

What Contemporary Gestalt Therapy Research Can—And Cannot—Support: A Critical Evidence Map, 2019-2026

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Abstract

Research on Gestalt therapy has expanded since the systematic review published in this journal in 2019, but numerical growth does not by itself establish a stronger evidentiary base. This critical evidence map examines a core corpus of 81 publicly traceable empirical reports representing 77 identifiable projects published from January 2019 through July 2026, together with one adjacent-technique boundary case retained solely to clarify the limits of inclusion. The final search combined public academic and bibliographic sources with a dedicated multilingual sweep of identifiable Gestalt-therapy journals and association archives and broader multilingual searches of nonspecialist journals. The core corpus comprises 40 outcome or implementation reports, 23 process or experience reports, and 18 studies of measurement, fidelity, training, or supervision. The central finding is that the field is no longer evidence-free but remains inference-limited. Only 9 of the 40 core outcome reports clearly evaluated full Gestalt therapy; the remainder studied full/adapted, adapted, or composite interventions. Controlled studies were usually small and local, treatment fidelity, follow-up, clinical significance, and adverse-event assessment were inconsistently reported, and statistical improvement was often treated as equivalent to clinically meaningful or treatment-specific change. Process and qualitative studies provide valuable knowledge about contact, embodiment, agency, case formulation, therapist responsiveness, training, and the adaptation of Gestalt practice across settings, but they cannot be aggregated as evidence of efficacy. The strongest cumulative contribution since 2019 is the development of research infrastructure, including routine outcome monitoring, fidelity assessment, systematic case research, and theory-derived measures. The article argues for disciplined claims, explicit separation of evidence types, and methodological pluralism matched to the inference being made.

Keywords

Gestalt Therapy, Psychotherapy Research, Evidence Map, Methodological Critique, Treatment Efficacy

1. Introduction

Gestalt therapy is a humanistic-experiential and relational psychotherapy that understands psychological experience as emerging within an organism-environment field. Its practice emphasises phenomenological inquiry, dialogical contact, embodiment, experimentation, and attention to the situation in which suffering and change occur (Perls et al., 1951; Wollants, 2012). This theoretical identity creates both a research opportunity and a research difficulty. The approach proposes clinically meaningful processes that can be studied, but it resists reduction to a fixed collection of techniques. Consequently, empirical work must distinguish between evaluating Gestalt therapy as a coherent model and evaluating an isolated technique, an adapted counselling programme, or a composite intervention that incorporates selected Gestalt elements.

The state of the evidence matters beyond a professional dispute about recognition. Claims of effectiveness influence training, public communication, referral, health-service decisions, and the expectations of clients. A psychotherapy community therefore has an ethical obligation to distinguish clinical plausibility from observed change, observed change from causal effect, and causal effect from comparative or disorder-specific efficacy. This distinction is especially important in small literatures, where a series of favourable studies can create an impression of cumulative confirmation even when samples, interventions, outcomes, and designs are not comparable.

Raffagnino's (2019) systematic review, published in the Open Journal of Social Sciences, identified 11 empirical studies from the preceding 12 years. It concluded that Gestalt interventions appeared promising, particularly in group settings, while emphasising scarcity and methodological heterogeneity. Since that review, the empirical landscape has changed. A Gestalt Therapy Fidelity Scale has been developed (Fogarty et al., 2020); larger practice-based cohorts have appeared (Calvet et al., 2025; Thomas et al., 2022); process and client-experience studies have expanded (Hosemans, 2021; Kaisler & Schaffler, 2025; Roubal et al., 2021); and theory-derived measures have been developed for aesthetic relational knowing, therapist responsiveness, interoception, and treatment recognition (Rodríguez & Wooten, 2024; Schulthess et al., 2021; Spagnuolo Lobb et al., 2022, 2023, 2024, 2025).

The resulting corpus is substantially larger, but the appropriate conclusion is not simply that evidence has accumulated. The more important question is what kind of evidence has accumulated and what inferences it can sustain. A pre-post group study, a randomised wait-list comparison, a phenomenological interview

study, a fidelity-scale validation, and a training survey are all empirical, but they answer different questions. Treating them as interchangeable items in a single body of “evidence for Gestalt therapy” obscures rather than clarifies the state of knowledge.

This article therefore adopts a critical evidence-map approach. It asks: 1) what publicly traceable empirical reports were published between 2019 and July 2026; 2) how the corpus is distributed across outcomes, process, experience, fidelity, measurement, and training; 3) which recurring methodological and epistemic limitations restrict interpretation; and 4) what contemporary research can—and cannot—support. The aim is not to rank Gestalt therapy against other approaches or calculate a pooled treatment effect. It is to calibrate claims to the actual inferential strength of the research.

2. Methods

A critical evidence map was constructed for primary empirical reports assigned to the period 1 January 2019 through July 2026. Evidence mapping was selected because the literature spans heterogeneous questions and designs rather than a single intervention-outcome comparison. The work was informed by PRISMA-ScR, PRISMA-S, and JBI guidance on transparent evidence synthesis (Peters et al., 2020; Rethlefsen et al., 2021; Tricco et al., 2018), but it is not presented as a completed JBI scoping review.

Searches combined PubMed/MEDLINE and PubMed Central, multidisciplinary academic search systems, the Gestalt Psychotherapy Research Database, DOAJ, publisher and journal archives, DOI records, exact-title and author searches, backward reference checking, forward citation searching, and multilingual keyword searches. Journal-by-journal inspection included Gestalt Review, British Gestalt Journal, Research in Psychotherapy, Frontiers journals, The Humanistic Psychologist, Journal of Humanistic Counseling, and regional journals in which psychotherapy and counselling studies were identified. The corpus was cross-checked against Raffagnino (2019) and the later semi-systematic review by Varlık Özsoy (2026). Complete platform-specific strings, interfaces, execution dates, limits, and the projects retained from each verification source are reproduced in Supplementary Data Workbook Sheet S1_Search_Log¹. The final evidence cut-off was 26 July 2026. Verification reruns were conducted on 8 August 2026 using the same cut-off; records published after the cut-off were not added.

Identifiable Gestalt-therapy journals and association archives were inspected in English, Portuguese, Spanish, Italian, German, French, Serbian and Japanese, supplemented by Korean- and Chinese-language journal/catalogue searching. The sweep included, among others, British Gestalt Journal, Gestalt Review, Revista da Abordagem Gestáltica, IGT na Rede, Revista de Gestalt (Instituto Sedes Sapientiae), Revista de Terapia Gestalt (AETG), Quaderni di Gestalt, GTK-Gestalt Therapy Kairos, Gestalt (France), GESTALT THERAPIE, Geštalt Zbornik, Gestalt To-

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day Malta/EAPTI-GPTIM, the Gestalt Journal of Australia and New Zealand, Japanese Journal of Gestalt Therapy, Japanese Journal of Clinical Gestalt Therapy, and Korean specialist Gestalt sources. Chinese-language intervention searches used local terms for Gestalt therapy and outcome research. Because eligible Gestalt research also appears outside specialist outlets, the audit was supplemented by broader multilingual external-journal searching, including Portuguese-, Spanish-, and Chinese-language search families and exact-title/citation verification in other languages. A journal was recorded as searched even when it yielded no eligible report. Because no authoritative global registry of Gestalt-therapy journals exists, this procedure is described as a dedicated multilingual specialist-journal sweep plus broader multilingual searching rather than a claim that every Gestalt journal or report worldwide was identifiable. Journal-by-journal sources, search approaches, retained records, and exclusions are documented in Supplementary Data Workbook Sheets S1_Search_Log and S1_Journal_Sweep.

The search was iterative rather than derived from a single exportable database query. Core identity concepts included “Gestalt therapy,” “Gestalt psychotherapy,” “Gestalt counseling,” “Gestalt counselling,” “Gestalt-based,” and “Gestalt play therapy.” These were combined in separate searches with outcome and design terms such as “effectiveness,” “efficacy,” “outcome,” “intervention,” “controlled,” “randomised,” “quasi-experimental,” “pre-post,” “cohort,” and “single case”; process and experience terms such as “contact,” “embodiment,” “relationality,” “client experience,” “therapist experience,” “dialogue,” “significant events,” and “case formulation”; and measurement and training terms such as “fidelity,” “adherence,” “competence,” “supervision,” “training,” “interoception,” “responsiveness,” and “aesthetic relational knowing.” Searches were supplemented by local-language variants, exact-title and DOI searches, author searches, journal-volume browsing, backward reference checking, and forward citation tracing. The complete reproducible strings used in the verification reruns are reported in Supplementary Data Workbook Sheet S1_Search_Log.

Several public search interfaces used during the initial iterative identification process did not preserve stable, exportable result sets. Consequently, the original numbers retrieved, automated duplicates, title-level exclusions, and the exclusive discovery source for every report cannot be reconstructed with the precision required for a conventional PRISMA flow diagram. These quantities were not estimated retrospectively. Supplementary Data Workbook Sheet S1_Search_Log distinguishes the original search families from the documented verification reruns. This limitation is why the study is described as a critical evidence map and a publicly traceable minimum corpus rather than as a completed systematic or JBI scoping review.

Eligible reports presented primary quantitative, qualitative, mixed-method, psychometric, implementation, single-case, multiple-case, supervision, or training data explicitly grounded in Gestalt therapy, Gestalt psychotherapy, Gestalt-based counselling, or a specifically Gestalt-derived construct. Reviews, protocols

without results, theoretical essays, conference abstracts, nonclinical applications, and clinical illustrations without an explicit research method were excluded from the primary corpus. Chairwork and empty-chair studies were excluded from the core corpus when the surrounding treatment was not identified as Gestalt therapy. One study of cognitive-behavioural treatment integrated with empty-chair work was retained separately as a boundary case because it illustrates why a technique historically associated with Gestalt therapy cannot automatically be treated as evidence for the complete model. This report contributed neither to the 81-report core corpus nor to the 40 core outcome reports.

Reports were classified by primary evidence domain—outcome/implementation, process/experience, or measurement/fidelity/training—and by intervention status: full Gestalt therapy; full/adapted Gestalt therapy; adapted Gestalt therapy; composite intervention; Gestalt-derived measurement or process research; mixed-orientation study with a Gestalt component; or adjacent technique. Multiple reports arising from the same participants or programme were linked as one project to prevent double counting.

2.1. Verification and Data Extraction

Bibliographic verification and study-content verification were treated as separate operations. A DOI, publisher page, journal record, or repository record established the identity of a report. Design, sample, intervention, and outcome data were extracted only from an accessible full text or from sufficiently informative abstract or publisher content. Bibliographic metadata alone was not used to infer unreported study characteristics.

For every report, Supplementary Data Workbook Sheet S2_Report_Dataset records the access level and the source used to verify bibliographic identity, design, sample, intervention, and outcomes. When information could not be verified, it was coded NR—“not reported or not verifiable from the accessible source.” NR identifies a limitation of the available evidence and does not demonstrate that the feature was absent from study conduct. Multiple publications based on the same participants or programme were assigned a common project identifier.

2.2. Operational Definitions of Intervention Status

Intervention-status categories were assigned according to the description of the treatment model, practitioner preparation, intervention components, and relation between Gestalt therapy and any accompanying approach. Full Gestalt therapy required explicit identification of the intervention as Gestalt therapy or Gestalt psychotherapy, delivery by practitioners described as Gestalt-trained or equivalently qualified, and a treatment description involving multiple model-consistent principles or processes rather than a single technique. Full/adapted Gestalt therapy met the central identity criteria but substantially modified the format, duration, protocol, population, or setting. Adapted Gestalt therapy referred to a circumscribed Gestalt-based counselling programme, group intervention, play-ther-

apy application, or other structured adaptation that did not claim to deliver the complete psychotherapeutic model.

Composite intervention referred to a programme combining Gestalt components with another independently identifiable therapeutic, educational, pastoral, or counselling model, such that the specific contribution of Gestalt therapy could not be isolated. Gestalt-derived referred to research on a construct, measure, competency, or process developed from Gestalt theory without evaluating the clinical outcome of the complete treatment model. Mixed orientation/GT component referred to studies involving several psychotherapy orientations in which the Gestalt component could not be analysed as an independent treatment condition. Adjacent technique referred to a procedure historically associated with Gestalt therapy, such as empty-chair work, when it was delivered within a treatment not identified as Gestalt therapy.

When the published description did not provide enough information to support the more model-specific category, the report was classified conservatively at the less specific level. Intervention status indicates the relationship between the report and the complete Gestalt model; it is not a judgment of methodological quality or clinical value.

Supplementary Data Workbook Sheet S2_Report_Dataset provides a brief study-level justification for every intervention-status decision, including the authors' treatment label, reported practitioner preparation, Gestalt-consistent components, independently identifiable non-Gestalt components, and the relevant adaptation of format, population, or setting. When these details were insufficient, the less model-specific category was retained.

2.3. Structured Appraisal and Quantitative Summary Rules

Outcome and implementation reports were appraised using structured, design-sensitive coding across the nine domains specified in advance: intervention identity; allocation and comparison; sample size and precision; outcome measurement and clinical significance; follow-up; treatment fidelity and therapist effects; attrition and adverse effects; external validity; and independence, replication, and publication ecology. Supplementary Data Workbook Sheet S3_Appraisal records domain-level judgements and supporting notes. No aggregate numerical quality score was calculated because the included designs address different questions and several domains are not applicable across all designs. The appraisal remains a structured evidence-map assessment rather than a substitute for a validated design-specific risk-of-bias review.

Each outcome or implementation report was additionally coded for the primary outcome as explicitly designated by the authors, reported outcomes and instruments, comparator, assessment point, direction of effect, effect detail, follow-up, and deterioration or adverse-event reporting. When the authors did not identify a prespecified primary outcome, the dataset records "No prespecified primary outcome identified"; no favourable variable was retrospectively selected and rela-

belled as primary. Missing or inaccessible information was coded as not reported or not verifiable rather than inferred.

For sample-size summaries, the unit of analysis was the unique project/sample rather than the publication report. Quantitative core outcome or implementation projects were included when a numerical participant total could be verified; linked reports were counted once, qualitative-only implementation reports were excluded from the median, and the adjacent-technique boundary case was excluded. The enrolled or randomised total was used when available; otherwise, the analysed total was used and explicitly flagged. A project was classified as controlled or comparative only when it contained two or more concurrent conditions, including active, placebo, wait-list, usual-care, or no-treatment comparators. Uncontrolled pre-post studies and single-case baseline comparisons were not included in that category.

3. Results: Structure of the Contemporary Corpus

The final core map retained 81 reports representing 77 identifiable projects. Forty core reports addressed treatment outcomes or implementation, 23 investigated therapeutic process or lived experience, and 18 concerned fidelity, measurement, training, supervision, or Gestalt-derived competencies. One additional outcome report was retained separately as a boundary case involving an adjacent technique. When the core corpus and boundary case are displayed together for audit purposes, the complete inventory contains 82 reports representing 78 projects.

Unless explicitly stated otherwise, conclusions concerning the empirical support for Gestalt therapy are based on the 81-report core corpus. The boundary case is used only to demonstrate the conceptual and classificatory problem created when an isolated technique is treated as equivalent to the complete treatment model.

The expansion is nevertheless conceptually uneven. Of the 40-core outcome or implementation reports, only 9 were classified as clearly evaluating full Gestalt therapy. Fourteen involved full/adapted Gestalt therapy, 11 evaluated adapted forms, and 6 investigated composite programmes. The separate boundary case concerned an adjacent technique and was not counted as evidence for full or adapted Gestalt therapy. Thus, most core outcome reports cannot be treated as direct replications of a common intervention. The label “Gestalt” covers materially different treatment packages, doses, populations, practitioner qualifications, and settings.

The final multilingual expansion added 25 core reports that were not present in the earlier 56-report audit. Twenty were recovered through specialist Gestalt journals or association archives (4 outcome/implementation, 11 process/experience, and 5 measurement/training reports), and five additional outcome/implementation reports were identified through broader multilingual searches of nonspecialist journals. The latter included a Chinese controlled adjunct intervention (Qiao et al., 2024), Mexican child and university-student studies (Quevedo & Salinas, 2024; Montoya González & Calderón González, 2022), and Brazilian short-term

online and prison-counselling reports (Cruz & Castelo Branco, 2025; Santos & Almendra, 2025). The specialist/association additions also include Brazilian single-case and process studies (de Freitas Silva & dos Santos Nascimento, 2019; Baldo & Mallmann, 2023; Motta et al., 2020; Severino, 2021), Spanish outcome and process studies (Núñez Remesal & García-Martínez, 2024; O’Kelly Rasco, 2024; Ramírez Reinoso, 2024; Rodríguez-Campo et al., 2024), Italian, Serbian and Japanese research, and a second linked Japanese report from the six-month group-therapy project, which added quantitative outcome assessment without creating a new independent project (Kato et al., 2025b). These additions widen linguistic and geographical coverage but remain dominated by small, local, or context-specific designs rather than large confirmatory trials.

The expanded report-level dataset permits each corpus-level statement to be traced to a bibliographic and content-verification source. It also separates missing reporting from demonstrated absence and makes visible the evidence supporting each intervention-status decision, comparator classification, sample-size value, and direction-of-effect code. The composition and inferential function of the mapped corpus are summarized in **Table 1**.

Table 1. Composition and inferential function of the mapped corpus.

Evidence Domain	Reports	Typical Designs	Legitimate Inferential Function
Core outcome/implementation	40	Small randomised or quasi-experimental studies; uncontrolled cohorts; routine outcomes; single-case designs	Signals of change, feasibility, implementation, and limited context-specific comparative effects
Process/experience	23	Phenomenology, grounded theory, dialogue or significant-events analysis, mixed-method cases, autoethnography	How contact, embodiment, agency, relationality, and therapist practice are experienced or organised
Measurement/fidelity/training	18	Psychometric development, cross-sectional comparison, supervision and training inquiry	Operationalisation of treatment identity and theory-derived competencies
Core corpus	81 reports/ 77 projects	Four linked multi-report project clusters	No single pooled efficacy inference is warranted
Boundary case	1 report/ 1 project	CBT combined with empty-chair work	Illustrates the boundary between a Gestalt-associated technique and the full Gestalt model
Complete displayed inventory	82 reports/ 78 projects	Core corpus plus boundary case	The boundary case is excluded from claims about Gestalt therapy outcomes

Outcome reports covered anxiety and mood difficulties, trauma, grief, intimate partner violence, chronic illness, breast and lung cancer, multiple sclerosis, social anxiety, parenting, childhood behavioural problems, hearing impairment, dialysis, marital distress, routine clinical practice, adolescent relational well-being during COVID-19, bereavement, childhood sexual-abuse sequelae, depressive-disorder social functioning, psychological care for displaced children, university-student depression, short-term online care for social isolation, prison psychological-duty implementation, and a six-month Japanese Gestalt group-therapy project. Several reports used active comparators or control groups, including reality therapy, psychodrama, behavioural activation, cognitive-behavioural or acceptance-based interventions, positive psychology, Lego-based programmes, other play therapies, routine care, and no-treatment/control conditions (e.g., [Noormohamadi et al., 2021](#); [Pagano et al., 2022](#); [Qiao et al., 2024](#); [Zare et al., 2023](#)). Larger naturalistic cohorts were reported for Gestalt Pastoral Care and routine clinical programmes ([Calvet et al., 2025](#); [Thomas et al., 2022](#)).

Most, but not all, reports described favourable changes. One randomised wait-list trial of Gestalt-based counselling for pregnant women did not establish statistically significant improvement in self-esteem or intimate partner violence ([Noormohamadi et al., 2021](#)). For the linked Japanese six-month group project, publication identity, participant structure, treatment duration, and assessment design could be verified, but the publicly accessible article record did not provide numerical results; its direction of effect is therefore coded as not assessable rather than inferred ([Kato et al., 2025b](#)). For reports showing favourable change, the meaning of that change varies sharply by design. Uncontrolled pre-post improvement is compatible with treatment benefit, but it is also compatible with regression to the mean, spontaneous improvement, expectancy, concurrent care, repeated testing, and nonspecific therapeutic attention. Wait-list comparisons provide stronger evidence than uncontrolled change but commonly generate larger effects than credible active comparators ([Cuijpers et al., 2016](#)). Small comparative studies can identify promising signals, yet they rarely provide stable disorder-specific effect estimates or robust tests of equivalence.

Process research produced some of the most conceptually specific contributions. Dialogue and phenomenological studies examined moment-to-moment interaction, relationality, bodily awareness, emotional integration, self-regulation, agency, and perceived change ([Chew-Helbig, 2019](#); [Hosemans, 2021](#); [Kaisler et al., 2023](#); [Kaisler & Schaffler, 2025](#)). The expanded multilingual corpus additionally documents dialogical practice among Brazilian Gestalt clinicians, a single-case study of psychological work in multidisciplinary diabetes care, and a qualitative child sexual-abuse case study with an explicit research method ([Baldo & Mallmann, 2023](#); [de Freitas Silva & dos Santos Nascimento, 2019](#); [Motta et al., 2020](#)), therapists' experience of online practice in Brazil and the Balkans ([Severino, 2021](#); [Stojanović et al., 2020](#)), relational-field and transpersonal-process research ([Petrović & Šaljić Milenković, 2020](#); [Todorović & Tasevska, 2020](#)), therapeutic pres-

ence and alliance in Spain (Ramírez Reinoso, 2024; Rodríguez-Campo et al., 2024), and participant experiences in Japanese Gestalt groups (Kato et al., 2022, 2025a). Studies of therapist practice continued to show substantial variation within the same theoretical orientation and developed empirically grounded accounts of case formulation (Roubal et al., 2021; Šromová & Roubal, 2022).

These studies matter because they test the conceptual language of the approach and illuminate how therapy is experienced. Their limitation is not that they are qualitative. It is that their findings answer process and meaning questions, not comparative efficacy questions. A coherent evidence synthesis must preserve that distinction. Qualitative depth cannot be converted into an effect estimate, while a symptom score cannot by itself demonstrate contact, embodiment, agency, or relational transformation.

The Gestalt Therapy Fidelity Scale is a pivotal methodological development because it allows observers to distinguish Gestalt from non-Gestalt sessions with acceptable reliability (Fogarty et al., 2020). A second research line has operationalised aesthetic relational knowing and therapist responsiveness, including comparisons between trainees and experienced clinicians and validation across therapeutic orientations (Spagnuolo Lobb et al., 2022, 2023, 2024, 2025). The enlarged corpus also includes studies of becoming a Gestalt psychotherapist, competencies and shame in training, compassion fatigue and satisfaction among Gestalt psychotherapists, training-course experience, and a Gestalt-informed psycho-relational assessment in paediatric care (Agius et al., 2022; Bratina & Božović, 2020; Kato, 2021; Opačić & Bratina, 2020; Righetti et al., 2024). Other studies examined embodied supervision, expressive-media training, interoceptive awareness, and the recognition of treatment interventions (Desmond, 2019; Mortola, 2019; Rodríguez & Wooten, 2024; Schulthess et al., 2021).

This infrastructure is arguably the strongest cumulative achievement of the period. It makes future testing more precise. Yet measurement development is not evidence that the measured construct causes client improvement. Theory-derived scales require behavioural validation, convergent and discriminant evidence, temporal testing, and prospective association with client outcomes, dropout, alliance, and unwanted effects before they can be described as mechanisms of change (Kazdin, 2007).

4. Narrative Critical Appraisal: Recurrent Evidentiary and Methodological Limits

The most fundamental limitation is ontological before it is statistical. The corpus does not contain one stable intervention. “Gestalt therapy” is used for full psychotherapy, brief counselling, play therapy, positive-parenting programmes, pastoral care, mindfulness-Gestalt groups, focusing and arts-based programmes, Gestalt plus systemic pedagogy, and interventions containing empty-chair procedures. Some of these may be clinically coherent and valuable, but their effects cannot automatically be attributed to the same treatment model. This ambiguity produces

construct contamination. A positive result for a composite programme may support that programme but not the unique contribution of Gestalt therapy. A successful empty-chair procedure may support chairwork in a particular context but not the full Gestalt model. Conversely, a negative result in an underspecified adaptation should not be treated as a failure of the complete approach. The availability of the Gestalt Therapy Fidelity Scale raises the expected standard: treatment identity should be demonstrated through observed sessions rather than inferred from a label or a list of techniques (Fogarty et al., 2020).

A recurrent problem is the movement from “participants improved” to “the intervention was effective”. Causal attribution requires a design capable of excluding plausible alternatives. Uncontrolled studies and simple pre-post comparisons cannot isolate treatment-specific effects. Randomisation strengthens inference, but small samples, unclear allocation procedures, unblinded outcome collection, and weak control conditions can still produce unstable or inflated results. Comparative psychotherapy research also requires balanced treatment credibility, competent delivery in each condition, and attention to researcher allegiance (Munder et al., 2013; Zimmerman & Marcus, 2024).

The problem is not solved by treating randomisation as a binary quality marker. A small, randomised wait-list trial may be less informative about relative efficacy than a carefully designed pragmatic study with an active comparator, fidelity checks, repeated outcomes, and transparent attrition. The inferential question must determine the design. Feasibility, acceptability, change, superiority, non-inferiority, mechanism, and implementation are different claims and require different evidence.

Using the prespecified project-level extraction rules, 34 unique quantitative core outcome or implementation projects contributed a verifiable numerical participant total; their median sample size was 43.5. Among 22 projects with two or more concurrent conditions—including active, routine-care, wait-list, placebo, or no-treatment controls—the median sample size was 60. Linked publications from the same project were counted once, and qualitative-only outcome/implementation reports were excluded from these medians. The contributing values and spreadsheet formulas are supplied in Supplementary Data Workbook Sheet S2_Sample_Summary.

Large effects in small local studies should therefore be read as hypotheses requiring replication rather than as settled estimates. The issue is compounded when multiple outcomes are tested, when protocols are adapted for a single population, and when findings are not reproduced by an independent team. Replication is not a rejection of contextual sensitivity; it is the procedure by which the field learns which findings travel across therapists, institutions, and cultures.

Throughout this appraisal, non-reporting was distinguished from demonstrated absence. When a publication did not describe fidelity monitoring, assessor masking, preregistration, clinically significant change, attrition reasons, or adverse-event assessment, the appropriate conclusion was that the feature could not

be verified from the report—not that it definitively did not occur. This distinction is particularly important in a dispersed literature characterised by heterogeneous reporting standards. Claims concerning these domains are therefore framed primarily as limitations of the published evidence rather than as categorical statements about the conduct of every study.

Many reports rely on self-report scales administered before and immediately after intervention. Statistical significance establishes that an observed difference is unlikely under a specified null model; it does not establish that clients experienced reliable, clinically meaningful recovery. Psychotherapy outcome research has long distinguished statistical change from reliable and clinically significant change (Jacobson & Truax, 1991). The corpus seldom reports recovery, deterioration, reliable change, functional improvement, or the proportion of clients crossing a clinically relevant threshold.

Outcome selection also shapes the story a study can tell. Measures of symptoms, well-being, self-efficacy, empathy, marital adjustment, or personality dimensions are not interchangeable. Multiple measures can enrich interpretation, but they also increase the risk of selective emphasis when outcomes and analyses are not preregistered. Independent or blinded outcome assessment was not consistently described, and the same participant frequently supplies intervention exposure, expectancy, and outcome information, increasing common-method bias.

Therapist affiliation with Gestalt therapy does not demonstrate that a recognisably Gestalt treatment occurred. Roubal et al. (2021) showed substantial variation in how Gestalt therapists conceptualised and treated similar clinical presentations. Such variation may be a legitimate expression of responsiveness, but it complicates interpretation when session content is not observed. Fidelity and competence should be assessed without turning relational practice into a rigid script.

Therapist effects are another unresolved source of variance. Outcomes may reflect therapist skill, responsiveness, expectations, supervision, or setting as much as the named model. Research on alliance and contextual factors shows that relationship processes are associated with outcomes across orientations (Flückiger et al., 2018; Wampold & Imel, 2015). Gestalt research needs to determine whether its specific processes add explanatory value beyond these common and therapist-level factors.

Post-treatment assessment was much more consistently described than repeated longer-term follow-up. Supplementary Data Workbook Sheet S3_Appraisal codes follow-up report by report. Follow-up was present in several reports, but its timing, completeness, and analytical treatment varied substantially. Consequently, the durability, delayed emergence, or later reversal of reported changes usually cannot be determined from the available publications.

Attrition was likewise reported inconsistently. Supplementary Data Workbook Sheets S2_Report_Dataset and S3_Appraisal distinguish, where verifiable, the number enrolled or allocated, the number analysed, reported losses, and the han-

dling of missing observations. Many reports did not explain reasons for withdrawal or the analytical consequences of missing data. Withdrawal from psychotherapy may reflect improvement, practical barriers, dissatisfaction, poor fit, treatment burden, deterioration, or an adverse relational experience; reporting only completers therefore limits both effectiveness and safety interpretation.

Explicit assessment and reporting of adverse events, deterioration, and other negative effects were uncommon. The revised dataset distinguishes explicit assessment, reported deterioration, and “not reported or not verifiable.” A small number of reports supplied deterioration or worsening information, including reliable-deterioration categories in routine CORE-OM data and worsening body-image difficulties in a composite trauma programme. This evidence is too sparse and heterogeneous to characterise the safety profile of Gestalt and Gestalt-based interventions. The absence of reported adverse events should not be interpreted as evidence that no adverse events occurred.

Psychotherapy can be associated with unwanted events, treatment-emergent reactions, deterioration, dependency, relational harm, or opportunity costs, even when treatment is competently and benevolently delivered (Linden, 2013). A humanistic and relational orientation should be particularly attentive to clients’ accounts of burden, disconfirmation, shame, coercion, rupture, and harm. The absence of reported adverse events should therefore not be interpreted as evidence that no adverse events occurred.

The corpus includes work from Europe, Latin America, North America, the Middle East, Africa, and Asia. This geographical breadth corrects the assumption that credible evidence is produced only in dominant English-language centres. It also demonstrates the social and cultural adaptability of Gestalt-informed practice. However, many studies are closely tied to one institution, one practitioner network, one gender, one age group, or one clinical and cultural setting. Local relevance should not be converted into universal generalisation.

Reporting of diagnosis, comorbidity, medication, socioeconomic position, race or ethnicity, disability, therapist demographics, and service context is inconsistent. These omissions limit judgments about equity and transferability. Cultural adaptation must be described as part of the intervention rather than treated as an invisible background variable.

The corpus contains at least three distinct knowledge systems. Outcome studies ask whether change occurred under particular conditions. Process and phenomenological studies ask how therapy is experienced and organised. Fidelity, training, and measurement studies ask whether theoretical constructs and professional competencies can be operationalised. Each is valuable; none substitutes for the others. A scale validation is not an outcome trial, a client narrative is not a causal comparison, and a statistically significant symptom reduction does not validate a theory of change.

The field’s evidence should therefore be presented as a structured portfolio rather than a single ladder culminating in an undifferentiated statement that “Ge-

stalt therapy works”. The relevant claims are narrower: some Gestalt and Gestalt-based interventions are feasible and associated with favourable change; some controlled studies report context-specific advantages; process research documents theoretically relevant experiences; and measurement research has improved the capacity to study treatment identity and therapist responsiveness.

Much of the literature is produced by clinicians, trainers, or institutions committed to the approach. Such involvement is not inherently disqualifying; expert knowledge is often necessary to design a faithful intervention. Nevertheless, psychotherapy comparisons are vulnerable to allegiance effects, particularly when treatment integrity is not independently assessed and when authors interpret ambiguous results in favour of a preferred model (Munder et al., 2013; Zimmerman & Marcus, 2024). Independent replication and transparent declaration of professional allegiance would strengthen credibility.

The corpus is dispersed across specialist and regional journals, association publications, national repositories, and local-language outlets, many with limited or inconsistent indexing. The final specialist-journal sweep, and broader multilingual external-journal searches materially altered the map, demonstrating that retrieval inequality is not a peripheral concern: research in Portuguese, Spanish, Italian, Serbian, Japanese, and Chinese-language sources can be missed by searches centred on dominant databases. Broader multilingual and journal-level searching therefore improves recall, but it does not remove the need for critical appraisal. Inclusion should broaden the evidence base and the range of contexts represented; it should not lower standards of reporting, verification, or inference.

5. Discussion

The corpus changes the empirical portrait of Gestalt therapy. Eighty-one core reports, together with one separately identified boundary case, constitute a materially different empirical landscape from the 11 studies identified in 2019. The field has developed a research ecology involving outcome monitoring, comparative intervention studies, systematic cases, qualitative process analysis, online therapy, supervision, training, fidelity, and psychometric work. Describing Gestalt therapy as wholly unresearched is no longer accurate; describing the literature as well consolidated would be equally misleading.

The expanded corpus, however, does not authorise a broad declaration of established efficacy. The most serious limitations are not merely a shortage of studies but recurrent mismatches between labels, designs, measures, and conclusions. The literature frequently moves across levels of claim: improvement becomes effectiveness; effectiveness becomes model-specific efficacy; one population becomes a general indication; a technique becomes the therapy; a theory-derived measure becomes a mechanism. Critical appraisal requires these transitions to be made explicit and resisted unless the evidence warrants them.

Gestalt theory rightly challenges the assumption that a person can be understood outside a relational and situational field. This does not require rejecting

measurement, comparison, or causal reasoning. It requires choosing methods that preserve clinically relevant complexity while answering a defined question. Routine outcome monitoring can examine real-world change; systematic case designs can test temporal patterns within persons; qualitative inquiry can study lived experience and relational process; fidelity measures can establish treatment identity; and pragmatic trials can estimate comparative effects in services. Methodological pluralism is rigorous when each method is matched to the inference it can support.

The alternative—using contextual complexity as a reason to accept vague treatment definitions or uncontrolled conclusions—protects theory from testing rather than studying it. A field perspective can become a research resource: it encourages measurement of therapist, service, culture, relationship, and situation, not only the isolated patient. The strongest future research will not imitate a narrow pharmacological trial model, but neither will it exempt Gestalt claims from causal and evidentiary standards.

The language used by institutes, trainers, practitioners, and authors should reflect the evidence. The contemporary literature supports statements that Gestalt and Gestalt-based interventions have been implemented in diverse settings; that many studies report favourable changes; that some controlled studies identify context-specific advantages; and that theory-specific process and measurement research is developing. It does not support statements that Gestalt therapy is broadly proven across diagnoses, superior to established psychotherapies, or uniformly delivered across practitioners and countries.

6. Limitations

This evidence map has limitations that qualify its numerical and interpretive findings. Supplementary Data Workbook Sheets S1_Search_Log and S1_Journal_Sweep supply reproducible search families, documented verification reruns, a dedicated multilingual specialist-journal audit, and broader multilingual external-journal searches. Nevertheless, the yields and screening decisions from the initial iterative searches cannot be reconstructed as if they had been prospectively exported, and no authoritative global registry of Gestalt-therapy journals exists. The international expansion therefore reduces—but cannot eliminate—the possibility that poorly indexed, discontinued, local, inaccessible, or otherwise undiscoverable publications remain unidentified. Public accessibility, catalogue quality, language, and the visibility of professional networks may still influence retrieval. The reported corpus should be understood as a publicly traceable minimum rather than a demonstrably exhaustive worldwide census.

Screening, eligibility decisions, data extraction, and intervention-status classification were conducted by one author and were not independently duplicated. Study-level rationales in Supplementary Data Workbook Sheet S2_Report_Dataset and structured domain coding in Sheet S3_Appraisal improve transparency but do not remove interpretive error. Separate validated risk-of-bias instruments were not applied to every design; the appraisal is therefore structured and design-sensitive but

not a formal comparative quality assessment. Some reports were accessible only through abstracts or publisher records. For those reports, unsupported methodological details were not inferred, and unavailable fields were marked as not reported or not verifiable. These limitations require caution regarding exact prevalence estimates, claims of completeness, and comparisons among evidence domains.

7. Conclusion

Contemporary Gestalt therapy research is substantially larger, more international, and more methodologically diverse than the literature described in 2019. Within the publicly traceable literature mapped here, 81 reports constituted the core corpus, representing 77 identifiable projects. One additional adjacent-technique report was retained as a boundary case; the complete displayed inventory therefore contains 82 reports representing 78 projects. Their distribution across outcome, process, experience, fidelity, measurement, training, and supervision research demonstrates that Gestalt therapy can no longer accurately be described as an approach without empirical investigation.

Numerical expansion, however, should not be confused with evidentiary consolidation. The contemporary literature does not constitute a unified body of replications testing one stable and consistently delivered intervention. It consists of a heterogeneous portfolio that includes full Gestalt psychotherapy, adapted counselling, play therapy, pastoral care, composite programmes, theory-derived measures, qualitative process studies, and interventions incorporating isolated Gestalt-associated techniques. This diversity is intellectually and clinically productive, but it limits the extent to which favourable findings can be accumulated under the general proposition that “Gestalt therapy works”.

The corpus supports several carefully bounded conclusions. Gestalt and Gestalt-informed interventions have been implemented across diverse populations, cultures, and service settings. Many studies report favourable changes, and some controlled comparisons provide preliminary evidence of context-specific benefit. Process research identifies experiences and relational patterns consistent with Gestalt concepts, including embodiment, contact, awareness, responsiveness, self-regulation, and agency. Measurement and fidelity studies have also created an emerging infrastructure through which treatment identity and theory-derived clinical competencies can be examined more precisely.

The corpus does not yet support broad claims that Gestalt therapy has established comparative efficacy across diagnoses, that it is superior or equivalent to established psychotherapies, or that its proposed relational and embodied processes have been demonstrated to mediate clinical change. Such conclusions are restricted by intervention ambiguity, small and selective samples, inconsistent comparison conditions, limited use of fidelity assessment, scarce independent replication, short follow-up, and minimal reporting of deterioration or unwanted effects. Statistical improvement after treatment should therefore not be interpreted automatically as clinically significant, treatment-specific, durable, or generalisable change.

The strongest conclusion is neither that Gestalt therapy has been empirically validated as a homogeneous treatment nor that the existing research is too weak to matter. Rather, the field has reached an intermediate stage of empirical development: it possesses meaningful signals of feasibility, change, process relevance, and conceptual operationalisation, but it has not yet converted those signals into a stable cumulative evidence base. The appropriate response is not to impose a single methodological hierarchy, but to maintain a disciplined correspondence between research design and the claim being made.

This conclusion also has an ethical and institutional dimension. Training institutes, professional associations, researchers, and practitioners should communicate the evidence without either minimising its development or exaggerating its implications. A mature research culture is demonstrated not by the number of favourable findings it can assemble, but by its capacity to distinguish observation from causation, theory from mechanism, a technique from a complete model, and local relevance from general efficacy. On that criterion, the principal task facing contemporary Gestalt therapy research is not simply to generate more positive studies, but to make treatment identity, uncertainty, negative findings, contextual conditions, and the limits of inference visible. The complete report-level corpus matrix is presented in **Appendix A**.

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Data Availability

The complete revision dataset is supplied in the accompanying Final International Supplementary Data Workbook: Gestalt Therapy Evidence Map, 2019-2026. It contains the reproducible search log, multilingual specialist-journal sweep, broader multilingual external-journal search record, report-level verification and extraction dataset, project-level sample-size calculations, structured appraisal, excluded/borderline candidates, and coding dictionary.

Author Contributions

S.H.B.T. conceived and designed the review, developed the eligibility and classification framework, identified and verified the literature, extracted and analysed the data, prepared the tables and appendix, and drafted and revised the manuscript.

Use of Generative Artificial Intelligence

OpenAI's ChatGPT was used for language editing and structured data checking. Consensus was used as a bibliographic discovery aid.

Conflicts of Interest

The author is a graduate and member of the Gestalt Association of Buenos Aires.

This affiliation is disclosed as a potential non-financial allegiance. No financial conflicts of interest are declared.

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Appendix A. Report-Level Corpus Matrix

The condensed matrix below reproduces the 81 publicly traceable reports included in the core evidence map and one separately identified boundary-case report. The boundary case is displayed to make the inclusion boundary visible but is excluded from core totals and from claims concerning the empirical support for Gestalt therapy. “Status” describes the relation of the study to the complete Gestalt model; it is not a quality rating. Reports sharing the same project identifier were treated as linked publications and participant counts were not added across those reports. The complete source-level extraction, access level, classification rationale, outcome fields, and appraisal are supplied in the Supplementary Data Workbook.

Table A. Core empirical reports and boundary case, 2019-2026.

No.Report/Year	Context and Design	Domain/Status	Verification/Project
1 Herrera Salinas et al. (2019)	Chile/Ukraine; adults with anxiety; Single-case experimental time-series; n = 10	Outcome; Full GT	10.30820/1664-9583-2019-2-53b; P01
2 La Rosa et al. (2019)	Italy; routine clinical practice; Practice-based CORE-OM cohort; n = 146 initially recruited, n = 120 complete datasets	Outcome; Full GT	10.53667/EQU9941; P02
3 Öztürk (2019)	Türkiye; university students; Qualitative evaluation of 8-session group; n = 12	Outcome; Full GT	journal record verified; P03
4 Zielona-Jenek et al. (2019)	Poland; women with interpersonal trauma; Pre-post focusing and arts-based Gestalt program; n = 21	Outcome; Composite	10.5114/cipp.2019.92958; P04
5 Khodabakhshi-Koolae et al. (2019)	Iran; sexually abused child-labour girls; Single-case repeated-measures design; n = 3	Outcome; Full/Adapted GT	10.32598/JCCNC.5.3.147; P05
6 Mallahi et al. (2019)	Iran; sexually abused child-labour children; Quasi-experimental intervention/control study of aggression and social skills; n = 30	Outcome; Full/Adapted GT	10.21859/jpen-06108; P06
7 Desmond (2019)	United Kingdom; Gestalt supervisors; Collaborative inquiry into embodied group supervision	Measurement/ Training; Full GT	10.5325/gestaltreview.23.1.0044; P07
8 Mortola (2019)	United States; therapists in training; Survey of expressive arts media using Oaklander approach	Measurement/ Training; Adapted GT	10.5325/gestaltreview.23.1.0067; P08
9 Tomljenović (2019)	Croatia; four psychotherapy clients; Case-series/process evaluation of CHAP	Process; Full GT	10.53667/DKBG2396; P09
10 Chew-Helbig (2019)	Germany; filmed therapy session; Dialogue analysis of a Gestalt session	Process; Full GT	10.53667/BIDB8632; P10
11 Ali & Çerkez (2020)	Iraq; Yazidi women exposed to trauma; Uncontrolled pre-post group counselling; n = 15	Outcome; Full GT	10.33788/rcis.71.21; P11
12 Shariat et al. (2020)	Iran; older adults; Controlled group intervention; n = 40	Outcome; Full GT	10.22126/jap.2020.5573.1456; P12
13 Kim & Kim (2020)	South Korea; children; Randomised small trial of Gestalt play therapy; n = 12	Outcome; Adapted GT	10.32821/JPT.24.1.2; P13

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14	Fogarty et al. (2020)	International therapists/raters; Three-study development of Gestalt Therapy Fidelity Scale	Measurement/ Training; Full GT	10.1080/10503307.2019.1571688; P14
15	Alcaro et al. (2020)	Italy; trainees and therapists; Cross-sectional study of emotional personality	Measurement/ Training; GT-derived	10.4236/psych.2020.1111103; P15
16	Spagnuolo Lobb et al. (2020)	Italy; adults viewing pain stimuli; Experimental/correlational study of bodily-emotional activation	Measurement/ Training; GT-derived	10.4236/psych.2020.1112131; P16
17	Lee (2020)	South Korea; therapy clients; Significant-events and interactional process analysis	Process; Full GT	10.5392/JKCA.2020.20.11.472; P17
18	Noormohamadi et al. (2021)	Iran; pregnant women exposed to IPV; Randomised wait-list trial; n = 60	Outcome; Full GT	10.4103/ijnmr.IJNMR_176_20; P18
19	Pahlavani & Ashori (2021)	Iran; children with hearing impairment; Three-arm trial: Gestalt play, Lego, control; n = 42	Outcome; Adapted GT	publisher record verified; P19
20	Roubal et al. (2021)	Czech Republic; Gestalt therapists; Grounded theory interviews; n = 8 therapists	Process; Full GT	10.4081/ripppo.2021.535; P20
21	Hosemans (2021)	United Kingdom; long-term Gestalt clients; Phenomenological interviews; n = 8	Process; Full GT	10.5325/gestaltreview.25.2.0221; P21
22	Sperandeo et al. (2021)	Italy; psychotherapists across orientations; Online versus in-person empathy study	Process; Mixed orientation/GT component	10.3389/fpsyg.2021.671790; P22
23	Schulthess et al. (2021)	International; psychotherapy method raters; Development/use of treatment-adherence identification manual	Measurement/ Training; GT-derived	10.53667/POHX2780; P23
24	Thomas et al. (2022)	United States; Gestalt Pastoral Care clients; Practice-based cohort with follow-up; n = 324	Outcome; Composite	10.1037/pst0000425; P24
25	Mokrivala et al. (2022)	Iran; women with breast cancer; Controlled study of GT and GT+CBT; n = 60	Outcome; Composite	10.32598/JCCNC.8.3.408.2; P25
26	Bardideh et al. (2025)	Iran; adults with prolonged grief; Randomised integrated CBT plus empty-chair trial; n = 36	Boundary case; Adjacent technique— excluded from core totals	10.1177/00302228221141126; P26
27	Firman et al. (2022)	Indonesia; secondary-school students; Quasi-experimental group counselling with control; n = 30	Outcome; Full/Adapted GT	10.23887/bisma.v6i3.53196; P27
28	Šromová & Roubal (2022)	Czech Republic; Gestalt therapists; Grounded theory of case formulation; n = 11	Process; Full GT	10.5325/gestaltreview.26.1.0063; P28
29	Spagnuolo Lobb et al. (2022)	Italy; beginners versus experienced clinicians; ARKS expertise comparison; n = 128	Measurement/ Training; GT-derived	10.3390/ejihpe12120129; P29
30	Kaisler et al. (2023)	Austria; common mental disorders; Mixed-method multiple-case study; n = 7	Outcome; Full GT	10.3389/fpsyg.2023.1304726; P30
31	Kyvelou et al. (2023)	Greece; undergraduates; Controlled pre-post mindfulness-Gestalt programme; n = 207 (147 intervention, 60 control)	Outcome; Composite	10.4236/psych.2023.148070; P31
32	Kyvelou & Tsitsas (2023)	Greece; same undergraduate programme and sample (n = 207); Complementary outcomes from linked publication	Outcome; Composite	10.4236/ce.2023.1412160; P31

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33	Atak & Rayana (2023)	Türkiye; parents; Gestalt-oriented positive-parenting trial; n = 36	Outcome; Adapted GT	10.18863/pgy.1307772; P32
34	Javadi Larijani et al. (2023)	Iran; women with multiple sclerosis; Randomised four-group comparison with behavioural activation, placebo, and control; n = 60	Outcome; Full/Adapted GT	10.30491/IJTMGH.2022.377009.1335; P33
35	Alrazaq et al. (2023)	Iran; people with lung cancer; Three-arm comparison: GT, positive psychology, control; n = 75	Outcome; Full/Adapted GT	10.22122/ijbmc.v9isp.411; P34
36	Zare et al. (2023)	Iran; female para-medical students with social anxiety disorder; GT group versus psychodrama versus control; n = 61	Outcome; Full GT	10.30476/whb.2023.97743.1220; P35
37	Nazari et al. (2023)	Iran; women with breast cancer; Quasi-experimental Gestalt group versus reality therapy versus control with follow-up; n = 60	Outcome; Full/Adapted GT	10.30476/whb.2023.97501.1210; P54
38	Praszkier & Nowak (2023)	Poland; therapeutic dyads; Relational/process measurement study	Process; GT-derived	10.1007/s43076-021-00133-8; P36
39	Atxa Estalayo & Jiménez Benítez (2023)	Spain; Gestalt psychotherapy process; Study of contact experience and change processes	Process; Full GT	10.5093/cc2023a18; P37
40	Chew-Helbig (2023)	Germany; therapist, asylum seeker, translator; Autoethnographic case study with aesthetic inquiry	Process; Full GT	10.1080/13642537.2022.2156138; P38
41	Spagnuolo Lobb et al. (2023)	Italy; psychotherapists; Construction and pilot study of ARKS	Measurement/ Training; GT-derived	10.1037/hum0000278; P39
42	Pujol Puyané et al. (2024)	Spain; paediatric primary care; Qualitative implementation study; 42 families, 15 professionals	Outcome; Composite	10.1017/S1463423624000379; P40
43	Tavakoli et al. (2024)	Iran; children; Gestalt play versus CBT play versus control; n = 45	Outcome; Adapted GT	10.61838/kman.jarac.6.3.4; P41
44	Abidizadegan et al. (2024)	Iran; adolescent girls with PTSD; GT versus ACT versus control; n = 60, follow-up	Outcome; Full/Adapted GT	10.22034/3.2.105; P42
45	Pahlavani & Ashori (2024)	Iran; children with hearing impairment; Randomised two-group empathy study; n = 28	Outcome; Adapted GT	10.1007/s12144-024-06134-x; P43
46	Rodríguez & Wooten (2024)	United States; counsellors in training; Interoception and Gestalt resistance processes; n = 112	Measurement/ Training; GT-derived	10.1002/johc.12233; P44
47	Spagnuolo Lobb et al. (2024)	Italy; psychotherapists; Factorial validation of ARK-T	Measurement/ Training; GT-derived	10.13129/2282-1619/mjcp-4144; P45
48	Calvet et al. (2025)	France; mood/anxiety problems; Naturalistic pre-post cohort; n = 319	Outcome; Full GT	10.3389/fpsyt.2025.1280954; P46
49	Kamal et al. (2025)	India; breast-cancer survivors; Quasi-experimental comparison; n = 60	Outcome; Full/Adapted GT	10.6026/973206300213333; P47
50	Kaisler & Schaffler (2025)	Austria; subset of P30 clients; Interpretative phenomenological analysis; n = 4	Process; Full GT	10.3389/fpsyt.2025.1593918; P30
51	Gonzi (2025a)	International/online GT clients and therapists; Qualitative phase of online/blended GT study; n = 26	Process; Full GT	10.53667/AEWJ6502; P48

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52	Gonzi (2025b)	International/online GT practice; Quantitative/mixed-method phase of same project	Measurement/ Training; Full GT	10.53667/RJBM1519; P48
53	Spagnuolo Lobb et al. (2025)	International; therapists across orientations; ARK-T comparison across models; n = 158	Measurement/ Training; GT-derived/mixed	10.3390/ejihpe15020016; P49
54	Yuniardi et al. (2026)	Indonesia; haemodialysis patients; Pilot controlled group therapy; n = 8	Outcome; Full/Adapted GT	10.35365/ctjpp.26.1.04; P50
55	Darvish et al. (2026)	Iran; girls aged 9-11; Gestalt play versus parent-centred play versus control; n = 45	Outcome; Adapted GT	publisher record verified; P51
56	Wanjiru et al. (2026)	Kenya; married adults with distress; Quasi-experimental repeated-measures study; n = 86	Outcome; Full/Adapted GT	10.70619/vol6iss2pp26-41-809; P52
57	Stanzione et al. (2026)	Italy; psychotherapists; SNAP instrument development and pilot; n = 20	Measurement/ Training; GT-derived	10.3390/jdream6020006; P53
58	Motta et al. (2020)	Brazil; five Gestalt-trained psychologists; qualitative phenomenological/semiotic interview study of dialogical clinical practice	Process; Full GT	10.18065/2020v26ne.3; P55
59	Stojanović et al. (2020)	Serbia/North Macedonia; three experienced Gestalt therapists; qualitative online vs face-to-face session study	Process; Full/Adapted GT	Geštalt Zbornik 7; P56
60	Todorović & Tasevska (2020)	Serbia/North Macedonia; relational field in Gestalt group setting; mixed process study	Process; Full GT	Geštalt Zbornik 7; P57
61	Bratina & Božović (2020)	Serbia; 27 trainees/psychotherapists; focus-group study of Gestalt competencies	Measurement/ Training; GT-derived	Geštalt Zbornik 7; P58
62	Opačić & Bratina (2020)	Serbia; four graduate therapists/trainers; IPA study of shame in Gestalt training	Measurement/ Training; GT-derived	Geštalt Zbornik 7; P59
63	Petrović & Šaljić Milenković (2020)	Serbia; client/psychotherapist perspectives; IPA study of transpersonal relationship	Process; Full GT	Geštalt Zbornik 7; P60
64	Severino (2021)	Brazil; 26 Gestalt therapists; questionnaire study of online psychotherapy	Process; Full/Adapted GT	10.5281/zenodo.15149040; P61
65	Kato (2021)	Japan; Gestalt therapy training; interview study of participant experience	Measurement/ Training; GT-derived	Japanese Journal of Gestalt Therapy 11; P62
66	Pagano et al. (2022)	Italy; adolescents; controlled pre-post 10-session online Gestalt psychotherapy group; n = 64	Outcome; Full/Adapted GT	Quaderni di Gestalt 35(2); P63
67	Agius et al. (2022)	Malta; Gestalt psychotherapists; quantitative compassion fatigue/satisfaction study	Measurement/ Training; GT-derived	Geštalt Zbornik 9; P64
68	Kato et al. (2022)	Japan; childcare concerns; continuing Gestalt Therapy group participant-experience study	Process; Full/Adapted GT	Japanese Journal of Gestalt Therapy 12; P65
69	Núñez Remesal & García-Martínez (2024)	Spain; childhood sexual-abuse survivor; 22-session systematic single-case/mixed-method study; n = 1	Outcome; Adapted GT	Revista de Terapia Gestalt 44; P66
70	Rodríguez-Campo et al. (2024)	Spain; 353 Gestalt therapists; descriptive study of therapeutic presence during COVID-19 confinement	Process; Full/Adapted GT	Revista de Terapia Gestalt 44; P67

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71	O'Kelly Rasco (2024)	Spain; bereaved adults; one-group pre-post Gestalt-oriented grief intervention; n = 26	Outcome; Adapted GT	Revista de Terapia Gestalt 44; P68
72	Ramírez Reinoso (2024)	Spain; 33 patients/6 Gestalt therapists; longitudinal correlational alliance/style study	Process; Full GT	Revista de Terapia Gestalt 44; P69
73	Righetti et al. (2024)	Italy; 141 paediatric relational-assessment forms; Gestalt-informed measurement study	Measurement/ Training; GT-derived	10.3280/qg2024-2oa18206; P70
74	Qiao et al. (2024)	China; depressive disorder; randomized routine-care vs routine-care + Gestalt-based group; n = 84	Outcome; Adapted GT	中国当代医药 31(12); P71
75	Quevedo & Salinas (2024)	Mexico; 23 displaced children; qualitative phenomenological Gestalt intervention study	Outcome; Adapted GT	10.35622/j.rep.2024.02.001; P72
76	Kato et al. (2025a)	Japan; six-month Gestalt group therapy; post-therapy interview study	Process; Full/Adapted GT	Japanese Journal of Gestalt Therapy 15; P73
77	de Freitas Silva & dos Santos Nascimento (2019)	Brazil; adolescent with type 1 diabetes; single-case study of Gestalt-informed psychological work in a multiprofessional outpatient team; n = 1	Process; Full/Adapted GT	10.5281/zenodo.15086246; P74
78	Montoya González & Calderón González (2022)	Mexico; two university students with depressive symptoms; mixed-method 11-session individual virtual Gestalt psychotherapy; n = 2	Outcome; Full/Adapted GT	UNAM journal record; P75
79	Baldo & Mallmann (2023)	Brazil; child sexual-abuse case; exploratory qualitative single-case study; 16 weekly sessions; n = 1	Process; Full/Adapted GT	10.5281/zenodo.15149633; P76
80	Cruz & Castelo Branco (2025)	Brazil; social-isolation problems; five-session short-term online Gestalt therapy; qualitative clinical study; n = 4	Outcome; Full/Adapted GT	10.20435/pssa.v16i1.2070; P77
81	Santos & Almendra (2025)	Brazil; prison psychological-duty service; five brief Gestalt-based counselling cases; n = 5	Outcome; Adapted GT	10.55905/revconv.18n.9-258; P78
82	Kato et al. (2025b)	Japan; linked six-month Gestalt group-therapy project; 12 fixed participants; 12 sessions with psychological assessment and pre/post interviews	Outcome; Full/Adapted GT	Japanese Journal of Gestalt Therapy 15, 123-132; P73