



**Istituto di Gestalt Human Communication Center Italy**  
**Post-Graduate School of Psychotherapy**  
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European  
Association  
for Gestalt  
Therapy

## **5TH INTERNATIONAL CONFERENCE ON RESEARCH IN GESTALT THERAPY**

**“GESTALT FOR FUTURE – CREATING A NETWORK FOR RESEARCH”**  
**Hamburg, September 2-4, 2022**

**Examples of Gestalt therapy research to develop our  
phenomenological, aesthetic, and field oriented approach**



**INTERNATIONAL  
CONFERENCE ON RESEARCH  
IN GESTALT THERAPY**

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**Margherita Spagnuolo Lobb**

**Istituto di Gestalt HCC Italy**

**[www.gestaltitaly.com](http://www.gestaltitaly.com)**

# Relational Gestalt therapy and research

Phenomenological method

Aesthetic tools

New psychopathologies  
bring us to work on the  
ground experience, to  
provide the patient with  
a sense of safety

Field = situation  
A procedural ongoing  
experience of contact  
making between  
therapist and client

# Phenomenology

- It has inspired all reflections about intentionality - that in GT terms we might call excitement for contact, or now-for-next – and the body-in-contact.
- Phenomenology is *a method* to observe and describe human relationships starting from the here and now as it is intentioned in the near future (Churchill, 2018).
- Instead of making classifications and evaluations, it stays with what is, with an ecstatic attitude, trusting how the here and now will develop into an unknown next.
- The choice of the founders was for the here and now of the therapeutic relationship, the only reality that we can experience, not for ontological concepts about human beings.
- Some neuroscientific researchers, a few decades later, has chosen to study the neurological evidence of relational experience.
- research about intentional movements (for instance on mirror neurons, embodied empathy, intentional movements, see Gallese and colleagues),
- about relational diseases in post-traumatic disorders (cfr. Van der Kolk, 2014; Porges, 2007; Taylor, 2014; Kepner, 1995)
- relational mind (Seikkula et al., 2015)
- have helped to unpack what in the language of psychotherapists were global concepts, like intentionality for contact, or contact processes, or co-creating a contact boundary.

# *Aesthetics*

- The *aesthetic* tools are our way to know the therapeutic situation (to know the other via our bodily awareness and embodied empathy)
- Research that have outlined the depth of implicit knowledge and interventions are extremely important for us
- Not many research about aesthetic tools used in psychotherapy
- Infant research led by Daniel Stern and colleagues – already in the 80es - have considered bodily (or implicit) relational competences as parallel to verbal (or explicit) competences
- They have described how the child builds his self based on procedural learnings from interactions with caregivers,
- how the experience of the body includes a sophisticated knowledge of the other, and is able to manage the complexity of the interaction (Stern, 1985; Stern et al., 1998, 2003).
- These processes, described by a (somehow dissident) psychoanalyst – Daniel Stern – have helped us to contextualize in a more accurate theoretical frame what we – Gestalt therapists - already did drawing on our bodily awareness (see Spagnuolo Lobb, 2013).

# The field/situation

- Experience emerges in contact making
- This theoretical glance make us turn the individualistic paradigm into a relational one, that belongs to the field perspective,
- “It has no meaning to speak of the breather without speaking of the air...” (Perls et al., 1951). “Every time that there is a contact boundary there is a field... (Perls et al., 1951).
- Although there are many approaches on the field, GT has a specific glance: the field as the therapeutic situation:
- *A procedural ongoing experience co-created by therapist and client*
- Our concept of field has to do with the co-creation of a contact boundary
- therefore with the reciprocity of therapist/patient interaction, with what I call the “dance of reciprocity”.
- The paradigm of *responsiveness*, that Stiles et al. (1998) define as behaviors influenced by emerging events, such as therapist being influenced by and responding to what clients do, something that occurs on all time scales (from months to milliseconds) in the human context, something that is a challenge for and undermines psychotherapy research.

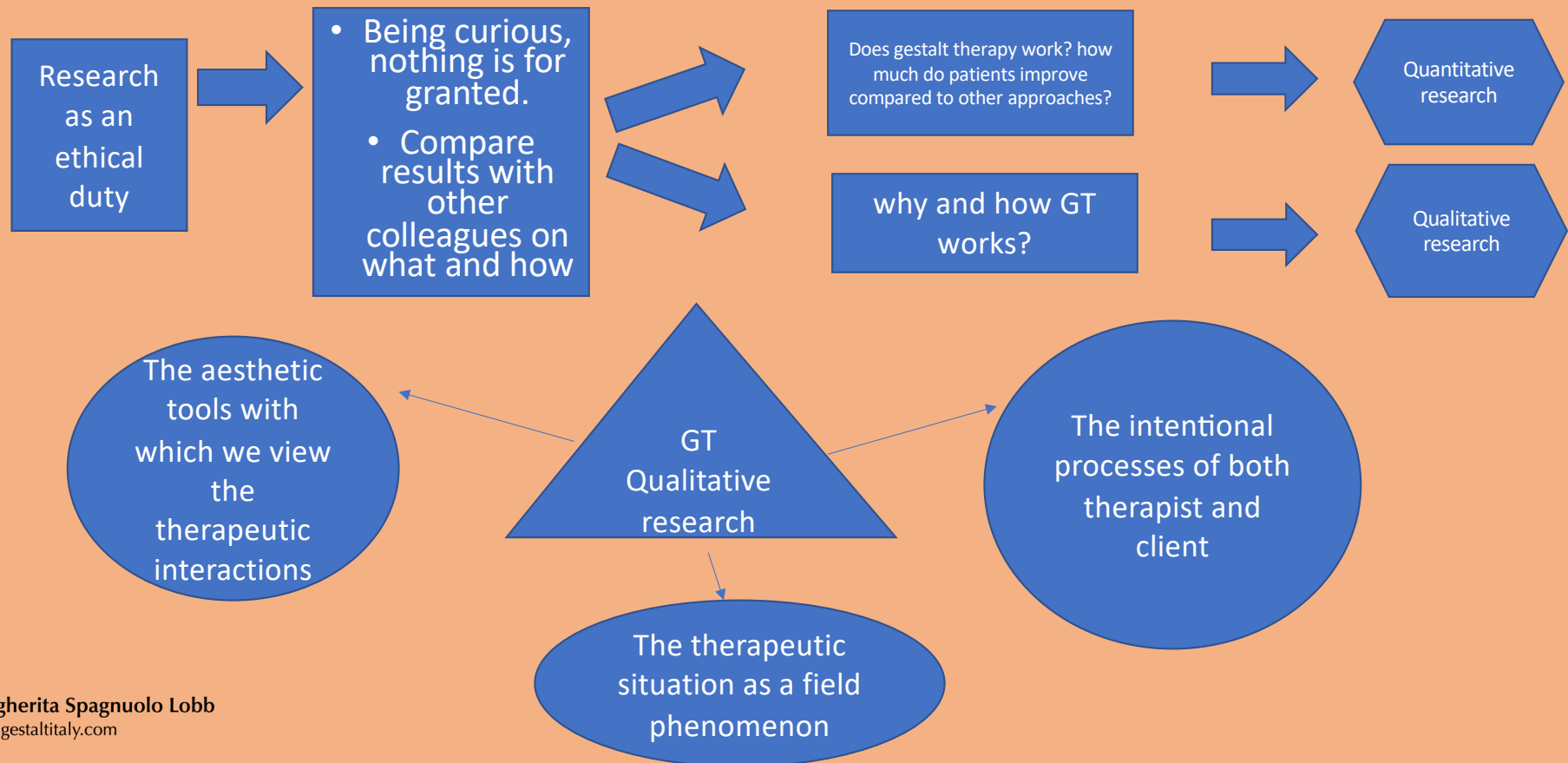
## *Social context*

- It has drastically changed in these last decades
- a radical turn in human suffering: people have been much more exposed to traumatic experiences, and primary (constitutive) relationships have been less and less containing.
- We are brought to focus our caring glance more on the ground experience than on the figure.
- A client who doesn't know whether to stay in a relationship or not...
- we cannot assume that the client can rely on a sure ground experience.
- What clients need today is to feel the space between them safe enough to exhale and feel who they are.
- This turn in the therapeutic relationship has brought us to develop new therapeutic tools, and to focus on the ground experience and on attachment schemas, or previously acquired relational knowledge.
- Psychotherapy research is challenged to study new tools that support the **sense of safety** of the client-in-contact-with-the-therapist.

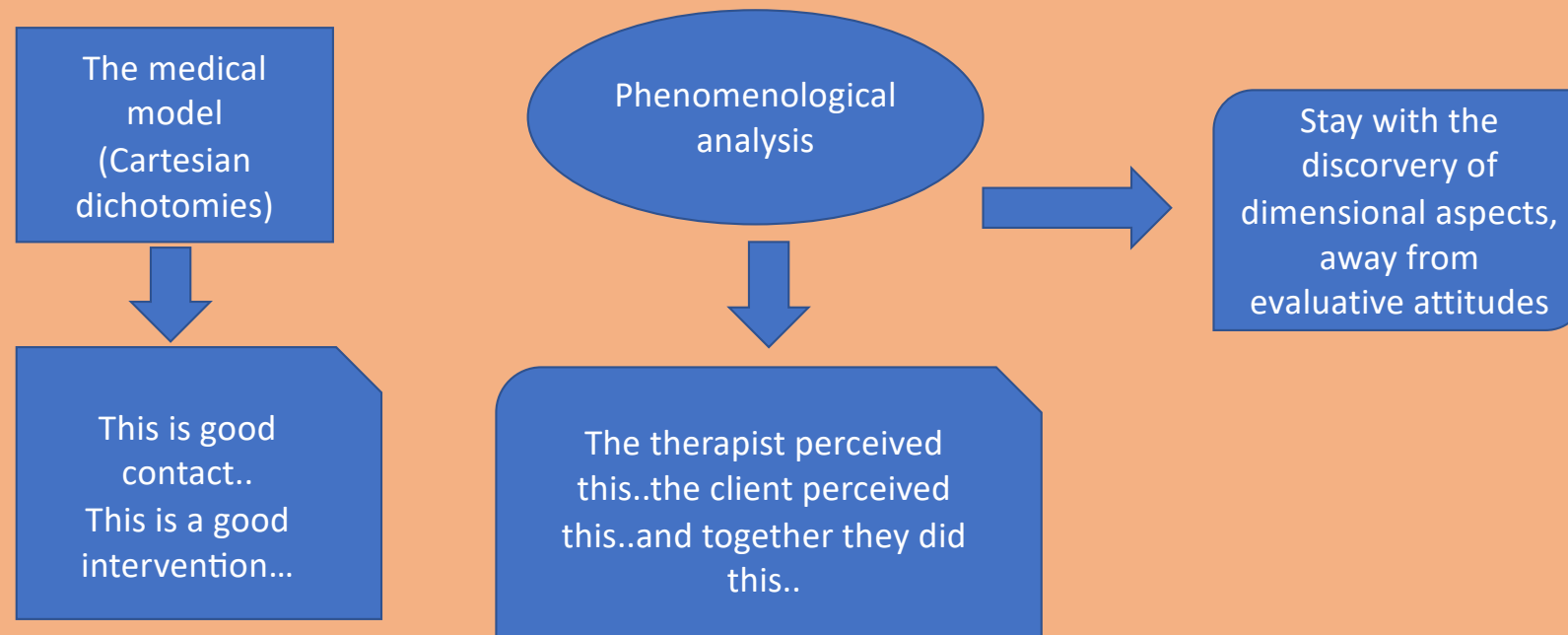
# Gestalt therapy peculiar contribution to psychotherapy research

Roubal J. (ed.) (2016). Towards a Research Tradition in Gestalt Therapy. Cambridge Scholars Publishing

Brownell P., Ed. (2019). Handbook for Theory, Research and Practice in Gestalt Therapy, Cambridge Scholars Publishing



# Can a research be non evaluative?





# Non evaluative attitude: limits, contradictions?

- Outcome research is important and we need to produce it.
- In qualitative research, a challenge for Gestalt therapy research is not to be seduced by the tendency to evaluate and control.
- What we observe between patient and therapist is an *unpredictable creative adjustment* (PHG: what is healthy is creative and unpredictable)
- The difference between a medical model and a phenomenological analysis: the psychotherapist - and the researcher - has an ecstatic attitude, not a controlling attitude.
- Our way of *navigating complexity* is not to create theories or schemas that can control it (for example, by predicting the patient's next developmental step). A fundamental characteristic of the gestalt method is to consider each patient's experience as unique, and not predictable.
- We are not devoted to control. Single case time series is a good combination
- Describe a key aspect of the Gestalt therapist's skills, namely his or her intuitive ability, what dimensions it consists of, and how these dimensions develop in psychotherapy training.
- Or, we can describe what happens between therapist and patient during the session, the dimensions of their reciprocity, to capture their "dance" and use that description as a tool for supervision, or research.

# Examples of qualitative research in Gestalt psychotherapy

- 1) The here and now of the therapeutic situation, as it is intended in the immediate future
- 2) What happens at the contact boundary between therapist and patient, i.e., relational processes, what they do together, reciprocity, alliance
- 3) The processes by which vitality is sustained and maintained in their interaction
- 4) The aesthetic tools by which the therapist intuitively understands the patient's situation and promotes processes of change
- 5) The processes of change as support for the patient's relational intentionality, which in suffering has been "deaden"
- 6) The situational, i.e., field understanding of what is happening in the setting

# Examples

- The therapist's intuition - or countertransference, or responsivity - as the ability to know the situation on an aesthetic level
- Change process from the perspective of reciprocity, or synchrony, between therapist and patient

# How does a gestalt therapist intuit the situation?

- How a Gestalt therapist uses their senses to intuit the relational experience of the client.
- This intuition is tailored on each specific client, and each psychotherapist sees something unique (different therapists see different things).
- When the therapist is fully present with that client, even if what they do is different from what another therapist does, they can see aspects of the client's experience that are deep and meaningful for that client.
- This is an aesthetic intuition, in line with what gestalt therapists learn when they work on themselves and use bodily experience as a therapeutic tool
- Examples: to intuit the patient's birth order and the situation from which their experience emerged, what they expects, and how they adapt to it.
- The Gestalt therapist doesn't use interpretations, nor cognitive schemas... we wonder "what is the point of refence of such an acute understanding?"
- I tried to describe this peculiar capacity of the Gestalt therapist with the concept of aesthetic relational knowing - ARK

## *The therapist intuition and responsiveness: research on ARK – and ARKS*

- the therapist's relational and aesthetic intuition of field's aspects
- a contribution from Gestalt therapy to describe the complexity of the intuition and responsiveness of the therapist
- **examined in literature:** although there are many studies on the relational skills of psychotherapists (Wampold et al., 2017; Orlinsky & Rønnestad, 2005), there are no studies that specifically indicate the therapist's relational and aesthetic intuition of field's aspects and its development during training.
- a questionnaire has been developed (58 items, from BES, MAIA, and ad hoc questions)

*Empathy*  
(11 items)

*Resonance*  
(19 items)

*Bodily  
awareness*  
(28 items)

# Factors

- *Empathy* - (11 items) as the therapist's ability to identify with the patient's emotions; it includes emotional empathy (or contagion?), emotional disconnection, and cognitive empathy
- *After being with a friend who is sad about something, I usually feel sad.*
- *I can understand the happiness of my friends when they do something right.*
- *I get scared when I look at the characters in a good scary movie.*

## *Bodily awareness*

- *Bodily awareness* - (28 items) as the therapist's interoceptive ability to recognize the emotional-bodily activation in their own body
- *When I am tense, I notice where the tension is located in my body.*
- *I notice changes in my breathing, for example if it slows down or speeds up.*
- *I can maintain awareness of my inner physical sensations even though many things are happening around me.*

# Resonance

- *Resonance* - (19 items) as the therapist's ability to fully immerse themselves in the situation (Wollants, 2012), and experience "the other side of the moon" of the patient's feeling: the feeling of the other with whom the experience has been co-created. "Field experience includes a synchronic, embodied relationship of a co-created experience; the therapist feels part of the patient's experiential field and uses his/her own resonance to know the "other side of the moon" of the patient's suffering" (Spagnuolo Lobb, 2018, p. 59).
- *I can feel what people who enter into a relationship with the patient feel.*
- *I am unable to imagine the patient and the people related to him in his past.*
- *I am able to guess what was going on in my patient's relationships where suffering arose.*
- *Generally I do not think about what relational lack has generated suffering in the patient*



# Methods and results

- For each item, participants indicated their level of agreement on a 7-point scale ranging from 1 (strongly disagree) to 7 (strongly agree), with 4 meaning neither agree nor disagree.
- A sample of 94 Italian Gestalt psychotherapists ( $M_{age} = 40.19$ ,  $SD = 8.15$ ) has completed an online protocol containing the scale. Two exploratory two- and three- latent-factor analyses were conducted to identify the variables that best explain ARK.
- The alpha coefficient for the total scale was **.873**, showing a good reliability.
- Spagnuolo Lobb M., Sciacca F., Iacono Isidoro S., Hichy Z. (2022). A Measure for Psychotherapist's Intuition: Construction, Development, and Pilot Study of the Aesthetic Relational Knowledge Scale (ARKS). *The Humanistic Psychologist*, 50 (1): advance online publication. DOI: 10.1037/hum0000278

Table 3. Factor Structure of Aesthetic Relational Knowledge Scale (ARKS)

			<i>Correlation</i>			
<i>Factors</i>	<i>M</i>	<i>SD</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
1. Resonance	4.22	0.334	1			
2. Empathy	3.52	0.481	.06	1		
3. Bodily awareness	2.78	0.497	.299**	-.011	1	
4. ARKS	3.39	0.307	.610	.313**	.884**	1
** $p < .001$						

# Use of ARKS

- ARK supports the therapist to understand the patient's suffering in the field perspective, thanks to their isomorphic and aesthetic capacity.
- ARKS can describe the degree by which the therapist can immerse themselves in the phenomenological field that is cocreated with the patient (Husserl, 1965; Heidegger, 1953; Merleau Ponty, 1945)
- It is a reliable tool to monitor the therapist's ability to be intuitive and responsive to the patient's request and to the situation (see Stiles et al, 1998; Watson and Wiseman, 2021), providing the relational support that is needed by the patient in the therapeutic situation.
- it's possible to monitor this competence in students in training, and for supervision (of the 3 factors of ARK, empathy is the less sensitive to training)
- ARKS can be used in any psychotherapy training: it describes a trans-modal competence that any expert psychotherapist uses, even if with different languages

# Exercise – *The three magic questions*

*From:* Spagnuolo Lobb M. (2022). Working on the Ground, on Aesthetics, and on the “Dance”. Aesthetic Relational Knowledge and Reciprocity, In: Spagnuolo Lobb M., Cavaleri P.A. *Psychopathology of the Situation in Gestalt Therapy. A Field Oriented Approach*. London: Routledge.

- Think to a client of yours that you would like to understand better. Focus on a typical movement of this person that impresses you during sessions.
- Now answer to these questions:
  - What do you feel, as a therapist, in being-with this client?
  - What meaning do you think your “feeling” has in the client’s life?
  - What should change in your experiential approach in order for the client to be more spontaneous?

These three questions may help therapists to reflect on their therapeutic process with a particular client. I use them both in my training and supervision programs.

# The therapist's aesthetic knowing as a tool for responsiveness and reciprocity

- *The context of research on reciprocity*
- A multidimensional construct that is part of
- *therapeutic alliance* studies (Flückiger et al., 2012; Heinonen, Knekt, Jääskeläinen, & Lindfors, 2014; Heinonen et al., 2013; Heinonen, Lindfors, Laaksonen e Knekt, 2012; Nissen-Lie, Monsen e Rønnestad, 2010; Nissen-Lie, Monsen, Ulleberg & Rønnestad, 2013; Nissen-Lie et al., 2017)
- *Process of change*: Elliott (2010)
- *Synchronicity* (Tschacher and collaborators, 2014)
- *Relational mind*: Seikkula et al. (2015)
- *Specific events*: Krause & Altimir (2016)
- *Responsiveness*: Stiles et al. (1998); Watson and Wiseman, 2021
- *Humanistic studies* on the experience of movement Maxine Sheets-Johnstone (2011)
- *Clinical studies*: Stern (2010), Stern et al. (2003), Beebe & Lachmann (2003), see Spagnuolo Lobb - on Stern - (2013)
- *Neurobiology of primary relationships and of post traumatic reactions* (Siegel, 1999; Schore and Schore, 2007; Porges, 2007; van der Kolk, 2014; Odgen, 1989)

# What creates the experience of change: The “dance” of reciprocity

- The *childish vitality* in psychopathological processes
- ARK: to *trace* vitality that is still present and *tailor* therapeutic interventions on that specific relational pattern that the client expects to happen, *introducing* some novelty in the interaction, that allows the client to *experiment a more spontaneous* way of being with the therapist.
- The “dance” that creates *the experience of change*
- The *paradigm of reciprocity* (what heals is the “dance” between therapist and client).
- A process of **intentional micro-movements** that develop into a therapeutic “dance”

# Why is it important to look at the «dance»?

- *An over-ordinated motivation to recognize and be recognized by the other in one's own intentionality* is more relevant in human interactions than individual needs, both in child development and in therapeutic change
- My question: what do they do together when they co-create an experience of change?
- How do they manage their intentionality for contact? reaching each other, recognizing each other's movement-towards, being available to change themselves adjusting to the other, proposing a novelty that allows to go out of the routine, acknowledging what they have done

# *The “dance” that creates the experience of change in 8 steps*

- I have looked both at the therapeutic situation and at primary relationships between caregiver and child.
1. *Building together the sense of the ground:* This step has no expressive movement yet: it is the pre-defined feeling of the other and of the situation.
  2. *Perceiving one another:* It describes the activation of relational energy given by mutual perceptions created by the contact senses.
  3. *Acknowledging one another:* This step consists of recognizing and acknowledging the intentionality of contact in the other that brings any movement to the relational sense of that contact-making.
  4. *Adjusting to one another:* The ability to adjust to each other implies both being attuned to one another (feeling what the other feels) and resonating (responding with one's own presence and creative differentness).



# a flexible sequence of intentional movements related to different contact moments

5. *Taking bold steps together*: These are times when therapist and client (or caregiver and child) do something together which unlocks a fixed gestalt and directs them towards a third element, thus releasing them from an impasse.

6. *Having fun*: Therapist and client (or caregiver and child) can have good moments together, enjoy being in one another's presence, and experience moments of light-heartedness.

7. *Connecting*: This kind of interaction provides both therapist and client (or caregiver and child) with the feeling of being reachable and being able to reach the other. It also provides both with a sense of agency.

8. *Entrusting oneself to the other/Taking care of the other*: The client (or child) is capable of letting oneself go to the therapist (or caregiver) and the therapist (or caregiver) feels able to take care of the situation in a spontaneous way. There is a shared sense of intimacy and deep trust into the other.

# The eight dance steps between caregiver and child: a pilot study to validate an observation grid

- They are procedural and spontaneous actions of contact between child and caregiver (or between therapist and client).
- I had to abandon the realm of psychology of needs, to join the realm of the experience of playing with the other.
- The final goal seems not to solve an individual need, for instance of being nurtured, but to co-create a new game, a new dance with the other. The prime motivation being the curiosity to know and be with the other.
- I tried to describe how they create this experience of “dancing” with the other, as the basic experience of existing and growing.
- **Aims of the study**
  - 1. Initiate a first pilot study for the validation process of the observation tool on the caregiver-child relational “dance” in some crucial developmental stages of the first year of life (6-9-12 months), built through the operationalization of the theoretical model described.
  - 2. Furthermore, to explore how relational dance takes shape in the three developmental stages considered.

# Goals and participants

- **Research goals:**

- Goal 1. Measure the content/construct validity of the relational dance observation tool, built according to the indicated model.
- Goal 2. Measure the internal reliability of the instrument as the ability to provide the same results with different observers, at all development times considered (6-9-12 months).
- Goal 3. To explore the "sensitivity" of the instrument as an ability to grasp the changing of the relational dance in the transition from one developmental step of the child to another, regarding the times considered (between 6-9-12 months).
- Goal 4. Explore co-occurrences between the behavioral flows of the child-caregiver dyad in the three developmental stages considered.

- **Participants**

- 1. To measure the instrument's validity constructed by the research team (goal 1), *32 expert psychotherapists* were involved, all licensed and post-graduated in the clinical approach of Gestalt therapy, with at least 8 years of Gestalt psychotherapy training and 8 years of private practice.
- 2. In order to measure the reliability of the instrument (goal 2) and its sensitivity to capture the dynamism of the relational dance (goal 3), *three raters were involved, skilled Gestalt psychotherapists*; they have observed the video di *13 caregiver/child dyads* and have collected data about *the occurrence of the "dance steps" in time frames*; the interactions at *child's 6-9-12 months* has been observed and evaluated according to "dance steps" model.

# Statistical analysis

- The following analyses were conducted
- Calculating the degree of agreement among the evaluators to relate the individual items (behaviours) belonging to a specific “Dance step” (inter-rater agreement, Fleiss’ K)
- Measuring the reliability of the instrument as the ability to give the same readings with different observers at all developmental times considered (6-9-12 months) (inter-rater reliability, Fleiss’ K)
- Analysis of frequency distribution of single behaviors and single “dance step” (internal consistency, Cronbach’s alpha for every “Dance Steps”)
- Test-retest reliability (relating 3 video registrations for the same caregiver-child couple – at 6-9-12 months), calculating Pearson correlation coefficient
- Exploring tool sensitivity using the Friedman test for every dance step
- Exploring co-occurrences between behavioral flows of the caregiver and the child (Spearman test).

Interactive patterns	Factors	Examples of caregiver's behaviours	Examples of child's behaviours
Co-creating the ground	A) Building together the sense of the ground	A1) S/he holds the baby in a secure and natural way A2) S/he addresses the child with peace of mind	A1) S/he's quiet during interactions with caregiver A2) S/he lets him/herself be calmed by the caregiver when s/he has moments of irritation or discomfort
	B) Perceiving one another	B2) S/he is focused on the child B3) S/he orients his/her glance toward the child's movement	B2) S/he is focused on the caregiver B3) S/he orients his/her glance toward the caregiver's movement
Activating interaction	C) Acknowledging one another	C1) S/he offers the child the possibility to freely choose the game C3) S/he anticipates the play that the child wishes to do (providing explanations, making examples of the game or pieces of the game)	C1) S/he takes into account the facial expressions and words of the caregiver during an action C3) S/he observes the caregiver to understand how s/he wants to join the game
	D) Adjusting to one another	D1) S/he changes her/his own movements and actions following the child's requests D3) S/he moves in a complementary way with the child	D1) S/he changes his/her own movements and actions following the caregiver's requests D3) S/he moves in a complementary way with the caregiver
Going "beyond" together	E) Taking bold steps together	E1) S/he proposes something new for the child to take part in E2) S/he changes the play, leaving the previous pattern, keeping the child's desire into account	E1) S/he proposes something new for the caregiver to take part in E2) S/he changes the play, leaving the previous pattern, keeping the caregiver's desire into account
	F) Having fun	F2) S/he is amused while interacting with the child F3) S/he includes amusing elements in the game (es. cucù, funny gestures, etc.)	F2) S/he shows pleasure and fun while interacting with the caregiver F3) S/he includes amusing elements in the game (es. verses, raspberries, etc.)
Being in the fullness of the relationship	G) Connecting	G1) S/he comments with the child the game they have done G3) S/he shows satisfaction on the result s/he has reached together with the child	G1) After the interaction, s/he reaches out the caregiver by touching and/or caressing her/him. G3) S/he shows satisfaction on the result s/he has reached together with the caregiver
	H) Entrusting oneself to the other/Taking care of the other	H1) After the interaction, s/he cuddles the child lulling and caressing him/her after the interaction H2) After the interaction, s/he gently embraces the child	H1) After the interaction, s/he lets himself/herself be cuddled by the caregiver H2) After the interaction, s/he snuggles up next to the caregiver

# Results

- the validation process of the observation grid, highlighting its construct validity
- internal reliability of the instrument, and thus its ability to achieve the same behavioral observations, even when different observers apply the grid
- its sensitivity, to detect changes in the relational dance between the developmental times considered (6, 9 and 12 months of the child).
- the "health" of the caregiver/child relational dance does not coincide with the presence of stable interactive patterns during the first months of the child's life, but, on the contrary, with its dynamism.

## *Use of the grid*

- Child psychotherapists can use this grid as a support for their therapeutic work (we have used it for parental coaching in case of autistic children)
- Support parental competences for a spontaneous dance with their child, especially in case of neurodevelopmental difficulties, to reduce the risk of dysregulation that can also give rise to conditions of child neglect.

# The eight “dance steps” between therapist and client- a qualitative and phenomenological study

- self-reports filled in by therapist and client at the end of a session

## *Questions for the patient:*

1. Could you describe your relationship with your therapist up to the current session? If it is easier for you, you can do so using a few adjectives.
2. What was the most relevant moment for you in this session from the perspective of the relationship?
3. How could you describe what happened at that moment? (Did the therapist, for example, do or say anything in particular?)
4. Also describe what happened before and what happened after that moment.
5. How would you describe what happened between you at the beginning and end of the session?
6. Do you feel that you said what you wanted to say to the therapist?
7. Did you feel more intimacy with the therapist at the end of the session?

## *Questions for the therapist:*

1. How would you describe the relationship with the patient up to the current session with 5 adjectives?
2. Describe what moment was relevant in this session from the perspective of the relationship with this patient.
3. Describe what happened before and what happened after between the two of you.
4. At what stage of the session did this moment occur: early, middle or late stage?
5. What relational novelty do you feel was produced? How would you describe what produced the change? (What happened between the two of you, in your opinion, that produced change)
6. How would you describe your interaction at the beginning and end of the session?
7. How would you describe the patient's intentionality in this session?
8. Did you feel a greater intimacy with this patient at the end of the session?



## *Use of the tool*

- A description of synchrony concerning their experience in the different “dance steps” will give the therapist a sense of their reciprocity
- to understand more in detail what movements, feelings, and kind of alliance can create the experience of change
- supervision,
- to reflect on the process of change of our clients,
- It can be used inside the SCTS method, to accomplish the qualitative part
- To reflect on different populations of patients and of therapist
- To develop our clinical method
- For intervision groups with psychotherapists from different modalities

Write to [margherita.spagnuolo@gestalt.it](mailto:margherita.spagnuolo@gestalt.it) if you want to **contribute to this research**. It's easy and very useful!

## *A crucial question about alliance*

- “We still do not understand if a strong, **early alliance** is *an essential glue of therapy that activates and helps to sustain other change processes, or if it is the fundamental ingredient of therapeutic change itself*” (Castonguay )
- the “dance” (a particular process of alliance) is the *fundamental ingredient of therapeutic change* itself and reciprocity is the factor of change, because experience is always co created and emerges from a field

# Ethics of Gestalt therapy research

- The responsibility to show what we do as we “have fun” in our practice, while discovering new territories to advance our humanity
- We certainly cannot become evaluative, nor controlling, when we do research, we better keep our unique spirit ecstatic, aesthetic and open to the unpredictability of creativity.
- *We cannot change nor betray our way of being gestalt psychotherapists when we do research.*
- Our goal seems to explore the realm of the experience of playing with the other, to co-create a new game, a new dance with the other, the prime motivation being not the individual need (for instance of acceptance of certain personal feelings) but the curiosity to know and be with the other.



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Siracusa, Italy. Photo by M. Spagnuolo Lobb

# Thank you!

Margherita Spagnuolo Lobb, Psy. D.  
Director Istituto di Gestalt HCC Italy  
[margherita.spagnuolo@gestalt.it](mailto:margherita.spagnuolo@gestalt.it)

[www.gestaltitaly.com](http://www.gestaltitaly.com)

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