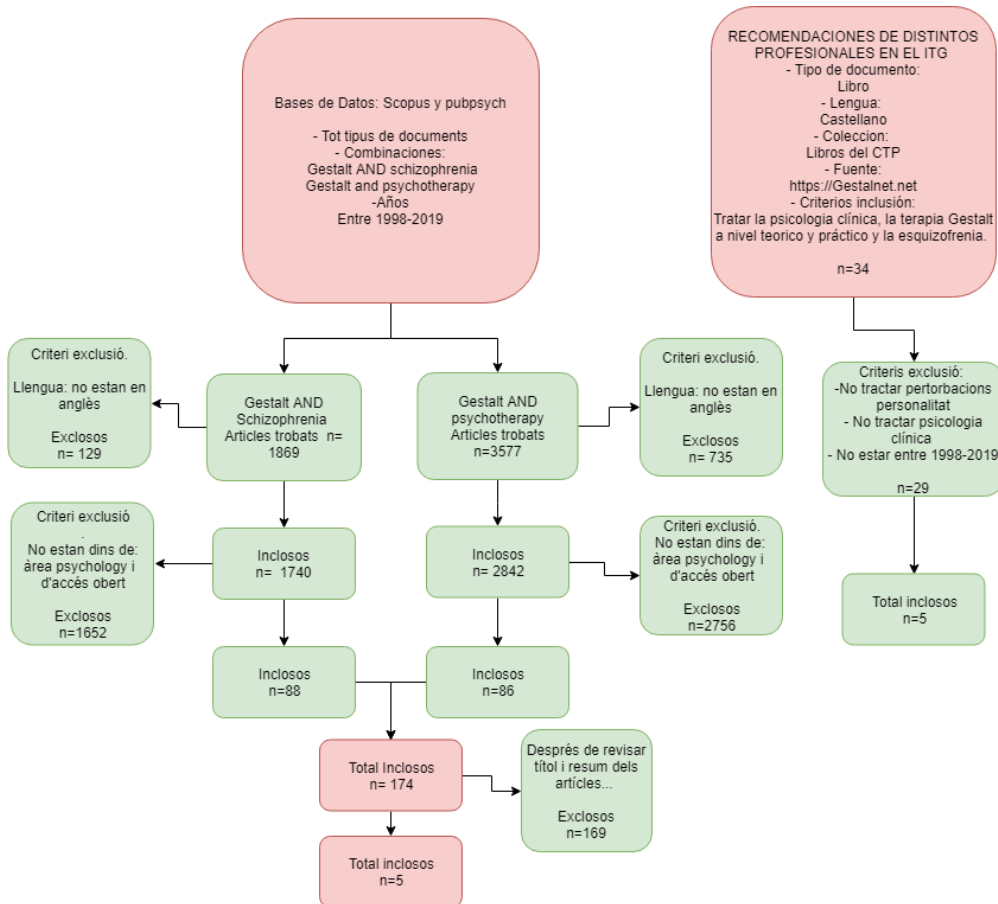


EXTENDED SUMMARY

Gestalt psychotherapy was mainly developed by Frederick S. Perls, counting on the collaboration of Laura Perls and Paul Goodman, and it is based on the Phenomenological school. Its theoretical basis was established in *Gestalt Therapy: Excitement and Growth in the Human Personality*, published in 1951. From the 70s, on its competences and demands have been improved so that Gestalt psychotherapy is more accepted by the scientific community. Gestalt therapy is prepared to be used to treat psychopathologies (Francessetti & Gecele, 2014) in the scientific world and it has its own explanation and application method to treat them. Gestalt Therapy is enabled to be used in the clinical world to treat psychopathologies (Francessetti & Gecele, 2014) and has its own explanation and method of application to treat them. There are psychopathologies called severe mental disorders, such as schizophrenia, that are more difficult to explain and treat.

This narrative review aims to identify whether Gestalt psychotherapy explains schizophrenia and how this applies to this type of patient and as a part of the specific goals it has to explain schizophrenia from the point of view of Gestalt therapy and verify the evidence in the research carried out already about the use of this Gestalt therapy on schizophrenia. In order to achieve the goal, a search has been carried out for 5 months in databases and other sources, following inclusion and exclusion criteria. The inclusion ones are the language (Spanish or English), published between the years 1998 and 2019, treat on Gestalt psychotherapy and schizophrenia, etc. At the end, there are 10 documents that respond the research questions about the explanation, the treatment and the possible efficacy of this treatment on this major mental disorder.



After years of rigorous scientific investigation, Gestalt therapy treats and explains major mental disorders such as schizophrenia. Professionals state that the etiology of the schizophrenia is a mystery, but phenomenological variables and family communication are more and more taken into account as a cause of the relapse and the triggering of the first episode, even that other factors such as the biological and the genetic ones are also included. This branch understands that the people suffering from schizophrenia follow a training-resolution process of the figure (Burley & Freier, 2004; Burley, 2012 in Fisher & Greenberg, 2016) that does not seem to stop in the training and sharpening stages. In these, the figure does not come out enough to be observed and so it opts for the self-observation, which provokes disconnection inside a disorganised body. The symptoms have been explained differently but all of them are based on the experience as a *continuum* where symptoms such as deliriums and hallucinations are an attempt to give the meaning to the disconnection experience. Faced with this incomprehension and the differentiation between this reality and the reality of the common world, their personal reality gets past the rest in an extravagant, agitated, altered, raved or staggered way.

The therapist will treat the patient from the first psychotic outbreak to the symptomatic improvement of this disorder, that is to say, with the extraction of a figure within a given background of empathy, active listening and understanding. In this way, we will be able to broaden the awareness of our own needs within a background, since these have stopped, always following a

suitable path (Greenberg & Rice, 1997), and with the sensation of validity in their subjective experiences. This way, the self of the individual develops its capacity to construct full experiences with limits and connections (awareness).

The therapy must start where the figure derails and help the patients realise, recognise and deal with their own possible training in a sensorial way, with experiential and sensorial techniques. Besides establishing a unique confident reliable therapeutic relationship through a process open to dialogue that fluctuate in the here and now, it will also allow the installation of a contact-barrier that will permit to extract a figure with the creative fitting (Robine, 1998).

Within the years of practical and theoretical research there are case studies such as the one of Mestre in 1989 or dynamics such as the one of Ocampo in 2017, by Leslie Ann Dobson (Fisher & Greenberg, 2016) etc., which scientifically demonstrates that gestalt treatment helps to reduce the frequency of hallucinations and to abandon delirious beliefs and incongruent or disorganised behaviours. In addition to coming out of their isolation and realising themselves and establishing better contact within limits.

In the end, after this narrative review it is concluded that schizophrenia can be explained and treated by Gestalt psychotherapy; there is empirical evidence of how Gestalt psychotherapy has led to symptomatological improvements in patients in group dynamics and/or case studies. Future lines of research revolve around the effort of professionals to achieve an increase in the competencies and the demands based on scientific parameters. In spite of everything, there are limitations when carrying out this research because of the restriction of the temporary period to do it, in addition to the difficulties to find material on Gestalt therapy and schizophrenia at a theoretical level, and the existence of randomized studies. However, through in-depth research on existing material over a longer period of time and in a more detailed manner, the improvement of this review could be achieved.

PSICOTERÀPIA GESTALT I ESQUIZOFRÈNIA: UNA REVISIÓ NARRATIVA.

Paula Gil Orega (Tutor: Berenice Serrano Zarate)
Universitat Jaume I. TFG Psicologia 2018-2019

INTRODUCCIÓ

La psicoteràpia Gestalt s'ha expandit des dels anys 70 després de la seva creació el 1951 per Frederick. S. Perls. El compliment de les exigències i competències dins el marc científic han promogut les investigacions teòriques i pràctiques sobre l'ús de psicoteràpia Gestalt en el món clínic amb la finalitat de tractar psicopatologies, entre elles el trastorn mental greu, com és l'esquizofrènia.

Les preguntes a respondre a aquesta revisió són: Com s'entén l'esquizofrènia des d'un punt de vista Gestàltic?; Com es fa psicoteràpia amb un pacient esquizofrènic des d'un punt de vista Gestàltic?; És la psicoteràpia Gestalt capaç de tractar l'Esquizofrènia?

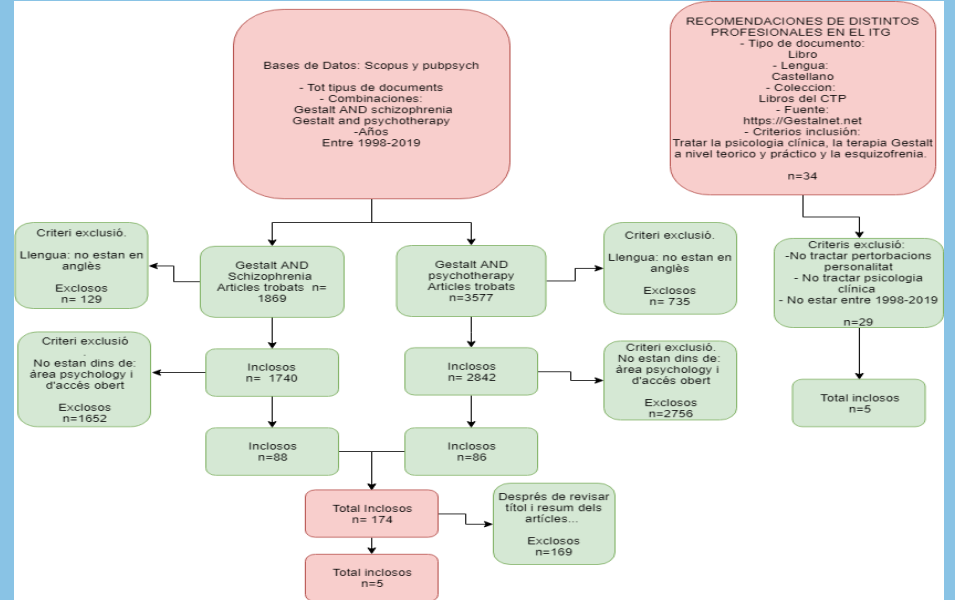
OBJECTIUS

Identificar com la Teràpia Gestalt explica l'esquizofrènia i com s'aplica aquesta psicoteràpia amb aquest tipus de pacient

METODOLOGIA

Per fer la revisió narrativa, la recerca la durar 5 mesos i es va realitzar en bases de dades (SCOPUS i Pubsych) i a llibres recomanats pel Institut de Teràpia Gestalt de Castelló de la Plana. Per els articles de les bases de dades, els descriptors i les combinacions utilitzades van ser Gestalt AND schizophrenia; i Gestalt AND psychotherapy. Podien aparèixer a tot el document. Per als llibres, van ser buscats a la biblioteca de la UJI i a la del Institut Gestalt Teràpia de Castelló. A més, es van utilitzar factors d'inclusió i d'exclusió com són la llengua (anglès y castellà), l'any de publicació (1998-2019), l'àrea de publicació (psicologia) etc.,

RESULTATS



- Com s'entén l'esquizofrènia des d'un punt de vista Gestàltic?
- Com es fa psicoteràpia amb un pacient esquizofrènic des d'un punt de vista Gestàltic?
- És la psicoteràpia Gestalt capaç de tractar l'Esquizofrènia?

CONCLUSIONS

- L'esquizofrènia es explicada i tractada per la psicoteràpia Gestalt.
- Hi ha evidències empíriques** de que hi ha millores simptomatològiques en pacients en dinàmiques grupals i/o estudis de cas.
- Hi ha **limitacions** a l'hora de realitzar aquesta investigació a causa de la limitació del període temporal per fer-la, a més de les dificultats per trobar material sobre teràpia Gestalt i esquizofrènia a nivell teòric i pràctic (l'existència d'estudis aleatoritzats).
- Les **futures línies d'investigació** giren al voltant per aconseguir l'augment en competències i exigències en base a uns paràmetres científics.
- **Possibles millories:** la recerca del material en un període de temps més ampli i més detallat.

BIBLIOGRAFIA

- Delisle, G. (2000). Las perturbaciones de la personalidad. *Ediciones de la Sociedad de Cultura Valle-Inclán*.
- Fahrutdinova, L. R., & Nugmanova, D. R. (2015). Dynamics of Psychological Crisis Experience With Psychological Consulting by Gestalt Therapy Methods. *Global journal of health science*, 7(4), 130.
- Fisher, S., & Greenberg, E. (2016). La esquizofrenia desde una perspectiva gestáltica. *Ediciones de la sociedad de cultura valle-inclan*.
- Francesetti, G., & Gecele, M. (2014). Terapia gestalt en la práctica clínica: de la psicopatología a la estética del contacto. *Ediciones de la sociedad de cultura valle-inclan*.
- Frank, R. (2005). La consciencia inmediata del cuerpo. *Ediciones de la sociedad de cultura valle-inclan*.
- Henriksen, M. G., & Parnas, J. (2012). Clinical manifestations of self-disorders and the Gestalt of schizophrenia. *Schizophrenia Bulletin*, 38(4), 657-660.
- López-Ibor, J. J., & MI, L. I. (2014). Romanticismo y esquizofrenia. Primera parte: La hipótesis de la recencia y el núcleo fundamental de la enfermedad. *Actas Españolas de Psiquiatría*, 42(4), 133-158.
- Ocampo Martínez, M. E. (2017). *El ciclo de la experiencia en un paciente esquizofrénico, una visión Gestalt* (Doctoral dissertation).
- Palma Sevillano, C., & Farriols Hernando, N., & Cebrià Andreu, J., & Segura Bernal, J. (2007). Las intervenciones motivacionales en el tratamiento psicoterapéutico de la fase inicial de la esquizofrenia. *Papeles del Psicólogo*, 28 (2), 127-135.
- Parnas, J. (2012). The core Gestalt of schizophrenia. *World Psychiatry*, 11(2), 67-69.
- Robine, JM. (1998). Terapia Gestalt. *Gaia Ediciones*.

Segura Mestre, J.A. (1998). Gestalt y esquizofrenia: a propósito de un caso

Silverstein, S. M., & Uhlhaas, P. J. (2004). Gestalt psychology: The forgotten paradigm in abnormal psychology. *The American journal of psychology*, 259-277.

Venkatasubramanian, G. (2015). Understanding schizophrenia as a disorder of consciousness: biological correlates and translational implications from quantum theory perspectives. *Clinical Psychopharmacology and Neuroscience*, 13(1), 36.