From Pain as Symptom to Pain as Process: A Gestalt Perspective in the Age of Medicalization

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ABSTRACT

Contemporary pain management in clinical settings faces a fundamental epistemological dilemma between the traditional biomedical approach, focused on sedation and symptom control, and phenomenological approaches that recognize pain as a meaningful existential experience. Gestalt psychotherapy offers a unique perspective in this debate, proposing the traversal of pain as a therapeutic alternative to systematic avoidance. This article examines the theoretical foundations and clinical implications of the Gestalt approach to pain, analyzing the tension between sedation and traversal as alternative therapeutic paradigms, and evaluating the conditions that make each strategy clinically appropriate. This narrative review of the Gestalt literature on pain, supplemented with contributions from phenomenology, affective neuroscience, and narrative medicine, proposes atheoretical-clinical synthesis that links the principles of contact theory with the clinical experience of traversing pain. The Gestalt approach conceptualizes pain not as an error to be corrected, but as a meaningful interruption in the cycle of organism-environment contact. The process of moving through pain, based on the principles of allowing, giving time, and trusting the process, emerges as a therapeutic strategy that preserves the vitality of contact with oneself, offering an alternative to systematic sedation when clinically appropriate. The processual management of pain in Gestalt psychotherapy contributes to a more holistic therapeutic paradigm that integrates technical skills with existential accompaniment abilities. The article proposes clinical criteria to guide the choice between sedation and traversing and emphasizes the importance of specific training for mental health professionals. This work aims to offer an innovative conceptual framework and stimulate scientific debate, laying the foundations for future empirical and applied investigations.

Keywords: Gestalt psychotherapy, pain management, phenomenology, contact cycle, traversing,sedation, integrative medicine

INTRODUCTION

Contemporary medicine has developed sophisticated therapeutic arsenals for pain control [1; 2] based on standardized pharmacological protocols and progressively refined sedation techniques. This paradigm, undoubtedly effective in acute contexts, is rooted in a conception of pain as an essentially pathological phenomenon to be eliminated [3] in order to restore a state of functional normality. However, this perspective raises epistemological questions about the nature of pain inhuman experience, in the face of which rigid interpretative frameworks prove inadequate. The phenomenological tradition, from Husserl to Merleau-Ponty, has recognized in the lived body (Leib) a dimension of meaning that transcends biological materiality, configuring pain as an existentially meaningful experience that requires understanding. Gestalt psychotherapy, rooted in the phenomenological tradition and field theory, proposes an interpretation of pain as a significant interruption in the process of organism-environment contact, a potential expression of creative adaptation that requires therapeutic approaches respectful of the implicit wisdom of the process.

This perspective is particularly relevant in the contemporary clinical context, characterized by the epidemic of chronic pain in Western societies, the limitations of a purely pharmacological approach, evidence of the effectiveness of integrative approaches, and recognition of the existential dimension in healing processes.

Aims

This paper aims to critically examine the Gestalt approach to pain through four main lines of inquiry:

1. Theoretical foundations: analysis of the concepts of contact, boundary, and interruption in Gestalt theory
2. Phenomenological reinterpretation: pain as a meaningful process rather than a symptom to be eliminated
3. Methodology of traversal: principles and techniques for therapeutic accompaniment
4. Clinical implications: criteria for choosing between sedation and traversing

THEORETICAL FOUNDATIONS OF GESTALT PSYCHOTHERAPY

Gestalt therapy and field theory

The theoretical model of Gestalt Therapy (GT) was first presented in the seminal work by Perls, Hefferline, and Goodman [4] and has its roots in Lewin's field theory [5], Wertheimer's Gestalt psychology [6], and Goldstein's organismic concept [7]. Among the fundamental principles of the model is field theory, according to which the individual and the environment represent a single ecosystem that, through interaction, self-regulates and develops according to each of its constituent elements. Consequently, in this approach, psychological distress constitutes a creative adaptation in response to the field in which the individual is immersed. [8; 9]. This response, which was somewhat functional in the past when it developed, may not be as useful in the present. GT takes a holistic approach to caring for the person, paying attention to the individual's entire experience (physical, psychological, intellectual, emotional, relational, and spiritual) at a given moment.

Through direct experience with the therapist in the here and now, the therapeutic relationship is the ideal place in which the patient is guided on a journey of awareness of their thought processes, emotions, and actions. In this way, the phenomenological experience becomes meaningful and attention is focused on the "what" and 'how' of a particular action or behavior, rather than on the "why." As a result, awareness of how something happens allows the patient to more easily make authentic and responsible changes.

The contact cycle

According to Gestalt theory, the human organism is naturally inclined to grow and achieve self-actualization. At any given moment, needs emerge in each individual, which represent the organizers of their behavior, or rather, what drives them to movement and action. Perls, in his seminal book on Gestalt psychology, writes: "Experience occurs at the boundary between the organism and the environment," often referring to the self-coming into contact with the environment "... but the simple and immediate reality is the contact (between organism and environment) itself'[10] (p. 47). " Contact, or that process that gives rise to assimilation and therefore growth, consists in the slow establishment of a figure that prevails over a background or context, determined by the organism/environment field.

In self-regulatory processes, the figure (gestalt) can be a perception, an image, or a vivid and clear intuition; in the realm of motor behavior, the gestalt can be an energetic and harmonious movement that is performed. In both of these realms, both the needs of the organism and the possibilities of the environment are incorporated and unified in the figure & quot; [10] (p. 41). In this sense, the organism and the environment are in constant interdependence, and the process of self-regulation is never static but always inhabited by new emerging needs.

The pathology emerges when the natural circular movement (attraction/repulsion-contact/retraction) goes out of rhythm. In the complex interaction between the organism and the environment, the Self, defined by Gestalt as an agent of contact with the environment, allows for exchange and creative adaptation between the individual and the environment, ensuring development and growth. The place where the Self emerges is the contact boundary, since that is where it expresses its activity, i.e., the "between" the individual and the world. According to Gestalt psychotherapists, contact between the individual and the environment is expressed through a cycle called the contact cycle, which is divided into four different moments.

Pre-contact, which is the phase in which the individual perceives an activation, the presence of needs. It is a phase of sensations, at first undifferentiated and then increasingly clear. The excitement that arises from the body

becomes the Gestalt (figure) that stimulates the subject' sinterest, while the rest remains in the background. In this phase, the style that the person has built up over the course of their life cycle to relate to the world is activated. It highlights the way in which the person has learned to satisfy their needs and support themselves. This phase is characterized by the Es function. Contact, an active and processual phase, in which contact is not yet present, but the individual is activated to go out into the environment and seek opportunities to satisfy their needs.

The movements in this phase involve the organism moving toward the boundaries of contact and the environment approaching and entering the field of perception. In the first movement of orientation, the need is focused on; in the second, the organism allows the excitement necessary to sustain the action to emerge. In this phase, bodily tension and fear of failure increase, while the direction of action that will lead to the gratification of the need becomes increasingly clear. The phase following orientation is that of manipulation, in which the organism is now ready for the experience of contact. In this phase, there are one or more emotions that drive the individual' sactions; the Self acts mainly through the function of the Ego, which chooses or rejects what it finds in the environment.

Full contact, which is when the Ego merges in a “healthy confluence” with the desired object; in this phase, there is strong contact between the organism and the environment. The boundary is completely permeable, the Ego and the You lose their boundaries and merge into a We. At the end of this phase of full contact, the field differentiates again, the energy is reduced, and the two subjects detach, separate, and enter a dimension of withdrawal.

Post-contact (withdrawal), in which boundaries are reestablished and one can begin to perceive theaftermath, the rest. This is a process of assimilating the experience. Here, the personality function intervenes, integrating the experience by metabolizing it. At this point, the cycle closes and the individual is ready for the next cycle.

Before the organism is ready for a new cycle, there will be a moment that Gestaltists call “Fertile Void” or “Creative Indifference”: this is a state in which the organism, even if only for a few seconds, is in perfect balance. In order to withdraw, it must have achieved its purpose.

Contact Interruptions: Creative Adaptations or Pathological Mechanisms?

Gestalt theory revolutionized the understanding of so-called “resistance” or “defenses,” reconceptualizing them as “interruptions of contact” or “creative adaptations.” These reinterpretations particularly significant for understanding pain and the strategies that the organism develops to manage it. The contact process begins with the disruption of the organism's homeostasis and the identification of the resulting need, with subsequent operations leading to the satisfaction of that need and the restoration of homeostasis. " Therapist and patient start from the fog of the ES of the situation, co-creating the contact process in an upward spiral of excitement and mutual involvement until the formation of the figure that will give space to the satisfaction of the need in the here and now and subsequently to growth [11; 12]. Psychopathology is generated by the interruption of the contact process, both in the formation phase of the ES of the situation where psychoses are generated, and in the genesis of figure/background configurations where neuroses and personality disorders arise [8].

The founding text of Gestalt therapy describes five types of interruption in the contact process:

“The difference between the types depends on when the interruption occurs: before the new primary excitation—confluence; during excitation—introjection; while facing the environment—projection; during conflict and destruction—retroflection; at the moment of final contact—egotism” [13].

The Metaphor of the Tightrope Walker: Dynamic Balance in Uncertainty

The Gestalt approach to pain can be understood in light of the metaphor of the tightrope walker:

like a tightrope walker, humans are constantly engaged in a dynamic process characterized by opposing forces [14]. In this process, balance is achieved not through rigidity, but through continuous micro-adjustments that respond dynamically to changes in the wind, the rope, and one' sown body [15]. Similarly, overcoming

pain requires accepting instability as an inevitable condition of existence. At the same time, the possibility of fully experiencing pain also implies trust in the process and a consequent abandonment of the need to control and quickly achieve results [16; 17].

By cultivating presence as a resource for navigating uncertainty, humans can traverse pain and existential instability by finding a dynamic balance that requires constant readjustment.

Just as a tightrope walker uses awareness of the precariousness of his balance as a resource, similarly, recognizing the possibility of pain and suffering, rather than systematically denying or avoiding it, can develop a more authentic and sustainable form of resilience.

PAIN AS A PROCESS: A PHENOMENOLOGICAL INTERPRETATION

One of the fundamental premises of the Gestalt approach is the overcoming of the traditional Cartesian distinction between mind and body, replaced by a unified view of the organism as a psychosomatic whole. This perspective is particularly relevant for understanding pain, which is too often artificially categorized as "physical" or "psychological." A phenomenological reading of pain reveals the inadequacy of this distinction: while physical pain always has emotional, cognitive, and relational components that influence subjective experience, psychic pain manifests itself through bodily tensions, postural alterations, and neurovegetative changes [18].

The Gestalt perspective, considering pain as an interruption of the contact cycle, radically shifts the therapeutic focus from eliminating the symptom to understanding the underlying process. From this point of view, the Gestalt approach recognizes the adaptive function of pain and highlights an implicit wisdom of the organism: pain represents an emergency adaptation or a choice of survival [19].

Although this work is grounded in phenomenology and Gestalt theory, the conceptual framework can be translated into clinical terms for medical and healthcare professionals to improve accessibility and interdisciplinary dialogue. Table 1 summarizes the main conceptual equivalences between key Gestalt terms and their possible clinical interpretations, facilitating dialogue with medical professionals by mapping phenomenological constructs onto familiar clinical language. The term contact represents the dynamic interaction between physiological, emotional and cognitive processes that characterize adaptation to pain.

When this process is interrupted, however, biological, psychological and social factors are unable to integrateand generate functional dysregulation.

Tab. 1 – Conceptual Equivalences Between Gestalt and Clinical Terminology Gestalt Term Clinical Equivalent /Interpretation

Description References

Contact Integration process Dynamic interaction among physiological, emotional, and cognitive systems supporting adaptation and homeostasis. [20; 21]

Interruption of contact Functional dysregulation Breakdown in the integrative process leading to imbalance among biological, psychological, and social components. [20; 22]

Cycle of contact Adaptive regulation cycle Sequential process of activation, engagement, assimilation, and withdrawal, comparable to physiological regulation cycles. [20; 23]

Creative adjustment Compensatory mechanism Adaptive response of the organism to maintain stability under conditions of stress or pain.[21; 24]

Fertile void Restorative homeostatic state Transitional equilibrium that precedes the emergence of new adaptive configurations. [20; 25]

Note. References correspond to the numbering in the main reference list.

The non-pathologizing reinterpretation of the pain allows us to reconceptualize it as a fundamental evolutionary resource that performs multiple functions. First, it has a communicative function, signaling unmet needs, limitations, and requests for care. Second, it has a protective function, as pain acts as a warning signal and triggers protective behaviors. Finally, it has a relational function, as it promotes the ability to ask for and receive help, highlighting the vulnerability and interdependence of human beings [26; 27].

Many spiritual and therapeutic traditions also conceive of pain as a catalyst for growth and change, emphasizing how it can promote the attainment of greater awareness and maturity [28].

One of the most significant paradoxes of the Gestalt approach is that of accepting pain, according to which ceasing to fight against it allows it to change form. This paradox has deep roots in the Gestalt theory of change, formulated by Arnold Beisser (1970) [29], according to which change occurswhen an individual becomes what they are, rather than trying to become what they are not.

Re-examining painful experiences in light of this principle, resistance to suffering amplifies pain through muscle tension and hyperarousal, [24] while acceptance of the experience allows for change. When the body no longer has to expend energy denying or fighting the present experience, pain becomes a starting point for authentic transformation [26].

This does not imply that pain must always be accepted uncritically, but that acceptance is a prerequisite for conscious and effective choices regarding its management.

METHODOLOGY OF PAIN CROSSING: PRINCIPLES AND THERAPEUTIC TECHNIQUES

The Fundamentals of Process Accompaniment

In Gestalt psychotherapy, the experience of pain is not considered an obstacle to be quickly removed, but rather a privileged path to personal growth. Therapeutic support is based on an attitude that integrates presence, trust, and willingness to inhabit the painful experience together with the patient [30].

A first methodological principle is that of allowing. Allowing is not a passive attitude, but involves creating a safe space in which suffering can emerge without the therapist rushing to reduce it. This attitude translates into the clinician's ability to tolerate their own frustration in the face of another'spain, avoiding the temptation to provide immediate relief [30].

A second principle is that of giving time to the process. The processing of pain follows its own temporality, which is different for each individual and very often incompatible with the frenetic pace of society. Research on Gestalt applications to trauma treatment shows that transformative moments emerge spontaneously only when the patient-therapist field is ready to welcome them[31].

Trust in the process is the third pillar of accompaniment. This is not an idealistic attitude, but a trust rooted in the organismic capacity for self-regulation [32] and transformation, even though suffering. Recent work on control and trust polarities has emphasized how therapists, in maintaining this trust, also facilitate greater tolerance of uncertainty in patients [33].

Specific Crossing Techniques

The process of working through pain takes the form of experiential practices that maintain the flexibility characteristic of the Gestalt approach, but which are supported by a consolidated methodological framework.

Body awareness work is the first tool used by the Gestalt therapist: locating pain and exploring its qualities and boundaries opens the way to deep emotional meanings. The body thus becomes a privileged medium for connecting the symptom to personal and relational experiences [30].

Dialogue with the symptom is a second fundamental intervention. Rather than treating suffering asan enemy to be fought, the patient is invited to question it as an interlocutor with intentionality.

Experimental studies on the use of empty chair dialogue have demonstrated the effectiveness of this approach in resolving unresolved emotional conflicts and activating transformative processes [34;35].

Working with polarities is another key technique. Every painful experience carries within it its latent opposite, and the integration of these polarities reduces the patient's internal fragmentation.

Thorne (1974) [36] had already emphasized how the Gestalt technique promotes a movement of "centering" between opposite poles, while Perls (1977) [37] had placed integration at the heart of the therapeutic process. More recently, Furtado and Gaspar (2022) [33] showed how the dialectic between control and trust remains central even in contemporary challenges.

The Crossing Process: Stages and Transformations

Table 2 describes the process of overcoming suffering as one that occurs through recurring cycles of contact and detachment, followed by subsequent re-elaboration.

The initial phase is often characterized by ambivalence between the desire for relief and the fear of direct contact with suffering. Here, the therapist's task is to build a solid alliance and validate resistance as a natural part of the process [31]. In the immersion phase, pain is encountered more fully: suffering may temporarily intensify, but this increase is often a sign of its emergence into consciousness. The therapist supports and normalizes this intensification [30]. The processing phases marked by the emergence of meaningful connections between present pain and past experiences, between body and emotions, between the individual and the relational context. Experiential techniques such as empty-chair dialogue have shown particular effectiveness at this stage [34; 35].

The final phase of this process involves a qualitative transformation of the relationship with pain. The symptoms do not necessarily disappear, but the meaning attributed to the painful experience changes: suffering is no longer perceived as a catastrophe, but as a signal to be listened to and integrated into a more mature process of self-regulation [33; 36].

Tab. 2 - Pain Traversal Process Phases

Phase Main Characteristics Therapist' s Role Specific Techniques Progress Indicators Initial Ambivalence Conflict betweendesire for relief and fear of direct contact with suffering

Build solid alliance and validate resistance as natural part of process Psychoeducation, trust building, resistance normalization Increased willingness to explore; reduced defensive rigidity Immersion More complete encounter with pain;

Temporary intensification of suffering Support and normalize intensification assign of emergence to consciousness Body awareness work, symptom dialogue, containing presence Ability to stay present with pain; emergence of emotions/memories Elaboration Emergence of significant connections between present pain and past experiences Facilitate connections through experiential techniques Empty-chair dialogue, polarity work, phenomenological exploration Development of insights; integration of fragmentedaspectsTransformation Qualitative change inrelationship with pain; different meaning attribution Support in titration and new self-regulation modalities

Integration work, meaning consolidation, autonomy support Reduced catastrophic perception; pain as signal to listen to; increased self-regulation capacity

CLINICAL, SOCIAL, AND CULTURAL IMPLICATIONS

Criteria for choosing between sedation and crossing

The clinical decision between resorting to pharmacological sedation or accompanying the patient through the pain is one of the most complex challenges for the contemporary therapist. As shown in Table 3, this choice involves a multi-level assessment that considers psychological, medical, and relational aspects: the nature of the pain and the characteristics of the patient must be considered, Aswell as the therapeutic context, the available resources, and the dynamic evolution of the clinical situation.

Tab. 3 - Criteria for Therapeutic Choice

Criteria Pharmacological Sedation Pain Traversal Individual Tolerance Recommended when pain intensity exceeds patient's regulatory capacities; risk of dissociation or psychic collapse Appropriate when pain is integrable in consciousness and patient's experience

Diagnostic Context Necessary in acute cases or severe medical conditions for immediate suffering management Beneficial for chronic pain to reduce pharmacological dependence and improve quality of life Clinical Phase Priority in acute emergencies requiring rapid symptom control Preferred in chronic/stable phases allowing for deeper elaboration AvailableTherapeuticResourcesSuitable when limited time or specialized skills for accompaniment Requires specific training in Gestalt therapy and crisis management Patient's Integrative Capacities Indicated when integration capacities are compromised or insufficient Feasible when patient maintains contact capacity and self-regulation

Therapeutic Relationship

May be necessary when therapist cannot sustain anxiety generated by patient's pain Requires solid therapeutic alliance and therapist's ability to contain process Individual tolerance to pain and emotional suffering is the first aspect to be assessed: in some cases, the intensity of pain can exceed the patient's regulatory capacities, leading to a risk of dissociation or mental collapse. Sedation can thus represent a temporary measure to restore minimum safety conditions [38]. When pain can be integrated into the patient's consciousness and experience, the Gestalt approach suggests supporting the process by promoting elaboration and transformation [30].

The clinical and diagnostic context is a second criterion for evaluation: the exclusive use of sedation risks reinforcing avoidance and medicalization of suffering in patients with chronic pain [39]. Inthese cases, psychotherapeutic interventions based on body awareness and dialogue with the symptom can help reduce drug dependence and improve quality of life [40].

However, in acute cases or severe medical conditions, sedation may be necessary to support the immediate management of suffering [41].

A third criterion is the therapeutic relationship, as the therapist's ability to support the anxiety generated by the patient's pain without resorting to premature interventions must also be assessed.

The literature emphasizes the importance of a dynamic balance: on the one hand, ensuring containment through pharmacological interventions when pain is intolerable; on the other hand, preserving spaces of transition in which pain can become a transformative resource [31; 33].

This choice is far from definitive: it requires continuous reassessment based on the evolution of the clinical picture and the patient's response. Monitoring the patient's ability to traverse pain therefore becomes a central element of clinical practice. The therapist assesses the patient's indicators of good or poor tolerance to suffering on a case-by-case basis.

Positive indicators of good tolerance include: maintaining contact with the therapist during moments of emotional intensity, ability to self-regulate between sessions, development of meaningful insights into one's own experience, improvement in overall relationship quality.

Conversely, signs of poor tolerance may include: dissociative episodes, hetero- or auto-aggressive acting out, deterioration of social or work functioning, and development of severe anxiety-depressive symptoms.

Many patients benefit from integrated approaches that combine sedative elements for acute crisis management with exploratory elements for in-depth work. For example, a patient with panic attacks can use relaxation techniques to manage acute anxiety, while simultaneously exploring the existential and relational meanings of their symptoms in therapy.

Although the dialectic between sedation and crossing is conceptually useful, clinical practice often requires integrative solutions. Partial pharmacological support can create stability that allows the patient to enter deeper into psychotherapeutic work. This is especially useful for managing chronic pain. Rather than opposing biomedical and phenomenological paradigms, Gestalt therapy constitutes an integrative approach that is not opposed to other paradigms, such as the biomedical or phenological one, but recognizes the importance of using all the resources that can bring benefits to the therapeutic process. This integrative position reflects a true biopsychosocial model, in which pharmacological containment, promoting awareness and the patient's emotional regulation, coexists dynamically with experiential processing along the therapeutic process.

Training and Skills of the Therapist

The safe and effective implementation of pain traversal requires specific skills that go well beyond standard psychotherapeutic training [42; 43]. The therapist must have developed a deep familiarity with their own experience of pain and suffering, having personally undergone significant processing processes. The personal experience of processing one's own suffering allows the therapist to authentically support the patient in times of greatest difficulty.

Specific training in Gestalt psychotherapy must include in-depth training in recognizing the transference and countertransference dynamics that emerge when working with pain. The therapist must be able to distinguish between their own pain and that of the patient, avoiding both excessive identification and defensive detachment. Continuous supervision is an indispensable tool for maintaining this discrimination and for processing the inevitable emotional resonances aroused by this type of work [44].

Equally fundamental are crisis management skills, which the therapist can develop by integrating psychiatric and emergency medicine knowledge into their training. Therapists who propose working through pain must be able to recognize when the process is exceeding the patient's integrative capacities and intervene promptly with appropriate containment measures.

Dealing with pain may require the involvement of doctors, physical therapists, nurses, and other health professionals, making multidisciplinary teamwork a necessity. The ability to integrate multiple perspectives in the patient's best interest is a fundamental clinical skill for contemporary pain management. The Gestalt therapist must be able to communicate effectively with these colleagues, explaining the principles of their approach without adopting a sectarian or oppositional attitude towards different approaches.

Finally, therapists must develop solid ethical competence in managing informed consent. Patients have the right to clearly understand the differences between sedative and traversal approaches, the potential benefits and risks of each, and the available alternatives. This information process must be continuous and adapted to the evolution of the clinical situation, allowing patients to maintain an active role in decisions regarding their own care.

From a training viewpoint, clinical competence in pain traversal should be developed through structured modules including:

1. Theoretical seminars on phenomenology, affective neuroscience, and pain physiology
2. Supervised experiential practice focusing on embodied awareness and relational presence;

3. Interdisciplinary workshops with physicians, physiotherapists, and palliative care specialists;
4. Systematic supervision processes that monitor the therapist's countertransference reactions and use reflective tools such as self-supervision diaries.

The integration of these components ensures that clinicians acquire both technical precision and existential attunement in accompanying patients through pain.

Practical, social, and cultural implications

The Gestalt approach to pain has implications that transcend the clinical dimension; in fact, it constitutes a genuine proposal for social innovation in the field of health. The paradigm of traversal challenges the dominant cultural model of systematic avoidance of suffering [45], promoting greater social acceptance of human vulnerability and community interdependence. In a society characterized by the imperative of efficiency and constant well-being, this approach favors the recovery of deeper existential meanings, counteracting the tendency to commodify the experience of pain through pharmacological consumption.

The phenomenological perspective restores epistemological dignity to experiential knowledge, while the partial de-medicalization of pain can contribute to the sustainability of healthcare systems through the reduction of drug dependence and the active involvement of the patient. These implications require a rethinking of professional training in the social and healthcare fields, promoting multidisciplinary skills that integrate biomedical, psychological, and socio-anthropological knowledge in the management of pain as a complex social phenomenon.

Integrative and Hybrid Models of Pain Management

Recent developments in integrative medicine have highlighted the usefulness of combining pharmacological and psychotherapeutic approaches for the management of chronic pain. Gestalt-based interventions can be effectively combined with pharmacological stabilization, mindfulness or physiotherapy programmes. Such hybrid models make it possible to gradually reduce the patient's dependence on drugs. By allowing the containment of symptoms, the patient can invest more energy in the psychotherapeutic work of self-awareness. This integration of Gestalt techniques (body awareness, dialogue with the symptom and work on polarity) with biomedical interventions favor both the biological regulation and the existential processing of pain.

CONCLUSION

The procedural management of pain in Gestalt psychotherapy contributes to defining a moreholistic therapeutic paradigm, which integrates technical skills with existential accompany meltabilities. The article highlighted that the choice between sedation and traversal requires careful consideration of the context, the relationship, and the patient's internal resources.

Specific training for mental health professionals is crucial: not only in the pharmacological management of pain, but above all in developing the ability to tolerate the intensity of others' experiences [46] and to accompany them on a path of transformation. Only in this way can the therapist help restore pain's function as a guide toward greater awareness and personal integration.

LIMITS AND FUTURE DEVELOPMENTS

This work has some limitations that must be considered. First, the narrative and theoretical nature of the review does not allow for empirically validated conclusions to be drawn about the clinical effectiveness of pain traversal techniques. Second, the selection of sources was based on conceptual and theoretical criteria rather than systematic research, with the risk of not including all the available literature on the subject. Finally, the highly theoretical and phenomenological nature of the article may make it less accessible to readers from strictly biomedical backgrounds.

Despite these limitations, the article opens up interesting perspectives for future research. In particular, it would be useful to develop clinical and qualitative studies that evaluate the concrete application of Gestalt principles

in the management of chronic pain. In addition, comparative research between sedation-based approaches and traversal-oriented approaches could offer more solid evidence on therapeutic choice criteria. Finally, exploring the social and cultural implications of the Gestalt approach to pain through interdisciplinary studies would allow us to verify its actual ability to influence healthcare practices and policies. The article aims to offer an innovative conceptual framework and stimulate scientific debate, laying the foundations for future empirical and applied research.

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