

Internet-mediated Gestalt therapy: excitement and growth in an online field

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Abstract: The practice of Gestalt psychotherapy online, accelerated by the current COVID-19 crisis, has raised questions around how Gestalt therapists adjust themselves to this ‘new’ modality. This article addresses: qualities of internet-mediated contact, the implications for our theoretical paradigms, issues around experimentation, and the experience of physical and technologically-enhanced bodies in therapy; from the collective years of experience of the authors in different countries and cultures.

Keywords: Gestalt online, telehealth, telementalhealth, internet-mediated psychotherapy, e-therapy, online therapy

Introduction

By the time this article comes to press, most of us will have become skilled in navigating the field of online psychotherapy. Many of us will have made up for the gaps in our training as psychotherapists, which most likely never addressed this kind of practice – its legalities, technicalities, ethics and aesthetics – by taking tutorials, watching YouTube videos, and by ‘doing the best we can’ with our clients and colleagues. The number of resources available to us has increased exponentially as COVID-19 has forced therapists around the world to adapt to distance from our places of practice, from our clients and from each other.

The practice of online psychotherapy is not without precedent – ‘telehealth’ was discussed via email, via phone and via the internet when video calls were speculative possibilities from the nineties onwards. Psychotherapists of different orientations have been legitimately practising telehealth in these modalities for years; though perhaps not entirely legally, as codification and legislation of telemental health practice is relatively new and varies greatly among countries. The variety of legal frameworks for clients’ data protection, regulated by the General Data Protection Regulation (GDPR) in the European Union, by the Health Insurance Portability and Accountability Act (HIPAA) in the USA, and by other regulations in other countries are just an example of parallel regulatory processes (Bodulovic et al., 2020). A challenge at this point is to develop a cohesive set of best-practice guidelines in line with

other psychotherapies’ standards while respecting the freedom of individual practitioners’ styles, and to extend efficacy and treatment-fidelity studies on Gestalt therapy to online treatment.

The lockdowns and social distancing due to the COVID-19 pandemic in 2020 are too-obvious reasons for a surge in interest in developing an online practice, fueled in many cases more by the therapists’ need to continue to earn a living, than a clear intention to explore the possibilities of the online medium. Clearly, online psychotherapy can be useful and beneficial in a great number of situations, and can level part of the playing field marred by socioeconomic disparity which has kept many vulnerable clients out of the elite therapy rooms of many private-practice psychotherapists who have now turned to working online. Internet-mediated therapy makes it possible for many clients to access therapists with a wide range of rates, personal characteristics, sensitivities and in areas of expertise and languages that they would not be able to reach otherwise. Migrants of all types, people who cannot leave their homes due to illness, phobia or mobility issues, people controlled or isolated by partners or family members, people overburdened as care-givers or who cannot afford high therapy costs or manage transportation to in-person consultations have always needed access to professional psychotherapy services and will continue to do so far beyond the pandemic. As we consider how to shape the practice of Gestalt psychotherapy online into the future, we hope that factors beyond the immediate emergency figures will be considered.

Much of the same can be said about online Gestalt psychotherapy training: accessibility, diversity, and inclusivity can be multiplied exponentially and bring Gestalt to a much wider spectrum of trainees than the traditional, institutional ‘Mecca’ model. Not only does the ‘normal’ way require a privileged level of socioeconomic mobility and fluidity to access training centres, it also generates a significant carbon footprint for travelling students. The move to online training opens borders and generates a push to harmonize the criteria for professional credentials. It would also seem to support the mutual validation of training programmes through the creation of professional networks and organizing bodies on a scale never before seen.

Unfortunately, Gestalt training programmes seem to be falling short of the potential to diversify our featured voices, as a clear list of particular trending presenters can be seen on virtual events all over the world. There is still a much stronger tendency to feature English-speaking American or European presenters with translations to the language of the host institution than to promote more varied, cross-cultural meetings or to feature new voices. The globalization and commodification of online Gestalt training and the media-personality aspects of the online world are other factors of great interest; how can we use the medium to connect without losing ourselves and the essential features of our interpersonal contact process?

For the sake of clarity, the rest of this article will focus on the online practice of Gestalt psychotherapy and not on Gestalt training, though quality online psychotherapy requires that new skill sets be developed and taught by example via the internet. Online Gestalt therapy training must be congruent with the experiential, interpersonal, co-created pedagogy of Gestalt as we know it, and not be confused with passive-audience webinars with hundreds of participants.

When you ask Gestalt therapists about their opinion about therapy via the internet, one of the comments most often heard is that ‘it’s not the same’. We could not agree more. It is indeed not the same. However, just because it is not the same does not mean it is not valid, that it is not Gestalt, or that it is not psychotherapy. This recognition of difference and novelty implies that we cannot expect to do the same things and use the same tools in the same way as we do in our face-to-face practice. The change in the field and in the relationship between client and therapist require a series of creative adjustments. In staying with our discomfort in the face of novelty, as Fritz Perls suggests, if we are able to suspend our impulse towards comparison and judgement, being in the *epoché*, we can experience ourselves in relation in a new environment with different characteristics. However, we may need more

time to submerge ourselves in the experience and learn from it:

There is a learning time for the clinician and the clinician must allow time to learn to be in this different environment. The theory of therapy does not change but the environment is different, so it takes some time to learn how to live in it. (Francesetti, 2020)

By Gestalt therapy’s own definition of neurosis, having a preconceived way of ‘doing things’ or ‘being with’ before a figure emerges in the present moment is the very definition of an anachronistic behaviour or a ‘fixed gestalt’: the antithesis of spontaneous, authentic contact, discovery and presence. We need to be open to the fact that our difficulties in working online, at least in part, indicate our need to explore it in greater depth and to build a new skill set drawn from the areas of digital andragogy (online adult learning), interpersonal neurobiology, cinematography, multi-disciplinary telehealth practices and from the field of digital communication itself.

In our opinion, if we want Gestalt therapy to remain a useful and widespread therapeutic modality in the years to come, it is necessary that we, as a Gestalt community, work together to find ways to integrate with this medium that are consistent with our sensibility, our principles and the theoretical foundations of our profession. This article is an invitation for us to share this exploration as Gestalt therapists.

A change of paradigm?

Our contention is that meeting online does not entail any fundamental change of paradigm for a relational, situational and embodied Gestalt therapy. Perls, Hefferline and Goodman explain in *Gestalt Therapy: Excitement and Growth of the Human Personality* that the psychotherapy they propose emphasizes, among other things, ‘concentrating on the structure of the actual situation’. (Perls et al., 1951/1990, p. 236). An online therapeutic meeting is a situation, understood as ‘the concept of the phenomenal, experienced field of a person and his world over a given interval of time’ (Wollants, 2012, p. 3). Online experiences are experiences. They constitute an increasingly greater part of people’s everyday life and their way of connecting to each other in meaningful ways. ‘Excitement and growth’ – two key concepts that are named in the very title of Perls et al. (1951/1990) – happen in online situations. Gestalt therapy cannot be divorced from that reality. We need to understand how internet-mediated relationships form the experience of our clients; how using WhatsApp, Skype, YouTube, LinkedIn, Facebook, Instagram, Tinder, Grindr, TikTok, e-mail, blogs, podcasts and other hundreds

of different communication channels is part of today's being-in-the-world-with-others. We need to bracket our prejudices about online therapy, especially the ones that come from the frustration of trying to directly transfer our expertise in face-to-face therapeutic situations to internet-mediated ones. Otherwise, we are not open to the online encounter and cannot, as the founders of Gestalt therapy encourage us to do, 'concentrate on its structure', its specificity, its possibilities. Other contemporary authors hold similar positions to ours in this regard: 'Online therapy is still a relational experience and therefore, from a paradigmatic point of view, nothing changes.' (Francesetti, 2020).

In our combined review of diverse dimensions of Gestalt therapy as presented by different authors such as Perls et al. (1951/1990), Polster and Polster (1973), Ginger (2018), Robine (2013), Parlett (1991), and Yontef (1993), we have found no distinct element which cannot be plausibly translated into an internet-mediated practice. To imagine an internet-mediated Gestalt therapy, we can start by falling back on the older Gestalt psychology theories of holographic perception through which the human mind 'fills in the blanks' from our own ground of lived experience when presented with an incomplete figure, as our tendency is towards fulfilment and closure. If we have a person's voice, eye contact, body movements, breathing, narratives and attention, we can fill in or be content to omit the missing elements and have a sense of whole presence while meeting online. The ableist idea of some that Gestalt therapy via videoconference is not possible because the sensory abilities of the therapist are limited is like saying that a blind therapist cannot practice Gestalt therapy because they cannot see their client, or that a client cannot do therapy in a language other than their mother tongue because their expressive abilities are limited.

Along with re-evaluating the issues of perception, it is also important to deconstruct the false equivalency of physical presence to emotional presence. Clients often report feeling emotionally unmet by someone in the same room and, in online work, people often report feeling emotionally met by someone halfway around the world with whom they may well never share a physical space. Given the long-standing tradition of *empty-chair* experiments in Gestalt therapy, we find it illogical to argue now that we need to be in physical presence in the same room as our client for them to have a meaningful experience!

The concept of presence is a concept that is never a concept of the subject alone, as my soloist friends say. It implies that there is someone who is present in a world in which someone else feels that he or she is present. Basically, the concept of presence is always a concept of interaction. (Amato et al., 2018, p.178) [The translation is ours.]

In the following paragraphs, we will explore some fundamental dimensions of Gestalt therapy and how they unfold, or can unfold, in the online encounter. For brevity, we will refer mainly to the encounter between client and therapist in individual therapy through video calls. The dimensions we will focus on are time and space, sensory perception and embodiment, experimentation and ethical and boundary issues.

Time and space: the 'here' and 'now' of the online meeting

Internet-mediated psychotherapy presents us with a new situation compared to face-to-face therapy: client and therapist share time together, but not physical space. The therapy session takes place simultaneously though often in different time zones, and in two different physical spaces in the same virtual 'room'. Despite the plurality, there is synchrony: if I speak, you respond; if I move, you react to my movement in real time. We are together.

Our Gestalt conception of space and time is not that of physically measurable space or of clock time. The 'here and now' of Gestalt therapy refers to the immediacy of what happens *between* us: it does not refer to a geographical place but to the contact boundary, the 'place' where the psychic space of the client and the therapist meet. Psychologically, what interests us in therapy is not objective but *subjective* time and space. We are interested in people's felt perception of space and time, which changes continuously depending on the situation. Psychotherapy deals with the difference between *chronos*, quantitative time, and *kairos*, qualitative time. Time gets longer when we are depressed or bored and a minute seems like an eternity. Similarly, space expands and others seem distant when we feel emotionally disconnected. Sometimes we feel that someone next to us is in 'another world' and, sometimes, that a good friend who lives on the other side of the world is 'by our side'. Psychological time and space do not always correlate with physical time and space.

One could understand the (online) space of the therapy encounter as a 'transitional space' or 'intermediate area'; in the words of D.W. Winnicott, the space where experiencing and *play* are possible:

[...] which expands into creative living and into the whole cultural life of man. This third area has been contrasted with inner or personal psychic reality and with the actual world in which the individual lives, which can be objectively perceived. (Winnicott, 1971, p. 102).

This area of playing is not inner psychic reality. It is outside the individual, but it is not the external world. (Winnicott, 1971, p. 51)

In online therapy, this transitional space is no longer the place unilaterally chosen by the therapist. It is a new, co-constructed, common space. Opening ourselves to this novelty as therapists and entering this new space of play can help take us out of our omnipotence and allow for more horizontality in the relationship as well as more autonomy and creativity on the client's side.

The perception of space is also conditioned by the perception of the bond between the people sharing it. If we look passively at a screen on which another person appears like watching a television, our perception of space is limited to our physical space: I am in my room, watching a monitor that emits images and sounds. The other person is in another universe that is distant and disconnected from mine. I am like classical theatre actors who act using the convention of the 'fourth wall', an invisible wall that separates them from the audience. However, if I allow myself to 'pass through' the screen as if looking through a window open to the other person's space, if I 'enter' with my attention into their room, I perceive what objects surround them, what the temperature is like, how the person occupies that space, I can 'break the fourth wall' and begin to feel that we share and even co-create an experiential space. David Picó Vila recalls:

In one session, as a client shared her childhood experiences of fear and loneliness in a hostile environment, we thought of building a tent to hide in together from the adults, so we each took a shawl and we 'hid' our backs, heads, cameras and computer screens under them. The feeling we created was of being inside the tent together in a shared space, which was surprisingly intimate and close, under a common ceiling made of two different fabrics in different rooms in different cities. This client and I have been doing therapy together for a long time and we both find it hard to believe that we live thousands of miles apart and have never met physically.

The shared space of the online meeting also allows for the client's everyday life to be an actual part of the therapeutic space in a way that conventional in-person therapy cannot match – we are not restricted to 'talking about' our clients' lifeworlds, objects and relationships in therapy, but they can invite us in to experience with them, immersively and vicariously. When our client's session is interrupted by a family member, we see them in context and we can see them interacting with the people we usually only get to imagine. This offers us a multitude of possibilities to work. It also requires us to accept a shift in our framework. Online, we can help a client to better protect their boundaries by asking them to lock their door, or decide to ask the client to turn off their camera if we feel we are being taken into too much intimacy, thereby setting and negotiating our

own limits. We can also go very deeply into intimate situations, sometimes inviting babies, pets and loved ones passing by to become figural in the process. When working online, we create a 'here and now *and...*' because we have multiple physical locations, often different times of day or night and multiple contexts unfolding into and onto each other *and* creating a new in-between space for client and therapist.

This also brings to mind Delisle's postulation of 'four fields of the encounter in hermeneutic dialogue' which touch on the transcendence of the therapeutic encounter into the clients' lives beyond the therapeutic experience (Delisle, 1998).

The felt sense of time in internet-mediated encounters also deserves specific attention. One of the peculiar characteristics of the time flow in the online session is the abruptness of the beginning and the end of the session. In a face-to-face session there is a gradual process of appearing and disappearing in the therapy space. In contrast, online, there is an abruptness to arrival and departure that can challenge the perception of continuity of experience, and therefore of the continuity of the bond. The abruptness of the online encounter can trigger strong feelings of abandonment and distrust, as if I cannot count on the other being there in a stable way. As therapists, we have to be particularly attentive to the experiences of opening, closing and relational continuity of our clients. We may need to find a way to say goodbye to each other: breathing together, taking time to feel the separation, giving the client control of the 'button' to close the session in order to smooth this transition.

Body and sensation

A fundamental tenet of Gestalt therapy is that the human experience is embodied. Human experience, including cognition, is a bodily and sensory phenomenon. In Gestalt therapy we work on the basis of how the body moves at the contact boundary: how we breathe, what gestures we make, what tones our voice has, how we receive the support of the ground, what micro-movements appear in the encounter with the other. Diagnosis in Gestalt therapy is an 'aesthetic diagnosis' (Bloom, 2003), moment by moment, in which the therapist remains open to the aesthetic qualities of the encounter, to the qualities perceptible with the senses. It is not difficult to imagine, therefore, that a major concern of Gestalt therapists working through the internet is precisely how the body and sensory dimensions are affected. We are concerned that online sessions end up being a purely cognitive and verbal encounter between two talking heads. To do Gestalt therapy, we need to involve the body, to feel it, to feel the other's body and its resonances. This leads to

a reflection on how our body interacts with technology and, ultimately, what a 'body' is.

As with in-person work, therapists need to be grounded and aware of their own bodies before they can be physically available in a session. Often, we are not aware of the ergonomics of our relationship with technology, leading to therapists and clients adopting positions that are too upright or stiff, with our heads immobile, gazes forced and fixed on the screen, disconnected from our awareness of the lower part of our body, with inadequate support in the chair, back and floor, and with constrained, high-chest breathing. This often indicates a lack of grounded awareness of our physical selves, and makes us substantially less available for meaningful contact with our clients.

Through small adaptations and minimal investment in proper tools, we can be comfortable, free and available in our sessions; screen size and placement shape our perception of the field and the tilt of our gaze. A quality camera serves as the eyes of our client and allows us to represent ourselves without distortion. Headphones are our digital ears, and wireless ones can grant us the possibility for free movement. Our chair and work space are the ground from which we meet our clients and they matter, even if they are not shared physical spaces.

The way in which we observe the other's body and how it moves is also conditioned by the format of the video call, but we can find different ways to compensate for these limitations. We can stand up and ask the other person to stand up, we can use our whole bodies, we can walk, dance, we can play 'tennis' by passing around an imaginary energy ball and feel how our bodies move and coordinate. We can also ask questions. In online therapy, it can be extremely useful to become more explicit than in face-to-face therapy and to ask the other person about everything that we cannot easily perceive: 'how are your feet on the ground, how are you breathing, are you leaning against the backrest, where are your eyes going?', bringing our clients into their own physical awareness and inviting them to share that with us much as we do during in-person sessions. We can also be particularly attentive to our kinesthetic resonance (Frank, 2016), our ability to resonate to the movements of the other in our own felt body.

We can also glean a lot of information from the multitude of micro-movements of the eyes, mouth, face, and from visible body tension even before a movement is made. We can read the intentions and shifts even without seeing a client's whole body. Seeing what the person shows me of their upper body through the screen, I can imagine – or bodily resonate with – what happens in their lower body. It is also important that we are aware of the tones of our voice, what image we offer the person through the screen; whether we are closer, further, more relaxed, or more tense.

Extended bodies

From prenatal images and heartbeat monitors to the posthumous persistence of our digital addresses and traces, our body exists today in a state of continual electronic engagement with its surroundings. (Mitchell, 2003) [The translation is ours.]

Rather than forcibly adapting a technology that seems foreign and sometimes hostile to us, we can remember that human beings have always increased (or repaired) bodily capacities with tools and prostheses and, recently, with computer technology (Ihde, 1990). Our capacity to increase our impact on the world, thanks to our imagination and our ability to manifest in reality what is virtual – i.e. potentially there – by transforming an idea into a creation, an object, an action, is not new.

It would be a serious mistake to think that the externalization by man of his capacities in external objects would be the only goal [...] It is to be able to reinstall them a second time in himself, after various transformations facilitated by this process of externalization have made them more easily assimilable and usable. (Tisseron, 2018) [The translation is ours.]

Currently, we meet and receive cyborgs in our offices every day. The cyborg has a fundamentally hybrid character defined by the connection established, permanently or occasionally, between a particular part of the body and a machine – the artificial arm and the amputated limb, the cell phone and the ear, the ear and a cochlear implant. The term cyborg is a compound word – cyber-organism – to describe a reality that is itself an alloy: the coupling between an artificial form and a natural form, between a cybernetic form and an organic form. We all have cell phones through which we are connected to the internet. Our telephones and our computers contain a part of our memory that we have externalized mechanically, and connect us to an infinite external source of information. They allow us to connect whenever and wherever we are to others. Video-call sessions are cyber extensions of our practices and an extension of our being as therapists.

We speak of 'vicariance' to explain how our brain compensates for the deprivation of some of our senses by developing new abilities. In human physiopathology, vicarious organs are those whose entry into action, in a situation of biological deficit, allow us to compensate for a risk of functional insufficiency: 'This connection is accomplished, on the neurological level, thanks to the plasticity of the brain and brain functions.' (Calais, 2019) [The translation is ours.]

In online therapy work, we are simply integrating vicarious technological organs to compensate for the sensory limitations brought about by distance.

Luna Dolezal (2009) talks about the appropriation/assimilation of the object and, through this, the extension of the self: 'The body schema not only regulates and controls the body's posture and motility, but also how the body interacts with the objects and environment that constitute its immediate milieu.' (Dolezal, 2009, p. 215).

This author illustrates this idea of integration with Merleau-Ponty's example of a blind man who uses a walking stick and for whom, once the stick 'has become a familiar instrument, the world of feel-able things recedes and now begins, not at the outer skin of the hand, but at the end of the stick.' (Merleau-Ponty, 1945/2002, p. 175).

Don Ihre provides examples of other artifacts such as glasses and hearing aids, and describes how these items become background if the technology is good, and how the juncture of the 'I-artifact' world is bridged when we integrate them. 'I-artifact-world' becomes '(I-artifact)-world' (Ihde, 1990, pp. 73-74). Laura Perls might say that thus, we transform environmental supports into integrated self-support.

The use of new technologies, whatever their purpose, transforms us. Our body schema must necessarily change to integrate technology as part of the body itself, with the creation of a new cerebral mapping of our 'cyborg body' over time – think, for example, of the syndrome of phantom cell-phone vibrations. Clients and therapists all have phones, which are now integrated as an extension of themselves. Now, videoconferencing technology has gone from being an 'other', to becoming an extension of our *being* a therapist and of our practice; we have it so well-integrated, we feel it as part of our selves.

Thus, vicariance, hybridization, subjective appropriation: this process of assimilation leads to the emergence of a new 'psychic' self; the 'cyborg-self'.

However, the success of this hybridization, not only in terms of technical performance but also at the personality level, implies a subjective appropriation of the device, and a psychic work of reshaping personal identity: following the example of the process necessary for the success of a tissue or organ transplant, there is a subjective process of assimilation of prosthetic technologies which can be rejected by the person, just as the graft can be rejected by the organism. (Calais, 2019). [The translation is ours.]

The assimilation processes of technological tools, and of the new 'techniques' we must learn to be in the world with others using technology, also includes a place for our grief. We can mourn the known ways of being in our therapy rooms and accept those losses in order to experience novelty. In-keeping with Gestalt, we can assimilate the new and transform ourselves in the spirit of creative adjustment.

Experimenting

Something that characterizes Gestalt therapy is the use of experimentation. Therapists propose experiments to clients to help them become aware in the here and now of different aspects of their experience: behaviour patterns, relationships with others, body sensitivity, etc. There are 'classic' experiments such as working with the empty chair, and a huge range of other possibilities: drawing, sculpture, movement, writing, directed visualisations, etc., any of which can emerge from the therapy situation.

When it comes to considering our work via video call, the support of what is known, of the materials that are 'normally' within reach of clients in our offices, disappear, and this can cause uncertainty.

This is an area where online therapy requires more creativity and courage. The fact that we cannot use our experimental proposals in the same way does not mean that we cannot adapt them or create new ones.

Many clients, for example, have found their own hands on screen to be representative of polarities which can dialogue, and parts of their own bodies which can experience touch from other parts without the need for another person to enter their space. The difference with online work is that we can actually participate in real-time modifications of the clients' 'lifeworlds'. David Picó Vila recalls:

I witnessed the transformation in one client when he opened a window and flooded his previously closed, dark space with natural light, changing the composition of his world and his felt experience.

Béatrice Valantin recalls:

A client, with a turn of her chair, was able to shift her attention from the living room where her family was in a real-time crisis, to her garden outside the window, ripe with sown seeds waiting for the spring.

Ethical and boundary issues

At the time of writing, many entities related to psychotherapy, including the European Association of Gestalt Therapy (EAGT), are engaged in developing specific ethical codes for online therapy. Our opinion is that the ethical foundations of internet-mediated therapy are essentially the same as those of therapy in other formats. Therapists need to honestly assess the viability of the therapeutic relationship, professional competency, and the ability to work with each individual client.

We would propose that as is common in European schools of public health, that mid-level bioethical principles of non-maleficence, beneficence, health maximisation, efficiency, respect for autonomy, justice, and proportionality be our guides (Schröder-Bäck et

al., 2014) on overarching issues of ethics. We see no cause to say that internet-mediated therapy, like any other element of comprehensive, holistic healthcare, is in fundamental conflict with any of those principles. In fact, by virtue of its accessibility, internet-mediated psychotherapy may be better suited to providing a just and proportional service to both clients and trainees as it has the potential to level many socioeconomic divides which have historically made psychotherapy more of a luxury item than a widely socialized process.

The obstacles to telehealth practice are more pragmatic and centred around licensure and insurance issues, rather than the ethics of online practice itself. Therefore, in the absence of internationally coherent legislation on ethics, it is the responsibility of individual therapists to turn to the health authorities and professional institutions (associations, institutes, professional bodies, insurance providers, etc.) to know the current local frameworks – constantly evolving during the COVID-19 crisis – and the limitations on our practice.

In pragmatic, codified terms, it is still important to review many issues that arise in the internet encounter that we take for granted or go unnoticed in face-to-face therapy. Digital meetings create the need to wonder how to explicitly discuss and consider the ethical and legal implications of online sessions being recorded or stored, for example. It is also very important to take into account issues of confidentiality and client privacy. Do our online clients have a private place from which to connect? Is there a danger that other people will listen to their conversations? If we do group therapy, are there people outside the group who may be inadvertently listening to what is said in the session? Béatrice Valantin recalls:

I see a young man online whose mother told me when she called to schedule his next session that she likes to listen to her son's therapy session and claimed to believe that she will 'understand him better' if she listens. I felt very powerless and frustrated being physically unable to oppose this intrusion. I began to exchange emails about privacy and working conditions with my client, and I realised how affected I was. Describing my feelings to my client did him a lot of good: he was no longer alone in feeling the invasive pressure of his mother's presence.

The question of liability and responsibility is different online, too. If our client has a health problem in the middle of an online session (e.g. vomiting, fainting or having a heart attack), do we have any way of getting them immediate help as we would in a shared physical space? Are we responsible if they injure themselves in session? Are we liable? If a person outside our jurisdiction reveals abuse or intent to harm themselves or others, what are our obligations to disclose and are

we able to do so in immediate, practical terms? What are we legally liable for as therapists under our own licensing and within the territory our client resides in? Is the content of our session protected on both sides, or may it even be illegal to speak about certain social or political issues in certain countries? Are we potentially exposing ourselves or our clients to persecution or danger? And as our work online reaches across borders, we must also ask ourselves if we are culturally competent enough to at least recognize our own prejudices, biases and tendencies to discriminate as we potentially come into meetings with people from all over the world. Are we aware of issues of power and privilege, class, gender and race and committed to dealing with their practicalities and ethics in the emerging therapeutic situations? These ethical questions of competency come up during in-person training groups as well, but with the range of connectivity that the internet can offer, the concerns are heightened. We believe that we have the fundamental professional obligation to address all of these issues in training and continuing education if we are to maintain our standing in the psychotherapeutic community.

Furthermore, some online clients may behave in a way that would be unimaginable in a traditional practice, such as joining a session while driving: 'I asked my client to at least pull over to talk to me. We were able to talk about his limits, the value of his life, and my limits,' shared one colleague. Our clients have unconsciously integrated many of the implicit rules of in-person psychotherapy yet online therapy sometimes meets the norms of everyday life in unexpected ways, like when food and drink – even a glass of wine – show up in sessions. We can deal with this novelty when we understand it as part of the meeting of lifeworlds.

Conclusions

As points of consideration for the researchers among us, there is a broad agreement that Gestalt needs to provide evidence-based research in order to have empirical bases to be able to engage with other psychotherapeutic modalities (Béja, 2020). Currently, we have the opportunity to apply a vast number of instruments to therapists, clients and, potentially, to recorded sessions to delve in to our treatment fidelity, our efficacy, our viability, our efficiency, and to prove our empirical 'worth'.

In the midst of a transformational boom in online therapy, however, what appears obvious to us is the need to adapt to and integrate novelty like never before. Together, in the Gestalt community, we need to develop new forms of remote work which are compatible with our experiential vision of the therapy process and which make full use of our powerful

understanding of the phenomenal interpersonal relational field. It is important to train Gestalt therapists to move comfortably and creatively in internet-mediated environments, and to support them to integrate technology and establish relationships in new and meaningful ways. Hopefully, we can bracket our prejudices, transcend our 'I-it' boundaries with technology, and meet this deep human need to relate in an ethical and inclusive way. Let's get to work.

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