



Brief Research Report

## Eros as Awareness: A Field-Phenomenological Model of Contact in Psychotherapy

VAKHTANG KEZHERADZE

Georgian National Gestalt Institute, Global Center of Advanced Studies, Tbilisi, Georgia

### ABSTRACT

Moments of therapeutic change often emerge subtly within the relational atmosphere – through shifts in breath, silence, or embodied resonance. Understanding these transformations requires attending to the shared organism-environment field rather than to individual intrapsychic processes. Grounded in Gestalt field theory and informed by a phenomenological stance, this brief research report introduces the Transformational Field Model (TFM), a descriptive framework identifying five recurring textures of transformation: concealment, containment, symbolization, integration, and stillness. Three clinical vignettes illustrate how these textures become discernible through embodied and relational cues in psychotherapy. Across clinical situations of groundlessness, inhibition of Eros, and prolonged grief, change emerged when the therapeutic field could hold vulnerability without prematurely defining or directing it. The TFM supports clinicians in cultivating field sensibility and recognizing qualitative shifts through which awareness moves toward contact, offering a phenomenologically precise vocabulary for the micro-movements of transformation.

### Keywords

Eros, Awareness, Aesthetic Field, Field Theory, Phenomenology, Transformation, Contact, Gestalt Therapy.

### ABSTRACT in ITALIANO

I momenti di cambiamento terapeutico spesso emergono in modo sottile nell'atmosfera relazionale—attraverso variazioni del respiro, del silenzio o della risonanza corporea. Comprendere tali trasformazioni richiede un'attenzione al campo organismo-ambiente condiviso, piuttosto che ai processi intrapsichici individuali. Radicato nella teoria del campo della Gestalt e informato da una prospettiva fenomenologica, questo breve report di ricerca introduce il Transformational Field Model (TFM), un quadro descrittivo che identifica cinque trame ricorrenti della trasformazione: occultamento, contenimento, simbolizzazione, integrazione e quiete. Tre vignette cliniche illustrano come queste trame diventino riconoscibili attraverso segnali corporei e relazionali nella psicoterapia. In situazioni di perdita di appoggio, inibizione di Eros e lutto prolungato, il cambiamento è emerso quando il campo terapeutico è stato in grado di accogliere la vulnerabilità senza definirla o orientarla prematuramente. Il TFM sostiene i clinici nel coltivare una sensibilità al campo e nel riconoscere i mutamenti qualitativi attraverso cui

**Citation:** Kezheradze, V. Eros as awareness: a field-phenomenological model of contact in psychotherapy. *Phenomena Journal - International Journal of Psychopathology, Neuroscience and Psychotherapy*, 7(4), 176–184.

**Editor in Chief:** Raffaele Sperandeo, PhD, MD;

**Corresponding Author:** Vakhtang Kezheradze;  
e-mail: vakhtang.kezheradze@iliauni.edu.ge

**Received:** November 3, 2025

**Accepted:** December 5, 2025

**Published:** December 19, 2025

la consapevolezza si muove verso il contatto, offrendo un vocabolario fenomenologicamente preciso per i micromovimenti della trasformazione.

### Parole chiave

Eros, Consapevolezza, Campo Estetico, Teoria del Campo, Fenomenologia, Contatto, Trasformazione, Psicoterapia della Gestalt.

## INTRODUCTION

Therapeutic encounters unfold within an atmosphere that begins before words. A pause, a shift in breath, a subtle tightening or expansion in the room—experience moves between therapist and client before either can grasp its contours. Gestalt and contemporary field perspectives view such movements not as exchanges between two inner worlds but as expressions of the organism-environment field, the dynamic relational medium through which experience takes form. Broadly defined, the field is the total situation of forces, tensions, and conditions that co-create experience in the moment [1-3]. Following Lewin's foundational description of the field as a system of interdependent forces [1], and consistent with classical formulations in PHG [2] and later developments by Parlett [3], therapeutic situation is approached as a single, continuously forming process.

A phenomenological stance provides methodological grounding for this perspective. Phenomenology prioritizes attending to how phenomena appear prior to interpretation or explanation, staying close to lived experience as it unfolds [4]. Within psychotherapy, this involves cultivating a sensibility for subtle, pre-reflective shifts, those changes in silence, rhythm, posture, or density that reveal how the field reorganizes before meaning becomes articulable. This view resonates with Merleau-Ponty's understanding of the body as the locus of pre-objective knowing [5]. In this framework, the field is not merely observed; it is *sensed* as atmosphere, impulse, or the quiet emergence of a new figure.

A phenomenological orientation also highlights the intrinsic difficulty of describing micro-transformations in psychotherapy. Much of what reorganizes the clinical situation unfolds in liminal spaces—before language, before explicit knowing, and often before either participant can articulate what is shifting. Although Gestalt therapy has long emphasized awareness at the contact boundary, the fine-grained qualities of this

movement remain underdescribed. Husserl's call to return "*to the things themselves*," together with Merleau-Ponty's view of perception as embodied and relational, suggests that therapeutic change must be approached through its immediate, lived textures rather than through explanatory constructs [4, 5]. Within this lineage, the present work aims to clarify how subtle atmospheric changes signal reorganization in the organism-environment field. By offering a descriptive vocabulary for these shifts, the TFM contributes to ongoing efforts to articulate the micro-phenomenology of clinical change in a way that remains faithful to lived experience.

Within this embodied, relational ontology, Eros refers to the vital movement toward coherence, contact, and meaning. It is not understood as intrapsychic desire but as a field-dynamic movement expressing the organism's tendency toward connection. Francesetti's articulation of the *aesthetic field* emphasizes how transformation becomes possible when the relational medium supports the emergence of new meaning [6, 7]. Robine highlights the co-constituted and pre-reflective nature of this emergence [8], while Spagnuolo Lobb describes how vitality contours of the *body-in-relation* communicate field movements before they can be verbalized [9].

Across therapeutic practice, transformation often manifests through recurring atmospheric qualities – moments when experience tightens, thickens, articulates, settles, or becomes still. These qualities can be recognized as five recurring textures: concealment, containment, symbolization, integration, and stillness. Together they form the Transformational Field Model (TFM), a descriptive framework for understanding how lived experience shifts from diffusion to articulation, from fragmentation to coherence, and from effort to rest.

The aim of this paper is to introduce the TFM and illustrate its five textures through three clinical vignettes. In keeping with phenomenological methodology, the model is

grounded in careful attention to lived experience in the therapeutic field rather than on explanatory or interpretive frameworks. The following sections outline the phenomenological orientation guiding this inquiry, describe the development of the model, and present the clinical material through which these textures become sensibly present.

### METHODS

#### Phenomenological Orientation

This study adopts a phenomenological orientation, which involves attending closely to how experience presents itself in the therapeutic encounter before interpretive or explanatory frameworks are applied. In keeping with Husserlian descriptive phenomenology and its application within contemporary aesthetic field practice, the emphasis remains on lived experience as it unfolds in the shared therapeutic situation [4, 6]. Interpretive and diagnostic lenses are *bracketed* to maintain clarity about what is directly given.

Within this framework, the therapeutic field is understood as a shared relational situation rather than two separate internal domains. What arises in one member of the dyad often belongs to both, expressing the organization of the relational medium in that moment. Subtle changes in breath, silence, rhythm, warmth, or tension are therefore treated as indicators of how the field reorganizes itself.

The methodological approach follows established phenomenological research practices in which attention to lived experience is supplemented by the identification of recurring qualitative textures across situations. Observational notes were recorded immediately after sessions and later compared to identify common atmospheric and embodied patterns. Through this comparative method, recurrent experiential structures of these moments were identified. This procedure is consistent with phenomenological inquiry, which seeks descriptive regularities in experience rather than causal explanations. Transformation is thus understood as revealed rather than produced, emerging when the field is held with sensitivity and without premature definition. This procedure aligns with phenomenological research in contemporary Gestalt therapy, which treats the clinical situation as an observable field and identifies recurring field phenomena through disciplined attention to lived experience [11-13].

In alignment with descriptive phenomenology, the comparative process relied on the disciplined use of *epoché* – the suspension of theoretical, diagnostic, and interpretive assumptions that might obscure how experience presents itself in the shared field [4]. Practicing *epoché* redirected attention from conceptual meaning-making to the immediate, lived qualities of the clinical situation, consistent with Merleau-Ponty's emphasis on perception as an embodied and relational event [5]. This stance was followed by a sustained phenomenological reduction, through which atmospheric, embodied, and relational shifts were approached as phenomena of the *phenomenal field* rather than as intrapsychic reactions. Returning repeatedly to the descriptive material with this reduced attitude allowed the emerging textures to reflect qualities inherent to the field rather than the therapist's implicit frameworks or biases. The combined movement of *epoché* and reduction was essential for maintaining methodological rigor and ensuring that the model arose from disciplined attention to what was sensibly given, rather than from theoretical imposition.

#### The Transformational Field Model (TFM)

The Transformational Field Model (TFM) offers a descriptive framework for understanding how therapeutic change becomes perceptible within the organism-environment field. Rather than locating transformation inside the individual, the model situates change in the aesthetic field, the dynamic relational medium through which experience takes form. Moments of therapeutic significance arise through shifts in this shared atmosphere, expressed as variations in tension, density, rhythm, and coherence.

The conceptual grounding of the TFM draws from classical Gestalt field theory, phenomenology, and contemporary aesthetic field developments. Lewin's description of the field as a dynamic system of forces illuminates why experiential shifts appear as tightening, thickening, opening, or settling in the relational situation [1]. Merleau-Ponty's emphasis on embodied and pre-reflective perception clarifies how such shifts become sensibly available before they can be verbally formulated [5]. Parlett's principles of field theory highlight the systemic nature of these processes [3], while contributions by Fran-

cesetti, Robine, and Spagnuolo Lobb elaborate how vitality contours and atmospheric intentionalities shape the emergence of meaning within the aesthetic field [6-9].

The TFM identifies five recurring textures of transformation: concealment, containment, symbolization, integration, and stillness. These textures are not intrapsychic states or countertransference reactions, but qualitative shifts in the relational field that can be sensed before they are conceptualized. Each texture reflects a distinct phase in the movement of experience toward or away from contact, consistent with PHG's articulation of figure formation at the contact boundary [2].

The model emerged inductively through phenomenological comparison across multiple clinical encounters. Observational notes captured atmospheric qualities, embodied shifts, and relational configurations present at moments of change. These descriptions were examined for recurrent patterns independent of diagnosis or technique. Through this process, the five textures were identified as qualitative invariants reflecting how the field transitions from opacity to articulation, from fragmentation to coherence, and from movement to rest. Instead of prescribing interventions, the TFM provides a vocabulary and conceptual structure for recognizing how the aesthetic field signals the emergence of new meaning.

## The Five Textures of Transformation

TFM conceptualizes transformation as emerging through five recurring textures of lived experience. These textures describe pre-reflective, embodied shifts in the relational field as contact reorganizes. Each texture articulates a distinct qualitative movement within the aesthetic field.

### Concealment

Concealment refers to moments when the field contracts and an emerging figure becomes opaque, veiled, or unavailable to awareness. In Lewinian terms, concealment reflects heightened field tension [1], while in PHG's description of fore-contact it corresponds to the earliest stirrings of experience before differentiation [2]. The atmosphere may subtly withdraw or thicken, signaling that something is forming but not yet arti-

culated. This opacity is not repression but a field-level obscurity inherent to early phases of emergence.

### Containment

Containment describes the field's capacity to hold emerging intensity without fragmentation or premature closure. Where concealment tightens, containment stabilizes: the atmosphere becomes denser and more grounded. Francesetti describes this as aesthetic thickening [6], and Spagnuolo Lobb's notion of embodied attunement clarifies that containment is not the therapist holding the client but the field itself acquiring the capacity to support heightened affect [7]. The field becomes the vessel in which experience can remain present without dispersing.

### Symbolization

Symbolization marks the transition from pre-reflective sensing to articulated form. In Gestalt terms, the figure becomes distinct against the background [2]. Through words, gestures, images, or shifts in posture, previously undifferentiated experience becomes expressible. Symbolization is not symbolic representation in a psychoanalytic sense, but a lived articulation grounded in embodied field movement. The atmosphere reorganizes as meaning becomes present.

### Integration

Integration describes moments when differentiated aspects of experience reorganize into a coherent whole. Parlett's principle of mutual influencing situates this as a systemic reordering in which organism and environment re-establish equilibrium [3]. Integration manifests as alignment, continuity, or renewed agency – not through cognitive insight but through a field configuration that now supports coherent contact.

### Stillness

Stillness is the texture of aesthetic suspension—the spacious pause in which the field settles and possibilities widen. This corresponds to PHG's notion of creative indiffe-

rence, the fertile midpoint from which new figures may emerge [2]. In Francesetti's description of the fertile void [6], stillness represents the moment when nothing is demanded and multiple directions of becoming are possible. The atmosphere may feel quiet, resonant, or expansive. Stillness is not withdrawal but a threshold of potential.

## Data and Ethics

The clinical vignettes represent recurrent field phenomena in therapeutic practice. All identifying details have been altered so that no individual client can be recognized. Informed consent was obtained prior to the use of clinical material in this study.

## RESULTS

To orient the reader before turning to the clinical material, Figure 1 provides a visual depiction of the five textures as movements of awareness toward contact. *Concealment* indicates the first inward stirrings of vitality; *containment* expresses a growing readiness in the field; *symbolization* marks outward articulation; *integration* signals the reorganization of meaning; and *stillness* (fertile void) offers a resting ground from which new experience may arise. The waveform highlights that the transformation is rhythmic rather than linear. The crosses (x) on the curve mark points at which a texture becomes phenomenologically discernible moments when a shift in the quality of contact becomes perceptible.

The figure illustrates how these textures become sensibly present in clinical practice through distinct reorganizations of the relational field.

## Groundlessness

A woman enters therapy describing a persistent sense that “*the ground is not there.*” Her movements are careful, and a slight tension seems to surround the encounter – an instance of *concealment*, where experience is forming but not yet articulable. As she reaches for her bag, she unexpectedly loses balance and falls. The moment is brief, yet the relational field reorganizes noticeably.

The fall appeared to mark a momentary interruption of field coherence, allowing an emerging figure to reorient the atmosphere.

After she sits again, her breathing settles. The room feels steadier, and a sense of containment becomes perceptible. The field is now able to hold what had been unformulated. She begins to speak, haltingly at first, about longstanding fears connected to instability in her family. This marks *symbolization*, as previously opaque experiential pressure gains initial form.

Near the end of the session, she says, “*I can feel my legs now.*” The atmosphere stabilizes, and a renewed sense of groundedness appears. This reflects integration, where fragmented experiential elements reorganize into coherent support for contact. What had been diffuse becomes expressible within the relational field.

This vignette illustrates how the field shifts from *concealment* toward *integration* through small but significant reorganizations.

## Containment and the Return of Eros

A choreographer arrives feeling empty and uninspired. Her tone is careful, her posture controlled. Beneath this composure, the atmosphere carries a muted strain – an instance of *concealment*, where intensity is

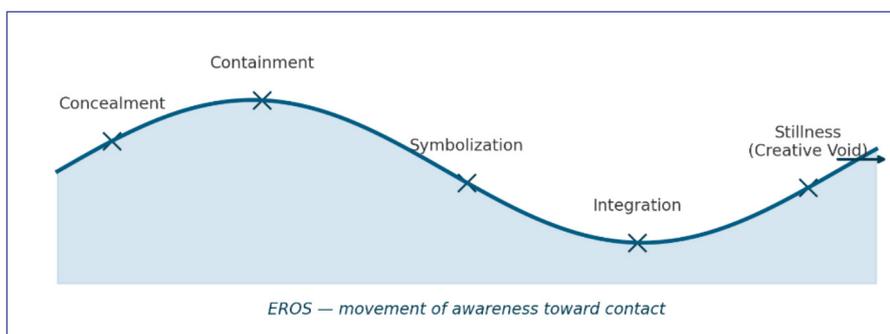


Figure 1. The five textures of the Transformational Field Model (TFM).

present but unexpressed. As she begins speaking about erotic bondage fantasies that disturb her, the room becomes charged. A quickening in breath and a trace of shame appear – not as personal reactions to manage but as part of the field's activation.

She pauses and then says quietly, "*It isn't about sex—it's about feeling alive.*" The atmosphere steadies, and the previously compressed intensity begins to circulate, marking the field's transition into *containment*.

In subsequent sessions, she resumes choreographing and begins exploring themes of restriction and release. Experience that had been constricted begins to loosen and move, expressing itself through gesture and creative process – an instance of *symbolization*. She sometimes traces arcs in the air with her hands. These movements carry meaning not yet verbalized. A warmth and coherence spread in the room, signaling *integration*, where new vitality becomes part of her ongoing organization of experience.

Interpretation was not the driver of change. Rather, what had stagnated began to circulate as the field regained its capacity for movement and expression.

This vignette highlights how *containment* and *symbolization* support the return of Eros as a field phenomenon.

## Ashes Dream

A woman grieving her husband sits in extended silences. The atmosphere feels muted, as if sound itself has thinned; an instance of *concealment*, where grief is present but without form. After several sessions, she brings a dream: "*I'm sweeping ashes, and it never ends.*" The room grows denser yet steadier, reflecting *containment*, where overwhelming experience becomes possible to bear.

That night, a dream appears in the therapist's experience: raking ashes in a garden touched by early sunlight. Within a phenomenological framework, such imagery is understood as part of the field's unfolding rather than as personal material. When the dream is shared, the client begins to cry. The shared imagery offers *symbolization*, giving shape to grief that had remained unarticulated. The atmosphere becomes fuller and more resonant.

A few sessions later, she brings a small clay pot and says, "*I planted something.*" The imagery has shifted from ashes to soil – an

instance of *integration*, where grief reorganizes into a form capable of supporting new meaning.

The room becomes quiet, settled, and spacious. This reflects the texture of *stillness*, an aesthetic suspension in which potentiality gathers.

Nothing about the loss is resolved, yet grief now breathes differently in the field – shared, sensed, and carried with new coherence.

The vignettes demonstrate how the five textures of the TFM recur across clinical situations, offering a descriptive basis for the comparative analysis presented in the following discussion.

## DISCUSSION

The three clinical vignettes show how the phenomenological textures become perceptible as shifts in the organism-environment field. Although their narrative contents differ, a consistent phenomenological pattern is evident. Across cases, experience reorganizes through the five textures of the Transformational Field Model (TFM): *concealment* as atmospheric opacity, *containment* as a stabilizing thickening of the relational field, *symbolization* as the movement from pre-reflective sensing to articulated form, *integration* as restored coherence, and *stillness* as an aesthetic suspension in which potentiality gathers. The textures illuminate how vitality becomes constrained, how it regains movement, and how the field reconfigures itself to support new forms of contact [1, 2].

TFM develops within the Gestalt field tradition while expanding its phenomenological precision. Lewin's conception of the field as a dynamic constellation of forces clarifies why therapeutic shifts appear as variations in tension, density, or rhythmic flow [1]. PHG's articulation of figure formation at the contact boundary aligns with the observation that each texture marks a phase in the emergence of figure from background [3]. Parlett's principle of mutual influencing further emphasizes the systemic reciprocity that shapes these movements. Contemporary contributions in aesthetic field theory support this orientation: Francesetti's articulation of field sensibility [1] and Spagnuolo Lobb's account of embodied attunement [7, 8] show how experience becomes co-organized before it can be verbally expressed.

Recent clarifications by Francesetti and Roubal regarding the differentiation of the

*phenomenal, phenomenological, and psychopathological fields* provide additional conceptual grounding [10]. Their emphasis on atmospheric intentionalities corresponds to the TFM's focus on qualitative shifts within the phenomenal field, while the therapist's disciplined awareness reflects the phenomenological field. This distinction explains how experiential pressures are sensed before formulation and supports the TFM's characterization of textures as pre-reflective field movements rather than intrapsychic or countertransference reactions.

Clinically, the TFM encourages an orientation centered on the evolving relational field rather than on individual states. The textures help clinicians discern whether the field is tightening, stabilizing, pausing, or opening toward articulation. Containment, for example, is understood not as something the therapist performs, but as a property of the field. Symbolization reflects the field's shift toward form rather than interpretive insight. The texture of stillness—often subtle and easily overlooked—plays a crucial clinical role. As an instance of aesthetic suspension or creative indifference, it constitutes the fertile interval in which new experiential contours may gather before articulation.

Beyond its descriptive contribution, the TFM also has implications for clinical training and supervision. Because the textures offer a vocabulary for subtle field movements, they may support trainees in developing perceptual sensitivity to atmospheric and embodied cues that precede explicit narrative content. Supervisors may find the textures useful in helping clinicians articulate micro-events that shape therapeutic direction yet are difficult to name within conventional diagnostic or interpretive frameworks. The model also resonates with contemporary developments in embodied cognition and enactive approaches to psychotherapy, which understand meaning as emerging relationally through coordinated movement, gesture, posture, and affective resonance. Foundational work in enactive cognitive science describes cognition as a dynamic, relational process grounded in sensorimotor coupling with the environment [14], while phenomenological accounts of intercorporeality and interaffectivity emphasize that experience unfolds through shared bodily rhythms and atmospheric attunement [15]. By framing transformation as a rhythmic reorganization of field qualities, the TFM provides a conceptual bridge between phenomenological psycho-

therapy and interdisciplinary research concerned with pre-reflective processes. This perspective highlights the importance of attending not only to what becomes articulated, but also to how the clinical field quietly prepares the ground for articulation, integration, and the emergence of new meaning.

The capacity to discern these textures rests not only on relational sensitivity but on the therapist's cultivated perceptual discipline. Within a phenomenological framework, such discernment is neither introspection nor the management of personal resonance; rather, it reflects a disciplined orientation to what becomes manifest in the shared field. In this sense, the therapist's embodied presence functions as an instrument of phenomenological observation, supporting the emergence of meaning without imposing interpretive structure. Although described separately, the textures often overlap or oscillate in clinical practice. Their unfolding is rhythmic rather than sequential: concealment may return after symbolization, or stillness may arise momentarily within containment. Acknowledging this fluidity prevents the model from becoming prescriptive and underscores its descriptive intent, preserving fidelity to the phenomenological complexity of lived experience.

This model does not prescribe techniques or interventions. Instead, it clarifies how meaning becomes possible through sensitivity to qualitative field shifts. Such attunement can support therapeutic presence in situations marked by fear, inhibition, emptiness, or grief. By naming these textures, the TFM provides a framework for recognizing atmospheric and relational conditions that precede the emergence of experience.

As with all phenomenological frameworks, the TFM has limitations. Its precision depends on the clinician's capacity to notice subtle atmospheric changes, a sensitivity shaped by training and embodied experience. The model is based on qualitative observation rather than empirical measurement. However, the textures appeared consistently across cases. Further research is needed to evaluate their reliability across therapeutic modalities, cultural contexts, and clinical presentations. The TFM does not claim predictive value; rather, its contribution lies in offering a descriptive structure that supports clinical attunement and enhances theoretical rigor. Future work may explore intersubjective reliability in identifying textures, examine their relevance to specific psycho-

pathologies, or consider convergences with neurophenomenological accounts of relational processes.

Despite these limitations, the TFM provides a coherent and clinically accessible framework for recognizing how transformation becomes sensible in the therapeutic field. By attending to subtle shifts in rhythm, tension, resonance, and suspension, clinicians gain access to the pre-reflective movements through which experience organizes and reorganizes at the contact boundary [5]. The textures illuminate how vitality becomes constrained, regains movement, and reconfigures itself to support new forms of contact and meaning.

## CONCLUSIONS

The clinical material presented here demonstrates that therapeutic change often begins before words—through subtle reorganizations of the organism–environment field. The five textures of the TFM—*concealment*, *containment*, *symbolization*, *integration*, and *stillness*—describe these reorganizations as they unfold in lived contact. Rather than offering causal explanations, the model provides a phenomenological account of how experience becomes articulate: how opacity shifts toward visibility, how intensity finds a place to settle, how pauses in the field permit reorganization, and how meaning emerges through shared sensing [1, 5].

By naming these textures, the TFM clarifies dimensions of the aesthetic field that have long guided Gestalt clinical practice but lacked descriptive precision. The framework complements existing field theory by highlighting the micro-phenomenology of transformation and offering clinicians a framework for attending to atmospheric and relational conditions that precede articulation [1, 2, 8]. These textures bring conceptual clarity to subtle experiential shifts that frequently shape the direction of therapeutic movement.

The unformulated field does not disappear; it reorganizes. When this field is met with sensitivity and care, new meaning becomes possible to bear. In this sense, the process of change mirrors the rhythms of the body itself, emerging through alternating movements of tightening and opening, expression and rest, reflecting the organism-environment through which becoming unfolds. The TFM provides a vocabulary for these rhythms and

supports a form of clinical attention attuned to the moment-to-moment emergence of experience in the relational field.

### CONFLICT OF INTEREST

The author has no conflict of interest to declare.

### ETHICS APPROVAL

This study reports anonymized, non-identifiable psychotherapy vignettes. According to institutional guidelines, formal ethics committee approval was not required.

### INFORMED CONSENT

Informed consent was obtained from the patients before conducting the study.

### ORCID ID

<https://orcid.org/0009-0001-4612-6050>

### AI DISCLOSURE

AI tools were used only for grammar checking, figure & bibliography formatting; the human researcher authored all intellectual content.

### AUTHORS' CONTRIBUTIONS

V.K.: Conceptualization, Methodology, Data Curation, Writing – Original Draft, Writing – Review & Editing.

## BIBLIOGRAPHY

1. Lewin, K. (1951). *Field Theory in Social Science: Selected Theoretical Papers*. New York: Harper.
2. Perls, F.S., Hefferline, R.F., & Goodman, P. (1951). *Gestalt Therapy: Excitement and Growth in the Human Personality*. New York: Julian Press.
3. Parlett, M. (1991). Reflections on field theory. *British Gestalt Journal*, 1(2), 69–81.
4. Husserl, E. (1970). *The Crisis of European Sciences and Transcendental Phenomenology*. Evanston, IL: Northwestern University Press.
5. Merleau-Ponty, M. (2012). *Phenomenology of Perception*. London: Routledge.
6. Francesetti, G. (2019). *The Aesthetic Dimension of Psychotherapy: The Aesthetic Field and the Clinical Situation*. London: Routledge.
7. Spagnuolo Lobb, M. (2017). From losses of ego functions to the dance steps between psychotherapist and client: Phenomenology and aesthetics of contact in the psychotherapeutic field. *British Gestalt Journal*, 26(1), 28–37.
8. Spagnuolo Lobb, M. (2018). Aesthetic relational knowledge of the field: A revised concept of awareness in Gestalt therapy and contemporary psychiatry. *Gestalt Review*, 22(1), 50–68.

9. Robine, J.-M. (Ed.). (2016). *Self: A Polyphony of Contemporary Gestalt Therapists*. St. Romain-la-Virvée, France: L'Exprimerie.
10. Francesetti, G., & Roubal, J. (2020). Field theory in contemporary Gestalt therapy. Part 1: Modulating the therapist's presence in clinical practice. *Gestalt Review*, 24(2), 113–136.
11. Francesetti, P. (2016). Phenomenological research in Gestalt therapy: The clinical situation as an observational field. *Quaderni di Gestalt*, 29(1), 65–84.
12. Spagnuolo Lobb, M. (2013). *The Now-for-Next in Psychotherapy: Gestalt Therapy Recounts Itself*. Milan: FrancoAngeli.
13. Francesetti, G. (2019). Psychopathology of the present moment: A field perspective. *Psychopathology Review*, 6(2).
14. Varela, F., Thompson, E., & Rosch, E. (1991). *The embodied mind: Cognitive science and human experience*. Cambridge, MA: MIT Press.
15. Fuchs, T. (2017). Intercorporeality and interactivity. *Phenomenology and the Cognitive Sciences*, 16, 1–24.