



Editorial

Trauma as a clinical horizon: integrated perspectives for contemporary psychotherapy

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In the contemporary psychotherapeutic landscape, the clinical practice of trauma represents one of the areas in which the epistemological soundness of theoretical models and their ability to engage with other fields of knowledge are most clearly tested. Building on the seminal contributions of van der Kolk [1], Herman [2] and Levine [3], who have restored a central role to the body and the relational dimension in the processing of traumatic experience, clinical research has progressively shifted towards integrated models capable of combining neurobiological, phenomenological and field-based dimensions [4-6].

Within this framework, Gestalt psychotherapy has undergone a significant theoretical renewal, particularly over the last two decades, marked by a shift from an individualistic conception of the self to a relational and field-based perspective [7-9]. This thematic issue aims to provide a comprehensive

overview of the current directions in research and clinical practice within Gestalt psychotherapy as it engages with trauma, in dialogue with phenomenology, complex systems theory, neuroscience, ecopsychology, and evidence-based experiential models.

The eight contributions gathered here do not aim to provide a conclusive synthesis, but rather to outline a shared field of inquiry: in what terms is it possible to support the traumatized person whilst safeguarding both the depth of their lived experience and the rigor of the most recent clinical findings?

TRAUMA AS A REORGANIZATION OF THE EXPERIENTIAL FIELD

A common thread runs throughout the issue: the conception of trauma not as a circumscribed event but as a reorganization of the experiential field [10]. The opening article,

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dedicated to a phenomenological-systemic interpretation of traumatic reorganization, highlights how, following trauma, it is not existence itself that changes, but the ways in which it can be lived: points of reference shift and the familiar becomes alien. Therapeutic intervention then recalibrates safety thresholds, rhythm, and possibilities for contact, alternating between participatory presence and experiential proposals.

This perspective is further developed in the second contribution, which broadens the focus to the ecological-relational field. In a historical context marked by environmental crisis and the progressive impoverishment of living environments [11, 12], complex trauma can be understood not only as a response to a critical event, but as the outcome of a systemic fragilization of the organism-environment field. The integration of the Gestalt perspective and ecopsychology thus opens up a clinical approach that recognizes natural environments as regulatory contexts capable of supporting sensory orientation, physiological stabilization, and experiential integration.

MORAL DIMENSION, CORPOREALITY, AND FIELD PROCESSES

The third contribution introduces a category of particular clinical and ethical relevance: the moralization of trauma. Shame, self-blame, and victim-blaming are analyzed not as isolated reactions but as field processes articulated across the subjective, relational, institutional, and socio-cultural dimensions [13-15]. Recognizing these dynamics is fundamental, particularly in clinical work with victims of interpersonal violence, where suspending moral judgment is a prerequisite for re-establishing contact and reopening spaces for agency.

On the subject of embodiment, the fourth and fifth contributions explore the bodily dimension of trauma. The dialogue between Gestalt phenomenology and psychoneuroendocrinology [16, 17] leads to the concept of the crystallization of the organismic field, understood as a bridge between lived experience and biological processes, including epigenetic modifications and chronic postural and fascial aspects.

The systematic review dedicated to Body-Oriented Gestalt Trauma Therapy analyses the empirical evidence for somatic approaches —

ranging from Somatic Experiencing [18]; from sensorimotor psychotherapy [19] to dance movement therapy — identifying polyvagal mechanisms [4] and the development of interoceptive awareness [20] as the foundations of clinically grounded bottom-up processing.

CHILDHOOD, THERAPEUTIC SAFETY, AND TRANSGENERATIONAL TRANSMISSION

The sixth contribution focuses on childhood, illustrating, through a clinical case study, how the integration of a humanistic-existential approach, Gestalt Play Therapy [21, 22], transactional analysis, the cognitive-behavioral model and attachment theory [23] enables the construction of flexible therapeutic pathways that respect the child's self-regulatory potential and the essential relational dimension in clinical work with this age group.

The seventh article addresses the prevention of retraumatization [24], an often-overlooked topic. The identification of six specific areas of clinical expertise for trauma-oriented Gestalt work demonstrates that a focus on patient safety does not limit the depth of the therapeutic process but rather constitutes a prerequisite for it.

The volume concludes with a chapter dedicated to the transgenerational transmission of trauma. It proposes an integration of epigenetic evidence [17, 25] with models based on structural dissociation — in particular Janina Fisher's Parts Model [26] and Richard Schwartz's Internal Family Systems [27] — placed in dialogue with Gestalt psychotherapy and EMDR [28].

The result is a theoretical and clinical framework that recognizes the multi-level nature of trauma, acknowledging its biological, psychological, and relational complexity.

TOWARDS A GESTALT IN DIALOGUE

The contributions reveal a form of trauma psychotherapy which, whilst retaining Gestalt's phenomenological roots, places them in close dialogue with neuroscience, epigenetic research, polyvagal theory, and evidence-based experiential models. A Gestalt approach thus takes shape, one that is open to being challenged and transformed without abandoning its fundamental tenets: the primacy of contact, the centrality of the

here-and-now, embodied awareness, and the relational and field-based conception of the therapeutic process [29, 30].

We trust that the reader will draw from these pages not only conceptual and clinical tools, but also – and perhaps above all – those questions that every authentic therapeutic practice is called upon to reformulate in the face of another's suffering.

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