



Opinion Article

Through the eyes of Gestalt therapy: The emergence of existential experience on the contact boundary

ANI RAINAULI

Caucasus University (CU), Tbilisi, Georgia

ABSTRACT

Existentialism, rooted deeply in philosophy, has significantly influenced therapeutic practices. Despite its relevance, recent research indicates a limited focus on existential topics in modern therapy, showing a gap in therapist training and readiness to address these concerns. Gestalt therapy focuses on the dynamic interaction between an individual and their environment and emphasizes the individual's presence here and now. From the very beginning, phenomenology and existentialism have been a big part of gestalt therapy, but modern research has not focused much on or explored the existing parallel. Clarkson's contract cycle of experience offers a tool to understand the interaction of an individual and environment, which can be an interesting tool to address existential concerns during gestalt therapy. The study demonstrates two case analyses to explore the experiences of two female clients, focusing on their encounters with existential concerns on the contact boundary. Through these cases, the paper examines how clients navigate the contact cycle of experience, highlighting the therapist's role in facilitating this process. Discussion emphasizes the dynamic nature of existential needs, asserting that they cannot simply fade into the background like other needs but require ongoing exploration. The paper underscores the gestalt therapist's role in supporting clients through these existential experiences, recognizing the therapist's genuine presence and readiness as crucial factors in facilitating the contact cycle. The emergence of existential experience on the contact boundary is a challenging yet transformative process. This paper demonstrates the importance of integrating more existentialism in Gestalt therapy and revisiting the tight connection between Gestalt therapy and existential therapy.

Keywords

Existentialism, Contact cycle of experience, Gestalt therapy, Existential experience, Contact boundary.

ABSTRACT in ITALIANO

L'esistenzialismo, radicato profondamente nella filosofia, ha influenzato significativamente le pratiche terapeutiche. Nonostante la sua rilevanza, ricerche recenti indicano una limitata attenzione ai temi esistenziali nella terapia moderna, indicando una lacuna nella formazione dei terapeuti e nella loro preparazione ad affrontare queste profonde preoccupazioni. La terapia della Gestalt si concentra sull'interazione dinamica tra l'individuo e il suo ambiente e sottolinea la presenza dell'individuo qui e ora. Fin dall'inizio, la fenomeno-

Citation: Rainauli, A. (2025). Through the eyes of Gestalt therapy: The emergence of existential experience on the contact boundary. *Phenomena Journal*, 7(1), 20-30. DOI: 10.32069/PJ.2021.2.225

Editor in Chief: Raffaele Sperandeo, PhD, MD

Corresponding Author: Ani Rainauli, MSc;
e-mail: anirainauli5@gmail.com

Submitted: June 7, 2024

Accepted: February 18, 2025

Published: March 14, 2025

logia e l'esistenzialismo sono stati una parte importante della terapia della Gestalt, ma la ricerca moderna non si è molto focalizzata sul confronto di queste. Il ciclo di contatto dell'esperienza di Clarkson offre uno strumento per comprendere l'interazione tra individuo e ambiente, che può essere uno strumento interessante per affrontare le preoccupazioni esistenziali durante la terapia della Gestalt. Questo studio utilizza due analisi di casi per esplorare le esperienze di due clienti donne, concentrandosi sui loro incontri con preoccupazioni esistenziali al confine di contatto. Attraverso questi casi, l'articolo esamina come le clienti navigano il ciclo di contatto dell'esperienza, evidenziando il ruolo del terapeuta nel facilitare questo processo. La discussione enfatizza la natura dinamica dei bisogni esistenziali, affermando che questi richiedono un'esplorazione continua e, non possono essere messi in secondo piano come altri bisogni. L'articolo enfatizza il ruolo del terapeuta della Gestalt nel sostenere i clienti attraverso queste esperienze esistenziali, riconoscendo la presenza genuina del terapeuta e la sua prontezza come fattori cruciali nel facilitare il ciclo di contatto. L'emergere dell'esperienza esistenziale al confine del contatto è un processo impegnativo ma trasformativo. Questo articolo dimostra l'importanza dell'integrare di più l'esistenzialismo nella terapia della Gestalt e di riesaminare la stretta connessione tra la terapia della Gestalt e la terapia esistenziale.

Parole Chiave

Esistenzialismo, Ciclo di contatto dell'esperienza, Terapia della Gestalt, Esperienza esistenziale, Confini del contatto.

INTRODUCTION

Existentialism in therapy

Existential topics have been discussed in Philosophy. Many key authors touched on and developed the theories around existentialism. Søren Kierkegaard's philosophy emphasizes owning the meaning and reality of one's life, creating that meaning, and taking responsibility for it [1]. Martin Heidegger [2] states that what matters is the meaningfulness of existence, and it truly can be experienced by *Dasein* – being present authentically and taking responsibility for choices and meaningfulness of life.

Specifically in therapy, existential topics were recognized and observed, also used as an approach to address the healing process by different authors like Viktor Frankl, or Irwin Yalom.

As Yalom [3] mentions, there is no specific definition or direction of existential therapy and the way it operates, but the most important detail surely remains – to unfold the existential concerns and bring them to awareness and acceptance. He also states that there are four major existential concerns: death, existential isolation, freedom/responsibility, and meaninglessness.

Finding meaning has always been at the center of existential philosophy. Importantly, Viktor Frankl reflects on this concept most significantly in his book *Man's Search for Meaning* [4], where he defines logotherapy and its connection to mean-

ingfulness. Specifically, giving subjective meaning to experiences and challenges, even traumatic ones, is key to healing.

Research shows that in modern therapy, only a few therapists focus on existential topics during the therapeutic process: 212 therapists were studied and concluded that they were not ready to face the existential concerns of clients, nor were they properly equipped to work on these topics in therapy [5].

Yalom, in his multiple books, also mentions that in many cases, therapists themselves are not ready to focus on these existential concerns; they become overwhelming in therapy, are never addressed, and are eventually avoided [3,6].

There is a growing need to address existential aspects during therapy, as existentialism is part of the human experience. An example of this growing need is existential empathy, a relatively new term that highlights how a therapist reflects on existential topics with a client and the level of presence, understanding, and acceptance it entails [7]. It is important to explore existentialism in Gestalt therapy as well.

Gestalt therapy and existentialism

First, Gestalt therapy explores the being of an individual here and now and understands the presence in the given reality, which also implies understanding the existence of an individual [8]. Gestalt therapy

has always been existential in its deeper understanding. Perls emphasizes this influence and highlights that “Gestalt therapy is one of the rebellious, humanistic, and existential forces of psychology... [9].”

Gestalt therapy not only explores the importance of the here and now in a phenomenological manner but also implies the existential aspect of individuals being in the here and now. Buber and Kaufmann [10] coined and developed the concept of human interaction and dialogue as fundamental to human existence, known as the ‘I-Thou’ relationship, which emphasizes reciprocity, empathy, presence, and commitment [10]. According to Gary Yontef [11], this interaction plays a crucial role in Gestalt therapy, where a significant amount of work is done through the immediate, here-and-now existential encounter between individuals. He also emphasizes the importance of this contact as one of the fundamental aspects of understanding another person’s existence and presence and achieving healing with it. Yontef also mentions relational Gestalt therapy, which is based on this existential aspect of encounter [11].

Different parts are pointed out as existential in Gestalt therapy: 1. Concrete experiences of an individual which manifest with different aspects, without an abstract understanding. 2. Uniqueness of an individual’s existential experience. 3. Responsibility the individual holds to create the life path and existential meaning [12].

Yontef points out that Gestalt therapy can be considered existential as it puts a lot of importance on taking responsibility for choice and creating one’s existence, starting from here and now [11].

Francesetti et al [13] had a precisely interesting perspective on understanding panic attacks and agoraphobia through intentionality and phenomenology, emphasizing loneliness and overexposure. This indicates that when a person experiences suffocation during agoraphobia, it is followed by the need to be accompanied by someone else. They feel abandoned without sufficient mediation, leading to panic when a person is left alone and overexposed to the world. Panic and agoraphobia can occur during adolescence when they experience separation from the familiar environment and move to unfamiliar circumstances [13]. Understand-

ing anxiety or panic attacks through loneliness surely demonstrates a bridge between existential and gestalt perspectives.

In contact with existential loneliness and death

Existential philosophers and therapists usually emphasize the idea of life’s finiteness. Yalom refers to death as an important encounter, as death anxiety usually lingers beyond awareness and affects one’s quality of life [3].

Rank [14,15] had already emphasized humanity’s profound struggle to come to terms with the loss of existence and the deep fear of death.

Yalom [3] differentiated interpersonal and existential isolation. Interpersonal isolation refers to the loneliness an individual feels while being isolated from people around them. At the same time, existential isolation is deeper and more complex. This time, an individual feels isolation from the world. Yalom refers to it as a “vale of loneliness” and usually death and freedom-responsibility will lead to this vale. The way Yalom reflects, all four existential concerns are intervened and present together in the background of human experience. Sometimes, one concern may be more prominent than another, but eventually, they are all connected. One concern can lead to exploring another more deeply. For example, an individual may experience the death of a loved one and feel unprotected in the world, which can eventually lead to existential isolation. This isolation, in turn, may prompt them to explore their personal responsibility in creating or reshaping the path of life. In many cases, after a loss, people tend to come to terms with their grief and also rediscover or refresh the meaning of life [3].

In this overview, we can generalize all four concerns as one *existential experience*, but in the given cases, both death and existential loneliness are more specifically outlined.

Contact cycle of experience

Until the contract cycle of experience is defined, it is important to outline the con-

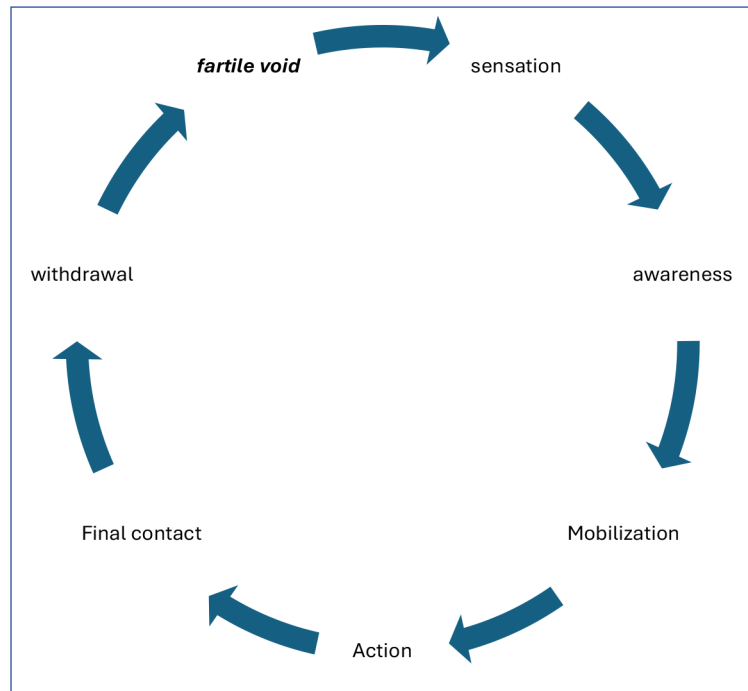


Figure 1. Clarkson's cycle of Gestalt formation and destruction.

tact boundary. In Gestalt therapy, the contact boundary is understood as the point where an individual is in dynamic contact with an environment. Polster and Polster define it as the moment when 'me' meets something that is not 'me,' and both sides are experienced [16].

The way to experience this contact can be understood as a cycle. The cycle is already mentioned in Perl's [17] work as a cycle of interdependency between organism and environment. This could be summarized as four phases: for contact, contact, final contact, and post-contact [18].

Later developments of these cycles belong to Zinker [19] as the awareness – excitement – contact cycle. He offers the following sequence of experience: sensation, awareness, mobilization, action, final contact, satisfaction, and withdrawal, (fertile void).

Figure 1 represents the other recent development of the contact cycle by Petruska Clarkson. This cycle represents a slightly moderated version of Gestalt formation and development. An organism goes through these experiences on the contact boundary to engage with the main figure/need (gestalt) in order to satisfy it. Once satisfied, the organism naturally withdraws and moves on to the next need [20].

Inhibition or restriction of contact can happen at any phase with different mechanisms and emotional/behavioral patterns. Interruption of contact is already identified by Perls [18] and described as the process of resistance when an organism diminishes the normal flow of emerged need/arousal. Resistance happens by different defense mechanisms which are originally identified by Perls as follows: deflection (redirecting focus/attention to something unrelated to the need), introjection (internalizing others' beliefs), confluence (merging with someone or with something), retroreflection (turning emotion/action inward, that is meant to be expressed), and desensitization (getting oneself numb, not to feel/sense anything).

It is worth mentioning that, in the same way as Perls mentioned contact and contact interruptions through defense mechanisms, Clarkson [20] also highlighted how a contact interruption can occur at each stage. For example, sensation can involve desensitization, where an individual numbs themselves, no longer sensing or feeling anything. It can also involve awareness, which may include deflection, where a person shifts attention to unrelated aspects of the main need or figure, or introjection, where an individual accepts others' beliefs without becoming aware of their own.

This article explores how an individual contacts existential concerns through the cycle of experience and how it can be used during therapy to address them. The given analysis will focus on the data and reflection on the therapeutic process and contact cycle of experience, specifically with Clarkson's model described above, through the lens of existential concerns (especially death anxiety and existential isolation), highlighting the subjective meaning-making process of this experience by clients. This overview will also signify the importance of addressing existential concerns during gestalt therapy and what type of means therapists can have to approach it.

METHODS

The methodology in this review is two case analyses, using the theory-building approach rather than conceptualizing a hypothesis, which could be rejected or confirmed later. According to Stiles Stiles [21], the theory-building method serves the enrichment or modification of existing theories and makes it possible to compare and observe through clinical cases. The sources of observation and case analysis are two female clients. The first client was in her 20s (referred to as Case 1), and the second client was in her 30s (referred to as Case 2). Regular weekly sessions were planned for each client. The first client went through six months of therapy, and the second client two months of therapy. Both experienced anxiety and occasional panic attacks. According to the DSM-5 diagnostic manual, the symptoms fall in the category of 300.1 (without agoraphobia) [22]. The focus of the analysis was their experiences when they touched or approached existential concerns, mainly death anxiety and loneliness.

The analysis of these cases is demonstrated:

1. In the form of a short background of the given client, describing a specific phase of therapy while they touched the existential concern.
2. In both cases, the verbatim is given to demonstrate the key extract moments of the therapy for comparison and analysis of the given question of this article.

3. A short comment from the therapist's perspective is provided.
4. A short analysis of the verbatim and specific moments of each client is provided.

The ethical considerations and confidentiality are strictly followed and mentioned in the last chapter.

RESULTS

Recognizing the existential experience in the contact cycle during therapy

These specific observations go along with Clarkson's Gestalt formation and destruction cycle, however, this time, they focus on the main open need (unresolved gestalt) – an existential concern. Observation of these two clients describes how an individual can get through the experience on the contact boundary of themselves and concrete reality – coming to terms with death/existential loneliness.

Case 1

A young woman in her 20s had been suffering from occasional panic attacks for years. Her panic attacks would start when she was afraid for her mental or physical well-being ("something is wrong with me."). She lived alone in a different country. After several months in sessions, she said that she feels angry at the universe, that she has panic attacks, and that it is an injustice from the side of the universe. She explained that her panic attacks were some universal causations of her actions in the past, especially in the sense that she was being punished and she was waiting for a sign from the universe that it was going to stop these attacks to find justice, but all the time coming to the idea that this was not happening, and panic attacks were always coming back torturing her. During the session, when she explored this deep feeling and hope that one day the universe will seek justice and save her, it started to shatter. Around three months of being in therapy, she got in touch with this feeling of injustice and lack of protection, and she finally let her emotions out and cried through her grief.

At this moment, she whispered that she wanted to make it work and understand her fears, especially the fear of being unsafe in the universe.

C: I feel my heart is racing. I do consider that my panic attacks are the result of universal causation. If I don't believe that there is a universal cause, then what's the point of all of this... This makes me panic.

*Th: Take a deep breath. I am here (pause).
(After a pause)*

Th: You feel like your panic attack is the result of universal causation?

C: Yes. The Universe gave me these attacks, maybe I did something that resulted in this panic attack... This will also mean the universe will have some justice and finally release me from these attacks.

Th: I see. (pause), How do you feel when you tell me this?

C: I feel like the universe will take care of me and finally save me. Otherwise, I will be so unprotected (voice cracks) ...(pause)

Th: I feel you. It can be so comforting sometimes knowing that we will be ultimately protected. I noticed that your eyes got teary, and your voice changed. How do you feel?

C: I feel sad, heaviness... but at the same time, I am noticing that if the universe has all the causes and decisions, then I won't have any control...

Th: It feels like you are not in charge.

C: Yes, and at the same time it hurts so much that I am not protected, without any clearance and guarantee. (starts finally crying)

(I am leaning forward from the chair toward her, being there, staying with the pause and silence)

Th: (after minutes of pause) How do you feel?

C: (Pause) (whispers) All this time I thought that the universe was preparing some justice for me, but this is not hap-

pening, it surprisingly feels OK for me... if the universe does not have a plan for me, maybe I can understand my fears...I feel heavy and touched but liberated at the same time.

Th: where in your body is the sense of relief?

C: it's here (shows her chest), it's a bit lighter, with a bit of sadness. (smiles) I am so surprised that I cried so much, I could never think that I would cry in front of you.

Th: I am grateful that you shared your experience. (pause) If the universe had a chance to speak to you, what it would say?

C: (smiles) well... You are protected, all will turn out well, and you can understand your anxiety...

Th: could you please change "you" with "I" and say the same phrase?

C: (Smiles again) I am protected, all will turn out well and I can understand my anxiety.

Th: Thank you.

That was the first time she ever touched this topic in her life, and I sat with her in a moment of silence of uncertainty and fear. She was crying, and I was present in her crying and deep sorrow. I haven't said anything but with my whole heart and presence expressing my support, indicating that she was not alone there. Later, at the end of the therapy session, she mentioned that it could be her different perspective on her panic attacks and her life in general.

A short analysis of Case 1

It can be observed how an experience progresses through the cycle of different states, culminating in the final stages of existential experience. It begins with *sensation*, manifesting as panic attacks and physical discomfort. The awareness process includes some form of self-regulation, how she handles the moment in her own way, which involves externalizing responsibility on the "universe" for abandoning or punishing her. The *mobilization* process follows, with tension building up and moving her towards

better satisfying her needs. This leads to increased despair, feelings of unfairness, and a sense of being alone and helpless.

With the therapist's presence and genuine understanding of her existential stuckness, she finally connects with her sense of helplessness and an overwhelming lack of control. This therapeutic existential union of "here and now" gently lets her move forward. The *action* moment ensues, with emotions erupting as she confronts the reality of her beliefs and resistances (fear of being alone and unprotected). Overwhelmed by these emotions, she begins to recognize her role in the situation during the final contact and feels the heaviness. However, this time, she is not only with her therapist in the "here and now" but also with herself. She fears being alone in the vast universe, completely unsafe and unprotected, but the potential arises for her to experience a new horizon and meaning. She no longer views the universe as an outside force but experiences it as part of herself, regaining a sense of control and starting a new meaning-making process.

She then reaches *satisfaction* as the new experience gradually emerges. The intensity of emotions declines and is no longer shocking. She may experience self-support, accept support from the therapist, and stay with the heaviness of new responsibility while simultaneously gaining a new perspective and meaning of her anxiety. Finally, during the *withdrawal* phase, she engages more deeply with the new experience and becomes curious. At the end of the session, she mentioned being grateful for meeting her fear and the unexplored side of herself.

Case 2

The example of a young client who came to therapy after a sudden outburst of extreme panic attacks and extreme fear of developing a disease. Interestingly, this coincided with the situation of her former, very young patient at the health facility (where she worked as a nurse), who passed away from a sudden illness in terrible pain. She developed a strong connection with this patient and her passing was also a grief with the deep roots of grieving the idea of the cruelty of death and pain – an unavoidable

end. As Irwin Yalom put it very interestingly, sometimes, the grief of the death of loved ones simultaneously means the grief of my death or the idea of dying [3]. We started to explore the symptoms and the huge discomfort of these symptoms; she was willing to understand them and make sense of them. She was curious and scared at the same time. Each question would lead her to the confrontation of the fear of unfairness and cruelty of death, especially with pain. She started to confront this idea and express her anger and deep frustration, moving slowly to make sense of her experience through her body, grounding, breathing, and coming here and now. Together with the therapist, she was helping her to breathe out slowly, sometimes feeling stuck and uncertain.

There was one specific little episode around the 6th session, where she mentioned the passing of her severely sick young patient.

P: She passed away a month ago. I cared for her a lot. She was in pain, in a lot of pain...

Th: How do you feel when you talk about her?

P: I feel so angry (pause). I am so angry that this happens (starts crying) (pause). It is so unfair that something like this can happen to a young girl. Why is the world like this? It is so unfair...

Th: I am with you in this, the way it is (pause, I share this as I feel touched). Is there anything else that comes along?

P: Yes, I feel it is unfair, and I feel very angry. Also, I feel worried that there must be pain. The biggest fear I have about death is pain. What if something is wrong with me and I will also die a painful death? (voice changed, restlessness in body and hands is visible)...I fear that.

Th: It is something hard to stay with, isn't it? How do you feel now?

P: (pause) I feel worried, my heart is racing, and it's a bit hard to breathe.

Th: I am here. (leaning a bit forward) Is it possible for you to breathe in with your nose and breathe out from your mouth?

P: (Pause) Yes, it is a little hard, but I can do it.

Th: All right, take a breath the way you manage, focus on your body, your legs, your hands, and feel the presence and support of your body.

P: (pause) My heart is beating less, and breathing is better (pause). I still feel angry and unfair...

The confrontation with her deep concern is intense and overwhelming. The idea was not to reach the end or the relief; it was to make the initial encounter and support her in grasping her meaning at this stage or speaking up about her deepest fears in a safe environment. At the end of the session, she was surprised and confused that she spoke about all these and shared that she felt listened to and understood.

A short analysis of Case 2

The above case demonstrates that existential contact occurred in the early stages, where readiness was insufficient to progress to the final phases of the contact cycle. The mobilization phase, or action phase, towards existential angst required a certain emotional readiness and support or energy, which in this case was not yet present. The main need for her is to make her own sense of death and pain. She is becoming aware to satisfy somehow the need to understand it but still goes out and circles around the anger and frustration towards the "world" the way it is.

It may take more time, more processes, and other cycles for her to come to terms with the existential concerns of death and unprotectedness, in this case, from pain. Sometimes, small but steady steps are taken, eventually leading to walking in the new reality. Her emergence of the existential self is in the process of constantly moving along the contact boundary, lingering through her resistance to come to terms with it. Through the Gestalt therapy theory and Clarkson's highlight of contact interruptions in the awareness stage she experienced deflection: fault and unfairness of the way the world is, not fully realizing that it is her need (at the same time projecting this onto the world) to make sense on her own "the way the world is."

The therapist remained with her in this uncertainty and anger. She stayed in the stage between awareness and mobilization until the end of the therapy sessions, where readiness was building up to move to the next stage. However, there was no hurry or forcing involved.

At the beginning of therapy, it was winter, and she saw a huge tree in front of her, completely free from leaves. She noted that she knew the leaves would return when the season would change. Curiosity lingered beyond the pain she was experiencing. Considering she was only two months into therapy, she is somewhere in the process of giving new meaning to her existential experience through the cycle of ever-emerging existential needs.

DISCUSSION

The emergence of a new experience – an existential experience

In Gestalt therapy, when a particular need arises, or in more Gestalt terminology, when there is an unfinished Gestalt, bringing it into awareness and exploring that experience at different paces for everyone will eventually allow it to recede into the background, making room for another figure to emerge naturally. However, existential needs are more intricate and dynamic; they do not simply fade into the background like other needs. The sense of existence or meaningfulness is profoundly significant for a human being.

This deeply ingrained need to understand one's existence consistently lingers in the background, manifesting itself in various ways and forms, encountering various types of resistance. In the two cases presented, the resistance to existential concerns could occur at any stage. It could manifest through changes in bodily sensations, seemingly unrelated anxieties, profound sadness, or other emotional/behavioral expressions. In the instances described, clients exhibited panic attacks triggered by the notion that something might be wrong with them, either mentally or physically.

There is an undeniable importance to addressing the figure of existence, it can

never truly fall into the background because hardly loses the figure position, it is mainly actual, a person learns to come to terms with it, sit with it, and become aware of it but it will not resolve or finish, it is a dynamic process and along with 'self' it evolves in its complex dynamics.

Coming to terms with and truly becoming aware of existentialism in our lives, Yalom [3] refers to it as an awakening. Considering the above-mentioned cases, clients may unexpectedly encounter existential concerns. They serve as any other need or unfinished gestalt that goes through the cycle of experience to somehow elaborate on it, understand it, and eventually assimilate it.

Existential experience can have different contact phases and can be resisted at any phase. A client can go through the whole cycle during one session (like the client in the first case did) or continuously go on with these experiences during the full therapy term; for example, work on only one phase of the cycle at once, like it was represented in the second case. The second client worked a lot on the phases of awareness/mobilization and stayed with this confusion a bit longer not yet reaching the later phases.

The new experience of existentialism begins to emerge as soon as it comes into the patient's focus. The process of emergence is usually challenging, stretched out, complex, and sometimes associated with pain. In both cases, pain, confusion, and a sense of injustice were present. The fundamental questions might come along: Am I protected in the world? Am I alone with myself and my responsibilities? Are there things I can't change, like death or someone leaving?

All these profound existential questions evoke fear and anxiety, which, according to Gestalt theory, represent energy and arousal that can be inhibited through various patterns or circumstances [18]. As mentioned above, the phenomenological-Gestalt perspective highlights the profound need not to be left alone and unmediated in the world beyond panic attacks [13]. Through gradual encounters and therapeutic contact, this inhibition can be transformed and readjusted, stimulating a new meaning-making process, as exemplified in the first case, thereby making

it more bearable or bringing it closer, as demonstrated in the second case.

The emergence of a new existential experience could also be associated with a new facet of an individual, like a dynamic new "self" that delves into the deeper layers of consciousness, engaging with more complex topics of life and existence. Both clients mentioned had never encountered these questions before and had never reflected on them previously. In the first case, she noticed this shift and little change, as she articulated having a different perspective and a sense of relief, which was the important highlight of reaching assimilation. Whereas in the second case, meeting her existential 'self' was yet to come, there was more resistance in the form of anger and a sense of injustice (or, Gestalt terms, deflecting from the idea of "how the world is").

The existential experience in the form of a contact cycle on each step of it happens through the therapist's support and genuine presence, readiness to touch the overwhelming feeling of existential angst. There is no "solving" of existential concerns; they are there in the deep, waiting to be explored and felt, staying with it. Therapeutic contact and readiness are essential parts of how the client can go through the contact cycle with existential experience.

As demonstrated in two separate cases, which exhibited similar symptoms indicative of panic attacks with comparable existential significance, the existential experience may not always unfold linearly and may not necessarily align with the session format. The process of encountering existential concerns takes time and sometimes requires a prolonged period of being deeply present with feelings of anger and profound frustration. The existential experience entails accepting the existential reality, understanding it, and ultimately seeking a new meaning or readjustment.

Experience of a Gestalt therapist being in contact with existential experience during therapy

As mentioned previously, therapists may encounter considerable challenges when addressing existential topics during therapy, such as feeling helpless or over-

whelmed. However, this may become their catalyst for embracing ambiguity or understanding existential concerns with their clients [23].

The second aspect concerning the presence and weight of these existential topics revolves around patience and the capacity to tolerate uncertainty and pain by therapists. The process may take time or be ambiguous. Therapists can be supporters and companions, not the solvers of this problem [24]. This process often entails profound grief, needing some time for resolution. Therapists can accompany clients through the cyclical nature of the existential experience, remaining deeply attuned to whatever arises in this fundamental aspect of human existence.

CONCLUSIONS

Considering all the results and discussions above, several important points were observed:

- Existential experience is a deep, complex type of need/Gestalt that requires more patience and understanding of its dynamics.
- In various forms, the existential experience can remain actual and, in the foreground, as it is a significant human need that is profoundly present.
- Existential experience can be potentially understood/interpreted through Clarkson's cycle of Gestalt formation and destruction.
- Existential experience can be resisted at any phase observed through Clarkson's model or follow the contact cycle according to the individual's readiness and proper therapeutic presence.
- Going through the existential experience following Clarkson's model can reach the emergence of the "existential self," which is a representation of an individual's subjective meaning in this process.
- Therapists can have a key role in the process of the existential experience of a client. Authentic deep presence,

readiness, patience, and acceptance of existential inevitability.

- Combining the existential and Gestalt perspectives during therapy might be helpful in grasping the complexity of the existential experience of a client.
- The new perspective has the potential for a deeper understanding and analysis of the existential experience through contact interruptions and defense mechanisms observed through the cycle of experience.

Recommendations, limitations, and ethical considerations

The given observation includes only two client cases and serves merely as an introduction to this new perspective, which can limit the deep understanding of existential resonance in Gestalt therapy. Future considerations and more complex observations will be needed to enrich the therapeutic work using both existential and Gestalt perspectives. Specifically, considering the depth of both Gestalt and existential theories, the future development and perspective of understanding the existential experience at the contact boundary can be explored through contact interruptions/defense mechanisms as well. This could be the next step for the continuation of this work.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

INFORMED CONSENT

Consent is officially provided by both clients. All information given above is previously agreed with clients and moderated/presented in a way that protects their privacy.

BIBLIOGRAPHY

1. Kierkegaard, S. (1959). *Either/or*. Garden City, N.Y.: Doubleday.
2. Heidegger, M. (1976). *Basic writings from Being and Time (1927) to The Task of Thinking (1964)*. New York: Harper & Row.
3. Yalom, I. (1980). *Existential Psychotherapy*. New York: Basic Books.
4. Frankl, V.E. (1959). *Man's Search for Meaning*. Boston: Beacon Press.

5. Hill, C.E. (2017). Therapists' perspectives about working with meaning in life in psychotherapy: A survey. *Counseling Psychology Quarterly*, 30(3), 373-391. <https://doi.org/10.1080/09515070.2016.1275525>.
6. Yalom, I.D. (2008). *Staring at the sun: Overcoming the terror of death*. San Francisco, CA: Jossey-Bass.
7. Vanhooren, S. (2022). Existential empathy: The challenge of 'being' in therapy. *Religions*, 13(8), 752. <https://doi.org/10.3390/rel13080752>.
8. Boris, G., Melo, A., & Moreira, V. (2017). Influence of phenomenology and existentialism in Gestalt therapy. *Estudos de Psicologia* (Campinas), 34(4), 476-486. <https://doi.org/10.1590/1982-02752017000400004>.
9. Perls, F. (1977). Gestalt therapy and human potential. In S. John (Ed.), *Institute of Gestalt* (pp. 19-28). São Paulo: Summus.
10. Buber, M., & Kaufmann, W. (1970). *I and Thou*. New York, Charles Scribner's Sons.
11. Yontef, G. (1993). *Awareness, dialogue, and process: Essays on gestalt therapy*. New York: The Gestalt Journal Press.
12. Ginger, S. (1995). *Gestalt Therapy. The Art of Contact*. London: Karnac.
13. Francesetti, G., Alcaro, A., & Settanni, M. (2020). Panic disorder: attack of fear or acute attack of solitude? Convergences between affective neuroscience and phenomenological-Gestalt perspective. *Research in Psychotherapy: Psychopathology, Process and Outcome*, 23 (1), 77-87. doi: 10.4081/ripppo.2020.421.
14. Rank, O. (1932). *Art and Artist. Creative Urge and Personality Development*. New York: Knopf.
15. Rank, O. (1936). *Will Therapy: An Analysis of the Therapeutic Process in Terms of Relationship*. New York: Knopf.
16. Polster, E. and Polster, M. (1973). *Gestalt Therapy Integrated: Contours of Theory and Practice*. New York: Vintage Books.
17. Perls, F.S. (1966). *Ego, hunger, and aggression; a revision of Freud's theory and method*. Orbit Graphic Arts.
18. Perls, F.S., Hefferline, R.E. and Goodman, P. (1951). *Gestalt Therapy: Excitement and Growth in the Human Personality*. Dell, New York.
19. Zinker J. (1977). *Creative Process in Gestalt Therapy*. New York: Vintage Books.
20. Clarkson, P. (1989). *Gestalt Counselling in Action*. London: Sage.
21. Stiles, W.B. (2017). Theory-building case studies. In D. Murphy (Ed.), *Counselling psychology: A textbook for learning and practice*, (pp. 439-453). Chichester: Wiley-Blackwell.
22. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. American Psychiatric Publishing.
23. Vanhooren, S. (2022). Existential empathy: A necessary condition for posttraumatic growth and wisdom in clients and therapists. In M. Ferrari & M. Munroe (Eds.). *Post-traumatic growth to psychological well-being: Coping wisely with adversity* (pp. 225-244). Springer.
24. Spinelli, E. (2007). *Practicing existential psychotherapy: The relational world*. Sage Publications.