports the emergence of a new form of therapeutic presence.

# Results



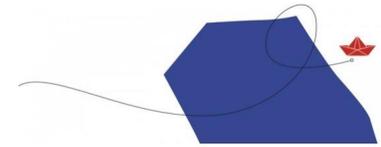
- The new online intimacy has to do with trust and openness to share personal experiences, even being a group that has not had previous contact in person.
- This new intimacy supports openness to one's own vulnerability and, therefore, broadens the possibilities of sustaining the vulnerability of patients in virtual contexts.

# Results



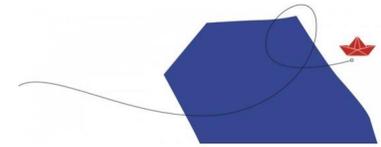
- The new online intimacy places us in scenarios of difficulty and at the same time of possibility:
  - Difficulty due to the lack of privacy when being confined and connected from home.
  - Possibility of having another opening of patients and therapists to show ways of life that would not otherwise be shown, which broadens the possibilities of encounter and mutual knowledge.

# Results



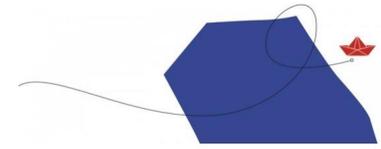
- The online contact process is different from the contact that occurs in person; however, there are the phenomena that we are going to call “contact”, due to the novelty and awareness that it implies. The monitoring process, also online, allows the experience to be assimilated.

# Results



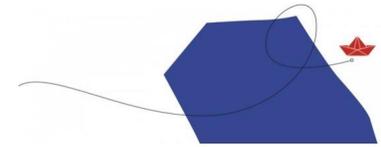
- The new ground is the relational virtual field in which the online therapy experience and the supervision group take place. According to Fernández (2020), the new ground “is about relational phenomena within the virtual dimension”.
- One of the translations for ground is soil. We are struck by the fact that in the new field, the conventional “soil” disappears and new ways of supporting ourselves appear. We realize that virtuality is not detrimental to support.

# Results



- Our theoretical and experiential challenge is to approach virtual atmospheres through a Gestalt perspective considering our concepts of contact, awareness, novelty, relating, creative adjustment and support in the challenges posed by the new field.

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# **Gestalt therapy online during the pandemic: exploring the new field**

Claudia Fernández Santoyo & Eduardo Rubio Ramírez

## **Introduction**

During the COVID-19 pandemic, many psychotherapists experienced a change in our therapeutic practice from a face-to-face to virtual or online modalities. This change created a new field: the virtual field. In the development of this research, a phenomenological description is made of how this new field is perceived by therapists in their experience.

Psychotherapists experience confinement like our patients, from March 2020 to the writing of this paper (September of the same year). During confinement we have found ourselves in the need to attend to patients online, which in many cases has been a new experience for both patients and therapists.

Throughout these months, we therapists have also experienced moments of mourning, uncertainty, anxiety, fear, sadness, loneliness, isolation. In the same way, we have had to make creative adjustments in our homes, from looking for confidential spaces, expanding the capacity of internet connection, negotiating privacy spaces with families and at the same time attending to our patients.

In this scenario, the need has arisen for many therapists to participate in supervisory processes with colleagues who experience similar situations in search of support, the sharing of experiences, dialogue and deepening of the theory and practice of what we call the new ground.

Therefore, we proposed to open a group that we call Community of Dialogue between Gestalt therapists, with the following purposes: exploring different experiences, supervising cases, supporting personal situations in groups, as well as discussing theoretical aspects. At the same time, by being done online, said Community offers to live a virtual relational experience, this being the object of this study.

In the methodology section, the operational definitions of the categories that we decided to explore are mentioned: intimacy, co-regulation, therapeutic belonging and new ground.

Finally, the results obtained from the survey applied to the participants are shown, as well as the conclusions derived from said results, which can guide online therapeutic practices.

## **Background**

“The ground shakes, sometimes it collapses  
as in an earthquake. ”

Gecele, M. and Francesetti, G.

One of the central concepts of Gestalt psychotherapy is that of the organism/environment field (Perls, Hefferline, Goodman, 1951), understanding that there is an interdependence and co-creation between individual and field: the field creates individuals and individuals create the field.

Today the co-created field, given the conditions of the pandemic, is a field that we call virtual. According to Francesetti and Gecele (2020), "basically, courses for psychotherapy cannot continue face to face." Supporting this idea, monitoring groups also occur online. "Taking for granted contacts that previously held (and limited) us, are now canceled. The ground shakes, sometimes it collapses like in an earthquake. " (ibid.) This moves us to design new meeting and supervision scenarios in the face of a new and uncertain reality.

To understand the new field, we resort to the Principles of Field Theory, according to Parlett (1991) and Francesetti (2018):

- According to the Principle of Organization, “everything is interconnected, and the meaning of each thing emerges from the total situation; the properties of things are defined by the total meaning of the situation”. In the COVID-19 pandemic, therapeutic relationships and supervisory spaces take on a different meaning; patients and therapists are in a crisis situation and their interactions are limited to the screen or, failing that, to remote interactions with faces covered by masks.
- Principle of Contemporaneity: "The past and the future are simultaneous aspects of the psychological field in a given time." We are experiencing at the same time the reality that is gone ("normality") and the one that is to come ("new normality"), in an uncertain present”.
- Principle of Singularity: Each situation, circumstance and person are unique. Although apparently, we are in the same crisis situation, each person and their context vary, which moves us to be attentive as therapists to the emergent form at each moment with our patients.
- Principle of Changing Process: The field is flowing, and each experience is provisional. We cannot have the same experience twice. From confinement we, therapists, and patients, face an apparent immobility of the days: “everything is the same”, which invites us to look with them at the novelty in the apparent “sameness” and mobilize creative adjustments.
- Principle of Possible Relevance: Everything that happens in the present is participating in the total organization of the field and is potentially significant, although it could be seen as irrelevant. We are united and in relationship thanks to

the “unseen” network that we take for granted; however, it is present in video calls when the other “freezes”, the signal goes out, and so on. The Internet network, apparently irrelevant in the therapeutic relationship, is shaping our interactions.

## **Development**

In the configuration of the new field and, according to a study carried out in Spain (Dosil, 2020), “in the context of the COVID-19 pandemic, both work overload and fear of possible infection could be generating and increasing stress levels.” That is why it seemed important to us to be able to open a space that would serve as support for psychotherapists in the face of the new stressful reality that we face. In the present study we are interested in exploring how group support takes place, as a new ground.

A group that we called Community of Dialogue between Gestalt Therapists in the Internet era was carried out, in which we addressed aspects such as: supervision of practical cases, dialogues to share experiences and enrich our therapeutic gaze, questions that will help us find support to strengthen our therapeutic practice online, as well as deepen the theoretical aspects that support our therapeutic practice in the face of the new reality of carrying it out online.

The sessions were carried out through the Zoom application, lasting an hour and a half each. Towards the end of the process, we applied an instrument designed for the purposes of this research, with the intention of exploring the experience of a group of therapists in their search for spaces for meetings, support and therapeutic supervision in the face of the new reality.

The responses of the participants in the Community of Dialogue were analyzed according to four categories: therapeutic belonging, intimacy, self-regulation as a co-regulation process and new ground. The findings and recommendations are shared in this article.

Based on Spagnuolo (in Roubal, 2016), the question from which this research starts is: What are the relational aspects (verbal and non-verbal) that favor the therapeutic process in the new virtual field?

## **Methodology**

Description of the participants:

The Community of Dialogue was made up of 10 therapists and the inclusion criteria are presented below:

- a) That they were Gestalt therapists.
- b) That they provide online therapy during the pandemic.
- c) That they will need a supervision group to share their therapeutic experiences.

- d) Any place of residence.
- e) Gender and indistinct ages.
- f) Previous experience giving online therapy was not necessary.

Similarly, the averages of age, gender and places of residence that make up this group are presented.

<b>Age</b>	
32	10%
38	10%
39	10%
42	30%
46	10%
52	10%
60	20%

<b>Gender</b>	
Female	70%
Male	30%

<b>Place of residence</b>	
Germany	10%
Argentina	10%
Mexico	80%

<b>Time providing online therapy</b>	
4 years	10%
2 years	20%
2 months	20%
3 months	10%
4 months	30%
8 years	10%

Analysis categories:

To answer the question from which this research starts, the following categories were considered *a priori* taking into account the context of the distance or virtual relationship, through video calls:

- 1.- Therapeutic belonging.
- 2.- Privacy.
- 3.- Self-regulation, as a process of co-regulation.
- 4.- New ground.

Each category has been given a meaning according to the aspects of the new field (possible relevance) that we are interested in observing. These meanings are presented below.

1. Therapeutic belonging: Two senses of presence are considered:
  - a. The way in which the therapist is involved in a group relationship, and

- b. The form of contact in the relationship with their patients.
2. Intimacy: Ability to achieve full contact.
3. Co-regulation: Support process to go to the environment and be able to choose what is needed for the relationship.
4. New ground: The word ground can be translated from English to Spanish as soil, base, field. We refer to as new ground, the virtual relational field in which the experience of online therapy and the supervision group takes place.

## Results

The answers obtained in the applied survey are presented below, which have been classified according to the categories described:

### Survey responses

#### ***Therapeutic Belonging***

#### **In what way does your belonging to the Dialogue Community support the therapeutic relationship with your patients?**

Sharing online and personal therapy experiences due to confinement. I listen and learn.

First, it allows me to experience that it is possible to feel and resonate with what emerges between me and my patient. It allows me to realize that it is possible to feel accompanied and close. To generate confidence that the therapeutic relationship can be created in a remote way. It supports me by giving me security and confidence because it makes the relationship tangible in the virtual field.

Seeing how the rest of my colleagues interact in each of their cases, I can take the example of how to do it in other ways.

It supports me because I can talk and share about my experience of providing online psychotherapy. It helps me to feel that I am not alone and that many of my difficulties and concerns are also present in them, in this way it nurtures me that together we reflect and accompany each other.

It is part of the field in which I feel supported and favors self-support.

It helps me to reinforce theoretical concepts, in addition to supervising, I incorporate new perspectives on the field that enrich the experience and the possibilities.

I share my therapeutic experience with therapists that I admire because I see their commitment and love for the patients that they in turn supervise.

As the title says: in generating a ground for myself not only in the online session as a new methodology for therapy, but as accompaniment in a moment of isolation. It is a reality that the psychotherapist is usually accompanied by colleagues, as is the case with those who work in an office, and now the inability to leave home has

accentuated it. So, the supervision and the dialogue group becomes a space to co-create "therapeutic" experiences, at times as professionals and as humans. With more security and confidence in what I do when giving therapy.

### ***Intimacy***

**Do you consider that it is possible to establish an intimate relationship with the participants in the Community of Dialogue? If you do consider it possible, how do you notice it? If not, what is missing?**

I do believe that an intimate relationship with the participants is possible. I notice it because we have already shared personal experiences and feelings ... I feel that there is a "natural" openness and trust between us.

It is possible; I notice it because it has been increasing my confidence to open up about what happens to me in the Community of Dialogue.

Yes, I feel very confident. I can feel and see everyone's empathy and respect for the different cases and situations that arise.

Yes, at first it was difficult because the group was forming. Then I felt part, listening and accompanied by my colleagues, I feel that I can express myself freely and in confidence.

Yes, the confidence to express, there is a sense of trust, the tone of voice, the facial expression of the participants and my own.

Yes, the group has been growing: making jokes, comments are made with great respect and love. I believe, on the contrary, that it is not possible not to generate a bond when we share our strengths and weaknesses as therapists with others.

Yes, I notice that even with the limitations of being physically separated, the neurons manifest an electrical movement in the brain, which allows us to recognize emotions, sensations or feelings that feed intimacy with the passage of each session.

Yes, I can see it in the openness and confidence we have had to touch on issues where we can look at our vulnerability, uncertainty and creativity as therapists. And realizing as a community that we experience various situations in a similar way and what the group expresses supports and helps us to look at other possibilities in our role as therapists.

Yes of course! We have lived it and I feel it when we touch our emotions as people and as therapists.

**Have you been able to discover new forms of intimacy with your patients? What have been these forms?**

Yes I have discovered new forms of online intimacy ... of approach. I remember a tip from Eduardo when he put himself in the position he wanted the patient to take. "Reload on the desktop." Another where Claudia has opened up to express her emotions to the patient, her fears, concerns, etc.

The first time I worked in a virtual way, I did not feel "there" with the patient, I was perceived and experienced far away. Now I feel close, in relationship.

I believe that intimacy is something that comes with time and trust.

It happens to me that with the quarantine I speak more in the plural, sharing my experience, opening myself more to it. Serving patients online has allowed me to break my prejudice about being able to meet a new patient in this way. I discovered

that it is possible to build a trust bond. Sometimes when noticing that they are receiving me in their house somehow makes me want to talk about what that space is like or they feel like introducing me to their place, sometimes to a family member so that they can get to know it.

Sharing intimate spaces, special attention to the voice and the gaze.

By letting me enter their homes through the screen, I know a little more about them. As are their spaces, their relationships, many things have entered the field that I previously imagined, it is as if they had opened a door to their house and I opened mine to them. I notice that I pay a lot of attention to the tone of voice, to the movements they make, curiously, it seems to me that the facial expressions have intensified a bit.

Yes, perhaps I am becoming more sensitive to looking at their bodies and the micro or macro movements they perform, while I can execute others that bring me closer to or away from them in the session, through the screen.

Yes, on one occasion he expressed fatigue due to stress and anxiety and we experimented examining himself in his bed (my patient was in his bedroom) and allowed himself to feel the fatigue that many times he did not permit himself to feel because he worked from home. This was refreshing and wanting to make changes about it.

I think yes, through online I have also found intimacy with them.

### ***Self-regulation (as a co-regulation process)***

#### **Throughout the process in the Community of Dialogue, how has contact with the other participants occurred for you?**

I have loved hearing their experiences, how they live them, hearing how professional and experienced they are ... above all as human as me!

At the beginning I felt more uncertainty than in a face-to-face meeting, gradually I have allowed myself to listen to them and include myself in their experiences while at the same time I feel confident to express what happens to me.

In a genuine, empathetic and open way.

I have experienced it as a nurturing contact, with a very good reception, bond of support. Although, sometimes I am quieter, listening, I feel that it is a place of much learning for me. A spring of fresh, crystalline water to continue the journey.

It has been a spontaneous, free and loving way.

With openness and interest to learn more about what I do with any of them. And with confidence in their contributions and in what I contribute.

Somehow I feel it closer than in a face-to-face supervision, we are all in it because we want and want to hear the experience of the other, subgroups and sub-topics are not formed - at least not during the session in an obvious way, I feel more accepted without fear of judgment that could be between the "whispers" in the room.

### ***New Ground***

#### **How does the Community of Dialogue support contact with your patients?**

It helps me with the support of my experiences and doubts. Also by learning from fellow therapists, each session I learn something new!

It supports him by making him sensitive, intimate and has allowed me to feel present in the relationship.

Starting with the example and seeing how others work their cases.

It allows me to be content to be able to contain, assist and accompany the processes of each one. It is an endorsement because I find new ways to enrich therapeutic work, whether with technical, human, or personal novelties. I find something nutritious that I can replicate in the therapeutic space.

Generate novelty, broaden the field.

Through ideas that enrich, shared experiences, co-creating the support I need for my work.

Giving me more tools to intervene and being sure that online contact is another form of privacy.

I feel more secure and confident when giving therapy. Since belonging to a community of therapists makes me feel accompanied in what I do.

First, supervising specific topics and receiving the support of the other therapists with theory or practice that has worked for them, but also when I feel accompanied by the other, I discover that I am more available to accompany my patients.

## **Results**

Confinement accentuates the perception of loneliness on the part of the therapist and at the same time the virtual dialogue community supports the co-creation of therapeutic experiences. Inside the new field a new belonging appears:

“I incorporate new perspectives on the field that enrich the experience and the possibilities”

The virtual Community of Dialogue strengthens trust in distant therapeutic relationships, which supports the emergence of a new form of therapeutic presence. According to what the participants respond, the new online intimacy has to do with trust and openness to share personal experiences, even being a group that has not had previous contact in person. This new intimacy supports openness to one's own vulnerability and, therefore, broadens the possibilities of sustaining the vulnerability of patients in virtual contexts.

We have observed in the Community of Dialogue and in our own experience with patients that the new online intimacy places us in scenarios of difficulty and at the same time of possibility. Difficulty due to the lack of privacy when being confined and connected from home and the possibility of having another opening of patients and therapists to show ways of life that would not otherwise be shown, which broadens the possibilities of encounter and mutual knowledge.

“By letting me enter their homes through the screen, I know a little more about them. As are their spaces, their relationships, many things have entered the field that I previously imagined, it is as if they had opened a door to their house and I opened mine to them. I notice that I pay a lot of attention to the tone of voice, to the movements they make and curiously it seems to me that the facial expressions have intensified a bit. ”

The online contact process is different from the contact that occurs in person; however, there are the phenomena that we are going to call “contact”, due to the novelty and awareness that it implies. The monitoring process, also online, allows the experience to be assimilated.

“In some way I feel it closer than in a face-to-face supervision, we are all in it because we want and want to hear the experience of the other, subgroups and subtopics are not formed - at least not during the session in an obvious way, I feel more accepted and without fear of the judgment that could be between the "whispers" in the room.”

As mentioned earlier, the new ground is the relational virtual field in which the online therapy experience and the supervision group take place. According to Fernández (2020), the new ground “is about relational phenomena within the virtual dimension”. One of the translations for ground is soil. We are struck by the fact that in the new field, the conventional “soil” disappears and new ways of supporting ourselves appear. We realize that virtuality is not detrimental to support.

“It is an endorsement because I find new ways to enrich therapeutic work, whether with technical, human, or personal novelties. I find something nutritious that I can replicate in the therapeutic space. ”

Our theoretical and experiential challenge is to approach virtual atmospheres through a Gestalt perspective considering our concepts of contact, awareness, novelty, relating, creative adjustment and support in the challenges posed by the new field.

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# COMUNIDAD DE DIÁLOGO ENTRE TERAPEUTAS GESTALT EN LA ERA DE INTERNET



¿Eres psicoterapeuta Gestalt  
y estás iniciando **tu práctica en línea**?

¿Necesitas un grupo de colegas  
para compartir tus experiencias?

**FACILITADORES:**

TENEMOS LUGARES DISPONIBLES

Viernes de 9:00 a 10:30 am, hora **CDMX**

Cada 15 días  **vía zoom**

Claudia Fernández: 55 34 56 25 05  
claudinefedez10@gmail.com

Eduardo Rubio: 229 901 57 13  
laloterapeutagestalt@gmail.com