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Gestalt Today Malta © is an international, interdisciplinary journal that aims at keeping the Maltese and International society up to date with au courant gestalt-related themes. The journal provides a space to integrate contemporary research with our gestalt psychotherapy roots, training, politics, theory and practice. Through its publications the journal seeks to present a holistic meaningful experience for readers by looking at the human soul. It aims to foster an ongoing collective awareness platform to explore and exchange professional views on the human psyche and on the self in relation to others, while looking at current issues and dilemmas within the Maltese culture and internationally. Gestalt Today Malta welcomes authors from all fields and disciplines to impart their knowledge with our readers.

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Editorial

Lidija Pecotić

Dear Reader,

Welcome to the Fifth issue of GESTALT TODAY MALTA: International Interdisciplinary Journal in the Field of Psychotherapy.

This issue appears between two significant events for Gestalt Psychotherapy in Malta and for the Maltese Community of 2023.

In February 2023, the first event was the conferment of the first Doctoral degree to seven Doctoral graduates in Gestalt Psychotherapy (D. Psych. Gt): Rose Falzon, Mikela Gonzi, Audrey Agius, Therese Bugeja, Rosalba Axiak, Paul Formosa, and Elena Borg, and the conferment of first Honorary Doctoral degrees in Gestalt Psychotherapy, (D. Psych. (Gt.) Hon.) to Emilija Stoimenova Canevska, Marija Stefanovic, Joyce Sciberras and Bertram Johannes Müller.

The second event is the forthcoming *Fifth International Interdisciplinary Gestalt Congress: Moving edges of Gestalt psychotherapy – Fields and strategies of application.* This is planned for the 21st to the 24th of September 2023 in Malta and organised by EAPTI Gestalt Psychotherapy Training Institute Malta and EAPTI GPTIM Network. You may find further information about this at https://www.eapti-gptim.com/congress.

In the space and time 'between' the mentioned events, our journal appears and presents the research results of our doctorate graduates and doctorate students as well as a “challenging professional wake-up call in honor of the Soul in Gestalt” from one of the leading mentors for research in psychotherapy, Dr. Paul Barber.

If you are interested in Gestalt therapists' experiences of compassion fatigue, satisfaction, or resilience, or how other factors such as humorous styles or spirituality impact the therapy process, then this issue is for you. However, suppose your questions are more specific and you are in search of a theory of supervision or of research that supports a better understanding of clients' experience of panic attacks, partners' infidelity, resistance, and creative abilities, then, in that case, you are on the right page.

We hope you find an interesting read for yourself in this issue.

Lidija Pecotić

Biography

Lidija Pecotić is an international Gestalt trainer, supervisor and therapist. She has a Masters degree in Clinical Psychology (University of Belgrade, Yugoslavia, 1986). She completed her Doctorate Studies in Clinical Psychology (University of Belgrade, Serbia, 1994). In 2002 she obtained an EAGT, European Certificate for Gestalt Psychotherapy as well as an ECP (European Certificate for Psychotherapy).

She is the founder and Director of EAPTI-GPTI Malta, MFHEA 2014-FHI-020 since 1996, and EAPTI-SE Belgrade since 1990. She is cofounder of various Gestalt Psychotherapy Training Institutes and Professional Psychotherapy Associations.

She is the Editor of two Gestalt Journals, in Malta and Serbia.

Honouring the Soul of Gestalt – A Professional Wake-up Call?

Paul Barber

Abstract

This paper argues that Gestalt has lost its way by not living up to its founding principles, notably by forgetting its original thrust towards spiritual enlightenment. This is suggested as due to a watering down of Fritz Perls original thesis & his loss of influence in current Gestalt thinking and training, which has slid further from Gestalt and more towards Person-Centred Therapy. We are also reminded that our Gestalt morals are enshrined in Humanism and that Society is a major catalyst of mental dis-at-ease. This article is written with the intention of awakening practitioners to the forgotten treasures of Gestalt. Notably, that it is a Phenomenological Research method in its own right; that it conducts Heuristic Inquiry into the nature of awareness and 'being'; recognition that it activates relational Taoism while treading alongside Quantum Physics - which massages Field Theory in a transpersonal direction. The text is written in a direct, authentic and challenging way indicative of a Gestalt Approach.

Keywords

Transpersonal, Enlightenment, Zen, Taoism, Quantum Physics, Heuristic Inquiry, Phenomenology, Fritz Perls.

Preamble

This paper is written in the hope of raising questions rather than seeking answers. As in Gestalt therapy itself I will raise awareness and illuminate influences but leave it to you to analyse yourselves and create meaningful solutions of your own. I write from the perspective of performing as a Gestalt therapist, group facilitator and educator for some 40 years; this is the article's ancestry. As to its contents, I will review the roots of Gestalt inclusive of Zen, Taoism, Phenomenology, humanism plus new boy upon the block – quantum physics. The purpose of this article is to re-awaken you to the essence of Gestalt, which I fear is under threat from the rampant conservatism and philosophical laziness of our times. I know some of you are awake to this essence, so I am speaking for you, plus all other therapists who mourn the demise of the transpersonal in psychotherapy. Yet, how often do so many of us forget even the basics; we pay lip-service to Gestalt's moral code – humanism, but do we really emphasize the intrinsic value and practical agency of the following commandments?

1. Thou shalt strive to promote the greater good of humanity before all selfish desires.
2. Thou shalt be curious, for asking questions is the only way to find answers.
3. Harm to your fellow human is harm to humanity, therefore, thou shalt not victimize anyone.
4. Thou shall treat all humans as equals, regardless of race, gender, age, creed, identity, orientation, physical ability, or status.
5. Thou shalt use reason as your guide, knowledge, observation, rational analysis and heart-felt intuition are the best ways to determine any course of action.
6. Thou shalt not force your beliefs onto others, nor insist that yours be the only and correct way to live happily.
7. If thou dost govern, thou shalt govern with reason and compassion, not with a need directed by personal gain and power.
8. Thou shalt act for the betterment of your fellow humans, and be, whenever possible, altruistic in your deeds.
9. Thou shalt be good to the Earth and its bounties, for without it, humankind is lost.
10. Thou shalt impart thy knowledge and wisdom gained in your lifetime to the next generation, so that hopefully with each passing century, humanity will grow wiser and more humane (adopted from Hagen, C. 2013).

"Compassion is the basis of morality" Arthur Schopenhauer)

As a Gestalt therapist Humanism is our moral code – OK?

Gestalt as Heuristic Research Inquiry into the essence of 'Being'?

Having reminded us of Gestalt's moral and professional code, now to its intentions and tools. Like heuristic research, Gestalt searches for meaning and essence inherent to human experience; it focuses on process rather than results, and akin to heuristic inquiry strives to understand the nature of phenomenon by a deep exploration of the self…

> *"From the beginning and throughout an investigation, heuristic research involves self-search, self-dialogue, and self-discovery; the research question and methodology flow out of inner awareness, meaning and inspiration. When I consider an issue, problem, or question, I enter into it fully. I focus on it with unwavering attention and interest. I search introspectively, meditatively, and reflectively into its nature and meaning" (Moustakas)*

Phenomenology encourages us to approach everyday happenings as new, wondrous and strange, and from a field perspective to appreciate the interrelatedness of all we survey. From this stand-point lived experience is seen as the ultimate source of all meaning and value, anything else being an abstraction or deflection. From a field theoretical stance, we question if anything can truly be 'objective', or that anyone can have an objective view on reality, for 'objectivity' is merely a theoretical convention without real-life substance; a mental attitude science abstractly applies to a subjective relational world. Quantum physics, Taoism and Buddhism, and Gestalt, stressing interconnectedness are all fully at home here. Indeed, to be a Gestalt therapist of excellence one needs to be a phenomenological researcher of excellence! Otherwise, we are busy doing something very different to Gestalt – which is a phenomenological inquiry into 'what is'! Awareness and authenticity in service of phenomenological inquiry are in and of themselves at the core of Gestalt healing. Gestalts lack of theory is a strength here – the more theory the less your contact with your senses and bodily held intuition – reality in the raw!

> "The phenomenological world is not the bringing to explicit expression of a pre-existing being, but the laying down of being. Philosophy is not the reflection of a pre-existing truth, but, like art, the act of bringing truth into being" (Anon).

Gestalt's co-founders were thoroughly steeped in the holistic phenomenology of Kurt Goldstein and Merleau-Ponty's stance of 'focusing on things themselves', plus the awareness principle raised in existentialism and refined in enlightenment philosophies. Fritz even studied Zen in Japan and Paul Goodman was heavily into Taoism. Zen, in turn no doubt fermented Gestalt's emphasis upon 'now', a 'concentration upon what is' and 'phenomenology', plus acceptance that the only norm is 'change' and we should take 'personal responsibility for ourselves'. How dear are these influences to your own Gestalt vision I wonder?

Unashamedly, Fritz Perl's employed the term 'satori' to describe the highest level of development and therapeutic outcome, so wedded was he to Zen. Here are some examples of circumstances we find ourselves playing out and possible interventions inspired by Perls.

Levels of Automatic Sleepwalking where we perform like Social Robots:

A stereotypic/automatic layer: out of contact with self and others we trap ourselves in an inauthentic place where we exchange meaningless social niceties without real contact.

Possible Interventions: 'I start to feel a little hypnotized when I listen to you talking without interruption; is this your intention, to lull me into submission and keep everything light?'/ 'So let's explore your life and history a little more, say you walk your life-line from this corner, symbolizing your birth, to this corner of the room representing now...every so often I'll interrupt your description to question or illuminate further points, is this OK for you - and If not why not?'/ Are you willing to close your eyes, relax and to bring this memory back to mind and breathe life into it…let it guide you for a few minutes…then see what emotions lie behind it'.

A gameplay layer: where we enact social games and roles to achieve the outcomes we desire, without the discomfort of becoming and being authentic.

Possible Interventions: 'I see you as a Father Christmas like figure, giving presents to everybody – but am caused to wonder what happens when Santa goes home; what's life with Mr. and Mrs. Clause like, and how would his kids describe him?' / 'I sometimes see you as a good soldier following orders, but holding back on questioning; as if you are fearful of uncomfortable answers emerging into view - does this vision ring true at all for you?' / 'Use me physically to symbolize this person who you say you find heavy, magnify the pushing and pulling movement you say are feeling around them which you report as painful - and tell me if pushing me or pulling feels the more painful and what words come to mind as you push and pull?'.

Transitional levels we must travel through to gain Awareness:

An impasse/dead-end layer: where we feel stuck and confused without impact or influence.

Possible Interventions: 'I feel as if you're giving me the answer to a question I haven't posed yet, as if I'm being teased into losing track of the relevance and point of this account and of you as a current and present person' / 'Let's rewind the fairy story-line of this real-life film from the beginning and proceed more slowly – I've so many questions left unasked I'd like to return to here and now'! / 'It's hardly surprising that when you've spent a lifetime dwelling upon problems, telling your friends about them and immersed in weekly talking cures keeping coaches and therapists in money for life, that these problems occupy such a large part of your everyday consciousness… do you want to carry on like this or do therapy for real, but if you are addicted to the fashion or social status of therapy just stay home and send me the money' – how lame would that be?.

An implosive and fear of death and extinction layer: we must break through this level to progress towards authenticity and escape our social conditioning.

Possible Interventions: 'I don't buy this portrayal of you as Mr. Nice Guy after what you say you did to your ex-wife!' / 'Who in your life have you felt like giving a good punch in the face, and how close did you come to doing it…indeed, are you symbolically punching others now because you failed to do so then?' / '*Are you willing to explore where you store your anger, if so, lie back in your chair and bring to mind a time recently when you felt anger… magnify this anger…if I say stop this anger now…where in your body do you park it?' / 'What risks have you always avoided in your life?…bring one here now…maybe show what's really behind that false smile of yours.*

The level of Authenticity and Satori:

An explosive layer: we explode into life to express genuine feelings and energy of the true self – when one fully meets and understands the impasse, they awake!

Possible Interventions: 'My breathing has become more and more shallow and faster as I listen to you, as if I'm picking up something energetically you aren't fully expressing, as if you're going to burst – how can I support you meeting this fear and expressing it now?' / 'If you breath into your tension and bring it fully to life, what do you want to do with it next?' / 'You say you've had a breakthrough… before enlightenment chopping wood carrying water after enlightenment chopping wood carrying water – so what's really changed that you need to implement in your life?'

What better description of the enlightenment process of Zen than Perl's description above? Yet how closely informed by this scenario is the Gestalt we personally prescribe to and enact? Have we lost our way or co-created something better – if not indeed worse? For as the examples of interventions demonstrate, a certain robustness and confrontation may be necessary that is too often missing in modern day Gestalt!

Drilling a little deeper into the above, Perls describes the impasse as the position where environmental support is not forthcoming and authentic self-support has not yet been achieved; a no-man's land for the ego! From an experiential standpoint, this state feels like your very survival is under threat and is accompanied by an acute fear of loss of self – a mini death!

> "When you get close to the impasse, to the point where you just cannot believe that you might be able to survive, then the whirl starts. You get desperate and confused. Suddenly, you don't understand anything anymore, here the symptom of the neurotic becomes very clear. The neurotic is a person who does not see the obvious" (Perls).

Perls further states that when one understands the impasse correctly, he or she enters satori.

> "It's the awareness, the full experience of how you are stuck, that makes you recover, and realize the whole thing is not reality" (Perls).

So Gestalt therapy, in this context, is a process of becoming aware of our neurotic tendencies, working through and dropping the roles that one plays so we might fully meet with, experience and pass through a potent fear of death which crescendos in a psychological explosion which dissolves the false self-enabling authenticity and enlightenment to dawn:

> "*The death layer comes to life, and this explosion is the link-up with the authentic person who is capable of experiencing and expressing his emotions" (Perls)*

A part of us dies so we might more fully embrace life! Therapy, in this light, un-disputably treads a spiritual road. I dare say all therapies do this in some small part, but if true to form Gestalt should be more persistent, insistent and brazen about it! Yet, so few of my supervisees and colleagues seem ready or willing to push, challenge or confront a client to encourage them to approach the impasse, never mind supporting them through it! So, where's the original teaching? Has the flame of moment-to-moment awareness gone out? Are we in danger of being 'normalized'.

"What we call "normal" is a product of repression, denial, splitting, projection, introjects and other forms of destructive actions on experience…It is radically estranged from the structure of being" (Laing)

As Gestalt therapists we perform and teach Zen inspired heuristic inquiry into self – OK?

Are we Re-Training our Gestalt Tiger to be a Pussy-cat?

Sadly, modern times have not been kind to Zen and Taoist influences within Gestalt, for they are often isolated from much modern training. A similar fate has largely befallen Fritz himself, as a more person-centred less challenging flavour of Gestalt has seemingly gained prominence! OK, I own my bias, and you might rightly say I'm over-stating the case, but there's truth in all I'm saying never-the-less. Take Perl's original Gestalt Prayer for instance:

The Gestalt Prayer:

"I do my thing and you do your thing.

I am not in this world to live up to your expectations,

And you are not in this world to live up to mine.

If we find each other, it's beautiful.

If not, it can't be helped" (Fritz Perls, 1969).

Notice how pithy, Zen-like and direct this statement is. But no sooner was the old man dead then attempt was been made to water down his original uncompromising prayer:

Beyond Perls

If I just do my thing and you do yours,

We stand in danger of losing each other and ourselves.

I am not in this world to live up to your expectations,

But I am in this world to confirm you as a unique human being,

and to be confirmed by you.

We are fully ourselves only in relation to each other;

> The I detached from a Thou disintegrates.
>
> I do not find you by chance; I find you by an active life of reaching out.
>
> Rather than passively letting things happen I can act intentionally to make them happen.
>
> I must begin with myself, true; but I must not end with myself;
>
> The truth begins with two" (W. Tubbs 1972).

So, we are beginning to cook with 'humanistic gas' now! Much more balanced and acceptable with a tinge of political correctness! But has Zen-like starkness been diluted? Has a loss crept in alongside the gain? Where's the more take-it-or-leave-it independent quality gone? More words but less punch!

This new prayer is all very sensible and hard to fault, but in this loss of starkness is a loss of impact and robust uncompromising contact, the very thing I critique post-modern Gestalt as doing. By all means distance ourselves from Fritz's cigar smoking showmanship and narcissism, but let's not throw out the baby with the bathwater, for we need a bridge to the quantum world in the shape of Taoism in order to update field theory; we need reality and ego confrontation in the shape of Zen to better awaken and broaden a client's consciousness, we need a desire to reform society and correct those healthy conditions that bring our clients to us in the first place! I am not alone in my beliefs, many Gestalt dinosaurs like myself think similarly, that we can still have a sound co-created developmental therapeutic relationship, therapist transparency and robust dialogue, a skilful grasp of the intersubjective nature of an I-thou experience plus everything else modern Gestalt holds dear, and still retain the old school bite!

The revised prayer, though less ego-centric and more relational, feels a tad over-apologetic for past demeanours, yet it prophecies' the general movement of psychotherapy over recent decades, which has become ever more conservative and acceptable as counselling and psychotherapy grew in fashion, became training commodities and adapted themselves to market pressures. But if humanistic therapies are to influence society, isn't this necessary – see the quandary? Stay radical and risk isolation, or dilute the message to reach the many! This said, let's not forget Gestalt, by challenging the status quo was originally a potent driver for change. The founders of Gestalt, along with many other therapies were reacting against an emotionally repressive and regimented society, so change was on their agenda, which I cannot emphasize enough needs to remain so in our dis-at-eased modern times. Remember, humanism and Gestalt were primarily reacting against and providing counterpoints to

Freudian Psychoanalysis – that reduced human behaviour to unconscious drives, plus more widely afield Skinnerian Behaviourism – that favoured instinctive motivations. They were intent on freeing the human spirit. As society is still breeding neurotics in its image, therapy as change agent is needed still!

Sadly, legally enforced normalcy, as demonstrated in 1930's Nazi Germany has been observed to be currently spreading in the 21st Century throughout the Western World. So, a new consciousness along with a new Society needs seeding if we are to recreate a healthier world. Gestalt psychotherapists, I believe, have been too silent here, as they were during the immoral Covid times when humanistic values were murdered by government, a tamed press, the World Health Organization, medical orthodoxy and the interests of the big pharmaceutical companies, who the research suggests caused many more deaths through fear, suicide and lowered immunity due to ineffective vaccinations than Covid ever did. Where were you as humanists when the world needed champions for health? We really must walk our talk and stand up as agents of health. My own attempts are in the biography of this text – so I'm not 'all mouth' on this topic!

Obviously, we should not look to society for an example of health, but view it more as the field condition that causes ill health. For a truer example of super-health consider Maslow's qualities of self-actualization…

> Perceive reality efficiently; Tolerate uncertainty; Accept themselves and others for what they are; Be spontaneous in thought and behaviour; Maintain a good sense of humour; Be problem-centred rather than self-centred; Be highly creative; Be resistive to en-culturalistion but not purposely unconventional; Demonstrate concern for the welfare of mankind; Be deeply appreciative of the basic experiences of life in a child-like way; Establish deep satisfying relationships with a few rather than court the friendship of many; Look at life philosophically and objectively (after Maslow 1967).

This is light years ahead of WHO's definition of health; these are steps towards individual enlightenment and human fulfilment, much more in keeping with the health we as Gestalt therapists should be entertaining - not merely the absence of DSM categories!

> "The fact that millions of people share the same vices does not make these vices virtues, the fact that they share so many errors does not make the errors to be truths, and the fact that millions of people share the same form of mental pathology does not make these people sane" (Erich Fromm, 1955).

How much better society would be running on humanistic rather than commercial and power-hungry principles, and splicing Maslow's vision of health into its medicalized

policies? Not to mention doing the same with main-line education. But until then Gestalt has a counter-cultural role to play championing health and human potential.

To mystics, phenomenologists and Gestaltists alike, real knowledge is experiential and comes through clear contact and engagement. Perls knew this, he didn't teach courses nor set exams, he transferred Gestalt live in contactful groups, in practical seminars and person-to-person demonstrations. He wasn't restricted nor imprisoned by social and professional structures. Indeed, me writing about Gestalt right now, would likely have been seen by Perls as bull-shitting! For anything other than being or doing would be taken as a pale reflection of the real thing – an inauthentic re-creation. Unlike ballet, Gestalt is an art form defined by spontaneous non-choreographed movement.

> "*We live in illusion and the appearance of all things. There is a reality. We are that reality. When you understand this, you see that you are nothing, you are everything. That is all" (Buddha).*

As Gestalt therapists we champion self-actualization and holistic-health – OK?

Gestalt as Taoism for the Twenty-first Century?

Zen notions of giving up the self to find the self were core Taoist principles long before they became Zen or Gestalt! Just as Zen encapsulated much of Gestalt long before it was named Gestalt, the ancient Taoists taught the essence of Zen long before the Japanese had even heard of Zen – 4,700 years ago!

Indeed, how Gestalt are the ancient Taoist recommendations below? – not to say flavoured by the origins of Confucian thought which is largely humanistic in spirit.

Cherish every encounter*. Realize all human encounters are special, irreplaceable and to be treasured – so Wake-up!*

Experience the moment. *Acknowledge that every contact is a once-in-a-lifetime experience for "Now is all there is!"*

Change is the only constant. *Life is a series of natural and spontaneous changes so let things flow naturally forward in whatever way they like.*

Everything is impermanent*. Know your thoughts, your pains, your sufferings, your body and time are fleeting; that whatever we see in our environment was once different*

and will soon be different again, face up to life as loss – birth is okay and death is okay they are only mental concepts.

***Faulty perceptions**. Accept that things are never what they seem, for our perception is subjective, self-serving, and fallible.*

***Suffering**. Realize disasters will happen and that people get sick and die and loss is a constant part of life.*

***Path to wisdom.** Be creative and experiential for enlightenment relies on intuition, metaphor and poetic appreciation.*

***Paradox**. As life is paradoxical use paradox; intellect is deceptive so illuminate its limitations; there is more unknown than known so welcome the unknown; get between thoughts to stop thoughts.*

If humanism supplies Gestalt's moral relational compass, then Zen and Taoism supply respectively its spiritual and holistic vision, yet what percentage of this rich vein informs trainees' preparation to Gestalt? It never entered mine! My appreciation of Fritz was also acquired from other than my training sources who largely ignored him.

To free us from conceptual thinking Taoism encourages us to clear away intellectual debris, so we might appreciate the sensory world around us! Doesn't Gestalt convey the same message concerning social debris and redundant habit? But we are not being told to reject intellect nor the socialized world but rather to see through and beyond it – so we may acknowledge what is divine and unchanging! So all is change apart from what remains unchanging? But mankind has chosen an arrogant fate…

> "Man is the only creature who refuses to be what he is" (Albert Camus).

Just as Gestalt updated Taoism, quantum physics is now threatening to update Gestalt's field theoretical vision! How come Taoism got to inform Zen let alone Gestalt? Time for a brief history lesson dear reader! Taoism entered Japan via Dogen, a 13th Century Japanese Buddhist monk who studied in China, who re-named the sitting meditation he returned with – 'Zen'.

> "To study the Way is to study the Self. To study the Self is to forget the self. To forget the self is to be enlightened by all things of the universe. To be enlightened by all things of the universe is to cast off the body and mind of the self as well as those of others. Even the traces of enlightenment are wiped out, and life with traceless enlightenment goes on forever and ever" (Dogen)

This practice of casting off the egotistical self in order to attend to the stream of life, encouraged by Gestalt and Taoism, runs counter to habit and necessitates the operation of "character," in the shape of ego-less-ness and selflessness. The most important training for these, are personal development and therapy; especially group work to my own biased mind. True phenomenological inquiry, the crux of Gestalt interventions, needs a dilution of ego, self and preconception to be effective. So Gestaltists of excellence must therefore work on themselves in this egoless direction – for it lies at the heart of their prime tool of phenomenological inquiry!

Recently science, in the shape of quantum physics has reawakened Gestalt's beloved field theory, but in Taoist ways as it has concluded there is no fixed material 'stuff', for the Universe is suggested to be self-organizing and non-material – 'a living organismic field, where all is built from psycho-physiological energized building blocks! It is but a small step for Taoism and Gestalt to dance in tune with the notion that 'fundamental awareness' enshrined by consciousness, holds both 'universe' and the 'I' together. In this context, has the divine now come to earth?

> "*Each of us is a 'cell' of the Absolute Mind. If we can expand our minds, we can tune into Absolute Mind, the Mind of God. We ourselves, if we can harness Absolute Mind, can become God" (Michael Faust).*

As Gestalt therapists we teach Taoist informed mindfulness – OK?

Gestalt as a Mindful Journey towards Spiritual Awakening?

There's obviously no denying there was more than a touch of Zen about Fritz Perls; one of his earlier pupils In conversation with me said:

> "Fritz was just like a Zen or Taoist Master, who challenged and woke you up by smearing himself all over you" (Joseph Zinker)

Perls Zen-like sayings echo this flavour, being akin to a one-line Zen koan designed to stop thought in its tracks!

"*If you are bored, you are not paying attention"*

"Lose your head and come to your senses".

"The person most in control is the person who can give up control".

"Don't push the river it flows by itself".

"Anxiety is the gap between now and later".

"Nothing changes until it becomes what it is.

"The only difference between a wise man and a fool is the wise man knows he's playing".

"Fear is excitement without the breath"

(Perls).

Standing back a little, it appears Fritz and Laura Perls brought very differing flavours to Gestalt's table. Carl Rogers, the founder of Person Centered Therapy at one time worked nearby to Fritz and Laura, and said to his students:

> "*If Laura's students come to us knocking on the door – let them in with open arms, they are just like us, but if they come from Fritz keep them out at all costs!" (Rogers)*

There is much in Laura to cherish – and I think long-term, much Gestalt has gone in her direction rather than Fritz's less accommodating one. Forget Zen with Laura and think more heart, existential philosophy and razor-sharp intellect…

> "Real creativeness, in my experience, is inextricably linked with the awareness of mortality. The sharper this awareness, the greater the urge to bring forth something new, to participate in the infinitely continuing creativeness in nature. This is what makes out of sex, love; out of the herd, society; out of wheat and fruit, bread and wine; and out of sound, music. This is what makes life liveable and incidentally makes therapy possible. (…) Gestalt therapy, with its emphasis on immediate awareness and involvement, offers a method for developing the necessary support for a self-continuing creative adjustment which is the only way of coping with the experience of dying and, therefore, of living" (Laura Perls).

If Fritz was the warrior spirit maybe Laura was the body and mind of Gestalt!

While Fritz basked in the spotlight of the Esalen Institute and world-wide fame, Laura stayed home continuing to run the New York Institute for Gestalt, becoming its mainstay for over 30 years. She was busy in the therapeutic kitchen raising the family of our next generation of Gestalt therapists no less! Commendable indeed, but has her more Roger's friendly Person-Centered approach become more the Gestalt norm these days? Did she civilize Gestalt, making it more a method than a movement?

> "The Gestalt that can be spoken about is not the true Gestalt!"

On rare occasions, to orientate clients to the unknown and unknowable, destabilizing their limiting conventionality or rigid conformity, I have even been known to nibble at false certainty by sharing such a classical hard-edged Zen koan as:

"What was the shape of your face before you were born?"

And the answers I received from were always surprising:

"That's a mystery, but the blueprint was no doubt always waiting in the genes of my ancestors".

"I'm still waiting to be born – that's why I'm here!"

"This face is not mine, this shape does not belong to me, both are on loan!"

"Good question, if I'm unborn I am not yet with face or shape, so still unformed within the universe – where one day I will return."

Asking the same question of our daughter, now eight years, I got the most Zen-full of answers:

"The shape of my face before I was born was that of a flamingo!"

I guess she wins the prize of being my next Zen master!

Change the rationale and you change behaviour. The blue-print of habit must be challenged for new behaviours to flower. Zen takes us to areas where reason is like a fish out of water, so near to chaos and confusion, knee deep in the fertile void where growth and creativity lie in wait, and our obsessions with doing the correct thing and dependence on rules – must of necessity fade and die.

For example, how about the following Zen friendly interventions as mind stretchers lubricating territory beyond the norm:

'Are you truly conscious here and now – how do you really know?'

'What were you conscious of a moment ago – what changed your focus?"

'When you are not fully here where do you go – describe that place to me?'

'How does thought arise – what are you doing to think this way?'

'Where do you go between your thoughts? – tell me next time you're there.'

'If there is no such thing as time where is memory – is memory here now?'

'When are you fully you – when are you less you and who is the you you identify with?'

As demonstrated earlier, surprising questions as these can produce correspondingly surprising answers opening fresh doors into the psyche; enriching the territory for future therapeutic communication. Take the usual conventions away and freedom of form rules. Destabilizing our tendency to operate on automatic pilot. We no longer need to dumb ourselves down to fit ourselves in! How might you dear reader be consciously and unconsciously self-recreating yourself at this moment? After all the self…

> ".. is not an organic thing that has a specific location, whose fundamental fate is to be born, to mature, to die; it is a dramatic effect arising diffusely from a scene that is presented" (Erving Goffman, 1959).

As 'the self' is as much 'field' as 'person'. What does 'being' become when facing a mirror-less void? Eternity in waiting? Touched by cosmic presence? Extinguished? Life in the raw? Madness to a normal socialized mind who lives in and through social mirrors to the degree of losing itself. But a normal socialized mind is mind-numbing vexing madness to an awakened man – poor Ronnie Laing, the anti-psychiatry guru quoted below, was himself driven to drink by medical orthodoxy and normality.

> "Where can you scream? It's a serious question: where can you go in society and scream?" (R. D. Laing).

As Gestalt therapists we seek to awaken slumbering humanity – OK?

Gestalt as a Metaphysical and Quantum Journey towards Super-health?

Luckily, to support a metaphysical Taoist cum Gestalt view of the known world we have quantum physics coming on-board and joining the crew, to confirm that reality is nearer 'a thought than a physical structure', a field theoretical phenomenon no less, maintained by individual and mass projection, as many Gestalt practitioners have been saying all along. For instance, hard science in the guise of quantum physics says about our supposed physical reality:

Objects appear to gain mass the faster they move;

Electrons metamorphose before our eyes and seemingly can't decide if they are really particles or waves or both – but only when observed;

Experimenters have seen how light going through a series of blind ‘double slit’ experiments seems to know before it begins exactly what kind of traps have been set for it along the route, as if reading the researcher’s mind!

‘Time’ itself is not consistent, as long-term space travel and atomic clocks prove time to be gravity and field related!

Such is the degree of ‘intelligent’ interconnectedness implied in the universe, that quantum physicists say it’s impossible to truly separate thought and consciousness from matter, and that the universe is nearer one great thought than one great physical system;

Energetic sub-atomic particles have been observed to not just pop-in and out of existence as if travelling through time, but to collapse when subject to observation;

Some physicists believe consciousness holds the cosmos together;

Nor is distance so important, for as we discussed in ‘quantum entanglement’ two particles become so mysteriously linked that change in one simultaneously brings change in the other even when these are thousands of miles apart;

Quantum physics suggests that the belief system and consciousness of a person can change sub-atomic elements to in turn influence physical reality;

Quantum energy waves are suggested to move back and forth between the present, the past and future, the only time they stay in the present and become matter being when our minds focus attention on ‘waves of possibility’ to the extent they form into recognizable material substance.

We seem to be being reminded in a Taoist and field theory fashion that everything is interconnected to everything else, that observation and awareness have an intrinsic power to foster physical change, that thought and matter communicate in some way, that time and mass are elastic, that consciousness may glue our universe together and that we are the authors not only of our own lives and reality but of the universe also!, that we ‘think’ our world into being and manifest it through concentrated awareness…

> “According to quantum field theory, fields alone are real. They are the substance of the universe not ‘matter’. Matter is simply the momentary manifestation of interacting fields which intangible and insubstantial as they are, bare the only real things in the universe” (Gary Zukav, 1971).

You, in and of yourself, comprise a complete system or field, for all and everything is systemic – nothing lives in glorious isolation! So, to recap, in quantum physics, 'awareness' is muted throughout as the universe's as its underlying glue, irreducible to anything else. Indeed, awareness and existence are taken as the same, supporting the premise that the universe is non-material and self-organizing, a hologram of complementary interacting fields within systems where we all interconnect as observers and subjects – for one it is suggested couldn't exist without the other! What is more, chaos, as in the form of a 'fertile void' beloved of Gestalt, is being seen as important for the development of 'adjacent possibilities' from which adaptation and evolution evolve. For complete order prevents adaptive change and unconstrained disorder disallows self-organization.

I am encouraging you in this text to let go of old habits of mind and to keep your questioning constantly alive in order to preserve your phenomenological vision. Quantum physics, like Zen, like Gestalt, extends our facilitative horizon by bursting through the nullifying effects of common sense!

> "The idea that there are multiple versions of you, existing across worlds too numerous to count, is a long way from our intuitive experience. It sure looks and feels like each of us is just one person living just one life, waking up every day in the same, one-and-only world. But according to an increasingly popular analysis of quantum mechanics known as the 'many worlds interpretation,' every fundamental event that has multiple possible outcomes — whether it's a particle of light hitting Mars or a molecule in the flame bouncing off your teapot — splits the world into alternate realities" (C. S. Powell, 2019).

The above 'many worlds Interpretation' is argued by some as an underlying mechanism keeping everything in balance! Thereby is a logical argument for its existence! But I'm not saying I believe everything quantum physics says, but I don't disbelieve it either. There's the trick! Stay Gestalt, stay phenomenological, stay field aware and stay in living intuitive contact with the questions!

Don't waste time wrestling with the question or striving after answers, but in the facilitative Gestalt tradition wonder where this question originated and what it's latent message might be. Underpinning all this quantum speculation is the notion that everything starts and ends with immaterial Universal energy.

> "The atoms or elementary particles themselves are not real, they form a world of potentialities or possibilities rather than one of things or facts" (Werner Heisenberg).

So, nothing is ‘real’ though everything seemingly ‘is’! So here we are falling down the rabbit-hole in hot pursuit of Alice tumbling towards Wonderland and we can’t do a damn thing to stop it! But how can our intellect feel trapped in territory such as this with such a freeing notion as the non-materialism of matter? A science derived Zen koan if ever there was one! How can we ever die when we never existed? Is de-constructed thought true Gestalt informed thought?!

> “There are only two ways to live your life. One is as though nothing is a miracle. The other is as though everything is a miracle” (Albert Einstein).

With matter and anti-matter particles constantly dancing in and out of existence, with all else quantum physics is illuminating, what are we left with? It’s ever so simple really, reality is indeed beyond our wildest imagination and most surreal of dreams. So accept it as such. It was so much easier when we accepted and believed unquestioningly that we were all held in the mind of God! Truly, why don’t we just call sub-atomic particles miraculous and Godly? Why waste so much time trying to understand what is fundamentally inexplicable and astounding? Let’s just take everything as miraculous and move on! Is not ‘God-like intelligence’ being illuminated by quantum physics as inherent to the universal field?

Aspects of therapeutic facilitation, till now largely a mystery, can perhaps be explained by a law quantum physicists term ‘quantum entanglement’, when two particles become so mysteriously linked that change in one simultaneously brings about similar change in the other; even when these are miles apart. Einstein called this phenomenon “spooky action at a distance”. In psychotherapy we naturally seek to co-create an energetic bridge or “force field” of health through which to influence the other, which invites entanglement process into our relationship:

> “From the perspective of quantum entanglement, if the therapist holds a healing frequency in this field, the client would naturally feel and move into this rhythm of empathic resonance. Furthermore, this field of healing energy would not be limited to the office setting. In fact, it would not be limited in time or physical space at all. In other words, once this field is generated, the healing process would continue between sessions, regardless of how much time or space separates the therapist and client, or the sessions” (Duiven undated).

This may also explain certain supernatural aspects of therapy? Such as how we intuitively pick up a pending or distant crisis in bud from clients in far off places, as if a web of feeling had been woven between us. Or why protagonists addressed by clients in therapy appear themselves to undergo change and are different in subsequent meetings? Everything is interconnected and influenceable!

> "There is a temporal style of the world, and time remains the same because the past is a former future and a recent present, the present an impending past and a recent future, the future a present and even a past to come; because, that is, each dimension of time is treated or aimed at as something other than itself and because, finally, there is at the core of time a gaze" (Maurice Merleau-Ponty, 1974)

Remember, the best of therapy is not a method but the transfer of 'a healthy energetic way of being' that a client eventually learns to repeat and capture for themselves, sometimes conveyed through a loving gaze. Loosen your hold on yourself, leave 'the poor me' behind, dare to be the person you've always wanted to be.

"We think our world into being" (Tomas Qualls)

As Gestalt therapists we support and are supported by quantum reality – OK?

Epilogue

At the last, Gestalt enacts a phenomenological inquiry into super-reality with an intention of bestowing super-health, and by implication individual enlightenment and social reform. Not easy but never boring.

Socialized by humanism, sanctified by Taoism and supported by quantum physics, Gestalt in its original Zen inspired form has much to offer – if we only get out of its way and let it! It is possibly the best hope we have of defeating our major internal enemy, the automatic brain – which issues orders from the amygdala and hippocampus to over-ride our conscious-intent housed in the cortex. The automatic brain, in league with the autonomic nervous system operates at 40 million impulses per second, our conscious mind at only 40 impulses per second! So guess who usually wins? Not intellect and reason! Can we, I wonder, become supermen and women if we get between and beyond our thoughts to step-up, metaphorically, to the speed of light at 40 million impulses per second? Journey towards enlightenment no less? But how to influence the automatic brain, the saboteur within, is the real question? Gestalt I propose is an excellent tool in this struggle.

The automatic brain far outstretches our more usual conception of the unconscious mind as, it includes out of awareness wisdom from psychogeniology, the collective unconscious of our species and all that's written into our humanoid software since life sprang up some seven million years ago. Likely it was even gathering data when we

were mere bacteria! As an organ of species survival it is never wrong – after all it's got us here since our arrival as dust upon meteorites! But because it functions upon old successful programmes which it attempts to apply computer-like to now, it doesn't recognize current healing, enlightenment nor growth, for these come from awareness – not previous lessons of destiny and fate. So it's blind to loving relationships and all those relational updates that make life worth living.

So how are we to re-write our software? By uncovering and illuminating patterns held in the automatic brain. For when awareness is thoroughly absorbed in the organism that we are, it enters the cortex to change neuro-pathways, at which point the automatic brain relaxes its survival at-all-costs-driver and settles down to allow new things to happen, unimpeded.

For healing at this level, Zen-like confrontation of self is necessary. For we must change perception in order to change self and reality. A very robust relationship indeed is needed for this. Nothing less will undo cellular memory. Come back Fritz all is forgiven! Luckily the automatic brain can't distinguish between what is physically happening and the experiences of dreams and imagination, so guided fantasy is as effective as physical enactment. So as Fritz suggests we must travel through pain (the impasse), imaginatively at the very least, for the undoing of this earlier imprinting and conditioning for true healing. But taking clients to and through the impasse is just the beginning, we must also support them in the healing phase, post-impasse, when the nightmare really begins as they painfully attempt to dovetail their newly emerging self into an old un-updated life-style. Gestalt thus needs to be a confrontational sandwich! Supportive education to its processes and our clients' individual nature in the beginning, confrontation and impasse in the middle, then life-style support until the new self is re-orientated and self-supporting kicks in to a newly awakened reality.

As quantum physics informs us, the external world is held together by consensus and projection. We are the creators of our reality. So, the medium of our salvation is within our own psyche and body, via a focus of mindfulness and awareness. In these terms, fighting the self is the only fight worth fighting. Individually it's all up to us – the mindful ghost inside the machine. For the automatic brain, untainted by awareness and emotion, has more in common with the reptilian brain than the seat of our consciousness.

With this species survival monster of the automatic brain attempting to run us, what then is the purpose of life? Well, we come here not so much to acquire ever more toys and trophies nor to merely survive, but perhaps to realize ourselves by differentiating

self from all other, automatic brain included – which paradoxically awakens us to realize we are the co-creators of everything else! We are the universe and the universe is us!

Question everything, radiate love and compassion to yourself and others, cultivate good humour, laugh at your emotional dramas, send your intellect on holiday and let intuition and compassion guide you through the miracle of life you are now living. What have you got to lose but the 'little self' – in order to find your 'greater self'!

> "Ardently do today what must be done. Who knows tomorrow you may die" (Zen saying)

Being Gestalt means humanism furnishes our morals, we practice phenomenological heuristic inquiry, we function as change agents and champions of super-health, we teach spiritual mindfulness and welcome our duty to awaken others and initiate individuals into the miracle of life and themselves – OK?

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This paper is extracted from a work in progress entitled: Through and Beyond the Soul of Gestalt – An Inquiry into the Facilitation of Transpersonal Psychotherapy. Barber, P. and Barber, S. (2023).

Barber, S. (2023) in on-going conversation with the author who acted as Devil's Advocate for this paper alerting me to the finer points of philosophy, quantum physics and all else I was apt to take for granted!

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Biography

Paul Barber (PhD, MSc, BA, EAGT, Fellow Roffey Park). Before finding Gestalt, I was an art student, tug-man, mental nurse and psychiatric nurse senior tutor. Later I trained in Group Analysis, Therapeutic Community Practice, Psycho-synthesis, Co-Counselling and Transactional Analysis – I was hungry for meaning and experienced much but still remained lost. While Director of the Human Potential Research Group (Surrey University) I developed Gestalt informed MSc's in 'Change Agent Skills and Strategies' and 'Management Consultancy', coached and consulted the business community internationally. Later as a visiting Professor at Middlesex University I taught Gestalt influenced qualitative research methods on their 'Doctorate in Psychotherapy' in Metanoia – I achieved much but still could not fill a sense of emptiness within. After an international career spanning 50 years as an organizational consultant, tutor in psychotherapy and academic, at the tender age of 67 I fell in love with Sinziana - the shadow consultant of this paper, married and moved from the UK to Bucharest with our daughter Lily, now 8 years old - finally I tipped the scales and felt more of a human being than a human doing.

I welcome dialogue and reactions to this paper at gestaltinaction@msn.com

Compassion Fatigue and Factors that Enhance Compassion Satisfaction Impacting Gestalt Psychotherapists

Audrey Agius, Rose Falzon, Paul Formosa and Violetta van Vliet

Abstract

Care-giving professionals share the weight of emotional distress in the healing process with many clients. There is an increased risk that the indirect exposure to traumatic events recalled by clients, leave an impact on psychotherapists such as that of compassion fatigue (CF) and burnout. However, there are also mitigating factors that enhance compassion satisfaction (CS).

This Quantitative research hypothesises that psychotherapists who practice Gestalt therapy as a modality and have integrated it as a way of life, will have scores that positively correlate with higher levels of CS, and lower levels of CF and burnout. This research study investigates the reported levels of CS and CF in a national sample of warranted Gestalt Psychotherapists working in Malta. It examines which variables related to the modality of Gestalt Psychotherapy derived from the Fogarty scale, support CS and mitigate CF. The formerly mentioned hypothesis underpinning this study was accordingly confirmed.

Keywords

Gestalt psychotherapists, gestalt key concepts, compassion-fatigue/satisfaction, burnout, quantitative research.

Introduction

Care-giving professionals often aid the healing process of traumatised clients by sharing their emotional distress (Herman, 1992). This is because effective therapy for trauma rests on supporting the client "to work through the traumatic experience" (Bride et al., 2007, p. 155), wherein the practitioner listens to the client's memories with the aim of bringing closure to such an experience. Berzoff and Kita (2010) maintain that working with clients' suffering and traumatic experiences generates existential, moral and ethical issues, leaving emotional consequences on the practitioner, such as emotional exhaustion, a reduced sense of compassion and a developed lack of willingness to care - "Hearing seemingly endless narratives of pain overwhelms the most self-aware practitioner" (p.344). Furthermore, care-giving professionals working with mental health clients are inclined to neglect their own self-care needs when they are absorbed in their client's needs (Ibid.).

Charles R. Figley (1995) conceptualised 'Compassion Fatigue' (CF), referring to a form of burnout that exists amongst practitioners. CF differs from a mere burnout that may be experienced by a person in any other occupation. This is because the taking in of clients' negative and traumatic experiences leaves an impact on the practitioner's personal life and professional role (Berzoff & Kita, 2010). Figley (2002) presents a multi-factor model of CF, illustrating that care-giving professionals who restrict compassion-related stress, effectively tackle traumatic memories and manage work-load effectively, are in a better position to avoid CF (Figley, 2002). Furthermore, Figley's model also suggests that developing ways to enhance satisfaction and to emotionally as well as physically separate from work, limits the chances of experiencing compassion stress (Ibid.).

Research suggests that there is no direct and automatic link between mental health professionals' prior traumatic experiences and demographic characteristics such as age, marital status, and profession vis-a-vis other psychological experiences such as burnout and CF (Marcus & Dubi, n.d.). Nevertheless, mental health professionals such as Gestalt psychotherapists are susceptible to consequences, both physical and psychological, in their journey with clients who are dealing with traumatic events. As a result, the practitioner may him/herself need assistance to deal with such consequences (Figley, 1995; Pearlman & Saakvitne, 1995).

Moreover, contextual variables, such as factors related to a supportive work environment and adequate supervision (Boscarino et al., 2004) and other variables such as rural/urban settings and public/private organisations (Sodeke-Gregson et al., 2013) are believed to affect risks of burnout and Secondary Traumatic Stress (STS). Furthermore, access to training and relevant resources is believed to mitigate burnout and STS,

while high levels of the practitioner's personal level of control and autonomy are said to mitigate burnout (Abu-Bader, 2000). In fact, contextual issues are given due importance in the analysis of burnout, STS, CF and Compassion Satisfaction (CS) in care-giving professionals (Sodeke-Gregson et al., 2013). Despite the negative effects mentioned above, there is also a positive facet associated with care-giving professions (Andersen & Papazoglou, 2015). Many of such professionals are motivated by a sense of satisfaction derived from supporting clients (Stamm, 2002).

Conceptual Framework of the Study

The objectives for this descriptive, exploratory study are to:

- Investigate the reported levels of Compassion Satisfaction (CS) and Compassion Fatigue (CF) in a national sample of Warranted Gestalt Psychotherapists working in Malta.
- Examine which variables related to the modality of Gestalt Psychotherapy most strongly predict CS and CF.

Derivation of the Hypothesis:

- Can Gestalt therapy practice reduce the experience of compassion fatigue endured by therapists through their work with clients?
- Does the practice of awareness and self-care have the capacity to enhance therapists' ability to tolerate negative affects arising from the practice of the profession?
- Does CS derived from contact with clients act as a protective factor that may mediate the effects of CF in Gestalt Psychotherapists?

The hypothesis underpinning this study is that: therapists who practice Gestalt therapy as a modality and have integrated it as a way of life, will have scores that positively correlate with higher levels of CS, and lower levels of CF and burnout. This research study will examine which key concepts of Gestalt Therapy practice positively correlate with CS and/or mitigate CF.

Literature review

Below is a comprehensive review of the literature related to CF, CS and burnout, as well as the seven key concepts that characterise Gestalt therapy that have been derived from the Gestalt Therapy Fidelity Scale (GTFS) (Fogarty et all, 2016). The consequent section presents the unique contribution of Gestalt theory in reinforcing the self-care practices and its application, such as self-awareness, self-regulation, and self-care, as the underlying principle of the efficacy of psychotherapy (Brownell, 2000).

The distinction between burnout and Compassion Fatigue (CF)

Literature suggests that there is a distinction between burnout and CF (Maslach et al., 1996; Pines & Aronson, 1988). Burnout is defined as "a syndrome of physical, emotional, and mental exhaustion" (Marcus & Dubi, n.d., p. 223). It is the state of mental and physical tiredness that is associated with exhaustion and a failure in professional performance, also linked with mental health conditions such as Post-Traumatic Stress Disorder (PTSD) and depression (Conrad & Kellar-Guenther, 2006). Moreover, burnout is usually associated with the care-giving professional's environment, such as case load and other workplace stress (Stamm, 1997). Burnout poses a risk of erosion in the practitioner's self-confidence (Herman, 1992). While burnout develops gradually and progressively, CF is rather instant and more intense. Furthermore, contrary to burnout, CF can be caused by a one-time traumatic experience and leads to a decreased level of empathy from the practitioner's side while burnout does not necessarily affect the practitioner's empathy towards the client (Figley, 2002).

CF may be defined as burnout accompanied by an accumulation of repercussions deriving from empathy with clients (Portney, 2011). CF, alternatively referred to by some as secondary traumatic stress (STS) (Collins & Long, 2003), results from the practitioner's overexposure to suffering and/or traumatised clients rather than to trauma itself (Cocker & Joss, 2016), and is referred to as the "cost of caring for those who suffer" (Figley, 1995, p.9). The practitioner's overexposure to suffering and trauma is cumulative and is developed over long periods of time (Adams et al., 2006). Figley argues that when a practitioner repeatedly and empathically engages with traumatised clients, the former "takes on" some of the clients' experiences, in an attempt to understand the client's reality (Figley, 2002a, p. 1437). This could result in "a state of exhaustion and dysfunction biologically, psychologically, and socially as a result of prolonged exposure to compassion stress and all it invokes" (Figley, 1995, p. 253) and could eventually lead to CF unless it is properly identified and tackled (Figley, 2002, p. 1437).

Gestalt Therapy emphasizes the relational dynamic and the co-created nature of experience in the clinical practice (Joyce & Sills, 2001; Mann, 2010). It has been reported that the relational aspect of embodiment in the clinical alliance has been neglected (Fogarty et al., 2016). "The therapist calibrates her own presence and embodiment to support and/or resonate with the client's kinaesthetic experience" (Fogarty et al., p. 38). Awareness of body process was a unique contribution of Gestalt therapists (Brownell, 2000, p. 43), derived from Wilhelm Reich's insight that past emotional experiences are carried in habitual bodily tensions (1961). Further on, the concept of working with the body process, its healing-therapeutic tasks with an emphasis on the embodied field has been researched and developed (Keppner, 1987/1995/2003; Levine 1997/2010; van der Kolk 2015). The other fundamental concept in Gestalt Therapy ie., field sensitive practice, points out that any event or experience is the result of many factors which are part of a person's life space (Fogarty et al., 2016). The authors note that this concept focuses on more holistic, interconnected, and systemic approach that a person's experience and behaviour cannot be isolated from the rest of the elements of the field (ibid). Lynch and Lobo (2012) add that systematic and organisational elements, such as highly demanding tasks and extra workdays are other possible risk factors leading to CF. Figley explains that practitioners who go through CF experience a lack of interest to empathetically engage with clients and may also experience exhaustion, sadness and a lack of enthusiasm amongst other symptoms (Figley, 1995, 2002).

Some argue that CF is a combination of STS and burnout while others hold that burnout and STS are often used incorrectly as alternative concepts to CF. Even though the three concepts are related, they are separate outcomes of a practitioner's exposure to suffering/traumatised clients and their experiences. Burnout is the result of an "assertiveness-goal achievement response and occurs when an individual cannot achieve his or her goals" (Cocker & Joss, 2016, p.2). The professional consequently feels a sense of loss of control and thus feels frustrated and a decrease in confidence (Ibid.). On the other hand, STS is the result of a "rescue-caretaking response and occurs when an individual cannot rescue or save someone from harm and results in guilt and distress" (Ibid., p. 2).

Negative effects of Compassion Fatigue (CF)

Adams et al. (2006) argue that the higher the practitioner's ability to empathise with the client, the more prone he/she is to CF. Detrimental effects of CF on the care-giving professional's personal and occupational spheres are multiple (Figley, 2002a; Anderson & Papazoglou, 2015), including behavioural, cognitive, and emotional effects (Bride et al., 2007). In fact, should CF not be effectively identified and addressed, it may lead to further difficulties including "psychological damage" (Lee et al., 2014) on the practitioner

that may then have further negative impacts, such as a lack of good quality care given to the client and diminished job satisfaction (Sprang et al., 2007; Alkema et al. 2008).

Compassion Satisfaction (CS)

Compassion helps the professional understand "the mysteries of resilience, the complexity and capacity of the mind to survive, and the creativity of the human spirit that can find meaning in some of life's worst events" (Berzoff & Kita, 2010, p. 348). Introduced by B. Hundall Stamm (2002), CS refers to "the feelings of increased motivation and satisfaction gained from helping those who suffer" (Anderson & Papazoglou, 2015, p. 661). Practitioners who experience CS enjoy enhanced feelings of success and satisfaction when dealing with traumatised clients. In turn, this is directly related to heightened levels of job commitment, professional performance, and quality of personal life (Stamm, 2002). Berzoff and Kita (2010) add that such compassion is what keeps the care-giving professional motivated and engaged in caring professions. According to Stamm (2002), CS comprises of three elements:

1. the level of satisfaction that a person derives from their job,
2. how well a person feels they are doing in their job, related to the levels of competency and control that therapists feel they have over the traumatic material they are exposed to, and
3. the level of positive collegiate support that a person has, with aspects of structural and functional social support being particularly important. (Sodeke-Gregson et al., 2013, para. 2).

Gestalt Therapy Fidelity Scale (GTFS)

Gestalt therapy's key concepts as mentioned by Fogarty et al. (2016): increasing awareness, working relationally, working in the here and now, phenomenological practice, working with embodiment, field sensitive practice, working with contacting processes, and experimental attitude, have been derived from the consensus of a panel of experts and operationalized into the Gestalt Therapy Fidelity Scale (Fogarty et al, 2016). In this research, GTFS has been adapted into the instrument: therapist self-assessment questionnaire, assessing the relevance of the Gestalt key concepts adapted from The Fogarty Scale, in order of relevance to the Gestalt practitioner. The authors note that GTFS promotes relational perspectives that have become central to contemporary Gestalt Therapy practice. The aim of this research is to increase awareness amongst psychotherapists about possible negative effects: risks psychotherapists are "exposed" to, as well as positive practices that can prevent and/or mitigate CF.

The Relationship between CF and CS

There is still a lack of research on the relationship between CF and CS. However, Stamm (2002) argued that a care-giving professional may experience both at the same time. Nevertheless, if CF rises, it may also limit the professional's ability to experience CS (Bride et al., 2007). Moreover, apart from reducing the practitioner's satisfaction levels, CF also impacts on the practitioner's ability to effectively support clients (Figley, 1996, 1999).

Preventing and mitigating CF

Particular variables have been pointed out as acting as risk/protective factors for CF. Studies claim that coping abilities and the practitioner's ability to make meaning out of traumatic experiences may act as strong variables for one's emotional functioning (Ortlepp & Friedman, 2001). Particularly, Figley (2002) presents two variables which enable the practitioner to positively cope while engaging with traumatised clients, namely a sense of achievement and emotional disengagement. Furthermore, supervision, case load, length of time in the field, and available and effective social support are some of the most important variables to prevent and mitigate CF (Linley & Joseph, 2007). Literature shows that the best way to prevent and mitigate CF is for practitioners to engage in a continuous self-monitoring process to be able to identify the signs and symptoms of CF as soon as they surface (Bride, Radey & Figley, 2007).

"The aim of GT is to develop awareness and promote awareness of awareness" (Fogarty et al., 2016). The conceptualization of the awareness concept in Gestalt therapy focuses on the therapist's process of his/her own awareness, understood as a non-verbal sensing or knowing what is happening in the here and now; i.e. including therapist's embodied awareness of his/her process as well as the client's process (Joyce & Sills, 2001; Mann, 2010). Self-care is believed to be the number one way to mitigate CF (Nelson-Gardell & Harris, 2003; Trippany et al., 2004; Linley & Joseph, 2007); along with other forms of support such as group support through education, training, and mutual sharing (Ulman, 2008). These normalise the practitioner's feelings and revive the sense of wellbeing, efficacy, and commitment. Brownell (2000) defined therapist self-care practises as: any activity, strategy, coping mechanism, or awareness that a therapist uses which aids the therapist in taking good care of himself or herself in any one or all of the domains (e.g. physical, spiritual, psychological). The study linked therapist self-awareness to the construct of therapist's self-care, as the implicit part of therapist process of self-regulation and support (Brownell, 2000). Mitigating CF requires a process of active and cognitive renewal (Berzoff & Kita, 2010). The study conducted amongst Gestalt therapists, reported that most Gestalt therapists (16 out of 21 respondents) related their self-care practices either directly or indirectly to Gestalt

therapy theory. The findings of this research confirmed and supported the hypothesis that Gestalt therapy theory and Gestalt therapists have a unique contribution to make to the research literature on therapist self-care (Brownell, 2000).

The Gestalt concept of living "here & now" (PHG, 1951; Perls, 1992) notes that the actual experience is the act of remembering the past or anticipating the future, but this experience occurs in the present (Fogarty et al., 2016). Gestalt therapists identify with their own experience and once profound acceptance is reached, then change takes place (Beisser, 1970, p. 77). The Gestalt concept of 'here & now' is closely linked with the phenomenological method of inquiry as well as the phenomenological principle: the uniqueness of each human being's experience (Fogarty et al., 2016). Recent research confirms the necessity of supervision amongst helping professions as one of the key factors contributing to the efficacy of these professions that are linked closely with well-being and healthy functioning (Gilbert & Evans, 2000; Hawkins & Shohet, 2007; Scaife, 2008). Supervision can act as an effective form of self-care, wherein the supervisor offers personal and professional support, affirmation, and different ways to restore the practitioner's self.

The role of CS in Mental Health Professions

According to Harr (2013), workplace health may be encouraged through enhanced CS. 'Working with contacting processes' has been revised in contemporary Gestalt literature and research, emphasizing the relational dimension of the contact style emerging from the dyad of 'psychotherapist and client', not solely from the client (Fogarty et.al, 2016). Relational stance is central to most humanistic psychotherapies and Gestalt therapy with its focus on therapeutic relationship based on dialogue is characterised by the therapist's presence, confirmation, and inclusion (Fogarty et al., 2016). Therapist's 'presence' has been described as the therapist's quality of being grounded and fully present to the client in the here and now. 'Confirmation' is explained as the therapist's profound acceptance of immediate existence and potential of client (including genuine moments of therapist dissonance). 'Inclusion' refers to the therapist's ability of encompassing 'the world' of the client and the psychotherapist's awareness of his/her own feelings, reactions and experiences (ibid). The outcome of recent research has reinforced that the therapeutic relationship is the most healing factor in Gestalt therapy, for clients as well as psychotherapists, thus resulting into increased CS. This is the space for vibrant contact as well as for the healing connection of an authentic meeting between two human beings (Clarkson, 1995; Hycner and Jacobs, 1995).

Concluding Remarks

Care-giving professionals pay for empathy through CF. Figley (2002b) maintains that: "in our effort to view the world from the perspective of the suffering, we suffer" (p. 1434).

A failure to recognise the effects of such suffering, mainly due to a lack of awareness, leads to a "chronic lack of self-care" (Figley, 2002b, p. 1433). Gestalt therapy holistic approach, with its focus on therapist embodied awareness of one's own body process, self-monitoring and self-care practices can contribute into increased awareness of risks and negative effects of working with trauma amongst helping professions (Brownell, 2000; Fogarty et all, 2016).

Research on CF and CS is a prerequisite in the development and maintenance of personal and professional wellbeing and enhanced resilience of professional caregivers who are exposed to the traumatic experiences of their clients. Such research can back specific interventions, such as those mentioned in the Gestalt key concepts, that promote self-care and coping strategies amongst care-giving professionals.

Research Methodology

Participants

A nonexperimental, descriptive survey design was used for this study. A survey questionnaire was distributed by e-mail through Survey Monkey to a convenience sample of all 165 Malta Warranted Gestalt Psychotherapists currently practicing in Malta at the time of the study. The response rate achieved was of 41%. Inclusion criteria included the need for participants to be practicing and Warranted Gestalts therapists. Exclusion criteria applied to anyone who is not yet Warranted to practice Gestalt Psychotherapy such as students in training, Warranted Psychotherapists who practice a different modality, as well as Warranted Gestalt therapists who are not currently practicing.

Descriptive measures

Only demographics that were thought to be related to the study end points were collected. A six-item questionnaire was included to obtain information about the following: gender, age, years of professional experience, area of work / specialisation, employment status, and enrolment / involvement in continuous professional development.

Quantitative Measures

Adaptation of Fogarty's Gestalt Therapy Fidelity Scale (GTFS)

A set of seven modality specific questions adapted from Fogarty's Gestalt Therapy Fidelity Scale (2016) were added for participants to indicate the three most relevant Gestalt key concepts in order of the importance they give them within their practice of Gestalt therapy. The GTFS is a psychometrically sound measure of treatment adherence

for GT. Three studies were conducted to develop and validate the GTFS, resulting in a 21-Item measure. These GTFS were found to significantly discriminate between GT and non-GT sessions, proving to have high levels of internal and inter-rater reliability (Fogarty, Bhar & Theiler, 2019).

The Compassion Fatigue and Satisfaction Self-Test (CFS).

The Compassion Fatigue and Satisfaction Self-Test (CFS) is one of the many instruments assessing CF and CS. Developed by Stamm (2002), the psychometric specifications of the CFS are based on a sample of three hundred and seventy (370) respondents (Marcus & Dubi, n.d.). Multivariate analysis of variance did not provide evidence of differences based on country of origin, type of work, or sex when age was used as a control variable (Stamm, 2002).

The Compassion Fatigue / Satisfaction Self-Test (CFS) (Figley & Stamm, 1996) is a 66-item scale which measures both the positive and negative effects experienced by professionals whose work brings them in direct contact with persons experiencing suffering and trauma. These questions are broken down into three scales: CS (26 items), burnout (17 items), and CF (23 items). The CFS asks respondents to rate how frequently they experienced certain characteristics during the past week in relation to themselves (Items about oneself); and in relation to their work with clients (Items about being a helper and one's helping environment). It is important for participants to respond to all items. Items are rated on a 6-point Likert scale which includes: 0 = never, 1 = rarely, 2 = a few times, 3 = somewhat often, 4 = often, and 5 = very often. This instrument provides good evidence of reliability with excellent internal consistency of the three subscales as follows: for CS an alpha scale of .87, for the burnout scale .90, and for the CF scale .87. Validity is not reported (Stamm, 2002; as quoted in Bride, Radey and Figley, 2007).

Statistical Analysis

The online data was exported to Excel in order to perform analysis using the Statistical Package for Social Sciences (SPSS).

Descriptive analysis was carried out on the demographic variables and other general characteristics. In addition, multivariate analysis was conducted on the three subscales: CS, Burnout and CF by comparing them with each of the six different socio-demographic variables. The statistical tests used are the following:

1. **Two independent samples t-test** – compare the means of CF, Burnout and CS scores between two groups only: Gender (Male/Female), CPD practices done in

the past month – Personal Therapy, Clinical Supervision and Attended a course / conference for continuous professional development (Yes/No)

2. **One-Way ANOVA test** – compare the means of CF, Burnout and CS scores between three or more groups: age of participant, years working as a professional Psychotherapist, area of work/specialisation and type of employment.

3. **Pearson correlation** – checks whether there exists a correlation between the three subscales:

- CF and Burnout
- CF and CS
- Burnout and CS

All hypothesis tests ultimately use a p-value to weigh the strength of the evidence. The p-value is a number between 0 and 1 and is interpreted using 95% confidence interval.

Testing was also carried out using the adapted Fogarty's Gestalt Therapy Fidelity Scale where analysis was carried out reflecting the key concepts of Gestalt therapy practice mostly used by Gestalt practitioners.

The respondents' scores on the Compassion Fatigue / Satisfaction Self-Test (CFS) were also computed in order to allow the researchers to explore the relationships between different ways of working using Gestalt therapy principles and techniques, and the outcome variables: that is CF and CS.

Results

The sample comprised of 68 practicing Warranted Gestalt Psychotherapists, of which the majority were females (86.8%). The remaining sample was distributed as 11.8% males and 1.5% as other. More than half of the participants (54.4%) were aged between 45 and 60+, followed by 25.0% of respondents aged between 35 and 44 and 20.6% were aged from 25 to 34 years.

		Frequency	Percent
Gender	Male	8	11.8
	Female	59	86.8
	Other	1	1.5
	Total	68	100.0

Table 1: Distribution of respondents by gender

		Frequency	Percent
Age	25 to 34	14	20.6
	35 to 44	17	25.0
	45 to 60+	37	54.4
	Total	68	100.0

Table 2: Distribution of respondents by age

Figure 1 is showing that almost all male psychotherapists were aged from 45 to 60+ (87.5%). Half of the female respondents were also aged between 45 and 60+, followed by 28.8% who were aged from 35 to 44 and 22.0% who were aged from 25 to 34.

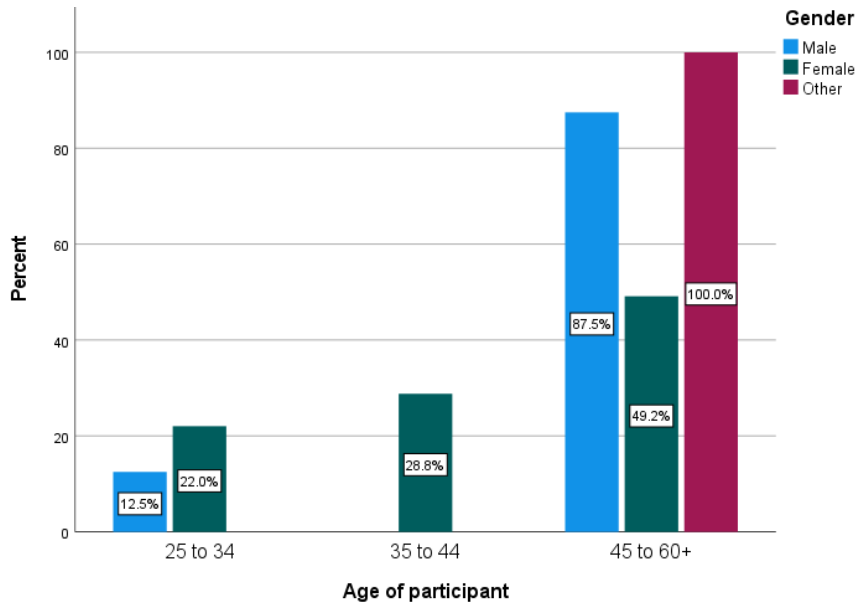

Figure 1: Clustered bar percent of age of participant by gender

More than half of the respondents (54.4%) have been working as a professional Psychotherapist for 6 to 15 years. These were followed by 27.9% who have been working for 16 years or more as a professional Psychotherapist and 17.6% have 1 to 15 years' work experience.

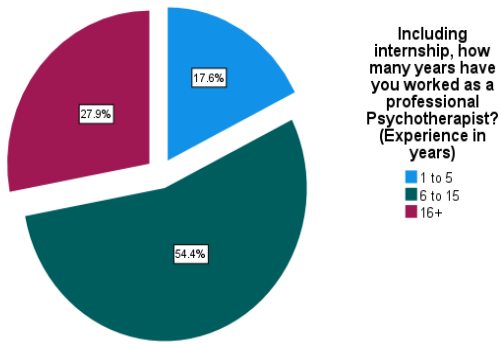

Figure 2: A pie chart showing the years working as a professional psychotherapist

The majority of the sampled respondents stated that they specialised or work in Mental health (29.4%), followed by 17.6% who work in Community. Another 11.8% and 10.3% work in Education and Children and adolescents' areas, respectively. A small proportion of respondents work in Addictions (7.4%), Couples and family therapy (5.9%) and Supervision (4.4%).

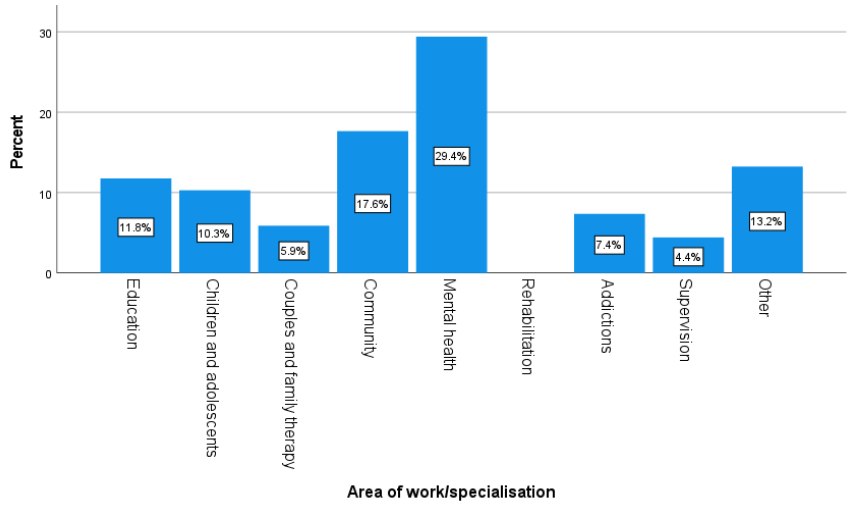

Figure 3: Simple bar percent of area of work/specialisation

Almost half of the respondents (45.6%) stated that they work in private practice only. Another 27.9% of the respondents claimed that they work both full-time and private practice and 11.8% work both part-time and private practice. Only 10.3% work full-time only and 4.4% as part-time only.

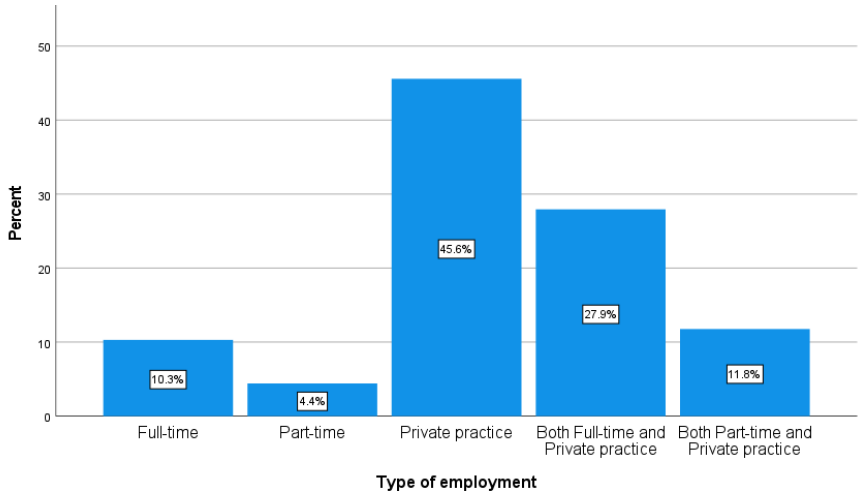

Figure 4: Simple bar percent of area of type of employment

The most popular CPD practice done in the past month was clinical supervision (72.1%), followed by 60.3% who attended a course or conference for continuous professional development and 45.6% who had done personal therapy.

		Count	Percent
Personal therapy	Yes	31	45.6
	No	37	54.4
Clinical supervision	Yes	49	72.1
	No	19	27.9
Attended a course / conference for continuous professional development	Yes	41	60.3
	No	27	39.7

Table 3: CPD practices done in the past month

The 66-item scale Compassion Fatigue/Satisfaction Self-Test (CFS) were broken down into three scales: Compassion Satisfaction (26 items), Burnout (17 items) and Compassion Fatigue (23 items). From this research study, it was emerged that therapists who practice Gestalt therapy resulted to have scores that positively correlate with higher levels of compassion satisfaction, and lower levels of compassion fatigue and burnout. This can be observed from the following main results:

The majority of the respondents (41.2%) were classified as having an extremely low risk of compassion fatigue, followed by 20.6% as moderate risk, 14.7% as extremely high risk, 13.2% as low risk and 10.3% as high risk.

		Frequency	**Percent**
Compassion Fatigue	Extremely low risk	28	41.2
	Low risk	9	13.2
	Moderate risk	14	20.6
	High risk	7	10.3
	Extremely high risk	10	14.7
	Total	68	100.0

Table 4: Classification of individuals for Compassion Fatigue

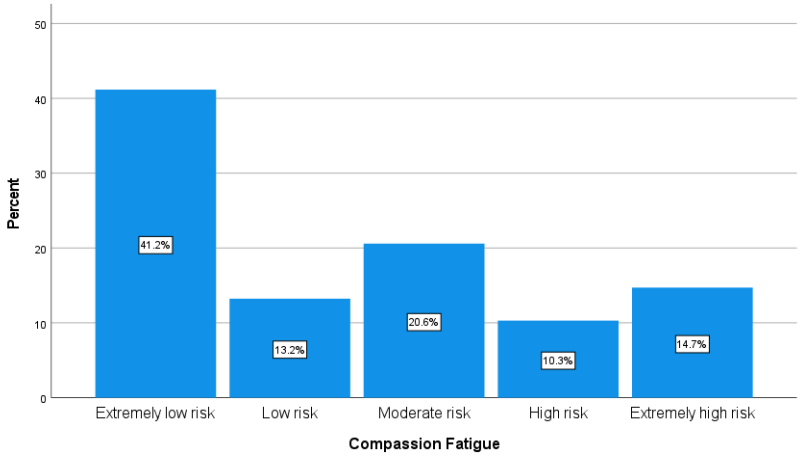

Figure 5: Classification of individuals for Compassion Fatigue

Almost all of respondents (89.7%) were classified as having extremely low risk of burnout, with the remaining 10.3% as having a moderate risk of burnout.

		Frequency	**Percent**
Burnout	Extremely low risk	61	89.7
	Moderate risk	7	10.3
	Total	68	100.0

Table 5: Classification of individuals for Burnout

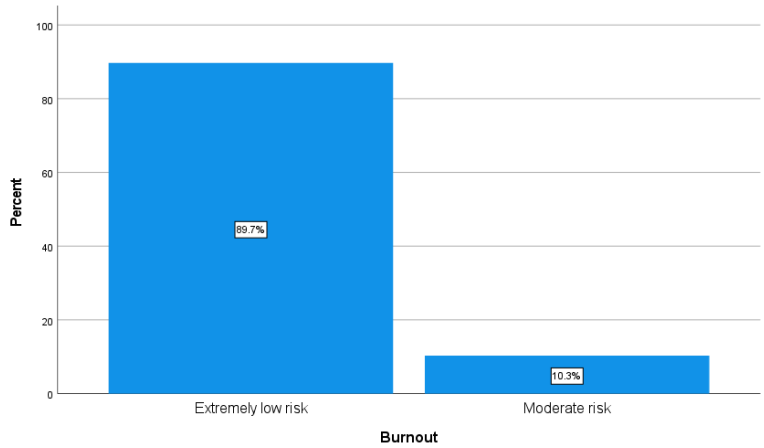

Figure 6: Classification of individuals for Burnout

The majority of the respondents (35.3%) were classified as having good potential, followed by 29.4% as having modest potential, 29.4% as high potential. A small proportion of respondents (4.4%) resulted to have extremely high potential, with only 1.5% resulted to have low potential.

		Frequency	**Percent**
Compassion Satisfaction	Low potential	1	1.5
	Modest potential	20	29.4
	Good potential	24	35.3
	High potential	20	29.4
	Extremely high potential	3	4.4
	Total	68	100.0

Table 6: Classification of individuals for Compassion Satisfaction

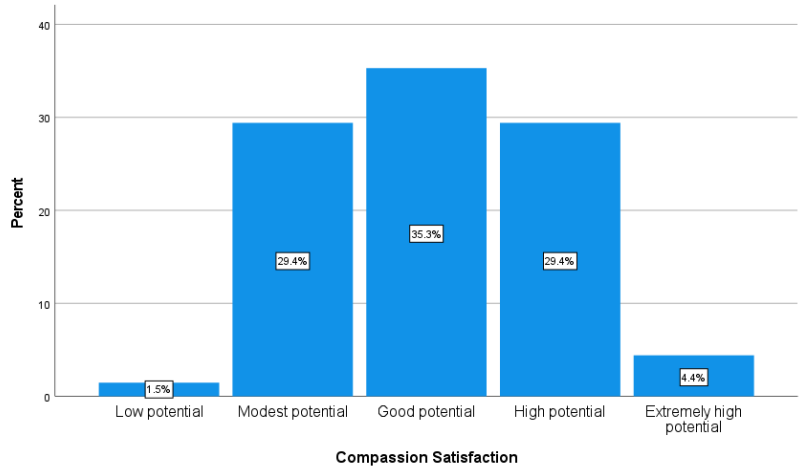

Figure 7: Classification of individuals for Compassion Satisfaction

The overall mean score for compassion fatigue resulted to be 29.06, indicating that the whole sample has a low risk of compassion fatigue. The median (50th percentile) is 29.50. The lower and upper quartiles are respectively 19.50 and 35.75. This implies that 25% of the respondents got a score less than 19.50, indicating that they are classified as having extremely low risk of compassion fatigue while another 25% of the sample got a score higher than 35.75, implying that they are more likely to have a moderate to high risk of compassion fatigue.

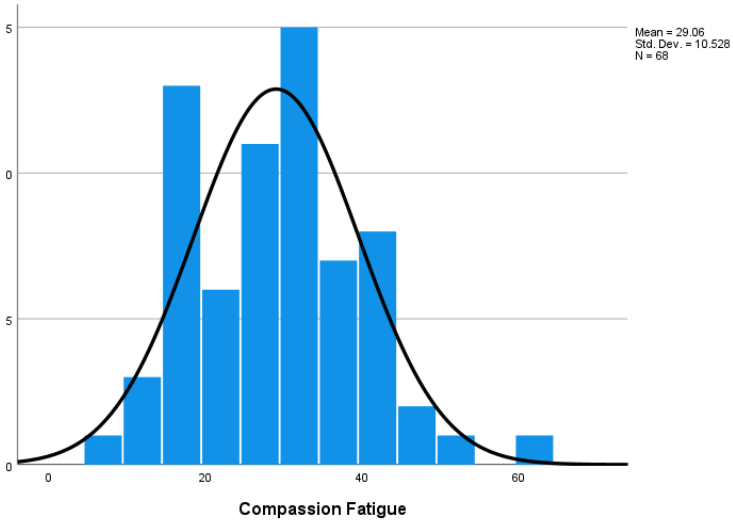

Figure 8: Distribution of Compassion Fatigue scores

The overall mean score for burnout resulted to be 24.50, indicating that the whole sample has an extremely low risk of burnout. The median (50th percentile) is 24.00, which represents the midpoint value, is the point at which half the observations got a score above 24.00 and half the observations got a score below the 24.00. The score ranges from 3 to 42, explaining why the standard deviation is not very large, 8.185. The lower and upper quartiles are respectively 20.25 and 30.00. This implies that 25% of the respondents got a score less than 20.25, indicating that they are classified as having extremely low risk of burnout while another 25% of the sample got a score higher than 30.00, implying that they are more likely to have low to moderate risk of burnout.

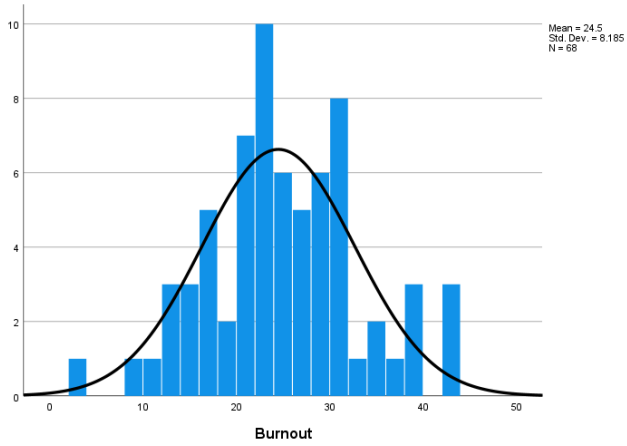

Figure 9: Distribution of Burnout scores

The overall mean score for compassion satisfaction resulted to be 91.93, indicating that the whole sample has a good potential. The median (50th percentile) is 91.50, which represents the midpoint value, is the point at which half the observations got a score above 91.50 and half the observations got a score below the 91.50. The score ranges from 62 to 122, explaining why the standard deviation is not very large, 14.704. The lower and upper quartiles are respectively 78.25 and 102.75. This implies that 25% of the respondents got a score less than 78.25, indicating that they are classified as having modest potential while another 25% of the sample got a score higher than 102.75, implying that they are more likely to have high potential.

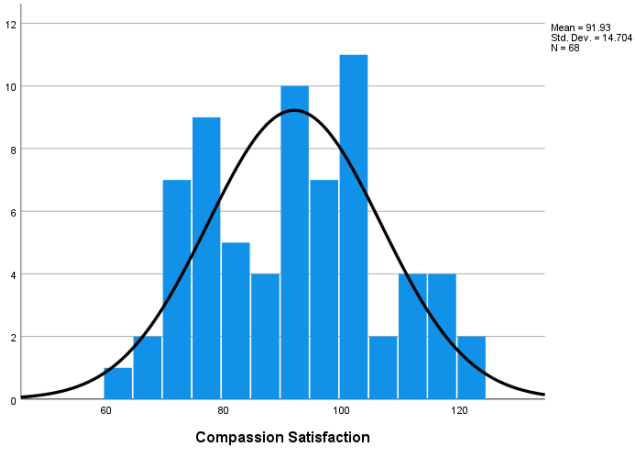

Figure 10: Distribution of Compassion Satisfaction scores

Investigating the three most important Gestalt key concepts by the profile of the participants and by the three subscales of the Satisfaction Self-Test

The research study was conducted by collecting Gestalt therapists' views on the most important Gestalt key concepts as adapted from Fogarty's Gestalt Therapy Fidelity Scale (2016); and how these results correlate with scores achieved through the standardised test the Compassion Fatigue / Satisfaction Self-Test developed by Stamm and Figley (1996):

The most relevant Gestalt key concept resulted to be '*The therapist supports a* ***dialogical relationship*** *with the client through a non-judgmental, creative, attentive stance enriching the therapeutic process and growth'* - (76.5%, n=52). These 52 respondents were mainly classified as having extremely low risk of CF (48.1%), extremely low risk of Burnout (90.4%) and good and modest potential for CS (36.5% and 34.6% respectively).

The second most relevant Gestalt key concept resulted to be ***'****I am sensitive to the client's* ***field*** *or ground experience and support the client to identify how the perception of one's environment and prior relationships impact one's current experience. I am also aware of my own* ***field*** *or ground experience, in order to process how my own environment and prior relationships may impact the clinical session'* - (57.4%, n=39). These 39 respondents were mainly classified as having extremely low risk of CF (43.6%), extremely low risk of Burnout (89.7%) and good potential for CS (35.9%).

The third most relevant Gestalt key concept resulted to be ***'****I support and validate the client to become more present to the* ***phenomenological experience*** *such as sensations,*

cognitions and somatic presentations' - (42.7%, n=29). These 29 respondents were mainly classified as having extremely low risk of CF (37.9%), extremely low risk of Burnout (89.7%) and good potential for CS (41.4%).

For all the three most relevant Gestalt key concepts, the classifications for CF, burnout and CS were very similar to each other with the majority of respondents of having extremely low risk of CF, extremely low risk of burnout and good potential for CS.

On the other hand, the least four relevant Gestalt key concepts resulted to be:

- *I enquire about the client's immediate experience* ***in the here and now*** *and support the client to accept and deepen their awareness of the presenting issue* – 41.2% (28 respondents).
- *I co-create a safe space of* ***contact*** *in which the client and myself can explore how we are impacting each other, supporting the interactional patterns of the client to emerge* – 41.2% (28 respondents).
- *I am present to the client's* ***embodiment*** *(breathing, sensations, feelings, emotions, thoughts or images) and invite the client to engage with their body process through Gestalt experiment; and/or I am attentive to my own* ***embodiment*** *(breathing, sensations, feelings, emotions, thoughts or images) during the clinical session* – 36.8% (25 respondents).
- *Using what emerges in the therapeutic encounter, I introduce and grade a Gestalt* ***experiment****, supporting the client to integrate learning and awareness* – 29.4% (20 respondents).

		Count	**Percent**
I support a dialogical relationship with the client through a non-judgemental, creative, attentive stance that enriches the therapeutic process and growth.	Yes	52	76.5
	No	16	23.5
I enquire about the client's immediate experience in the here and now and support the client to accept and deepen their awareness of the presenting issue.	Yes	28	41.2
	No	40	58.8
I support and validate the client to become more present to the phenomenological experience such as sesations, cognitions and somatic presentations.	Yes	29	42.6
	No	39	57.4

I am present to the client's embodiment and invite the client to engage with their body process through Gestalt experiment; and/or I am attentive to my own embodiment during the clinical session.	Yes	25	36.8
	No	43	63.2
I am sensitive to the client's field or ground experience and support the client to identify how the perception of one's environment and prior relationships impact one's current expereince.	Yes	39	57.4
	No	29	42.6
I co-create a safe space of contact in which the client and myself can explore how we are impacting each other, supporting the interactional patterns of the client to emerge.	Yes	28	41.2
	No	40	58.8
Using what emerges in the therapeutic encounter, I introduce and grade a Gestalt experiment, supporting the client to integrate learning and awareness.	Yes	20	29.4
	No	48	70.6

Table 10: Gestalt Key Concepts

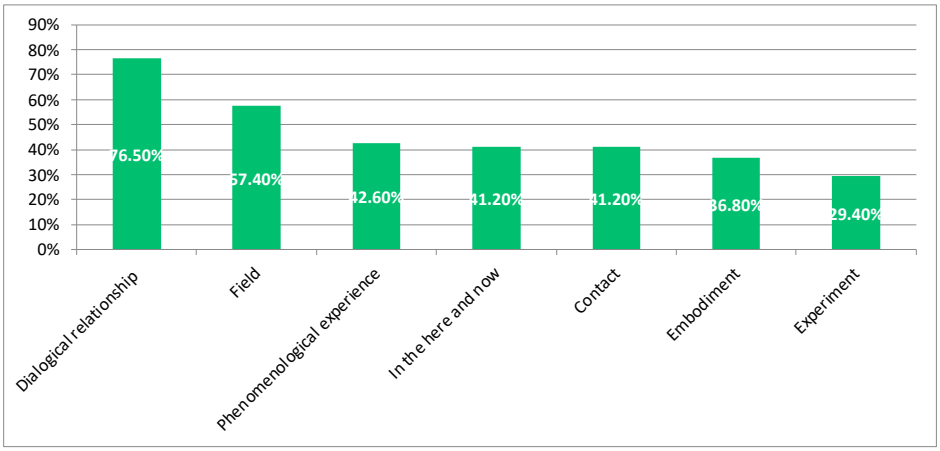

Figure 11: Simple bar chart for Gestalt Key Concepts

Results

Males resulted to have a higher mean for CF (29.38) than females (29.29) (both classified as low risk) and for CS; males (93.50) whereas females (91.32) (both classified as having good potential). For Burnout, females (24.81) scored slightly higher than their male counterpart (24.13) (both classified as having extremely low risk of burnout). The mean score for CF for males is 0.087 higher than for females. The mean score for Burnout for males is 0.689 less than for females. The mean score for CS for males is 2.178 higher than for females.

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Compassion Fatigue	Male	8	29.38	7.800	2.758
	Female	59	29.29	10.778	1.403
Burnout	Male	8	24.13	6.244	2.207
	Female	59	24.81	8.272	1.077
Compassion Satisfaction	Male	8	94.50	12.387	4.379
	Female	59	91.32	14.878	1.937

Table 11: Group statistics of the three subscales of the Satisfaction Self-Test by gender

It was concluded by the independent samples t-test that males and females do not have statistically significantly different mean scores:

- Compassion Fatigue – t(65) = 0.022, p-value = 0.983
- Burnout – t(65) = -0.226, p-value = 0.822
- Compassion Satisfaction – t(65) = 0.395, p-value = 0.694

The resulting effect size for each subscale score is as follows:

- Compassion Fatigue – No effect - Cohen's d = 0.008 (95% CI: -0.730, 0.747)
- Burnout – No effect - Cohen's d = -0.085 (95% CI: -0.823, 0.654)
- Compassion Satisfaction – Very small effect size - Cohen's d = 0.149 (95% CI: -0.591, 0.887)

CPD Practices done in the past month – Personal Therapy

Compassion Fatigue – The mean score of those who have done a CPD practice in Personal Therapy resulted to be 32.87, implying that they were more likely to be at moderate risk of CF. On the other hand, those who didn't attend any CPD practices in Personal Therapy have a mean score of 25.86, indicating that they were more likely to be classified at extremely low risk of CF. The mean score of those who have done a CPD practice in Personal Therapy is 7.006 (95% CI: 2.146, 11.687) higher than those who didn't attend any CPD practices in Personal Therapy.

Burnout – The mean score of those who have done a CPD practice in Personal Therapy resulted to be 26.45, compared with those who did not (22.86). Both groups are being classified as having extremely low risk of Burnout. The mean score of those who have done a CPD practice in Personal Therapy is 3.587 (95% CI: -0.324, 7.498) higher than those who didn't attend any CPD practices in Personal Therapy.

Compassion Satisfaction – The mean score of those who have done a CPD practice in Personal Therapy resulted to be 92.03, slightly higher than those who did not (91.84). Both groups are being classified as having good potential for CS. The mean score of those who have done a CPD practice in Personal Therapy is 0.194 (95% CI: -7.008, 7.397) higher than those who didn't attend any CPD practices in Personal Therapy.

	CPD practices done in the past month - Personal therapy	N	Mean	Std. Deviation	Std. Error Mean
Compassion Fatigue	Yes	31	32.87	9.475	1.702
	No	37	25.86	10.414	1.712
Burnout	Yes	31	26.45	8.156	1.465
	No	37	22.86	7.952	1.307
Compassion Satisfaction	Yes	31	92.03	14.258	2.561
	No	37	92.84	15.263	2.509

Table 12: Group statistics of the three subscales of the Satisfaction Self-Test by CPD Practice – Personal Therapy

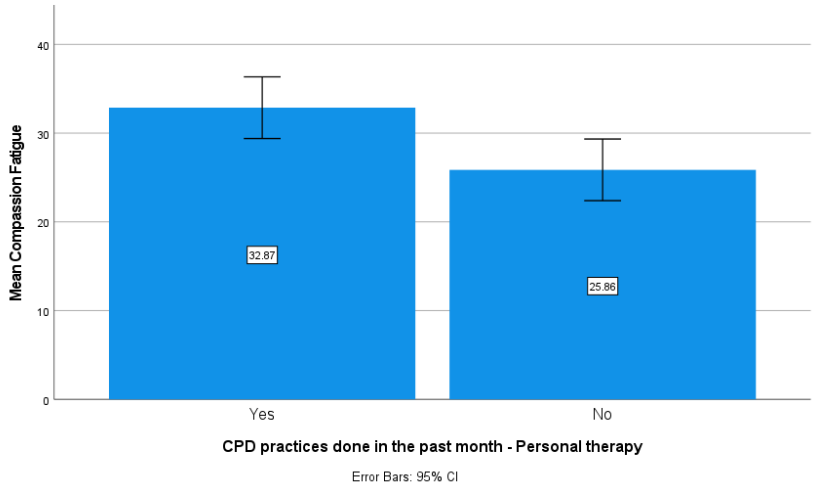

Figure 12: Simple Bar Mean of Compassion Fatigue by CPD practices done in the past month - Personal therapy

There was a statistically significant difference in mean score for CF between those who attended CPD practice in Personal Therapy and those who did not since the p-value resulted to be less than 0.05 - *t(66) = 2.878, p-value = 0.005.*

There was no statistically significant difference in mean score for Burnout and CS between those who attended CPD practice in Personal Therapy and those who did not since the p-value resulted to be greater than 0.05:

- Burnout – *t(66) = 1.831, p-value = 0.072*
- Compassion Satisfaction – *t(66) = 0.054, p-value = 0.957*

The resulting effect size for each subscale score is as follows:

- Compassion Fatigue – Medium effect - *Cohen's d = 0.701 (95% CI: 0.206, 1.190)*
- Burnout – Small effect - *Cohen's d = 0.446 (95% CI: -0.039, 0.927)*
- Compassion Satisfaction – No effect - *Cohen's d = 0.013 (95% CI: - 0.464, 0.490)*

CPD Practices done in the past month – Clinical Supervision

Compassion Fatigue – The mean score of those who have done a CPD practice in Clinical Supervision resulted to be 28.20, compared with those who did not (31.26). Both groups are being classified as having low risk of CF. The mean score of those who have done a CPD practice in Clinical Supervision is 3.059 (95% CI: -10.027, 3.909) less than those who didn't attend any CPD practices in Clinical Supervision.

Burnout – The mean score of those who have done a CPD practice in Clinical Supervision resulted to be 24.49, compared with those who did not (24.53). Both groups are being classified as having extremely low risk of Burnout. The mean score of those who have done a CPD practice in Clinical Supervision is 0.037 (95% CI: -4.487, 4.414) less than those who didn't attend any CPD practices in Clinical Supervision.

Compassion Satisfaction – The mean score of those who have done a CPD practice in Clinical Supervision resulted to be 91.90, slightly lower than those who did not (92.00). Both groups are being classified as having good potential for CS. The mean score of those who have done a CPD practice in Clinical Supervision is 0.102 (95% CI: -8.096, 7.892) less than those who didn't attend any CPD practices in Clinical Supervision.

	CPD practices done in the past month - Clinical therapy	N	Mean	Std. Deviation	Std. Error Mean
Compassion Fatigue	Yes	49	28.20	9.092	1.299
	No	19	31.26	13.601	3.120
Burnout	Yes	49	24.49	8.068	1.153
	No	19	24.53	8.707	1.998
Compassion Satisfaction	Yes	49	91.90	14.793	2.113
	No	19	92.00	14.874	3.412

Table 13: Group statistics of the three subscales of the Satisfaction Self-Test by CPD Practice – Clinical Supervision

There was no statistically significant difference in mean score for CF, Burnout and CS between those who attended a CPD practice in Clinical Supervision and those who did not since the p-value resulted to be greater than 0.05:

- Compassion Fatigue – *t(24.503) = -0.905, p-value = 0.374*
- Burnout – *t(66) = -0.016, p-value = 0.987*
- Compassion Satisfaction – *t(66) = -0.025, p-value = 0.980*

The resulting effect size for each subscale score is as follows:

- Compassion Fatigue – Small effect - *Cohen's d = -0.291 (95% CI: -0.822, 0.242)*
- Burnout – No effect - *Cohen's d = -0.004 (95% CI: -0.534, 0.525)*
- Compassion Satisfaction – No effect - *Cohen's d = -0.007 (95% CI: -0.537, 0.523)*

CPD Practices done in the past month – Attended a course / conference for continuous professional development

Compassion Fatigue – The mean score of those who have attended a course / conference for continuous professional development resulted to be 28.78, slightly lower compared with those who did not attend any courses/conferences (29.48). Both groups are being classified as having low risk of CF. The mean score of those who have attended a course / conference for continuous professional development is 0.701 (95% CI: -5.947, 4.545) less than those who didn't attend any courses/conferences.

Burnout – The mean score of those who have attended a course / conference for continuous professional development resulted to be 23.63, slightly lower compared with those who did not attend any courses/conferences (25.81). Both groups are being classified as having extremely low risk of Burnout. The mean score of those who have attended a course / conference for continuous professional development is 2.181 (95% CI: -6.226, 1.865) less than those who didn't attend any courses/conferences.

Compassion Satisfaction – The mean score of those who have attended a course / conference for continuous professional development resulted to be 95.44 than those who did not attend any courses/conferences (86.59). Both groups are being classified as having good potential for CS. The mean score of those who have attended a course / conference for continuous professional development is 8.846 (95% CI: 1.845, 15.848) higher than those who didn't attend any courses/conferences.

	CPD practices done in the past month - Attended a course / conference for continuous professional development	N	Mean	Std. Deviation	Std. Error Mean
Compassion Fatigue	Yes	41	28.78	11.062	1.728
	No	27	29.48	9.850	1.896
Burnout	Yes	41	23.63	8.071	1.260
	No	27	25.81	8.335	1.604
Compassion Satisfaction	Yes	41	95.44	13.620	2.127
	No	27	86.59	14.926	2.873

Table 14: Group statistics of the three subscales of the Satisfaction Self-Test by CPD Practice – Attended a course / conference for continuous professional development

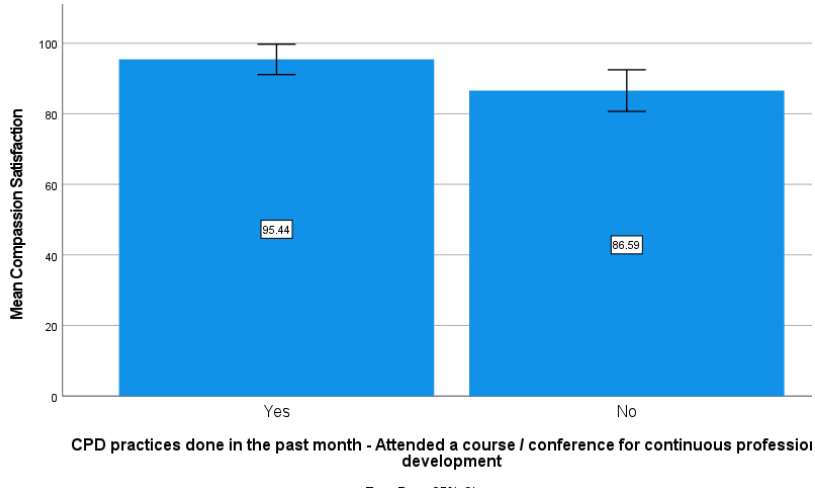

Figure 13: Simple Bar Mean of Compassion Satisfaction by CPD practices done in the past month - Attended a course / conference for continuous professional development

There was a statistically significant difference in mean score for CS between those who have attended a course / conference for continuous professional development and

those who did not since the p-value resulted to be less than 0.05 - *t(66) = 2.523, p-value = 0.014.*

There was no statistically significant difference in mean score for CF, and Burnout between those who have attended a course / conference for continuous professional development and those who did not since the p-value resulted to be greater than 0.05:

- Compassion Fatigue – *t(66) = -0.267, p-value = 0.790*
- Burnout – *t(66) = -1.076, p-value = 0.286*

The resulting effect size for each subscale score is as follows:

- Compassion Fatigue – No effect - *Cohen's d = -0.006 (95% CI: -0.552, 0.420)*
- Burnout – Small effect - *Cohen's d = -0.267 (95% CI: -0.754, 0.222)*
- Compassion Satisfaction – Medium effect - *Cohen's d = 0.625 (95% CI: 0.126, 1.120)*

Age of participant

Compassion Fatigue – The mean score varied from 27.43 (95% CI: 22.05, 32.81) for respondents aged 25 to 34 years to 29.54 (95% CI – 25.96, 33.12) for respondents aged 45 to 60+. The mean scores across all age groups indicated that they are at low risk for having CF. The standard deviations ranged from 9.313 to 11.462.

Burnout – Young respondents aged between 25 to 34 years were more likely to score higher (28.14) with 95% CI (23.38, 32.91) than their older counterparts 35 to 44 years (24.29) with 95% CI (19.85, 28.74) and 45 to 60+ (23.22) with 95% CI (20.63, 25.80). The mean scores across all age groups are showing that they have extremely low risk of burnout. The standard deviation didn't vary so much between the age groups, ranging from 7.746 to 8.644.

Compassion Satisfaction – The mean score varied from 85.71 (95% CI: 78.37, 93.06) for respondents aged 25 to 34 years to 94.81 (95% CI: 89.84, 99.78) for respondents aged 45 to 60+. The mean scores across all age groups indicated that they have good potential for CS. The standard deviations ranged from 12.724 to 14.905.

For both CF and CS, the mean score is increasing by age group. Young respondents were more likely to provide lower mean score compared with their older counterparts. On the other hand, for Burnout, the mean score tends to decrease as age increases.

						95% Confidence Interval for Mean	
		N	Mean	Std. Deviation	Std. Error	Lower Bound	Upper Bound
Compassion Fatigue	25 to 34	14	27.43	9.313	2.489	22.05	32.81
	35 to 44	17	29.35	11.462	2.780	23.46	35.25
	45 to 60+	37	29.54	10.736	1.765	25.96	33.12
Burnout	25 to 34	14	28.14	8.254	2.206	23.38	32.91
	35 to 44	17	24.29	8.644	2.097	19.85	28.74
	45 to 60+	37	23.22	7.746	1.274	20.63	25.80
Compassion Satisfaction	25 to 34	14	85.71	12.724	3.401	78.37	93.06
	35 to 44	17	90.76	14.818	3.594	83.15	93.38
	45 to 60+	37	94.81	14.905	2.450	89.84	99.78

Table 15: Descriptive statistics of the three subscales of the Satisfaction Self-Test by age group

There was no statistically significant difference in the mean scores for the different levels of the age group:

- Compassion Fatigue – *F(2, 65) = 0.208, p-value=0.813*.*
- Burnout – *F(2, 65) = 1.896, p-value=0.158.*
- Compassion Satisfaction – *F(2, 65) = 2.079, p-value=0.133.*

The resulting effect size for each subscale score is as follows:

- Compassion Fatigue – No effect – *Eta-squared = 0.006 (95% CI: 0.000, 0.062)*
- Burnout – Small effect – *Eta-squared = 0.055 (95% CI: 0.000, 0.171)*
- Compassion Satisfaction – Medium effect – *Eta-squared = 0.060 (95% CI: 0.000, 0.179)*

CF was significantly related to Burnout since the p-value resulted to be less than 0.05. The resulting correlation coefficient is r = 0.662. This means that there is a strong, positive correlation between CF and Burnout. This is in fact confirmed by taking note of the significance value (p-value < 0.0005), which results to be less than the significance p-value 0.05. A positive correlation is indicating that CF is directly, linearly related to Burnout, that is, CF score increases as Burnout score increases.

The coefficient of determination is the proportion of variance in one variable that is "explained" by the other variable and is calculated as the square of the correlation coefficient (r^2). In this case, the coefficient of determination, r^2, is equal to 0.6622 = 0.438. This can also be expressed as a percentage, which is 43.8%. Therefore, CF statistically explained 44% of the variability in Burnout.

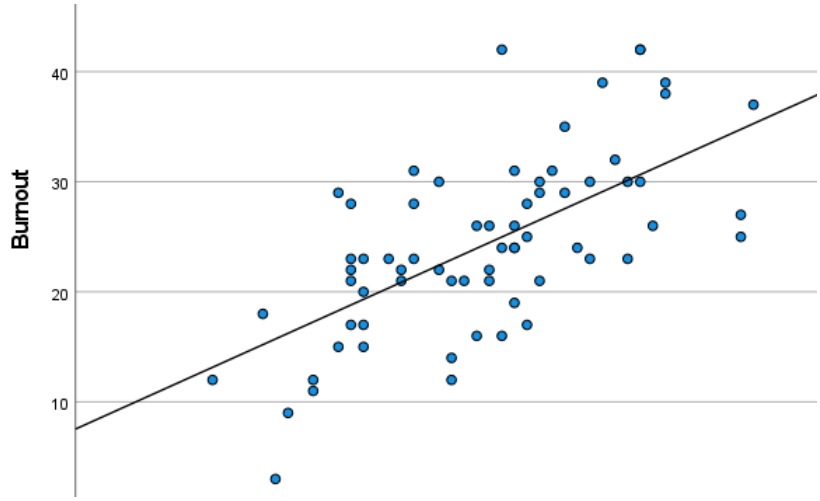

Figure 14: Scatter plot of Burnout by Compassion Fatigue

CF was significantly related to CS since the p-value resulted to be less than 0.05. The resulting correlation coefficient is r = -0.350. This means that there is a moderate, negative correlation between CF and CS. This is in fact confirmed by taking note of the significance value (p-value = 0.003), which results to be less than the significance p-value 0.05. A negative correlation is indicating that CF is inversely related to CS, that is, CF score increases as CS decreases and vice versa.

The coefficient of determination, r^2, is equal to $(-0.350)^2$ = 0.123. This can also be expressed as a percentage, which is 12.3%. Therefore, CF statistically explained 12% of the variability in CS.

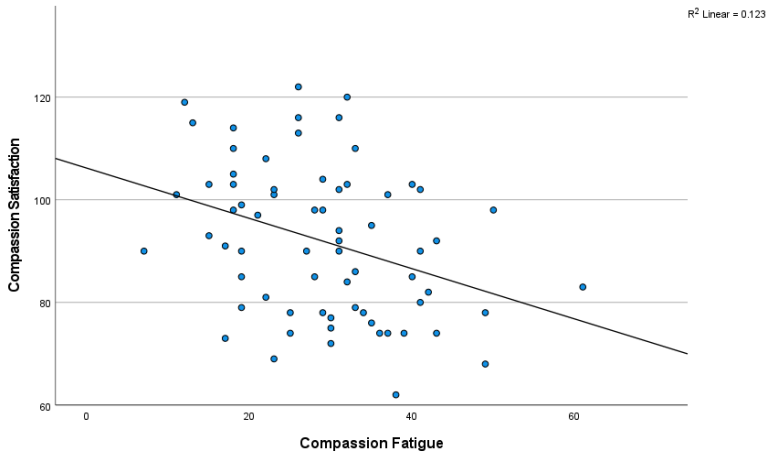

Figure 15: Scatter plot of Compassion Satisfaction by Compassion Fatigue

Burnout was significantly related to CS since the p-value resulted to be less than 0.05. The resulting correlation coefficient is r = -0.492. This means that there is a moderate to strong, negative correlation between Burnout and CS. This is in fact confirmed by taking note of the significance value (p-value < 0.0005), which results to be less than the significance p-value 0.05. A negative correlation is indicating that Burnout is inversely related to CS, that is, Burnout score increases as CS decreases and vice versa.

The coefficient of determination, r^2, is equal to $(-0.492)^2 = 0.243$. This can also be expressed as a percentage, which is 24%. Therefore, Burnout statistically explained 24.3% of the variability in CS.

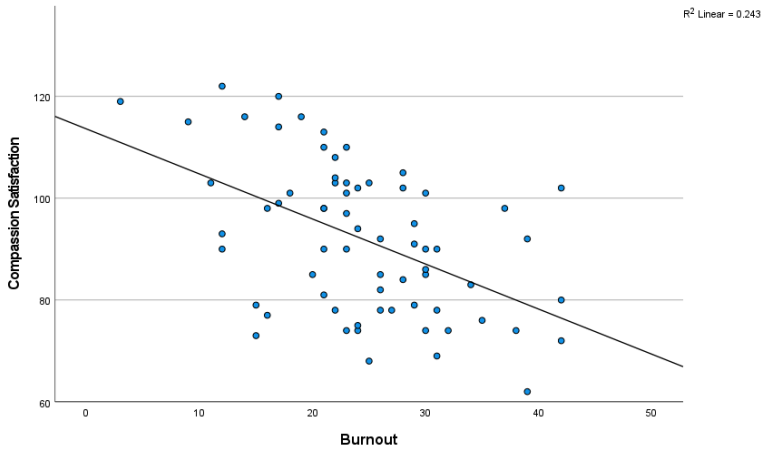

Figure 16: Scatter plot of Compassion Satisfaction by Burnout

Conclusion

Research results show that therapists who practice Gestalt psychotherapy have scores that positively correlate with higher levels of CS, and lower levels of CF and burnout. This can be observed from the following main results:

- The majority of the respondents (41.2%) were classified as having an extremely low risk of CF, followed by 20.6% as moderate risk, 14.7% as extremely high risk, 13.2% as low risk and 10.3% as high risk.
- Almost all of the respondents (89.7%) were classified as having extremely low risk of burnout, with the remaining 10.3% as having moderate risk of burnout.
- The majority of the respondents (35.3%) were classified as having good potential for CS, followed by 29.4% as having modest potential, and 29.4% as high potential. A small proportion of respondents (4.4%) resulted to have extremely high potential, with only 1.5% resulting to have low potential.

The research study was conducted by collecting Gestalt therapists' views on the most important Gestalt key concepts as adapted from Fogarty's Gestalt Therapy Fidelity Scale (2016); and how these results correlate with scores achieved through the standardised test, the Compassion Fatigue / Satisfaction Self-Test developed by Stamm and Figley (1996):

- The most relevant Gestalt key concept resulted to be '*The therapist supports a **dialogical relationship** with the client through a non- judgmental, creative, attentive stance enriching the therapeutic process and growth'* (76.5%, n=52). These 52 respondents were mainly classified as having extremely low risk of CF (48.1%), extremely low risk of burnout (90.4%) and good and modest potential for CS (36.5% and 34.6% respectively).
- The second most relevant Gestalt key concept resulted to be *'I am sensitive to the client's **field** or ground experience and support the client to identify how the perception of one's environment and prior relationships impact one's current experience. I am also aware of my own **field** or ground experience, in order to process how my own environment and prior relationships may impact the clinical session'* (57.4%, n=39). These 39 respondents were mainly classified as having extremely low risk of CF (43.6%), extremely low risk of burnout (89.7%) and good potential for CS (35.9%).

- The third most relevant Gestalt key concept resulted to be *'I support and validate the client to become more present to the **phenomenological experience** such as sensations, cognitions and somatic presentations'* (42.7%, n=29). These 29 respondents were mainly classified as having extremely low risk of CF (37.9%), extremely low risk of burnout (89.7%) and good potential for CS (41.4%).

For all the three most relevant Gestalt key concepts, the classifications for CF, burnout and CS were very similar to each other, with the majority of respondents having extremely low risk of CF, extremely low risk of burnout and good potential for CS.

This research study also examined which key concepts of Gestalt Therapy practice and demographic variables were positively correlated with CS and/or mitigate CF:

Descriptive statistics have shown that CS is in good potential across all categories of the following demographic variables; gender, clinical supervision, age, work experience, area of work/specialisation and type of employment for Gestalt Therapists; unlike burnout and CF which depicted low risk for both. Multivariate analysis of variance did not provide evidence of differences between the three scales of CS, CF and burnout according to any of the demographic variables.

Gestalt therapists who attended personal therapy in the past month resulted to have a higher score across all the three scales than those who didn't attend. Therapists who attended personal therapy in the past month were experiencing moderate risk of CF, whereas those who didn't attend personal therapy were experiencing extremely low risk of CF. On the other hand, for burnout and CS, no statistically significant differences were found between those who attended personal therapy and those who did not, since both groups were being classified as having extremely low risk of burnout and as having good potential for CS.

Gestalt therapists who attended a course/conference for continuous professional development resulted to have a higher score for CS than those who didn't attend. This implies that those who attended a course/conference were more likely of having good potential for CS. There was a statistically significant difference in the score for CS between those who have attended a course / conference for continuous professional development and those who did not. On the other hand, there was no statistically significant relationship between CF, burnout and those who have attended a course / conference for continuous professional development and those who did not. Both groups are being classified as having low risk of CF and extremely low risk of burnout.

The hypothesis underpinning this study was that: therapists who practice Gestalt psychotherapy as a modality and have integrated it as a way of life, will have scores

that positively correlate with higher levels of CS, and lower levels of CF and burnout. In fact, this study with the Gestalt respondents indicates: a positive correlation whereby CF increases as burnout score increases; a negative correlation between CF and CS in that CF increases as CS decreases; and lastly a negative correlation between burnout and CS, since burnout increases as CS decreases.

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Biographies

Audrey Agius is a Gestalt Psychotherapist, Supervisor, Trainer, and Child and Adolescent Psychotherapist. She graduated with a B. Psy (Hons) Degree from the University of Malta, followed by a Master and Doctorate in Gestalt Psychotherapy at the Gestalt Psychotherapy Training Institute of Malta. She furthered her professional development with a Diploma in Supervision, a Diploma in Child and Adolescent Psychotherapy. She has worked in the area of residential care (shelter homes and looked after children) since 2002, and currently coordinates the Support Services Team within St. Patrick's Salesian School. She is involved in the Board of Management of St. Patrick's, as well as committed to therapeutic intervention with children and their families, research in the field of residential care, as well as staff development. Over the years she was involved in private practice and provided therapy, supervision, training, and consultancy services in collaboration with a number of agencies and NGOs, including Caritas, Kellimni.com, The Safeguarding Commission, Wasteserv, the Employment and Training Corporation, MCAST, PRISMS, the Institute of Family Therapy (IFT), and the European Union Programmes Agency. For several years she was a voluntary leader of the Duke of Edinburgh Award. Other positions held include chairing the Standards Committee in the Malta Association for Psychotherapists from 2008 to 2022, and an active member of EIATSCYP (the European Interdisciplinary Association for Therapeutic Services for Children and Adolescents) since 2017.

Rose Falzon's professional trajectory started from teaching in a secondary school and subsequently worked in counselling and psychotherapy, and as a practitioner supervisor, conducting individual and group supervision at the Education Directorate for Student Services, for diverse agencies' practitioners and for practitioner trainees and holding training and seminars, and continuous professional development in colleges and other organizations. At the Malta College for Arts, Science and Technology (MCAST) Dr Falzon was involved in the course development of the Inclusive Education National Higher Diploma and was a Senior Lecturer II, both in Personal Development and Inclusive Education and the Director for Student Support Services. Currently at MCAST, Dr Falzon is a Senior Lecturer II at the Research and Innovations Department and Coordinator of the Post-Graduate Certificate in Research Methods. Dr Falzon has also completed her second Doctorate within her field of study of Gestalt Psychotherapy. Dr Falzon held several workshops and presentations concerning therapy and supervision in conferences both locally and abroad, and apart from her thesis, published articles in MCAST Journal of Applied Research & Practice, European Association for Counselling Online Publications, and in the European Journal for Qualitative Research in Psychotherapy.

Paul Formosa is an accredited Gestalt Psychotherapist and supervisor, working in private practice with individuals and young people. He has been significantly involved in delivering therapeutic group support to young people in Malta. He has completed a Doctorate in Gestalt Psychotherapy.

Violetta van Vliet is a Gestalt therapist working with adults in private practice. Violetta obtained her Master Degree in Gestalt Psychotherapy from GPTIM (EAPTI-GPTIM) in Malta and Master Degree in Law from University of Marii Curie Sklodowska in Lublin (Poland). She is currently reading for a Doctorate Degree in Gestalt Psychotherapy. Violetta has also keen interests in Arts and Architecture as well as Interior Design.

A Gestalt Approach to Resilience: a meta-review of existing literature

Rose Galea, Mikela Gonzi and Cathy Perić

Abstract

Resilience is a dynamic process that involves the capacity to adapt positively and to advance in the face of adversity. It encompasses a number of developmental and experiential processes over time that involve profound personal growth. This paper provides a meta-review of existing literature on resilience and how this is relevant to Gestalt theory, training and practice. It gives an overview of literature on posttraumatic growth and resilience over time, provides information on recent researches that seek to evaluate levels of resilience, and traces resilience paradigm shifts and major concepts over the decades. The authors provide insight on how Malcolm Parlett's five creative abilities and his concept of whole intelligence relates to resilience and conclude by making recommendations for future research.

Keywords

Gestalt, resilience, creative abilities, whole intelligence, risk and protective factors, wounded-healer, posttraumatic growth

The rationale of this paper rests on the understanding that resilience is the product of a number of developmental and experiential processes over time, that involve profound personal growth. It is grounded in the notion that resilience does not only involve a capacity to bounce back from difficult situations, but can be enhanced by learning and developing behaviours, actions, thoughts, relationships and a way of being that would support the individual to navigate their way through life and grow through adversity.

Throughout their lives, both therapists and clients are bound to be faced with adverse and challenging situations. Being able to negotiate personal challenges or traumas is not easy for both client and therapist. It is a time when the human person would need support, both through one's own internal resources and skills and also by reaching out to others in the external environment. The more resilient the therapist, the more the therapist can manage personal circumstances, support clients and choose how to work through such phases. Therapists' level of resilience becomes even more critical during times where the therapist needs to manage their own internal world and reactions to events such as the recent pandemic, whilst also supporting their clients.

Resilience and the development of creative abilities is integral to Gestalt therapy, especially when considering the experiential teaching method adopted to pass on such skills, knowledge and competences from generation to generation. A recent research study by one of the researchers explored the Gestalt perspective and approach to resilience by interviewing experts in the field. There was general consensus that whilst the word resilience does not feature in the literature, cultivating and nurturing resilience is in effect intricately woven into the tapestry of the Gestalt approach. The following definition of resilience through a Gestalt lens was proposed based on what emerged from these interviews: *"Resilience is the art of creatively adjusting ourselves to our context in a relational, embodied way that enables transformation and flow." (Perić, 2019)*

Our position is that creative adjustment and developing creative abilities is core to the personal and professional development and growth of trainee therapists and that it contributes to, or further strengthens, resilience. This paper provides a meta-review of existing literature on the topic, in order to establish a solid informed ground for future research that aims to explore the concept of resilience from a Gestalt psychotherapy perspective.

Interest in resilience and posttraumatic growth

Interest in resilience as a concept has featured from as early as the 1960's where it was initially regarded as a personality trait (Luthans, Vogelgesang & Lester, 2006). Many

other researchers have since studied resilience and several resiliency scales have been developed. While it has been largely established that both internal and external factors influence one's capacity for resilience, there is still debate around its definition, about what it means to be a 'resilient individual' and what ensues after facing a setback.

Gestalt trainees are no different to the general population in terms of experiencing trauma and adversities. Today, it is generally accepted that a career choice in the psychotherapeutic sector, is many times influenced by past experiences of having been 'wounded' – through personal or family experiences of traumas or mental health (Corey & Corey, 1993; Adler, 1972; Scott & Hawk, 1986). The notion of 'wounded–healer' appears as early as in Greek mythology and is discussed as an archetypal dynamic in the psychotherapeutic context by Carl Jung (1944; 1985). In this light, posttraumatic growth and 'resilience' in one's personal and professional journey as trainees has become an area of interest. A few quantitative studies have since been carried out in order to identify the implications of this for training and supervision (Conteh, Huber & Bashir, 2017; McMullen, 2015; Adams & Riggs, 2008; Barr, 2006; Elliott & Guy, 1993; Sussman, 1992).

Defining and measuring resilience

A generally cited definition of resilience is:

> the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors. As much as resilience involves "bouncing back" from these difficult experiences, it can also involve profound personal growth. (American Psychological Association, 2012)

Resilience is defined differently depending on the approach, modality and positioning. For example, psychological researchers may have a particular working definition for resilience, while those who work directly with people struggling with adversities often see it differently. Clearly, there is no one single definition or one accepted set of components of resilience.

Practitioners and authors from various psychotherapy modalities have carried out much research on the concept of resilience. A Google search of the words 'resilience' produced many results for each of the modalities. Psychological approaches and psychotherapeutic modalities have written extensively about their point of view and approach to defining resilience, relating this concept to their theoretical frameworks and demonstrating how this is supported within the therapeutic context.

Seligman and Csikszentmihalyi (2000), for example, conclude that there is much in common between resilience research, posttraumatic growth and positive psychology.

Luthar, Lyman, & Crossman (2014) suggest that further research in these areas will contribute positively to promoting "the welfare of humankind." (p.137). Ameli (2016) proposes the role of reason, meaning and resilience from the perspective of logotherapy, as a bridge between cognitive-behaviour therapy and positive psychology and Anitei, Chraif, & Chiriac (2012) conclude that integrative interventions result in improvements in resilience at the workplace in relation to stress in working groups.

A systematic review of psychoanalytic scientific literature by Malgarim et al. (2018) claims that the concept of resilience in psychoanalysis tends to be related to other concepts such as trauma and violence, and that by itself, resilience indicates an ability built fundamentally through relationships and persons' environments. All studies agree on the notion of resilience "as a process that goes beyond simple adaptation" (p.210). Malgarim et al (2018) refer to several researches that assert resilience to be related to intra-psychic capabilities and early emotional experiences (Cabral & Levandowkski, 2013; LaMothe, 2012; Baraitser & Noack, 2007) and ultimately, an ability to survive (Hauser, 2011). Moreover, in their review they found resilience to emerge as a characteristic that is closely related to the social context of the person "developing from and within this context" (p.211) (Benghozi, 2005; Baraitser & Noack, 2007).

An interesting paper by Southwick, Bonanno, Masten, Panter-Brick & Yehuda (2014) brings together definitions of resilience gathered through a multidisciplinary panel of experts. Overall, their definitions mostly included "a concept of healthy, adaptive, or integrated positive functioning over the passage of time in the aftermath of adversity". All panelists highlighted that the empirical study of the construct of resilience needs to be approached from "a multiple level of analysis perspective that includes genetic, epigenetic, developmental, demographic, cultural, economic, and social variables". They also agreed that resilience "is a complex construct that may be defined differently in the context of individuals, families, organizations, societies, and cultures".

Furthermore, today several resilience scales exist as useful tools in providing measures of resilience, such as Connor-Davidson Resilience Scale (CD-RISC); Resilience Scale for Adults (RSA, Friborg et al.); Brief Resilience Scale (BRS, Smith et al.); Resilience Scale (Wagnild & Young); Scale of Protective Factors (SPF); Predictive 6-Factor Resilience Scale, amongst others. Each based on different theories, different components and created for different populations (Ackerman, 2021).

In 2011, Windle, Bennett and Noyes published a methodological review of nineteen resilience measurement scales and conclude that: a number of scales are still in the early stages of development; all require further validations; and currently, no "gold standard" was found amongst them. Since then, Rossouw & Rossouw (2016) devised the *Predictive 6-Factor Resilience Scale (PR6)* discussing the implications of Windle et al.'s findings and designing their scale in alignment with domains in literature and existing scales.

The concept of resilience in Gestalt theory and practice

A Google, Google Scholar and PsychSource search relating Gestalt theory and practice with resilience did not result in any articles except for a few practical applications – one with adolescents, another as part of a CPD training event and one that explored resilience in refugee children through a Gestalt Play Therapy approach (Hoosain, 2007).

A look at the indexes of a number of Gestalt books, revealed minimal mention of resilience as a concept. One book by Chidiac (2017) *Relational Organisational Gestalt* featured resilience in the index. In the chapter entitled 'On the Threshold', Sally Denham-Vaughan describes the presence cycle and liminal space applied to organisational life. At times organisations react to change and events and may have habitual reactions of becoming highly hyper-aroused, a state that is not sustainable. Consequently "wellbeing/ resilience takes a nose-dive" (p.111). She also speaks of findings that relational Gestalt organisational development interventions have "been found to increase resilience amongst practitioners and sustainability across organisations." (Chidiac, 2017 p. 122). Another book by Sonne & Toennesvang, (2015) "Integrative Gestalt Practice" mentions resilience in relation to a model that was being explained, however this was just in passing. A recent study by Cathy Perić (2019) explored resilience through a Gestalt lens and sought to address this gap in the literature. The present study seeks to build further on this.

Resilience paradigm shifts and major concepts

In seeking to support an understanding of resiliency paradigm shifts over the past decades, Richardson provides a meta-theory of resilience and resiliency by clearly outlining "three waves" (2002, p.308).

Risk factors, protective factors and bouncing back

Initially resilience focused on character, traits or situational premises and on the

individual's capacity to 'bounce back'. From a longitudinal perspective, resilience has been defined as the ability to 'bounce back' from adversity and go on with life. The idea is that from a lifespan development framework, the ability to bounce back from earlier dysfunction or adversities can highlight adaptation and turning points at all stages of life (Windle, 2011). Rutter (1999), for example discusses the notion of "steeling effects", where reducing risk exposure earlier in life facilitates resilient response in later years.

This wave resulted in a focus on qualities, assets, or protective factors that help people grow through adversity, including concepts such as self-esteem, self-efficacy and support systems. Albert Bandura, for example, one of the most renowned psychologists who conceptualised the term self-efficacy, has written about this theme in relation to resilience. He writes that, "Resiliency is reflected in the ability not only to withstand adverse circumstances but to recover from a disordered life course" (1997, p172).

Several studies have highlighted that on an individual level, protective factors include self-esteem, problem-solving skills, easy temperament, social competence and having hobbies and interests, adding the familial and social level, close relationships with supporting others and connections to pro-social organisation. Ní Raghallaigh and Gilligan (2010), in their research identified coping strategies such as adopting a positive outlook, suppressing emotions and maintaining continuity, including other attributes of optimism, patience, confidence and hope.

Gender and age are also associated with resilience. In a recent study exploring the difference in resilience based upon age and sex, the researchers found that there is a difference in resilience according to age group; adults are more resilient than adolescents. Differences were also found by sex in the group of adolescents and in the group of adults. Whereas male adolescents were found to be more resilient than female adolescents, researchers found that this changes in adulthood, whereby females were more resilient than males (Ginez-Silva, Astorga,. & Urchago-Litago, 2019).

Risk factors or adversities which become stressors in the healthy development of the individual can affect the emotional needs, social needs and in general, personal well-being. Compounding stressors of childhood along with traumatic experiences can put the individual at a higher risk for psychological distress (Mohamed and Thomas, 2017). As research on resilience keeps increasing and growing, it has become more focused on individual strengths and community resources rather than deficits (Gough & Gulliford, 2020).

This has been witnessed globally over the past year. We are living in the aftermath of a global pandemic which has brought risks to all humankind. Recent emerging studies are exploring resilience within this global reality. Majorano, Vagni, Giostra and

Pajardi (2020) found that risk factors for secondary trauma, included: direct contact with COVID19 patients, being a female, unexpected events, and the lack of personal protective equipment. Coping mechanisms, such as stopping unpleasant emotions and thoughts and hardiness were found to be protective factors which fostered resilience.

Hardiness can be defined as a personality structure encompassing the three related general dispositions of commitment, control, and challenge. It becomes a resistance resource to overcome stressful conditions (Barton, et al 2017). Hardiness tends to be associated with positive internal states, leading people to consider external events as a challenge and an opportunity for change and self-improvement, thus lending itself to higher levels of resilience. In relation to this, findings do show that a sense of control over one's life circumstances is a key factor in resilience (Werner, 1992).

Furthermore, in an interview entitled "Finding Peace in the Pandemic: Humanity Deserves to be Saved" Deepak Chopra describes 'being connected, feeling supported and giving support to others' even through online methods, reduces the negative effects of the pandemic. He goes on to explain that having meaningful connection with people for at least a few hours each day is a good way to bring about calmness to the autonomic nervous system, which tends to go into overdrive with stress (Gardner, 2020).

In summary, from a meta-theory of resilience, Richardson describes this first wave as depicted by "phenomenological descriptions of resilient qualities of individuals and support systems that predict social and personal success" (Richardson, 2002 p.308). In fact, Bandura also acknowledges that adversities, combined with enabling social supports, instill "a sense of personal self-efficacy and self-worth and provide paths to success [that] can promote masterful resilience" (1997, p.173).

Homeostatic disruption, adversities, process and response

The second wave throws light on *process* and *response*. Fletcher and colleagues' literature is noteworthy in explaining this paradigm shift, through their developed "Meta-model of Stress, Emotions and Performance". It outlines the theoretical relationship between key processes, moderators and consequences of the stress process (Fletcher & Fletcher, 2005; Fletcher, Hanton & Mellalieu 2006; Fletcher & Scott, 2010) and that stressors "created in the environment, become mediated by perception, appraisal, attribution and coping, and finally result in adaptive or maladaptive stress responses" (Richardson, 2008). As Fletcher and Sarkar (2013) point out, definitions appear to converge around two fundamental notions: adversity and positive adaptation, with more divergence around the latter notion. Galli and Vealey (2008), found that a significant aspect of the process of resilience is agitation, "a process in which unpleasant emotions or mental struggles are countered through various coping

strategies" (Bowers et al., 2017, par.6). Other researchers have also focused on the relationship between processes and responses, and how these are further influenced by situational and individual elements such as, self-esteem, positive affect and self-efficacy (Schaubroeck et al., 1992).

In depicting the second wave, Richardson explains that this paradigm shift views resilience as "the process of coping with stressors, adversity, change or opportunity in a manner that results in the identification, fortification and enrichment of protective factors" (2002 p.308). Richardson, Neiger, Jensen & Kumpfer (1990) postulate a theory that describes the process of resilience as starting from a point of "biopsychospiritual homeostasis" where the individual is in balance. It is summarised by Bowers (2017) as follows:

> "The reintegration process results in one of four outcomes: (1) resilient reintegration (additional protective factors are attained or strengthened, and homeostasis is once again achieved); (2) homeostatic reintegration (an individual remains in homeostasis, just 'getting past' the situation); (3) reintegration with loss (protective factors are lost, and a lower level of homeostasis is achieved), or (4) dysfunctional reintegration (individuals resort to destructive behaviours)" (Bowers, 2017, par.9).

When homeostasis is disturbed, the individual may react in various ways. Fritz Perls frequently and openly discussed the individual's instinctive and 'organismic' urge to regain equilibrium or homeostasis when disrupted (Perls, Hefferline & Goodman, 1951/1973). How one reacts and copes depends on the amount and level of protective factors that they have developed over their life that enable the individual to adjust and begin the process of reintegration after their balance is disturbed.

In summary, the highlight here is on the capacity towards growth or adaptation through disruption, rather than just recovering or bouncing back (Richardson, 2002, p.313). Perls, Hefferline & Goodman hold this as core to the founding book named "Excitement and Growth" which postulates that "growth is the function of the contact-boundary in the organism/environment field; it is by means of creative adjustment, change, and growth that the complicated organic unities live on in the larger unity of the field" (p.7). In discussing this further Petruska Clarkson succinctly concludes that "the urge of homeostatic balance and the urge for disturbance and excitement are complimentary opposites that coexist. They are equally essential to the functioning and flourishing of the human being" (p.52).

Resilience as a vital impulse and a capacity in every soul

Interestingly, Richardson (2002) describes a third wave as one that is integral to the human as part of the wider ecosystem. "There is a force within everyone that drives them to seek self-actualisation, altruism, wisdom, and harmony with a spiritual source of strength" (p.313). Similarly, Anne Masten (2001) describes resilience as "ordinary magic" while discussing resilience processes in development. In speaking of the "ordinariness of resilience" she suggests that "resilience is common and that it usually arises from the normative functions of human adaptational systems, with the greatest threats to human development being those that compromise protective systems" (2001, p.227).

Richardson postulates the following two main points: "a source for actuating resilience comes from one's ecosystem" and that "resilience is a capacity in every soul" (pp.314-315). He writes:

> …there is a healing, driving, and motivating force within every soul. Resilience metatheory embraces semantic variance and validates the unique academic paradigms whether that force is called chi, collective unconscious, energy, oscillations, motivational force, neuropeptides, spirit, human essence, or resilience (Richardson, 2002, p.317).

These views truly resonate with Gestalt psychotherapy. Perls, Hefferline & Goodman speak of the vital impulse, the "*élan vital"*, the flow of life, that we carry with us and is an ongoing natural process of life, a concept introduced by philosopher Henri Bergson.

In explaining the five creative abilities or capacities that make up 'Whole Intelligence', Malcolm Parlett describes how when seen together "they constitute types of practical human strengths…we have whole intelligence available, but like plants these qualities need to be tended" (Parlett, 2021).

Such constitutes resilience and calls us to look at defining resilience in its wholeness and not in parts; as something greater - bigger than the sum of individuals, fields, components or parts.

Resilience as the art of creative adjustment

Whilst there are not many direct references to the concept of resilience in Gestalt literature, Malcolm Parlett's work on 'creative abilities' stands out. He writes that 20 years ago he became aware that those that had been trained as Gestaltists or had been clients of Gestalt Therapy "seemed to acquire increased abilities" (Parlett in Perić,

2000; Parlett, 2003). Parlett has referred to these as important human abilities that are 'essential skills' or 'varieties of human strength' for 'ways of being in the world'. He has described five overarching themes which are: Responding to the situation, Interrelating, Self-recognising, Embodying, and Experimenting. While each one is distinctive, they are also interrelated and are powerful when evident at the same time.

Responding to the situation is about being context-aware whilst having the ability to harness personal choice and respond flexibly to unique situations. It involves the way a person prioritizes life's events, pressures, closures, choices, commitments, responsibilities, draws on resources from within oneself and from the environment and engages in doing what needs to be done while acknowledging that one is doing so.

Interrelating refers to the concept that one is always in relation to others, to families, institutions, states, and the natural world. It's about nurturing respectful, mutual relationships and engaging in authentic dialogue with others, handling conflict and acknowledging both our differences and our similarities. Relation to others holds a sense of belonging within a community and gives a sense of 'place' in connection with others. This skill requires other skills in order to be achieved, such as communication, collaboration, responding to needs and mobilising the self to connect with others.

Self-recognising is the ability of being self-aware, which includes being able to tune into our states of being in the moment, being aware of our strengths and blind spots, having awareness of the self-process and the capacity for reflexivity. Related to this skill is the ability to have a phenomenological attitude and a subjective view of being in the world.

Embodying is living life with one's whole being, rather than emphasising the thought processes, recognizing that these are continuously intertwined with emotions and feelings. Accessing non-verbal knowing through the five senses complements rationality. With embodiment value is put on the potential for deeper engagement with others. It also entails trusting the body for social knowledge along with orientation and having clear boundaries.

Experimenting takes into account that knowledge is always available and that to experiment is to be fully alive. It refers to our creativity and our capacity to enhance our imagination and spontaneity. It is about our ability to courageously engage with uncertainty while grounding ourselves in what is known. It becomes an attitude of being curious and taking pleasure in finding out new things. This ability is the mark of having an open as opposed to closed mind (Wheeler, 2006; Parlett, 2022).

Parlett has also called these themes capacities, capabilities, abilities, fundamental competencies, dimensions of creative adjustment, and the art of living well. More recently

Parlett has referred to these as explorations that when taken together represent Whole Intelligence, a concept which he introduces in his book *Future Sense: Five Explorations for a World That's Waking Up* (2015). In a recent podcast where he was interviewed by Tim Logan (14:44-16:04), he speaks of how these capabilities "are complex, rich and lively concepts" and not wanting "to get too sterile in definitions", he wishes for people to "enter into and discover the full meanings of these terms for themselves". As researchers we have done this and have chosen to use the term 'creative abilities' for the purposes of this study. This choice is directly related to how well these abilities sit within the Gestalt Therapy theory of 'creative adjustment'.

Creative adjustment can be defined as the ability of the person to react to the current conditions in the field, through emerging situational needs, adversities, resources, the relational self and others. Additionally, creative adjustment is the ability of the person to adjust through awareness to respond to the circumstances. However, the person would also take action to create the change needed in the field. This is what is known as the person self-regulating in a healthy way, thus creatively adjusting to the situation (Yontef, 2005).

A recent definition of resilience through a Gestalt lens based on interviews with experts within the field (Perić, 2019) has proposed that, *"Resilience is the art of creatively adjusting ourselves to our context in a relational, embodied way that enables transformation and flow."* Thus if, as the definition is proposing, resilience is the art of creative adjustment and Parlett's creative abilities support us in mastering this art, we can then postulate that by developing our creative abilities we are in effect also enhancing resilience.

Indeed, when one looks at the concepts of resilience, it becomes apparent that some similarities exist between Parlett's creative abilities and resilience dimensions proposed in other modalities. These similarities were also acknowledged by Malcolm Parlett in a recent interview with one of the authors where he comments that viewing these abilities through the eyes of resilience is "a powerful lever into some very important material that we do need to constantly revise and find new ways of thinking about it and presenting it to the world…it is a way into a greater whole intelligence" (Perić, 2020).

In addition, it is interesting that Parlett (2017) also acknowledges that "there is a considerable overlap (with the creative abilities and) with what Fogarty et al. (2016) have documented in their landmark study regarding commonalities between Gestalt practitioners in their 'key concepts'" and the creative abilities identified. The eight concepts are: developing awareness, dialogic relating, working in the here and now, phenomenological practice, working with embodied awareness, field sensitive practice, working with contacting processes, and experimental attitude. These concepts are

based on an extensive literature review and considered to be collectively capable of accounting for Gestalt Therapy's theoretical foundations and methods further developed into the Gestalt Therapy Fidelity Scale (Fogarty, Bhar & Theiler, 2019).

Wounded Healer – Gestalt trainees and experiential learning

Gestalt and its training emerged at a time when the concept of 'experiential learning' was being developed by scholars who gave 'experience' a central role in the learning process including William James, Kurt Lewin, John Dewey and eventually Carl Rogers and Paulo Freire, David Kolb. In fact, experiential learning has over the years become more promoted as integral to teaching schools.

Experiential learning is at the heart of Gestalt training and has been the teaching method employed by Gestalt founders and their future generations. From the beginnings, "we learned Goodman's theory of self and contact as they were embodied in our group experiences" (Bloom, 2016, p.218). In Gestalt training, most learning happens by participating in groups, observing and personally entering into client roles for growth and development. By entering and participating in this experience, learning happens simultaneously while experiencing the psychotherapeutic theory, methods and application on a first-hand basis. This highly experiential method is still used today albeit being more structured and organised into various kinds of learning modules and teaching methods, including workshops, seminars, individual psychotherapy, supervision and placements.

In addition to the acquisition of knowledge skills and competencies however, experiential learning in Gestalt training includes creating a space for the care of the soul. Through personal therapy or group work, trainees together create a relational space within which very deep transformational personal work takes place. The concept of 'wounded healer' emerges strongly through these processes and several trainers attest to having witnessed profound growth in trainees.

Naturally, trainees are not immune to adversities, challenges and traumas in their lives. Traumatic experiences are common in the general population, effecting people of all ages, gender, level of education, cultures and socioeconomic backgrounds (Conteh et al., 2017). Levers (2012) found that generally, exposure rates to at least one traumatic episode ranged between 36% to 81% with 25% experiencing two or more traumatic events.

A few studies on trauma and posttraumatic growth among trainees suggest that over three quarters have experienced psychological wounds. In fact, Jung's concept of "wounded-healer" has since expanded to include the study of professionals who

themselves have been wounded, including counselors, psychotherapists, doctors and nurses. Evans (1997) found that 93% of 205 counselor trainees have experienced at least one trauma in their lives and that Conteh et al (2017) also report 95% of 98 counselor trainees experienced one to eight traumas.

Most notably, Barr (2006) found that 73.9% of counselors and psychotherapists have themselves experienced one or more 'wounding' experiences and interestingly, that these 'wounding experiences' lead to their choice of career.

The most common types of traumas reported in the general population and also in trainee populations are 'death of a loved one' and having experienced or witnessed emotional, physical and/or sexual abuse (Levers 2012; Kessler et al. 1995; Conteh et al., 2017). An interesting phenomenon emerging from Conteh et al.'s empirical study on counseling trainees was that as the number of traumas increased, so did posttraumatic growth: "positive growth resulting from traumatic events further aligns with change in perceptions of self, others and life priorities" (2017, p.43).

Concluding reflections and recommendations

This meta-review of existing literature on resilience demonstrates that while there is a rich pool of literature that reflects on and discusses resilience, less literature exists that is evidence-based and links psychotherapeutic modalities to resilience. This gap is even more evident when considering contributions that focus on resilience in the field of Gestalt therapy.

Following on from Parlett's observations of the changes that took place in Gestalt psychotherapy trainees over the course of the training programme just over 20 years ago, which led to his articulation of the five creative abilities and his concept of 'whole intelligence', we believe that such capabilities are worked on and developed through Gestalt therapy training. In tune with this, we consider that Parlett's five creative abilities or capabilities echo closely and add further dimension to the concept of resilience from a Gestalt psychotherapy perspective and propose these abilities as a theoretical ground that may inform future research from a Gestalt positioning.

Further qualitative and quantitative or mixed-method research on this is recommended, particularly research that seeks to explore resilience from a Gestalt perspective; wounded-healer, past trauma, career choice, and posttraumatic growth; level of resilience in Gestalt trainees and practitioners; the relationship between the five creative abilities, whole intelligence and level of resilience.

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Biographies

Rose Galea started her career as a nurse, however she later continued studying and graduated with a Bachelors Degree in Psychology. She continued her studies in Psychology and obtained a Masters Degree in Clinical Psychology. In addition, she was trained in different schools of psychotherapy. She has finished a Masters Degree in Gestalt Psychotherapy and she is also an accredited EMDR therapist. She also obtained a post graduate diploma in integrative supervision. She is a clinical psychologist, psychotherapist and supervisor, who works in private practice. In the past she worked within the mental health system and was a member of different multidisciplinary teams which gives her a lot of experience in the area. Rose Galea is a Senior Visiting Lecturer at the University of Malta, within the Faculty of Health Science and she facilitates teams of medical students in Medical leadership. She teaches psychotherapy at the Gestalt Psychotherapy Institute Malta.

Mikela Gonzi, is a warranted Gestalt Psychotherapist, Clinical Psychologist and registered Integrative Supervisor. Areas of specialisation include working with children and adolescents, group therapy, addiction, mental health, domestic violence, organisations, professional teams and clinical supervision. Mikela is a gestalt therapy teacher, supervisor and placement co-ordinator at the EAPTI-GPTIM Higher Education Institution and is presently a member of the Board for the Psychotherapy Profession in Malta. Her Doctorate research focused on the experience of online therapy and 'contact'. Other studies include: experiences of children in dramatherapy; retrospective experiences of children whose parents were substance abusers; and experiences of children diagnosed with challenging behaviour. She is Assistant Editor of the journal *Gestalt Today, Malta*.

Cathy Perić is an individual and group psychotherapist, executive coach and management consultant. She is presently reading for a Doctorate in Gestalt Psychotherapy and her research interests centre on whole intelligence, resilience, adult development and sustainability. Over the years Cathy has worked within the business, cultural, health and educational sectors, where her focus has been on enabling individuals, groups and communities to develop awareness of both self, others and the environment as the basis for action towards the realisation of potential and overall wellbeing. She currently works in private practice and collaborates with individuals and organisations who share a similar purpose and values.

What do we mean when we talk about spirituality – Gestalt therapy discourse

Ljiljana Božović

Abstract

Throughout Gestalt Therapy literature one can find different views of spirituality, sometimes accompanied by linguistic incongruities, or acknowledgment that it is something "difficult to comprehend" or "difficult to express", especially in academic language. Inspired by that, this qualitative research was designed with the main goal of exploring what Gestalt psychotherapists mean by the term spirituality. What aspects of the Gestalt therapeutic relationship do they see as spiritual? The study was conducted during July 2019, in a focus group that consisted of seven Gestalt therapists. A semi-structured interview was used as a method of data collection, and the survey itself lasted for about two hours. Foucauldian discourse analysis (FDA) was used to analyze the data, with six stages in discourse analysis, recommended by Karla Willig (Willig, 2016). The initial findings of the study point to a number of discursive constructions, that is, various references to spirituality. Based on that, three major broader discourses are identified in understanding spirituality - "anti-dogmatic", "relational" and "transpersonal". Some of the implications that these constructs have on one's practice are recognized too. For example, the anti - dogmatic discourse that is embedded in foundations of philosophy of Gestalt therapy may at the same time influence on a therapist's decreased interest in spiritual topics, if we associate spirituality solely with institutional religiosity. Discursive constructions that position spirituality as a special kind of relationship (I-Thou), or an appreciation for the existence of something greater than our human existences, increase the awareness and openness of Gestalt therapists for the importance of spirituality in their lives and the lives of their clients.

Keywords

spirituality, qualitative research, discourse analysis

Introduction

Since the end of the twentieth century, the authors of Gestalt therapy have become more open toward the concept of spirituality, which can be considered a shift from the long-lasting resistance present in scientific thought, in psychotherapy in general, and consequently in Gestalt. The tendency to avoid the topic of spirituality can be considered unjustified if we take into consideration the fact that a need for spirituality was always present in human beings, manifested through the search for the meaning of existence. Also, the Gestalt therapeutic approach fosters a holistic view of the human being, so spirituality deserves to be recognized and respected just as much as other aspects of our existence. In his multidimensional model of human functioning, Serge Ginger uses a pentagram to present the five main dimensions of human activity: physical, affective, rational, social and spiritual (Ginger, 2010). Interestingly, in his pentagram, the physical dimension (body, sensuality, motor skills and physical sexuality) and spiritual dimension (human place and meaning of existence in cosmos and global ecosystem) are represented as "roots", basis of human existence, in which a balance between the physical and the metaphysical is essential.

Aim of the research

The purpose of this research is to discover the meaning that Gestalt therapists construct for spirituality, what they mean by talking about and hearing about it.

Spirituality is a complex phenomenon whose many aspects can be interesting for research. In professional articles, Gestalt therapists avoid giving their definitions of spirituality. However, dealing with this topic, different authors refer to different constructs in relation to context, so the reader can sometimes feel confused and wonder what is the spiritual at all? The Serbian translation of the word (Latin:*Spiritualitas*) would be *duhovnost* (spirituality), *duhovna priroda* (spiritual nature), *duhovni život* (spiritual life) (Vocabulary, Serbian - Serbian Dictionary). Spirituality is certainly a very present word in the vocabulary of modern man, but when we hear it or say it, it evokes a whole range of different meanings in us.

These observations form the starting point for a major research question: What do Gestalt therapists mean by spirituality? Specific focuses: In what ways are different versions of the phenomenon of spirituality constructed through language, and what are the practical consequences of this? How open are the Gestalt therapists toward their own spirituality? What do they recognize as therapeutic benefits for spiritual development of their clients?

Finally, increasing the awareness of the participants about the importance of this phenomenon, which is the mainstay of our functioning as human beings, and is largely at the back of our therapeutic activities.

Literature Review

Some authors contributed to Gestalt practice and theory with their particular interest in this topic through articles in journals and periodicals, through books, as well as through oral lectures and workshops at congresses and seminars. Some of the significant names among Gestalt therapists who contribute to emphasizing the importance of spirituality in therapeutic practice and theory are: Joseph Melnick, PhD; Philip Brownell; Lynn Williams; Duey Freeman; Richard Hycner; Maurice Friedman; Edwin Harris; Claudio Naranjo; LidijaPecotić, PhD.

The search for a comprehensive definition of spirituality points to the difficulties of writing about spirituality and defining the term, which is partly conditioned by the objectivist, “yang” language used in scientific essays (Ingersoll, 2005, according to Robinson, 2010). Also, the very nature of spiritual experience is indeterminate, i.e. "transcends words”. Melnick points to the Gestalt approach paradox - despite aversion to anything that indicates rigidity or rules, “Paradoxically, our approach is designed to create experiences that are similar to many modes of spiritual practice.” (Melnick, 2006, p. 2). Lin Williams states similarly, “Literature and personal experience in Gestalt circles have provided testimony to connections between a Gestalt approach and spirituality.” (Williams, 2006, p. 6). Furthermore, we can’t neglect the fact that the early founders of Gestalt therapy were strongly influenced by spiritual traditions, especially the Eastern one.

Melnick explains the long-standing resistance to speak more directly about spirituality in this way: “The word spirituality has been part of our everyday lexicon for quite some time, but only recently has it become a legitimate topic for therapeutic and organizational dialogue” (Melnick, 2006, p. 2).He explains this view by the fact that “Words such as spirit, transcendence, and transpersonal seem too closely linked to organized religion for many Gestaltists who, by nature, have an aversion to anything that might smack of rigidity or rule – bound beliefs” (Melnick, 2006, p. 2).Or, spirituality "is somehow concealed" in Gestalt therapy(Naranjo, 2017, p. 283).

In an attempt to define the concept of spirituality, Melnick refers to the conference “The Seven Deadly Sins” and offers two working definitions that have arisen on this occasion: “an abstraction that helps us organize our relationship with the unknown”; 2.

“one’s spirit, use of someone’s energy in the world”.

It is not difficult to note that there is much less written about the spirituality in Gestalt therapy than on other recognizable Gestalt topics. By reviewing the literature dealing with this topic, we can conclude that it is addressed through the three main contexts - transpersonal, context of connection with spiritual traditions of East and West and relational context. Various aspects of the phenomenon have been addressed, but so far we haven’t found any research dealing with the issues highlighted in this paper. It may be arrogant to say that research on this topic has not been conducted in the area of Gestalt therapy, but the fact is that they are difficult to find via an internet browser, assuming the results have been published by now.

By looking at the available literature, it can be noted that many more American than European authors have written about spirituality in Gestalt therapy. It is especially important to emphasize the openness of the Gestalt Studio Belgrade, other schools in the former Yugoslav republics, as well as the Maltese Institute, founded by Lidija Pecotić, PhD for this topic.1

Philip Brownell, a Gestalt therapist, ordained priest and doctor of psychology, states that "in 2005, he searched the word" spiritual "on the Internet and found that there were as many as 39 200 000 sites where one could find out how someone relates to that word"(Brownell, 2006, p. 26).

It is important to mention Jim Robinson's PhD thesis "Exploring Spiritual Perspectives in Gestalt Therapy" (Jim Robinson, 2010). In his study, Robinson, through a literature review, focused on understanding “what ‘spiritual’ means for Gestalt psychotherapy, and what the implications are from this understanding” (Robinson, 2010, p. 1). The research is, in fact, a thorough review of the literature that examines the spiritual in Gestalt therapy and does not cite quantitative or qualitative research methodology. He compared findings from Gestalt literature with some traditional and modern representations of spiritual approaches in order to support and base his research in a broader spiritual context. At the outset of his study, Robinson highlights how different authors describe the range of experiences they refer to with the spiritual, and this includes the following: “awareness, presence, being, “aha moments”, “I-Thou” dialogic

[1] During the last 30 years at the Gestalt Studio Belgrade - European Accredited Gestalt Psychotherapy Training Institute, there have been many seminars and thesis on this topic in both Diploma and the accredited Master's degree program. Also, within the Doctoral studies that started a year ago, several PhD students are interested in different aspects of spirituality.

encounter, being a witness, integration, “full-contact”, humility, acceptance, openness, “creative indifference”, “stepping out of the way”, love, connectedness, truth, the divine, wholeness, consciousness, freedom, “the fertile void” (Robinson, 2010, p. 1). As we can see, some of the fundamental Gestalt terms are cited in literature as closely related to spirituality. And, what is the situation with Gestalt practitioners? It seems especially challenging to explore this with therapists who are not particularly versed in spirituality texts, or more specifically, who were not particularly interested in the topic.

Sample

The study was conducted in a focus group of graduate Gestalt therapists consisting of seven respondents, only one of whom was male. Research used convenience sampling, not pre-planned, i.e. respondents were not selected based on a better knowledge of the topic. The age of respondents ranged from thirty-four to fifty-eight, and the years of therapeutic experience (counting from the year of graduation) ranged from one to twenty-one. Regarding respondents` basic occupations, four of them were psychologists, one was a pedagogue, one a philosopher and one a linguist. All research participants had previously known the researcher.

The focus group research was conducted in a very friendly atmosphere, with elements of spontaneity, which facilitated the production of wealthy material. Younger colleagues initially reported a sense of anxiety raised by the circumstance that they are appearing as equals with older colleagues related to the topic, and by the fact that they did not "prepare themselves sufficiently". In the earlier period, during education most of the attendees were significant to them in other roles - educators, personal therapists or supervisors. “Older” participants, besides fencing themselves off the topic, also showed some projections related to certain colleagues – they perceived others to have better knowledge of the topic, more experience… For these reasons, the researcher engaged in creating a more relaxed atmosphere with food and drink, which was reminiscent of agape - the feast of love, the custom of sharing food and drink practiced by early Christians.

Collection and processing of data

The examination was conducted on July 27, 2019 at the premises of the counseling center where I work and lasted about two hours. Questions were asked from a semi-structured interview that was composed based on the researcher's experience related to knowledge of the topic in the literature. The final formulations of the questions were established after consultation with a colleague.

It is important to note that, after being informed, most of the colleagues that I have contacted agreed to participate in the research, but their consent was followed by a comment: "I am not someone who is very spiritual ..."

Interviews were recorded, with the participants consent, and after listening to the recordings, a transcript was made by S.J. in early August 2019. The transcript was read repeatedly and then analyzed via Foucauldian discourse analysis (FDA). On first reading, there was a strong impression of the large amount of information received, as well as the fact that the interview had mixed questions about understanding and operationalizing the notion of spirituality with those dealing with experience and personal impressions. It has also been found that the questions 4 and 5 have been unnaturally separated. The researcher had the dilemma of choosing a method of data analysis in relation to the richness of the content obtained, but the main research question guided toward the decision to preserve some of the material related to personal impressions and experience related to the phenomenon for some further research.

Data analysis method – Foucauldian discourse analysis (FDA)

Foucauldian discourse analysis focuses on language and its role in constituting social and psychic life, and from the Foucauldian perspective “discourses facilitate and limit, enable and constrain what can be said, by whom, where and when” (Parker, 1992, according to Willig, 2008, p.112). Discourses themselves are often defined as “sets of statements that construct objects and an array of subject positions” (Parker, 1994, according to Willig, 2008). Unlike discursive psychology, which is interested in language as a form of interpersonal communication, FDA is focused on language and its use in a way that requires reaching beyond immediate contexts. That means “Foucauldian discourse analysis asks questions about the relationship between discourse and how people think or feel (subjectivity), what they may do (practices) and the material conditions within which such experiences may take place.” (Willig, 2018, p. 113).

Foucauldian discourse analysis can be done on various symbolic systems, it is valid on a wide range of materials, that is, wherever there is meaning. It is applicable in discovering ways in which people construct meaning about a particular topic, as well as exploring the relationship between professional and amateur discourses.

When discussing the procedural guidelines for the application of this method, it is important to note that there is no agreement among authors and researchers regarding the number of steps required in the analysis of discourse dynamics. Some authors

suggest 20 steps (Parker, 1992, according to Willig, 2016), others recommend a much lower number. For the purpose of this paper I`ve followed the six stages of discourse analysis, as recommended by Carla Willig.

Ethical reflections

The steps were taken in accordance with ethical principles during the sample selection, immediately prior to the focus group research and during the examination itself. All respondents were informed about the topic and manner of conducting the research at the time they were invited to participate in the focus group. It cannot be said that the research topic is particularly sensitive and provocative in an expository way for the participants themselves, so that ethical challenges were not emphasized. The fact that the survey was carried out during a summer vacation season, caused for a large number of colleagues to be unavailable and some of the people invited were unable to participate due to their previously made plans. This caused some embarrassment among colleagues who had to decline because of their plans and journeys, in connection to history of the relationship with the researcher who had previously engaged in some of the educational roles with them. As a researcher, I took into account their desire to cooperate and reassured them by expressing my gratitude for recognizing their loyalty.

All respondents have signed the Informed Consent Form for participating in the focus group, they were informed of the topic of survey and length of the focus group procedure. An agreement was made that anyone interested would be able to read the text with research results and discussion.

Data analysis

In discourse analysis, Carla Willig suggests six basic steps that have been taken in analyzing the data obtained in this research: 1. discursive constructions; 2. discourses; 3. action orientation; 4. positioning; 5. practice; 6. subjectivity (Willig, 2016).

Phase 1: *Discursive constructions*

This stage represents the search for "the ways in which discursive objects are constructed", and the researcher is required to isolate all cases of reference to the discursive object (Willig, 2016, p. 284), in this case *spirituality*. The search went in the direction of explicit and implicit references, and our interest followed shared meaning instead of lexical matches.

In which way is, “spirituality” as a discursive object, constructed through language? Spirituality is a “*basic trust in life*” (relationship, other person…), the belief that "*we have not made some of our life decisions all by ourselves*", something that is present at a “*practical life level and it emerges through the belief that… I will get through this… I will be fine… I will not give up…* ”. Spirituality is an abstraction, “*originally life-supportive*”, the experience of “*not being alone even when there are no other people around us*”, or the presence of “*something greater that embraces us together and fulfills us*”. Also, spirituality is the same as freedom, from dogmatic beliefs above all.

Phase 2: *Discourses*

The aim of this research phase is to determine the location of different object`s discursive constructions within broader discourses, after identifying the parts of the text that contribute to the design of the discursive object. “Spirituality” as a discursive object can be constructed in many different ways.

From discursive constructions it is evident that spirituality is constructed in at least three ways. On one hand, it is constructed as an originally supportive force, encompassing, fulfilling, excluding the possibility of our control, transcending material, facilitating us to carry our burdens and to overcome existential loneliness. Respondents within this discourse construct in the following ways: “*it is… the experience of not being alone even when there are no other people around*” or “*I prayed and said whoever you are, God or whatever, I give you a part of my burden…* ”. This way of constructing spirituality corresponds to ***transpersonal discourse***. Transpersonal refers to something above-personally, to what is universal. In a therapeutic context, therapists describe this experience of a greater Field as familiar, something that "*I cannot control, cannot summon when I want to, but what`s present, somehow appears and I can work from it.*" Naranjo (Naranjo, 1978) believes that the most pronounced features of Gestalt therapy are transpersonal because it respects "what is above the person", originates from the universal and unconditioned Self, and uses personality only as an instrument. It can be God, the Universe or the Field, depending on our belief.

The opposite of previous is ***the anti-dogmatic discourse***, according to which spirituality is conceptualized as distinct from institutional religiosity. Most surveyed Gestalt therapists have a resistance to religion as a system of dogmas implemented in a particular community. We also find resistance to declarative spirituality, which is sometimes encountered in religiosity. "*Dogma doesn’t ask you for thinking, rational ... dogma seeks blind obedience from you*", and furthermore, "*Why do we all have a problem with religion? ... every religious community suffers from narcissism, each one wants to be exclusive and wants to gain as many of their own followers as possible,*

for reasons that are mostly financial, economic in nature." Institutional spirituality, for Gestalt therapists, excludes the freedom of "*every human being to become more than he is, at one time ...*"This brings us back to Perls and his strong resistance to dogma and organized religion, as to "tyranny of should" (Naranjo, 1978).

Relational discourse constructs spirituality as inseparable from our encounter with other human beings and all that constitutes our environment. Through this discourse, therapists refer to spirituality as something that we come to through relationships, towards ourselves, towards our environment, towards our fellow humans, through partnerships, as well as through therapeutic relationships. Meeting others allows me to "*use that experience to realize my potential of understanding, of comprehending, of seeing something beyond my thinking, my closeness and my current limitation… which on a daily basis shows that the world is bigger than you and teaches you the ways in which you will actually connect with the world*".

Phase 3: *Action orientation*

What is achieved with such constructions and what do we get by relying on them? What are their functions and how are they related to other constructions? These are the basic questions of the third phase of discourse analysis.

Constructing spirituality as "*the experience of not being alone even when there are no other people around us*", as originally supporting force, also carries an optimistic connotation and confidence that "*everything will be ok in the end ... I will get through this… I will be fine, I won`t give up…".*Such an attitude opens us to be kind to our clients' faith as a possible authentic self-support in various circumstances of life. Also, the function of this attitude is to calm the tendencies in us, therapists, to be "effective" in situations of greater uncertainty for our clients and allow us patience and confidence in the subtle processes in the phenomenological field.

Anti-dogmatic discourse allows therapists not to equate spirituality and religiosity. The prospect of such discourse may mean rejecting anything that has to do with any religious community, because dogma is maintained, primarily for economic and financial reasons. There seems to be some sort of introject that spirituality is the same as religiosity - several respondents talked about this - and thus appears a resistance to engage in spirituality. There is also some ambivalence, as the discussion often referred to the Divine…The practical implications may be that we don't take spiritual themes of our clients seriously enough, under the pretext that we are "just doing the therapy".

The parts of the text in which spirituality is constructed through relationships point to daily challenges of encounter and possibility to grow and develop through "some

tension, through strife, disagreement, dialogue, controversy…" by transcending our being in conjunction with other and different personalities. It is an experience that, as Gestalt therapists, we recognize in daily practice. This attitude allows us to believe that the therapeutic relationship is the one that heals and that healing through encounter is indeed happening. And this healing is usually mutual, both for the client and for the therapist himself.

Phase 4: *Positioning*

Which subject - positions are made available by these constructions?

Within some discourse, the subject position determines "which place within the structure of rights and duties will be occupied by persons using a particular repertoire" (Davies &Harre, 1999, according toWillig, 2016). These positions offer discursive places from which a person is able to speak or act, rather than prescribing the role that should be played, and this stage directly affects subjectivity (phase 6).

Subject - position offered by the construction of spirituality as the "originally supporting force" that transcends us is the position of awareness that we are existentially encompassed in the wider Field and that all human experiences have meaning in some greater order. This focuses us to accountability for our participation in that order.

The anti-dogmatic construction of spirituality as the opposite of religiosity allows therapists the right to freedom that is not bound by dogmatic rules.

The construction of spirituality as the ultimate form of relationship, positions us to be responsible and aware of the ways we create encounters with other beings and the world. As therapists, it positions us to be prepared and open to the exclusive possibilities of I-Thou encounters.

Phase 5: *Practice*

This phase concerns the relationship between discourse and practice and through it we discover what can be said and done from these positions. The question we are considering here is, what can subjects, positioned within the three identified discursive constructs, say and do? The construction of spirituality as originally a supportive force and something that is transpersonal and transcends us and the subject-position of consciousness of being able to transcend beyond direct experience, require us to act responsibly, taking into account the consequences, because as parts of the field we cause changes in the wider order with each action. It can also be an "abstraction that helps us to organize a relationship with the unknown" (Melnick, 2006, p. 2) that we need to acknowledge.

Anti-dogmatic position means the possibility of questioning harmful and unsupportive beliefs, assimilation versus introjection. At the same time, it can confront the intellectualizing position and the human need for belief without verification.

Relational position supports us in believing in the healing power of the relationship, its reparative and curative function.

Phase 6: *Subjectivity*

At this phase we discover what one can feel, think and experience from a transpersonal, anti-dogmatic and relational position? What kind of psychic reality can be constructed by transpersonal discourse, that is, what are the implications of isolated discursive constructions on the subjective experience of research participants?

The testimonials of the research participants indicate that those are feelings of inclusion, fulfillment, confidence in life, respect for the exclusivity of some life experiences (childbirth, inspiration in creativity, the "alchemy" of encountering …). Constructing spirituality through anti-dogmatic discourse brings participants feelings of aversion, resistance, freedom, willingness to rebel against imposition, an experience of intellectual superiority. Relational discourse enables feelings of connectedness, closeness, experience of shared growth through relationships.

Discussion

Foucauldian discourse analysis does not seek to understand the "true nature" of psychic phenomena, but the ways in which certain versions of such phenomena are constructed through language (Willig, 2016). This approach "is also interested in the social, psychological and physical consequences of discourse" (Willig, 2016, p. 299). According to the FDA, there are numerous versions of the world that can be described and explored, each constructed through discourses and practices. It is a fact that spirituality is a phenomenon more explicitly discussed in religious and alternative contexts than in academic and psychotherapy circles. It would be interesting, for the purposes of some further research, to examine the differences in the understanding of spirituality between e.g. theologians and persons engaged in various activities called "spiritual work" and compare these findings with Gestalt psychotherapy discourse. The basic premise of FDA is that discourse plays a key role in constructing meaning and that human subjectivity is structured through language. FDA perceives a role of a researcher in a research process as the author of knowledge, not someone who discovers knowledge (Willig, 2016. p. 300)so, reflexive awareness of cognitive claims and discourses is an integral part of discursive analytical research.

Spirituality is a complex phenomenon of human experience and this experiential aspect has not been considered for the purposes of this research. This represents one of the drawbacks of this research. Ambitiousness, along with research curiosity, is reflected in a large number of questions in a semi-structured interview, some of which covered the experiential aspect, and as a researcher in the early stages of data processing I had the dilemma of using two methods to analyze this rich transcript material. Advice that I received in communication with my colleagues and lecturers was supportive. They guided me, for the purposes of this paper, and keeping the key research question in mind, to simplify the approach and leave some of the material for further research.

Conclusion

Conducting this research and dealing with what Gestalt therapists refer to as spirituality was exciting because it allowed me to be in a topic that has long interested me, together with fellow therapists, who agreed to put their knowledge and experience from practice into a service different from the usual. The discourses that have been revealed are similar to the discourses of observation of spirituality in Gestalt therapy literature. Although this was not the main subject of the research pursuit, ***transpersonal*** and ***relational*** discourses were confirmed, while the ***anti-dogmatic*** discourse, recognized in this research, was the most debatable. While some authors emphasize the connection between the Gestalt therapeutic approach and the spiritual traditions (and religions) of East and West, there also seems to exist a strong current that seeks to diminish or challenge this connection. What we gain and what we lose by suppressing interest in the religious aspect of one's spirituality, or the topic of spirituality in general as relevant in psychotherapy, may be the subject of some further research. The practical implications of this research can be reflected primarily in the greater sensitivity of the focus group participants to this topic. Also, identifying Gestalt therapy discourse on the topic of spirituality can be a starting point for further exploration of the subject - both for analyzing discourses of other disciplines that speak more openly about the topic, and for exploring the experiential aspect of this phenomenon.

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Biography

Ljiljana Božović is a licensed Gestalt psychotherapist, trainer and supervisor, performs psychotherapy through individual, group and pair work. Professional development achieved through work with adult persons of all ages, starting with military and civil war victims who lost their limbs in war conflicts. In the field of clinical psychology, through work with disabled persons, integrates principles of Gestalt therapy and methodology into the treatment of traumatic experiences, motivation for rehabilitation, communication difficulties, overcoming critical situations, emotional difficulties and adaptation of the family to the changes. Doing psychotherapeutic work in private practice, dealt with various difficulties with adults for many years, including difficulties in communication, life crises, stagnations, partnership relations, emotional disturbances, reduction of stress. Interested in the relationship between spirituality, religion and psychotherapy. Special interests are in music, photography, traveling, yoga.

Humorous Styles of Therapists and Clients as Predictors of the Quality of Psychotherapeutic Relationships in anxious patients

Brankica Šaljić Milenković

Abstract

Humour is a social phenomenon. Using humour in the psychotherapeutic process positively impacts the relationship between the therapist and the client. This relationship is the most crucial part of therapy. This research aims to analyse predictor interaction (humorous style of the therapist and the client) in evaluating psychotherapeutic relationship in anxious clients. The used instruments were the Humour Styles Questionnaire (HSQ; Martin & Puhlik Doris, 2003), i.e., Vukobrat's linguistic adaptation (2013), Spielberger State-Trait Anxiety Inventory (STAI) for situational anxiety and anxiety as a trait (Spielberger, 1989), Evaluation scale of the working alliance in therapy (WAI-SR; Munder, Wilmers, Leonhart, Barth, 2009), and an Instrument that will collect information on socio-demographic and control data. The method applied is systematic non-experimental research. The Interaction of predictors (humorous style of therapist and client) statistically significantly contributes to explaining the variance in evaluating psychotherapeutic relationships in anxious patients. Results found that the interaction of predictors statistically considerably contributes to explaining the variance of evaluating psychotherapeutic relationships in anxious clients.

Keywords

humour, humorous styles, therapeutic process, anxiety, anxious patients, research

1. Introduction

1.1 Problem and purpose of research

In the Serbian dictionary, humour or wittiness is people's ability to entertain and make other people laugh. We laugh and make jokes more often when with other people than alone (Martin, & Kuiper, 1999; Provine & Fisher, 1989, according to Martin, 2018). We would not need laughter if there were no other people to communicate with.

If we look at Gestalt therapy's essence, we perceive that the therapist and the client's relationship is the most crucial part of the therapy. From the first encounter onwards, the client and the therapist exchange many moments of recognizing real humanity in each other (Clarkson, 1989). In this lies the most fertile ground of Gestalt therapy. From the very beginning, both participants are engaged in a mutual relationship. Finally, only in the context of an authentic relationship can the uniqueness of the individual be revealed. The therapist can share how he is impacted at that moment by associations or emotional experiences, images triggered by what the client is going through (Yontef & Bar-Yoseph, 2008, according to Brownell, 2010). A solid therapeutic relationship has been observed by many as one of the main factors of change in therapy, as much as 30% of change (Jonker, De Jong, De Weert-van Oene, & Gijs, 1999; Norcross, 2002; Greenberg, Constantino, & Bruce, 2006; Thomas, 2006, according to Blevins, 2010).

When we consider the importance of the relationship itself and the authentic encounter of two human beings, it is more apparent that the exchange of laughter can contribute to that connection. Laughing together, especially when initiated by a therapist, can be important for establishing and maintaining a positive work alliance (Bedi, Davis & Williams, 2005). Most authors agree that therapists can achieve these therapeutic goals more effectively if humour is used in a sensitive, empathetic way (Kuhlman, 1984; Saper, 1987; Pierce, 1994; Gelkopf & Kreitler, 1996, according to Martin, 2018). In terms of establishing relationships, Gelkopf and Kreitler (1996 cited in Martin, 2018) suggested that the therapist can use humour to alleviate the client and reduce tension, that the therapist acts' more like a human' to increase the therapist's attractiveness to the client. Laughing together can lead to intimacy and friendship and thus increase the client's trust in the therapist. Although humour and laughter at the beginning of a relationship can contribute to bonding because the client feels easier even when his anxiety is minimized, shared laughter occurs more often when a therapeutic relationship develops (Nelson, 2007).

Martin (2018) defines and singles out four humour styles: affiliative, self-enhancing, aggressive, and self-defeating.

Affiliative humour is used to receive interpersonal benefits or to enhance social interactions among people with an affiliative sense of humour. Since such humour affirms both oneself and others, it is associated with greater intimacy in interpersonal relationships (Martin et al., 2003, cited in Martin, 2018) and greater resolution of conflicts in pairs (Campbell, Martin, & Ward, 2008, cited in Martin, 2018).

People with a **self-enhancing** sense of humour use it to enhance or sustain their psychological well-being and keep themselves away from hardship. They have a light-hearted attitude toward life, finding amusement in life's contradictions and dealing with challenging situations by laughing at them.

People often misuse humour, which can lead to adverse outcomes. Many with **aggressive** personality use humour not to improve interpersonal relationships but to improve themselves at the expense of others by insulting or manipulating others. They tease and ridicule others to show their superiority, not caring about the well-being of others. (Cann, Davis, & Zapata, 2011: Kulper, Kirsh, & Leite, 2010, cited in Martin, 2018).

People who have a **self-defeating** sense of humour make fun of their weaknesses and laugh when they are ridiculed to show appreciation to others in that way. They also use humour to avoid problems and negative feelings (Stieger, Formann, / Burger, 2011, according to Martin, 2018). Humour has both long- and short-term benefits for physical and mental well-being.

Looking at the statistics related to anxiety, we find that anxiety and depression are among the most common disorders with a very high prevalence. They affect a person's feelings, mood, and general functioning. Symptoms vary from mild to severe and last between one month and several years. By 2015, the World Health Organization estimated that 3.6% of the population suffers from anxiety and a higher percentage of women than men. About 254 million people suffer from this disorder. Europe accounts for 14% of the total number of patients.

1.2. Context and significance of the research question

Earlier research (Fry, 1995; Martin & Lefcourt, 1983, Yovetich et al, 1990) shows that people with a developed sense of humour feel less sorrowful or anxious and frightened. Their coping mechanisms are focused on adequately overcoming emotions and having greater social support. Further, in the research of Deaner and McConatha (1983), a negative connection was obtained between neuroticism and a sense of humour. Due to the beneficial effect of humour, Prerost (1994), proposes using some humour techniques in the therapeutic relationship, precisely the Humorous Imagery Situation

Technique (HIST), which has been proven useful in reducing anxiety symptoms in already depressed patients. Therefore, the research into the effect of humour on anxious patients, although an elusive phenomenon for operationalization, has become fascinating to researchers.

A study by Kuiper, Klein, Vertes, and Maiolino (2014) examined how individual diversity in different humorous styles can moderate anxiety. The model they used assumes that intolerance of uncertainty, as a basic personality trait, increases anxiety and that greater intolerance of uncertainty can suppress adaptive humour. Correlation analyses obtained in a study confirmed this assumption. Excessive concern and belonging humour served as important mediators. Specifically, increased intolerance for uncertainty leads to excessive worry and reduced use of linked humour, which increases anxiety. The analyses confirmed the importance of humour as a mediator for care related to a wide range of content domains. The research served as an inspiration in drafting this research. If there is the knowledge that humour mediates anxiety in everyday life, we were interested in what happens when a therapist reaches for humour as a therapeutic process technique with anxious clients.

2. Research goals

Humour in a therapeutic relationship involves the therapist's intentional and spontaneous use of various humour techniques. The intervention, which the therapist applies using humour, may consist of a formally structured joke (which rarely occurs), pointing out absurdities, play on words, illogical reasoning, irony, repetition of interesting moments, illustrations of universal human weaknesses, or humorous observations of current social and environmental events. The result of such an intervention is reflected in a positive emotional experience shared by the therapist and the client, ranging from quiet, empathetic fun to open, loud laughter (Franzini, 2001). Precisely due to humour's positive implications on the therapeutic relationship, the subject of this research is the analysis of the Interaction of predictors (humorous style of therapist and client) in the evaluation of psychotherapeutic relationship in anxious patients.

2.1 General research objectives

The objective is reflected in determining the interaction power of predictors (humorous style of the therapist and the client) in explaining the variance of evaluating the psychotherapeutic relationship in anxious clients.

2.2 Specific research objectives

1. To determine the interacting power of predictors (therapist-client humorous style) - Affiliative style, Self-enhancing style, Aggressive style, and Self-defeating style - explain the working alliance's variance scale in therapy (Goal orientation, Task orientation, Therapist-client Interaction) in anxious clients.

2. To determine the correlations of scores on the Humorous Style Scale (Affiliative,

3. Self-help, Aggressive, and Self-defeating) and score on the anxiety scale (situational and anxiety as a trait).

4. To determine the existence of a difference in the level of expression of the score on the scale of the Working alliance in therapy (Goal orientation, Task orientation, Therapist-client interaction) concerning socio-demographic variables (the gender [of the client and the therapist], level of education [of the client and the therapist]); and in relation to control variables (whether humour is mainly used in the therapeutic relationship and which of the humour techniques is used).

5. To determine the existence of a correlation between the score of the Working alliance in therapy (Goal orientation, Task orientation, Therapist-client Interaction) and socio-demographic and control research variables (the age [of the therapist and the client], years of experience of the therapist, duration of therapeutic process).

3. Hypothesis and Theoretical Concept

3.1. General research hypothesis

The Interaction of predictors (humorous style of the therapist and the client) statistically significantly contributes to explaining the variance in evaluating psychotherapeutic relationships in anxious patients.

3.2. Specific research hypotheses

H1: Predictor Interaction (therapist-client humorous style) - Affiliative style, Self-enhancing style, Aggressive style, and Self-defeating style - statistically significantly contributes to explaining the scales of Working alliance in therapy (Goal orientation, Task orientation, Therapist-client Interaction) and therapist-client, assessment of psychological well-being, emotional sensations, cognitive comprehension, in anxious patients.

H2: There is a statistically significant correlation between the score on the Humorous Styles Scale (Affiliative, Self-enhancing, Aggressive, and Self-defeating) and the score on the scale of Anxiety (situational anxiety and anxiety as a trait).

H3: There is a statistically significant difference in the level of expression of the score on the scale of the Working alliance in therapy (Goal orientation, Task Orientation, Therapist-client Interaction) in relation to socio-demographic variables (the gender of the client and the therapist), level of education (of the client and the therapist); and in relation to the control variables (whether humour is mainly used in the therapeutic relationship and which of the humour techniques is used).

H4: There is a statistically significant correlation between the scale of the Working alliance in therapy (Goal orientation, Task orientation, Therapist-client Interaction) and socio-demographic and control research variables (the age [of the therapist and the client], years of experience of the therapist, duration of the therapeutic process).

4. Method

4.1 Research design

Predictor research variable:

- Humorous style of the client (Affiliative, Self-Enhancing, Aggressive, and Self-Defeating)
- Humorous style of the therapist (Affiliative, Self-Enhancing, Aggressive, and Self-Defeating)

Research criteria variables:

- Scale of the Working alliance in therapy (Goal orientation, Task orientation, Therapist-client Interaction)

Research control variables:

- situational anxiety
- anxiety as a personal trait
- whether humour is used in the therapeutic relationship
- which of the humour techniques is used

- years of experience as a therapist
- duration of the therapeutic process expressed in months

Socio-demographic research variables, both client and therapist:

- age expressed in years
- gender
- level of education

4.2 Sample and Research Procedure

Structure of therapist sample

The therapist's sample consisted of 58 Gestalt therapists, aged 28 to 76 years, with an average age of 44.01 years, with therapeutic experience from 1 to 30 years, and an average of 10.10 years of work experience in therapeutic practice. The majority were women (47, 81%), and 11 were men (19%). A minor part of the respondents had completed a doctorate (3.,25%,) yet this difference in therapists' education level was not used for later comparisons.

Structure of client sample

A total of 257 Gestalt clients responded, with an age range of 13 to 62 years and an average age of 33.26. Therapeutic sessions lasted from a month to 20 years. The average length of the therapy was 2.86 years. The majority were women, 213 (82.9%), and 44 men (17.1%) responded. There was 1 (0.4%) client with primary education and 6 (2.3%) with a doctorate. Further to calculating the differences concerning education, the respondents were divided into two groups (primary and secondary education and higher and doctorate).

The therapists were asked to recruit participants who they considered as being highly anxious. This was further corroborated by the assessment carried out as part of the research.

4.3 Instruments

Humour Styles Questionnaire (HSQ; Martin & Puhlik Doris, 2003) was used to assess humorous styles. The questionnaire consists of four scales corresponding to humour styles. Cronbach's alpha for the four subscales ranges from 0.51 to 0.77 (Vukobrat, 2013). The questionnaire consists of four scales that correspond to humour styles:

affiliative, self-enhancing, aggressive, and self-defeating style. The questionnaire contains 32 items.

To assess the therapeutic Interaction, an abbreviated version of the ***Working Alliance in Therapy Inventory*** - ***WAI-SR*** was used (Hatcher & Gillespie, 2006). The inventory consists of 12 items arranged in 3 subcategories - Goal orientation, Task orientation, and Therapist-client interaction assessment. The reliability of the inventory and subscales is satisfactory (Cronbach alpha> 0.7).

Spielberger State-Trait Anxiety Inventory (STAI) as a trait and as a state of anxiety (Spielberger, 1989) measures two types of anxiety - current (situational) anxiety and the level of anxiety as a personal trait. The questionnaire consists of 40 questions; 20 separate questions refer to anxiety as a trait, while the other 20 relate to situational anxiety. Cronbach's alpha coefficient is from 0.80 to 0.90. The STAI-S scale is always given first because it is sensitive to test conditions, unlike STAI-T, which is relatively independent of those conditions (Barnes, Harp & Jung, 2002).

An **instrument created for research purposes** collected information on socio-demographic and control data necessary for research, consisting of gender, level of education, years of therapeutic experience, use of humour in a therapeutic relationship, and examples of humour techniques for therapists. For clients: age, gender, level of education, and duration of therapy.

4.4 Provided method of data processing

The method is a systematic non-experimental study. Data analysis was done through descriptive statistics and inferential statistics. Descriptive statistics techniques were used to determine the degree of expression of the basic research variables: arithmetic mean and standard deviation, frequency, and percentage. To determine the model's predictive power, hierarchical linear regression was used. A T-test or ANOVA or their non-parametric counterparts were used to test the difference. Descriptive statistics techniques were used to determine the degree of expression of the basic research variables: arithmetic mean and standard deviation, frequency, and percentage. To determine the model's predictive power, hierarchical linear regression was used. T-tests or ANOVA were used to examine the difference or their non-parametric counterparts.

5. Research results

5.1. Review of descriptive analyses of examined concepts

Table 1

Review of descriptive data of examined scales and subscales (Situational anxiety, Current anxiety, Humorous styles of the client and therapist (Affiliative, Self-enhancing, Aggressive, Self-defeating), Evaluation of the working alliance in therapy (Goal orientation, Client orientation)

	Theoretic. Minimum	Theoretic. Maximum	Theoretic. Mean	Empiric. Minimum	Empiric. Maximum	Empiric. Mean	Std. Deviation
Situational anxiety	1	4	2.00	1.05	3.85	2.25	0.60
Current anxiety	1	4	2.00	1.00	3.95	2.32	0.59
Humorous style of clients	1	5	2.50	1.53	4.31	2.98	0.50
Affiliative humorous style	1	5	2.50	1.75	5.00	4.02	0.75
Self-enhancing humorous style	1	5	2.50	1.00	4.88	3.07	0.79
Aggressive, humorous style	1	5	2.50	1.00	3.88	2.16	0.65
Self-defeating humorous style	1	5	2.50	1.00	5.00	2.69	0.85
Humorous style of therapists	1	5	2.50	1.97	3.66	2.73	0.46
Affiliative humorous style	1	5	2.50	2.25	5.00	3.95	0.67

Self-enhancing humorous style	1	5	2.50	1.50	4.75	3.04	0.81
Aggressive, humorous style	1	5	2.50	1.00	2.88	1.87	0.44
Self-defeating humorous style	1	5	2.50	1.13	3.75	2.10	0.60
Evaluation of working alliance in therapy	1	5	2.50	2.42	5.00	4.31	0.53
Goal orientation	1	5	2.50	1.50	5.00	4.19	0.72
Task focus	1	5	2.50	2.50	5.00	4.34	0.60
Therapist-client interaction	1	5	2.50	2.75	5.00	4.42	0.54

Respondents, on average, have situational and current anxiety slightly higher than the theoretical average (the scale range is from 1 to 4), tentatively. Comparing the scores on the scales of humorous style, it is noticed that clients, on average, have slightly more pronounced scores concerning the scores of humorous styles than therapists. They use humour more than therapists in social interactions. On average, the affiliate style is most pronounced in therapists and clients.

Clients from the sample, on average, highly value the therapeutic affiliation, and the highest average score, while comparing raw scores, is achieved on the Therapist-Client interaction Subscale.

All tested scales have a satisfactory level of reliability (Cronbach's alpha greater than 0.7). All but the clients' humorous style is not normally distributed, so the techniques in the following steps will be non-parametric. For regression analysis, the scales will be normalized.

Table 2

Therapists' use of humour in therapy

Use of humour	Frequency	Percent
yes	54	93.1%
no	4	6.9%
Total	58	100%
Humour techniques		
	Frequency	Percent
explicit joke or jest	15	27.8%
recognizing absurdity	41	75.9%
extreme exaggeration	16	29.6%
spontaneous ambiguity	28	51.9%
illustration of illogical reasoning	26	48.1%
self-amortization of therapists	21	38.9%
repetition of fun points	27	50.0%
demonstrating common human weaknesses	6	11.1%
humorous observations of social interactions	21	38.9%
critical humour to promote change – teasing, provoking, using nicknames	10	18.5%
imagery	34	63.0%

When asked whether they use humour in their therapeutic practice, 4 (6.9%) respondents answered that they do not, while the most significant percentage of therapists use humour (54, 93.1%). Due to the disproportion of the categories of comparison concerning humour in other techniques, further inferential statistics was not carried out.

Those therapists who use humour examined which of the techniques they use (the respondents were able to complete several answers). The most significant number of therapists use the technique of recognizing the absurd (41, 75.9%), while the least used technique is the demonstration of common human weaknesses (6, 11.1%).

5.2. Representation of regression models

Table 3

*Presentation of a regression model where the Interaction of **humorous styles of therapists and clients** is taken as predictors, as well as the criterion Evaluation of the **working alliance in therapy***

R = 0.27 R^2 = 0.070 **Sig. = 0.00**	Standardized Beta Coefficients	Sig.
Affiliative humorous style of therapists x Affiliative humorous style of clients	**0.29**	**0.00**
Self-enhancing style of therapists x Self-enhancing style of clients	**-0.20**	**0.01**
Aggressive, humorous style of therapists x Aggressive humorous style of clients	-0.04	0.56
Self-defeating style of therapists x Self-defeating style of clients	-0.09	0.19

R – correlation coefficient; R^2 – coefficient of determination; Sig –Statistical significance

Results show a statistically significant weak correlation between client and therapist humour interactions and the working alliance (r = 0.27, p <.001). This explains 7% of the variance found for 'Evaluation of working alliance in therapy'. Results indicate that of the four humour styles, the style that had the largest statistically significant impact on the working alliance was when both client and therapist humorous styles were reported as 'affiliative'. Results indicate that the higher the affiliative style, the higher the participants rated the working alliance (b = 0.29, p <.001). (0.29, p <.001). Another humour style that was found to have a weak impact on the therapeutic alliance was the combined 'self-enhancing' style of therapists and clients (b = -0.20, p <0.01) whereby the higher the self-enhancing, the lower the working alliance scores.

Table 4

*Presentation of a regression model where the Interaction of **humorous styles** of therapists and clients is taken as predictors and **Goal-orientation** in therapy is used as a criterion.*

R = 0.23 R^2 = 0.055 **Sig. = 0.01**	Standardized Beta Coefficients	Sig.
Affiliative humorous style of therapists x Affiliative humorous style of clients	**0.24**	**0.00**
Self-enhancing style of therapists x Self-enhancing style of clients	**-0.18**	**0.02**
Aggressive, humorous style of therapists x Aggressive humorous style of clients	-0.07	0.30
Self-defeating style of therapists x Self-defeating style of clients	-0.06	0.39

R – correlation coefficient; R^2 – determination coefficient; Sig –Statistical significance

An aspect of Working alliance that was also evaluated was Goal-orientation. Results suggest a statistically significant weak relationship between humour styles and Goal-orientation (r = 0.23, p = .01), which explains 5.5% of the variance of Goal orientation in the therapeutic relationship. More specifically, the predictors 'Interaction of affiliative humorous style of therapist and client' (b = 0.24, p <.001) and 'Interaction of self-enhancing humorous style of therapist and client' (b = -0.18, p = .02) appear to have a weak impact on goal orientation. Results indicate that the higher the Affiliative humorous style's interaction, the higher the goal-orientation of the therapeutic relationship. The more pronounced the Interaction of the Self-enhancing humorous style in the respondents, the lower the score of the therapeutic relationship's Goal orientation.

Table 5

*Presentation of a regression model where the Interaction of **humorous styles** of therapists and clients is taken as a predictor and **Task orientation** in the therapeutic relationship is taken as a criterion.*

R = 0.21 R^2 = 0.044 **Sig. = 0.02**	Standardized Beta Coefficients	Sig.
Affiliative humorous style of therapists x Affiliative humorous style of clients	**0.25**	**0.00**
Self-enhancing style of therapists x Self-enhancing style of clients	**-0.15**	**0.05**
Aggressive humorous style of therapists x Aggressive humorous style of clients	-0.01	0.84
Self-defeating style of therapists x Self-defeating style of clients	-0.02	0.81

R – correlation coefficient; R^2 – determination coefficient; Sig –Statistical significance

Another aspect of the working alliance is Task orientation. Findings indicate that there was a weak correlation between task orientation and the Interaction of humorous therapists and client styles (r = 0.21, p = .02) which explains 4.4% of the variance of Task orientation in the therapeutic relationship. Specifically, the predictors Interaction of affiliative humorous style of therapist and client (b = 0.25, p < .001) and Interaction of self-enhancing humorous style of therapist and client (b = -0.15, p = .05) make an individual contribution to the overall correlation. Results show that the higher the combined client and therapist participants rated the Affiliative humorous style the better rated the Focus on the task as part of the therapeutic alliance. The more pronounced the Interaction of the Self-enhancing humorous style (the greater expression of the Self-enhancing humorous style of therapists and clients), the lower the rating of the Task orientation.

Table 6

Representation of a regression model where the Interaction of ***humorous styles*** *of therapists and clients is taken as predictors, and as a criterion, the* ***Therapist-client relationship***

R = 0.29 R^2 = 0.085 **Sig. = 0.00**	Standardized Beta Coefficients	Sig.
Affiliative humorous style of therapists x Affiliative humorous style of clients	**0.28**	**0.00**
Self-enhancing style of therapists x Self-enhancing style of clients	**-0.20**	**0.01**
Aggressive humorous style of therapists x Aggressive humorous style of clients	-0.03	0.62
Self-defeating style of therapists x Self-defeating style of clients	**-0.15**	**0.02**

Sig –Statistical significance

The therapist-client relationship in the working alliance resulted as having a statistically significant low degree correlation with the Interaction of therapist-client humorous styles (r = 0.29, p<.001), which explains 8.5% of the therapist-client relationship variance. The predictors Interaction makes individual contributions of an affiliative humorous style of therapist and client (b = 0.28, p <.001), Interaction of self-enhancing humorous style of therapist and client (b = -0.20, p = .01 and Interaction of self-defeating humorous style of therapist and client (b = -0.15, p = .02) so that the more pronounced the interactive effect of the Affiliative Humorous Style (of combined client and therapist) in the respondents, the higher the level of satisfaction reported with regards to the therapeutic-client relationship. The interaction of the Self-enhancing and Self-defeating humorous style indicate with statistical significance that the higher the level of Self-enhancing and the higher the level of Self-defeating humorous style in the therapist and the client, the lower the reported levels of the 'therapist-client relationship'.

Even though the models are statistically significant in all cases, the percentage of explained variance is small (from 4.4% to 8.5%).

5.3. A review of the connection between Humorous Styles and Client Anxiety

A statistically significant association of medium intensity and negative direction was obtained between Situational and Current anxiety respectively and Affiliative humour client style (r= -0.21, p <.001; r = -0.19, p <.001) and Self-enhancing client style (r= -0.31, p <.001; r= -0.39, p <.001). A positive correlation of medium intensity was noted between the Situation and Current Anxiety respectively and the Self-defeating humorous style of clients (r= 0.36, p <.001; r= 0.41, p <.001). Thus, results suggest that clients prone to Affiliative and Self-enhancing humorous styles appear to have less pronounced Situational and Current Anxiety. In contrast, those who tend to resort to the Self-defeating humorous style have both types of measured anxiety resulting as more pronounced.

Table 7

Overview of the correlation of Humorous Styles (Affiliative, Self-enhancing, Aggressive and Self-defeating) and Current and Situational client anxieties

		Situational anxiety	Current anxiety
Humorous style of clients	Correlation Coefficient	-0.03	-0.06
	Sig.	0.69	0.32
Affiliative humorous style	Correlation Coefficient	**-0.21**	**-0.19**
	Sig.	**0.00**	**0.00**
Self-enhancing humorous style	Correlation Coefficient	**-0.31**	**-0.39**
	Sig.	**0.00**	**0.00**
Aggressive humorous style	Correlation Coefficient	0.02	-0.02
	Sig.	0.79	0.71
Self-defeating humorous style	Correlation Coefficient	**0.36**	**0.41**
	Sig.	**0.00**	**0.00**

Sig –Statistical significance

5.4. Socio-demographic variables

Table 8

Overview of the difference in the level of expression of the Evaluation of the working alliance in therapy (Goal orientation, Task orientation, Therapist-client relationship) in relation to the gender of the clients

	Client gender	Mean Rank	Mann-Whitney U test	Sig
Evaluation of the working alliance in therapy	male	101.66	**3483.00**	**0.01**
	female	134.65		
Goal orientation	male	108.02	**3763.00**	**0.04**
	female	133.33		
Task orientation	male	112.75	3971.00	0.11
	female	132.36		
Therapist client relationship	male	100.67	**3439.50**	**0.01**
	female	134.85		

Sig –Statistical significance

A statistically significant difference between the Mean Ranks of men and women participants was obtained on the whole scale of Evaluation of the working alliance in therapy (U = 3483.00, p = .01), Goal orientation (U = 3763.00; p = .04, and Therapist-client relationship (U = 3439.50; p = .01). Female respondents perceive the whole therapeutic relationship more positively, activities related to achieving the goal, and the therapist-client relationship, compared to male respondents.

There is no statistically significant difference in the perception of the therapeutic relationship by the clients concerning the gender of the therapist (p> 0.05).

Table 9

Overview of the difference in the level of expression of the Evaluation of the working alliance in therapy (Goal orientation, Task orientation, Therapist-client relationship) in relation to client education

	Client education	Mean Rank	Mann-Whitney U test	Sig
Evaluation of working alliance in therapy	Primary and secondary	129.73	441.50	0.09
	Bachelor/Master and Doctorate	77.08		
Goal orientation	Primary and secondary	129.56	486.00	0.14
	Bachelor/Master and Doctorate	84.50		
Task orientation	Primary and secondary	129.89	**402.00**	**0.05**
	Bachelor/Master and Doctorate	70.50		
Therapist-client relationship	Primary and secondary	128.77	682.50	0.70
	Bachelor/Master and Doctorate	117.25		

Sig –Statistical significance

A statistically significant difference between the Mean rank scores of respondents' primary and secondary education, and those with higher education and doctorate, was obtained on the scale of 'Perception of task orientation through therapeutic relationship' (U = 402.00, p = 0.05). This aspect is reported more positively by the respondents of lower educational status from the sample.

Table 10

Overview of the difference in the level of expression of the Evaluation of the working alliance in therapy (Goal orientation, Task orientation, Therapist-client relationship) in relation to the used Humour techniques

	Humour techniques	Mean Rank	Mann-Whitney U	Sig
Evaluation of working alliance in therapy	Extreme exaggeration	100.45	**3539.50**	**0.00**
	Extreme exaggeration not used	135.23		
	Demonstrating common human weaknesses	60.91	**838.50**	**0.00**
	Demonstrating common human weaknesses not used	133.52		
	Humorous observation of social interactions	101.69	**4006.50**	**0.00**
	Humorous observation of social interactions not used	136.26		
Goal orientation	Demonstrating common human weaknesses	81.53	**1168.500**	**0.01**
	Demonstrating common human weaknesses not used	132.15		
	Humorous observation of social interactions	104.88	**4178.50**	**0.01**
	Humorous observation of social interactions not used	135.42		

	Extreme exaggeration	99.09		
	Extreme exaggeration not used	135.52	**3477.00**	**0.00**
	Demonstrating common human weaknesses	75.31		
Task orientation	Demonstrating common human weaknesses not used	132.56	**1069.00**	**0.00**
	Extreme exaggeration	100.46		
	Extreme exaggeration not used	135.22	**3540.00**	**0.00**
	Demonstrating common human weaknesses	49.53		
	Demonstrating common human weaknesses not used	134.28	**656.50**	**0.00**
	Humorous observation of social interactions	101.24		
Therapist-client relationship	Humorous observation of social interactions not used	136.38	**3982.00**	**0.00**

Sig –Statistical significance

* Only statistically significant results are shown in the table

Comparing whether or not the therapist uses a specific humour technique, a difference was obtained on all scales of perception of the therapeutic relationship except on the scale 'Goal orientation' to the use of the 'Extreme exaggeration technique' ($p > 0.05$) and 'Task orientation' concerning the use of the technique 'Humorous observation of social interactions' ($p > 0.05$).

With regards to the following techniques:

Extreme exaggeration (alliance $U = 3539.50$, $p < .001$; goal $U = 3477.00$, $p < .001$; $U = 3540.00$; $p < .001$)

Demonstration of common human weaknesses (alliance $U = 838.50$, $p < .001$; therapist-client relationship $U = 656.50$, $p < .001$) and

Humorous Observations of Social Interactions (alliance $U = 4006.50$, $p < .001$; goal $U = 4178.50$, $p < 0.01$; therapist-client relationship $U = 3982.00$; $p < .001$),

he obtained difference in the Mean rank scores suggests that those clients whose therapists do not use any of these techniques have a more positive attitude toward the therapeutic alliance.

No statistically significant difference was obtained for other humour styles ($p > 0.05$).

Table 11

Overview of the difference in the reported working alliance level in therapy (Goal orientation, Task orientation, Therapist-client relationship) in relation to the age of therapist and client, duration of therapy, and years of experience of the therapist

		Client's age	Duration of therapy	Therapist's age	Therapist's years of experience
Evaluation of working alliance in therapy	Correlation Coefficient	-0.08	0.07	-0.10	-0.10
	Sig.	0.23	0.24	0.12	0.10
Goal orientation	Correlation Coefficient	-0.02	0.05	-0.06	-0.07
	Sig.	0.72	0.46	0.36	0.27
Task orientation	Correlation Coefficient	-0.04	0.12	-0.07	-0.08
	Sig.	0.55	0.06	0.25	0.20
Therapist-client relationship	Correlation Coefficient	-0.10	0.04	**-0.13**	-0.11
	Sig.	0.12	0.57	**0.04**	0.09

A statistically significant, negative, low-intensity correlation was obtained between the therapist's age and the perception of the quality of the therapist-client relationship (r = -0.13, p = *.04*). The clients of younger therapists achieve a more positive score on this subscale, so the younger the therapist, the more clients feel that the therapist-client connection's strength is stronger.

In other cases, no statistically significant relationships were obtained.

6. Discussion and conclusion

Since quantitative research in psychotherapy, especially in the field of humour in therapy, is in seriously lacking, it was interesting to conduct this research. Based on the existing literature's insight so far, the influence of humour on therapeutic interaction is recognizable. The only sizeable quantitative research on this topic was published in 2018 by Panichelli and associates (Panichelli, C., Albert, A., Donneau, A., D'Amore, S., Triffaux, J., & Ansseau, M. 2018) with 110 respondents. The study examined the correlation of humour with a positive outcome of psychotherapy but did not include different humour styles. The research's scientific goal was to explore the contribution of the field of humour to the psychotherapeutic process. Earlier research (Gelkopf & Kreitler, 1996, according to Martin, 2018; Fry, 1995; Martin & Lefcourt, 1983; Yovetich et al., 1990) showed that the use of humour in social interaction with anxious people, which also refers to the therapeutic interaction, can lead to the relaxation of tension and the creation of close affiliation, as Nelson (2007) concluded. Therefore, this research's theoretical contribution would be a better understanding of the examined theoretical concepts, i.e., clarifying how the complementarities of the humorous style of the therapist and the client direct the psychotherapeutic process in anxious clients. The practical significance of this research represents a better insight into the connection of the examined concepts. It is reflected in helping experts and practitioners improve their further work (theoretical, research, advisory). Some of the respondents were also Gestalt trainees and may have had more insight into psychotherapy and awareness than "regular" clients. This research's challenge was using the HSQ instrument, which does not have high reliability of standardization in our population, but shows between 0.5 and 0.77 (Vukobrat, 2013).

The positive implications of humour on the therapeutic relationship inspired the subject of the presented research, which is reflected in the analysis of predictor interaction in evaluating psychotherapeutic relationships in anxious clients. That is further broken down into specific hypotheses that check whether the interaction of each of the examined humorous styles contributes to the assessment of the Working

alliance in therapy, Goal orientation, Task orientation, or Therapist-client relationships, as well as the relationship of humorous styles and anxiety and their relationship to socio-demographic variants.

The analysis of the collected data showed that over 90% of therapists use humour in therapy and mostly use -Recognizing the absurd-, which may correspond to the therapeutic confrontation technique, and that the least used technique is to -Demonstrate common human weaknesses-. The emphasis on the finding that human weaknesses is not used, can be explained by the very basis of therapy and the attitude that every behaviour is a creative adaptation that makes sense and that it gives us a clue as to what to look for together with the client and not against him.

As stated in the sample definition, the research was done on a sample of anxious clients. It is not surprising that the scores on the current and situational anxiety scales are higher than the theoretical average for the scales used. Scores on humorous styles show that more than therapists, clients use humorous expression forms presented through these four styles. One part of the explanation may be that clients use humour as a deflection (distancing themselves from feelings that serve as a defence mechanism). In the present research, both clients and therapists mostly appeared to resort to an affiliative humorous style, which means that they use humour to tell a joke or a witty remark, which serves to deepen the relationship, which they achieve with people and reduce tension (Martin et al., 2003, according to Martin, 2018). It is symptomatic that the situation is changing even if the sample clients have higher scores on all humorous styles. The appearance of humour not only does not contribute to the improvement of the assessment of the therapeutic relationship (mainly no statistically significant differences were obtained between the bringing or not bringing into play of a specific technique of humour) but in the case of the techniques such as Extreme exaggeration, Demonstration of common human weaknesses and Humorous observations of social interactions, a more positive attitude towards therapeutical relationship is noted with clients whose therapists do not use this technique. The data obtained in this way partially confirm the third research hypothesis but are in contradiction with the research conducted so far (Gelkopf & Kreitler, 1996, according to Martin, 2018; Fry, 1995; Martin & Lefcourt, 1983; Yovetich et al., 1990) and the general view on the benefits of use humour in therapy (Kuhlman, 1984; Saper, 1987; Pierce, 1994; Gelkopf & Kreitler, 1996, according to Martin, 2018). An explanation can be sought in the very structure of the sample of clients who participated in the research. Namely, as this is a targeted group of anxious clients, as the test results suggest with statistical significance that the humour techniques used, on which the difference was obtained, somehow provoke the symptom.

Apart from the fact that this data partially confirms the third research hypothesis, the data further inspires and justifies the aspiration to examine the use of different humorous styles, as well as the compatibility of the humorous style of clients and therapists and their joint contribution to the assessment of the therapeutic process. The scores obtained on the evaluation scales of the therapeutic working alliance are highly pronounced on average, and the highest score on the subscale is the Therapist-client relationship.

All of the above variables of therapeutic relationship assessment can be statistically significantly predicted based on the predictors that make up the interaction of therapists and clients' humorous styles. Still, the percentage explained by them is small. It ranges from 4.4% when it comes to the variable Task focus variance up to 8.5% variance of the variable *Therapist-client relationship*. The predictor's partial contribution tells us that if both the therapist and the client have a more developed affiliative humorous style, the therapeutic relationship will be assessed as more adequate. However, suppose the client and the therapist have a more developed self-enhancing humorous style. In that case, the therapeutic relationship will be assessed as lower quality in all examined aspects. In estimating the t*herapist-client relationship*, the assessment is deteriorated even by the greater expression of the Self-defeating humorous style. The obtained data confirm the first research hypothesis, but the small percentage obtained leads us to conclude that humour acts as an accelerator. In future research, it is necessary to examine what else of all the therapeutic relationship elements can "affect" the therapeutic relationship quality.

Furthermore, the obtained data on partial contribution following previous research (Gelkopf & Kreitler, 1996, according to Martin, 2018) on the benefits of establishing quality contact through humour and theoretical presentations, which say that affiliate style also serves to establish greater intimacy (Martin et al., 2003, according to Martin, 2018). The self-enhancing humorous style that "serves" to distance people from adversity (Cann, Davis, & Zapata, 2011: Kulper, Kirsh, & Leite, 2010, according to Martin, 2018) or a self-defeating one that aims to avoid problems (Stieger, Formann, Burger, 2011, according to Martin, 2018) is contrary to the goals of therapy. Therefore, people who resort to such humorous expressions may have less success in the therapeutic process.

As the research was conducted on a sample of respondents with anxiety symptoms, we were interested in examining how a particular humorous style differs concerning the level of anxiety respondents have (both current and situational). Previous research (Deaner & McConatha, 1983; Fry, 1995; Martin & Lefcourt, 1983; Yovetich et al., 1990) suggests that humour in anxious clients is adaptive and reduces anxiety

and discomfort. The lack of the mentioned research is reflected in the fact that they did not deal with humour types. Data from this study suggests that clients prone to Affiliate and Self-enhancing humorous style have less pronounced Situational and Current Anxiety. That is consistent with assumptions about reducing tension (Deaner & McConatha, 1983; Fry, 1995; Martin & Lefcourt, 1983; Yovetich et al., 1990), while those who resort to the self-defeating humorous style have more pronounced measured anxiety for both types. The second part of the obtained data does not support humour in anxious clients. Still, suppose we pay attention to the nature of the examined concepts of humour – it could be concluded that it is a non-adaptive mechanism of humour through which personal characteristics and traits are ridiculed (Stieger, Formann, Burger, 2011, cited in Martin, 2018), the finding is justified.

The third and fourth hypotheses examined the relationship between therapeutic relationship assessment and socio-demographic variables. It was obtained that female respondents perceive the whole therapeutic relationship more positively, activities related to achieving the goal, and the therapist-client relationship itself, compared to male respondents from the sample. The lower introspectiveness of male clients could explain the result. In contrast, no statistically significant relationship was found with regards to the therapist's gender and the much lower number of male participants in the overall sample suggests caution in interpreting findings related to gender. Furthermore, a statistically significant difference between respondents with primary and secondary education, and those with higher education and doctorate, was obtained on the scale 'Perception of task orientation through a therapeutic relationship'. This aspect is assessed more positively by the respondents of lower educational status from the sample. The obtained data can be explained by smaller initial ambitions for success in something operationalized through the task. Of course, the explanation can only exist at the level of assumption and is a valuable recommendation for future research. Finally, younger therapist respondents report a higher positive relationship between therapist and client. The result can be explained by the clients' age structure, where the average age is around 33 years. In other cases, statistically significant relationships were not obtained, and the third and fourth hypotheses were partially confirmed.

The conducted research is a pioneer among quantitative humour studies, primarily because different humorous styles and assessments of therapeutic relationships were operationally approached. While this research did not seek to explore the personal experiences in-depth, future qualitative research may add further insight into the theme understudy. Moreover, while the study focuses on one aspect of therapy – humour – a synergy of humorous styles emerged as significant in influencing the therapeutic

relationship to some extent and cannot be ignored. Further research studies on different humour styles used by clients and therapists and how this may impact or influence the therapeutic relationship favourably or not, could add to the findings of the present study and provide further implications for psychotherapy practice and therapeutic directions.

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Biographies

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Infidelity in Partner Relationship: From Awareness to Unravelling – a Female Perspective

Marija Krivačić and Dušanka Jovanović

Abstract

The purpose of this qualitative case-study research was to obtain a phenomenological description of individual experience, through which a person experienced infidelity / deception by a partner, with the recognition of periods / stages that can help in understanding the dynamics of the individual and the couple, as well as in structuring the therapeutic process. Purposive sample was used whereby a 50-year-old Gestalt therapist who had undergone a complete process from coping to resolving her spouse's experience of infidelity / deception was invited to participate in an in-depth interview. The data were collected through a semi-structured interview asking the interviewee to identify periods, i.e. the steps that the process went through. The research also used data obtained during the pilot phase of the research, which was realized with a fellow Gestalt therapist.

Method of grounded theory identified a sequence of 5-7 periods of facing and coping with infidelity: finding out and confronting; fighting for a partner / family; "calm"; "storm"; "loss of romantic illusions"; solution; final resolution. It has also been observed that the dynamics of the process of facing with and dealing with infidelity have an unusual twist - constituting periods of calm storm, and loss of romantic illusions - which may be helpful in structuring the therapeutic process.

Keywords

infidelity, Gestalt psychotherapy, couple therapy, grounded theory

Introduction

"Every year… in Serbia, about 30,000 couples make an emotional and legal decision to spend the rest of their lives together. As part of that exclusive decision, they vow to be completely faithful to each other for the rest of their lives, and that they will never be sexually or lovingly close to anyone else again… However, statistics show that one in three will divorce during the first decade… " (Kandare Šoljaga, 2016, p. 11). In addition, therapists working with couples state that one of the three most common reasons for seeking help is infidelity. Hence, infidelity has imposed itself as the basic field of this qualitative research, especially since it is very difficult to find references to this topic in gestalt therapy.

As there is no universal definition of infidelity, for the purposes of this paper we will use the determinants given by Esther Perel (Perel, 2018) "Infidelity includes three constitutive elements: secrecy, sexual alchemy and emotional engagement. Secrecy is the first organizational principle of infidelity. A love affair always lives in the shadow of the primary relationship, in the hope that it will never be revealed. It is this mystery that amplifies the sexual charge (Perel, 2018, p. 40). Using the term sexual alchemy, Esther clarifies that love affairs sometimes involve sexual relations, and sometimes not, even though they are always erotically charged (Perel, 2018, pp. 42-43). The third constitutive element is emotional engagement, which occurs to a greater or lesser extent. "At the shallow end, we have flirtations, which are recreational, anonymous, virtual or paid. On the other hand, we have an affair, in which the accompanying bouquet of passionate feelings is an integral part of the relationship" (Perel, 2018, p. 46). In addition to these three elements, Perel states that infidelity has a perseverance that marriage can envy, and to such an extent that it is the only commandment that is repeated twice in the Bible: once for the act itself, the second time for just thinking about it.

In his book Intimate Terrorism, Miller (1995) points out that:

> The romantic concept of marriage as a refuge - "paradise in a soulless world" - still has some weight in our time, whether heartlessness is experienced in the family of origin, or in an increasingly distant and complex technological society ... So far, the institution of marriage suffered too much wear and tear to serve as an emotional oasis for anyone. Intimacy, banished from the embrace of the surrounding supportive community, feeding on itself, eventually destroys itself. (Miller, 1995, p. 87)

Perhaps this Miller's statement is best explained and complemented by the words of Esther Perel when she claims that today's expectations from marriage have reached epic proportions, like never before. "We still want everything that the traditional family was supposed to provide - security, children, real estate and reputation - but now we also want our partner to love us, to want us and to be interested in us ... Human imagination invented the new Olympus: that love will remain unconditional, intimacy fascinating, and sex "oh so exciting" in the long run and with one and the same person" (Perel, 2018, p. 59). In other words, it is as if the partners "brought heaven down to earth", i.e. in marriage, and are trying to achieve the impossible - to put in a single bag of happiness the wishes that have always lived separately. Hence Perel concludes that infidelity is an expression of the inability of marriage to achieve the expected love, passion and undivided attention - and that it inevitably shatters two romantic illusions "the illusion that your marriage is exceptional and that you are unique and loved" (Spring, 2012, p. 14). And every destruction and loss of illusions implies a long and painful process - which is the focus of this research and one of the reasons for our interest.

Gordon et al. (Gordon et al., 2008), as well as Esther Perel (Perel, 2018), explain that the healing process after an affair goes through three phases: the crisis phase (dealing with the consequences), the clarification phase (finding meaning) and the vision phase ("moving on"). The crisis phase is dominated by intense emotions within and between the partners, and therefore they need "peace, composure and clear structure, but also calm and hope" (Perel, 2018, p. 74). In the clarification phase, the partners deal with the reasons for the infidelity and the roles they played in it, and in the vision phase of the future, the partners seek an answer to the question of what lies ahead for them in the future.

In her book Infidelity, Ana Kandare Šoljaga describes three phases that a cheated person goes through (Kandare Šoljaga, 2016, pp. 50-57):

1. *shock phase* - "the discovery of infidelity is like an emotional tsunami", the ground is lost under the feet, confusion, intense suffering and physical disturbances are experienced (chest pain, palpitations, loss of appetite, insomnia, etc.);

2. *phase of negotiation with oneself* - a person negotiates with him/herself about the meaning of infidelity and its impact on life; at first, the significance of infidelity is diminished or even denied, and then the experience of lies, deception, betrayal leads to the desire for punishment or even revenge. On the other hand, the "part of the personality that is preserved" begins to offer understanding, encouragement, hope, and strength for recovery;

3. *recovery phase* - understanding oneself, other people and relationships leads to the search for solutions, ways out, ways to continue life and to overcome infidelity.

4. In addition to the description of the stages that a cheated person goes through, Kandare Šoljaga also talks about the four stages that couples faced with infidelity most often go through (Kandare Šoljaga, 2016, pp. 42-45):

5. infidelity phase - when it is revealed, intense crises begin for all participants and both relationships;

6. phase of confrontation and crisis - intense suffering of the cheated partner, stalking the unfaithful partner and searching for signs of infidelity, psychological shock, "flashbacks" and disturbed basic physiological needs, asking for support all around. An unfaithful partner feels shame, guilt, fear, anger because he is disturbed by the loss of privacy due to the discovery of a secret. Intense conversations about infidelity itself and discovering details (which can be harmful);

7. the phase of facing infidelity - deeper reasoning about the meaning of all that happened and the potential consequences for partners, relationships and family members; criticism and blaming each other, mentioning unresolved issues from the past; the couple tries to find an answer to the question "why?" and to decide whether to continue living together or to separate;

8. phase of beginning anew - there is a recovery of both partners and / or relationships (metamorphosis of relationships), awareness of their own strengths and weaknesses develops, as well as partner's, and in the last step of the recovery of both partners, ie. by complete forgiveness and the release of pain, the foundations have been laid for the attainment of more mature love.

Harris (2007) states that clients who have survived personal tragedy are very reserved when it comes to forgiveness, and Kepner concludes that forgiveness, although not necessary for healing, is often an integral part of the healing path (Kepner, 1995). Indirect references to forgiveness are more often encountered in gestalt therapy, which focus on the completion / closing of an experience (Polster & Polster, 1973). Working on forgiveness can be one of the gestalt methods that is "designed and implemented to facilitate the patient's completion of old business, (and) finding new levels of integration" (Woldt and Stein, 1997, p. 168). Retroflection and introjection are two processes or contact styles (Wheeler, 1991) in Gestalt

therapy that “victims” use to survive a traumatic experience (Kepner, 1995). They will certainly be included in the therapy before any possibility of working on forgiveness is considered.

Methodology

The social context in which this research will be realized is colored by the transition from patriarchal and traditional to modern European society. This, as well as any other social transition, is characterized by the existence of complete confusion, as a consequence of the collapse of the old and the creation of a new value system. Hence, we can often encounter a distinctly polarized attitude towards certain phenomena. Neither infidelity nor love affair are exempt from this. On one hand, modern types of partnerships are becoming more frequent, which is characterized by openness and a significant dose of tolerance towards infidelity (and especially sexual affairs), parallel relationships without mutual commitment to fidelity, etc. On the other hand, it strengthens moral conservatism, where it insists on the attitude that only traditional family values make a stable society, and that besides the family, marriage is also sacred and untouchable.

Goals and research question

In Serbian gestalt therapeutic practice, we increasingly encounter the topic of infidelity, which is most often brought to us by middle-aged women, who have experienced cheating by their partners or, less often, committed cheating themselves. Additional light on this phenomenon can be shed by Erickson's understanding of personality development and developmental crises (Erickson, 2008), which states that in middle age, during the integration phase, instead of reconciling with him/herself and his/her choices, a person continues to live with the feeling that he/she could do more, that he/she was disturbed by unfortunate external circumstances, that he/she had to live life differently and so on. Hence, as a rule, there are subsequent attempts to achieve integrity, and among them is often infidelity.

Based on the above, pragmatic reason, the focus of this research is middle-aged women, that is, one aspect of the partnership (cheated person) is covered through the perspective of one member (woman). The purpose of this research was to obtain a phenomenological description of the individual experience of a female person who has experienced infidelity by a partner, identifying phases that can help understand the dynamics of individual and couple, as well as structuring the

therapeutic process. Since every infidelity implies the existence of a partners-lovers triangle, this research starts from the "weakest link" of that triangle, i.e. a cheated person who was brought to the final act by the infidelity of her partner, because she could not influence the course of events in any way. So, the focus of this research and the key research question is ***How does a cheated woman deal with and cope with the experience of infidelity by a loved one?***

Sample and data collection

Purposive sampling was used that consisted of inviting one participant. The respondent was aged 50, a gestalt therapist, who went through a complete process from confrontation to resolution of the experience of infidelity / cheating by the spouse, which ended in divorce. The research also used data obtained during the pilot phase of the research, which was conducted with a fellow therapist of the gestalt modality, aged 50, who also went through the experience of infidelity / cheating by the spouse. In this way, a convenient, very homogeneous sample with rich gestalt therapeutic experience was worked on, in order to ensure high introspectiveness and better monitoring of the phenomenological process.

Data were collected through a semi-structured interview that had 14 questions and the respondent was asked to identify periods i.e. the time units through which that process passed. For each of the identified periods / time units, the respondent answered a series of sub-questions describing the experience (at the level of feelings, body, thoughts and behavior), and on the other hand gave a reflection on that personal experience (naming the strategy of a behavior and metaphor of the situation she was experiencing). The interview lasted two and a half hours and took place in a psychological counseling center, a space that the respondent was familiar with.

A working version of the interview was tried on a fellow gestalt therapist (pilot phase), in her fifties, who also went through the experience of infidelity / cheating by the spouse, which ended with the preservation and improvement of the marital relationship. The purpose of this pilot phase of research was to enable the necessary improvements and finalization of the interview questions, and also to gain insight into possible subjectiveness of the researcher that could affect the later course of research. The data collected from the pilot interview was included in the overall analysis, whereby main themes from both interviews were triangulated and compared.

Data analysis

Grounded theory was used as the main method of analysis, so the analytical focus of the research was to identify and explicate the *process* that clarifies the given experience of infidelity / cheating from the moment of cognition to the final resolution. In this way, it was possible to fully apprehend the research question, i.e. in addition to understanding individual experience, it is also possible to understand the development processes that accompany a given experience. Finally, a comparative analysis of the results obtained made it possible to identify tendencies that indicate possible general points in the process of dealing with infidelity.

Interview transcripts were analyzed by the lead and assistant researchers who, through independent coding and then reaching intersubjective agreement, identified the key periods / time units of the process. For each of them, the researchers singled out subtopics that describe their essence (experience - feelings, body, thought and behavior) and meaning (reflection of experience - strategy and metaphor). Finally, the relationship between all identified periods (time units) was examined and their final number and sequence for each respondent was established. The introduction of the pilot phase of research and intersubjective agreement could somewhat reduce the level of subjectivity and interpretability, however it is clear that the obtained analysis results are in fact a co-construction created between the subject and the examiner (Willig, 2016).

The interviewee was acquainted in advance with the research content and gave her written consent. During the research, maximum confidentiality and identity protection were ensured, and the storage of materials was provided in written and electronic form. Finally, the interviewees were given an insight into the research results. Moreover, the interviewee was selected based on criteria that the process was already completed and integrated so that the possible re-traumatization during the interview was avoided, as she herself stated after the interview.

> "It was very important for me to return to the experience of infidelity... for the first time I clearly saw the stages I was going through... and what coping mechanisms I used…. I rounded up the entire experience… I saw the essential change and a new person that appeared in the end."

Results

This qualitative research is designed and targeted to identify the sequence and key characteristics of the periods the deceived person is going through and thus answer the research question: How does the deceived person cope with the experience of infidelity by a loved one?

In the introductory part of the interview, the respondent presented her understanding of the phenomenon of infidelity, and in the main part of the interview, she identified and described in detail the periods she went through.

The results of the first level of analysis of the data obtained in this way are listed in Table 1 that gathers the research phase conducted with the respondent. Table 2 presents the analysis of data obtained from the pilot phase of the research conducted with a colleague.T

The processes obtained by the research were presented through 5-7 periods identified by the respondents themselves, and their total duration was 2-3 years.

Both Tables with all the data are presented in the next pages.

Table 1

Results of the research held with respondent

Steps / periods	**Feelings**	**Body**	
1. Finding out and confrontation	Hopelessness "Terror reigned in me" Sadness, fear, anger - "wish to beat him, to scream"	Huge pain in the heart - it lasted and lasted Loss of breath Physical weakness	
2. Fighting for the partner/ family	From disbelief to terror Huge shame, guilt Anger Collapsed self-respect Torn	Loss of sleep Total loss of appetite Constant urge to vomit Irritability Completely without strength "Like my body parts are torn"	

	Thoughts / Needs and fears	**Behaviours**	**Strategy**	**Metaphor**
	"I thought I would have a heart attack!" Whole world collapsed in the abyss "My whole life ceased to exist" Chaos without order	Suspicion that he had someone, because he stopped to look her in the eyes and they stopped talking First acknowledgment - direct confession Questioning about all the details of the infidelity Crying	Through the talk about the details of the affair - understanding of reasons / need for infidelity	"Broken heart or bleeding heart"
	„Hope that I will wake up and it will be just a dream!" "I am not good, I have caused this because I am not worth it…" It was hard for her to tell this to her parents "This is bigger than me!"	Told him that she loved him, talked and didn't hear each other Intensification of sex Constant checking up on him - where he is, with whom Acceptance and rejection	Fighting for partner - with hope that he loves her and that he will pick her	"Monsters are tearing me in all directions, like they are mutilating my body"

3. „Calm“	Depressed and awakened - the wish to help herself	Insomnia Loss of appetite Loss of weight – feeling of lightness in the body	
4. „Storm“	Strong anger towards partner with rejection and pain	Constant tension – “fragmentation”	
5. Loss of romantic illusions	Feeling of humiliation, ashamedness, worthlessness Anger	Exhaustion Feeling of heavy weight	
6. Solution – deciding on a divorce	Crying, sorrow Sense of meaninglessness Resentment and anger Shame – that she couldn’t manage to keep her marriage/family together	Feeling of emptiness	

	Fear that physical distancing because of work will bring them to break up	Physical distancing because of work "I could not stop talking about it"	Escaping through work and focusing on herself – her physical appearance and psychological support (psychotherapy, homeopathy, friends…)	"Awakened woman"
	"I have to be there for my kids and to hold them"	Throw him out of the house Talked to kids Answered numerous questions from kids, crying together	Connection with kids and maintaining functionality of the family	"Mother courage and fledglings in a nest"
	"I didn't know how to fight and whether I even wanted to fight since he is with another woman!"	Frequent fights with mutual reproof Agreements about taking care of kids	Acknowledging the objective fact that the partner is with another woman	"A bird in the mud, with dirty wings that cannot fly, but knows that she can fly!"
	Existential fears from the future - that she will stay alone forever, that she will not be capable of love, that she will starve…	Wanted to throw away everything that he has ever bought her Agreements about the division of their property and custody of children	To end the marriage in a best way for both of them and for children "Digesting the defeat"	"A part of me definitely died!"

7. Final unravelling	Anger towards partner stopped A wish to focus on herself and experience that she is desirable, competent, independent, free, strong	Sense of ease, relief	

Table 2

Results of the pilot phase of the research

Steps / periods	**Feelings**	**Body**	**Thoughts /** **Needs and fears**	
1. Finding out and confrontation	Shock, disbelief Enormous pain, anger Hurt Shame	Internal collapse Anxiety and trembling Physical exhaustion	Life is being ruined Who knows where this will go? I cannot surpass this How could he do this and what is my contribution	
2. Fighting for the partner/ family	Brokenness Saddens Untrust and uncertainty (in partner and in general)	Exhaustion Constant alertness and poor sleep	If we separate, can I continue alone and how?	

	Aware of her own strength Risen from the ashes .. more beautiful, more aware of herself	No more need to talk Connection with friends Spontaneity, found herself and what she wants	Life has a meaning with or without him	"Woman phoenix from the ashes" "Freed woman"

	Behaviours	**Strategy**	**Metaphor**
	Found out from his phone messages Crying Blocking, stopping the reaction	It was important for me to understand how this happened and what it meant to him	"Distressed woman that knows nothing" "Women without a head - lost in the fog"
	"Her or me" Asked the partner to stop contacting this person Followed his every step. Started partner therapy	To ensure life - family functions until we find a solution	"Suspicious / paranoid woman" - who searches for and finds traces of their contact

3. "Calm"	Tension weakens Renewed sense of closeness with partner	Physical calming and "catching air"	Thinking about my part in the affair Searching for positive in the situation	
4. "Storm" and solution	Rage and anger Relief, because I have all that I could	Great disturbance and then calming	I have thought that this is an end to our relationship An illusion of endless loyalty is destroyed	
5. Final unravelling	Enhanced closeness and connection with the partner	Relief from tensions Sleep is back	Awareness about how much investment a partnership needs	

	We have started to function sexually better than before Like everything went back to normal	Restore the relationship and decide how we can continue being together	“Awakened woman”
	Found secret phone card Confrontation with another woman Confrontation with partner – he stayed with me	Demanding for the other relationship to end, with setting clear boundaries to both of them	“Enraged woman” “Woman that finally exited the fog”
	We have stayed together in peace	Building more alive, fuller and complete relationship	“More complete woman”

A comparative analysis of the data from the two tables shows that the respondents identified a similar sequence of 5-7 periods of facing and dealing with infidelity. The first four and the last period are similar in meaning and some key characteristics of the experience, although the content of these experiences may be completely different (especially bearing in mind that the examined process of dealing with infidelity had the opposite outcome in two respondents). The following is an overview of the identified periods created by the integration of two data sources, i.e. by abstracting common elements. Each period is presented through a name that reveals its functional meaning and through common key characteristics:

1. Finding out and confrontation

key characteristics: *the whole world has collapsed - life does not exist; injury - anger, pain - physical weakness; desire to understand the need for infidelity and its meaning*

2. Fighting for the partner / family

key characteristics: f*ear of "whether and how I can go on alone" - insecurity, mistrust (with possible ruined self-esteem); poor sleep / irritability - no strength / exhaustion; stalking a partner and checking where and with whom he is - trying to get close to the partner (in certain aspects)*

3. "Calm"

key characteristics: *attempting to return to normal by turning to the partner and the relationship (achieving closeness with the partner) - or turning to oneself (nurturing physical appearance and attractiveness and providing psychological support); calming, "catching the air" - a feeling of lightness in the body*

4. "Storm"

key characteristics: *setting clear boundaries in the relationship - exclusive requirements from the partner (to leave the house or to terminate the other relationship); rage and anger - anxiety, being torn apart*

5. "Loss of romantic illusions"

key characteristics: *acceptance of facts about infidelity - breaking down illusions about marriage, about fidelity; shame - confusion about how to fight for a partner*

6. Solution

key characteristics: *making a decision about the future of the relationship (divorce / separation or continuation of marriage / cohabitation); agreements on how to implement the decision (which may include other family members);*

7. Final unravelling

key characteristics: *ceased anger at the partner (and increased intimacy with those who stayed together); relief (building a more holistic relationship) - awareness of one's own strength (found oneself and what one wants); new persona (free woman, more complete woman).*

Discussion

The purpose of this qualitative research was to provide therapists with a clear and structured initial picture of the process, which a female person who has experienced infidelity / cheating by a partner goes through. The method of grounded theory identified a sequence of 5-7 periods of facing and dealing with infidelity: 1. Finding out and confrontation *(the whole world collapsed - anger, pain)*; 2. Fighting for a partner / family *(insecurity, distrust - stalking the partner)*; 3. "Calm" *(attempt to return to normal by turning to your partner and / or yourself - "catching air")*; 4. "Storm" *(clear setting of boundaries, exclusive requirements for the partner - anger, fragmentation)*; 5. "Loss of romantic illusions" *(acceptance of facts about infidelity - shame, confusion about how to fight for a partner)*; 6. Solution *(making a decision about the future of a relationship)*; 7. Final unravelling *(ceased anger at the partner, relief - a new person is built).*

Ana Kandare Šoljaga in her book "Infidelity" (Kandare Šoljaga, 2016) describes three phases that a cheated person goes through: the phase of shock, the phase of negotiating with oneself, and the phase of recovery. In addition to these, Ana talks about the four phases that couples faced with infidelity most often go through: the phase of infidelity, the phase of confrontation and crisis, the phase of facing infidelity and the phase of restarting (for a more detailed description of phases see the introduction to this paper).

Comparing these two views of the process of facing and dealing with infidelity in a partnership, one gets the impression that the *sequence of 5-7 periods* identified in this research simultaneously reflects both the phases that a cheated person goes through and those that a couple goes through (as described by Ana Kandare Šoljaga),

i.e. that the respondents have identified periods that integrate certain key aspects of two parallel and intertwined processes (through which the deceived person and the partnership go). By combining these two aspects, the following picture is obtained:

1. *Finding out and confronting the partner* (infidelity + shock phase);
2. *Fighting for the partner* / family (confrontation and crisis + phase of negotiations with oneself);
3. "*Calm*" (end of the crisis / beginning of facing infidelity + phase of negotiations with oneself);
4. "*Storm*" (facing infidelity + phase of negotiations with oneself);
5. "*Loss of romantic illusions*" (facing infidelity + phase of negotiations with oneself);
6. *Solution* (facing infidelity + recovery phase);
7. *Final unravelling* (restart + recovery phase).

Of note, the dynamic of the process of facing and dealing with infidelity has an unusual turn, which consists of periods of calm, storm and loss of romantic illusions. Recall that Perel emphasized that the first of the three phases of healing - the crisis phase - is dominated by intense emotions, both by the partners and between them, and that they therefore need "peace, composure and clear structure, but also calm and hope" (Perel, 2018, p.74). It seems that a period of calm (regardless of whether the partners have reunited or separated) brings much-needed "silence and hope" and thus allows the partners to "catch their breath" before they fully face infidelity. The final confrontation with infidelity brings a new storm of emotions, which destroys every point of the partnership that was not realistically founded, and romantic illusions about fidelity and marriage are the first to fall among them. Only after this phase, the partners can see what they actually have in their relationship and only then can they come to a solution.

The main limitation of this research is the minimal scope of the sample and the reduction to one aspect of the partnership in infidelity, which does not provide sufficient justification for the obtained results. In order for the described image and dynamics of the process to be considered a general or typical image of dealing with infidelity, it is necessary to conduct research on a sufficient number of respondents, of different ages and socio-educational status. Also, it would be useful to get a parallel picture of the process that the partner who committed infidelity is going through, as well as the third party in that love triangle.

We can say that the greatest benefit from this research can be gained by therapists. The findings from this research presents a picture and offers added understanding of the dynamics of the process, which may make it easier for them to orient themselves in working with clients who have experienced infidelity in a partnership. On the other hand, it can bring relief to those who have experienced infidelity. Being aware that the process they are experiencing is possibly common and has its course which, when followed, is likely to lead to resolution.

Conclusion

The research provided a clearly structured picture of the process that two women who have experienced infidelity go through. A sequence of 5-7 periods of confrontation and dealing with infidelity was identified: 1. Finding and confrontation; 2. Fighting for a partner / family; 3. "Calm"; 4. "Storm"; 5. "Loss of romantic illusions"; 6. Solution; 7. Final unravelling.

Therapists may find it useful to find periods of calm, storm, and loss of romantic illusions, which reveal the “vortex” of the process under study: an unexpected early calm seems to bring much-needed “calm and hope” (Perel, 2018) before partners finally face infidelity and a new storm of emotions that destroys romantic illusions about fidelity and marriage, as well as other weak points in the relationship.

In order for the described image and dynamics of the process to be considered a general or typical image of dealing with infidelity, it is necessary to conduct research on a sufficient number of interviewees, of different ages and socio-educational status etc. It would also be useful to get a picture of the process that the partner who committed infidelity is going through at the same time.

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The Silent Cries of the Soul - The Emotional Component in the Experience of Panic Attacks

Elena Borg

Abstract

Individuals at risk of developing panic attacks show prevalence in suffering from alexithymia. This research explores the emotive component in the development of panic attacks while building a personality profile of individuals who are at risk of developing panic attacks in Malta. The conceptual frame of this research draws from Gestalt Psychotherapy, Psychopathology and Affective Neuroscience. A Qual-Quan sequential mixed-method design was adopted. In the qualitative part, eight retrospective interviews were conducted utilizing IPA. The quantitative phase included a questionnaire built from the constructs which emerged from the qualitative themes and the administration of the TAS-20. 117 participants responded via snowball sampling. Findings look at the emotional component as crucial in the development of panic attacks and provide a personality profile of Maltese who are at risk of suffering from panic attacks. This research puts forward how panic attacks can be understood as an 'attack of emotional blindness'. Including the emotional component within the treatment for panic attacks could attribute to the individuals who do not respond effectively to the current treatments provided. The Maltese typology of people who suffer panic attacks could also support helping professionals as a guideline for prevention.

Keywords

panic attacks, alexithymia, emotive component, Maltese personality profile, Gestalt Psychotherapy

Introduction

"Panic can be expected, feared, remembered, re-elaborated, and overcome in a number of different ways and even during the attacks themselves panic can manifest itself in various forms" (Francesetti, 2007, p. 80). Worldwide, people are encountering challenges to their mental health and state of well-being as the burden of mental disorders and mental health difficulties continues to grow. The World Health Organization (WHO) reported that one of the most current leading mental health conditions is anxiety. In 2019, 301 million people including 58 million children and adolescents were living with an anxiety disorder.

According to a scientific brief released by WHO (2022), in 2020 which saw the outbreak of the COVID-19 pandemic, a global prevalence of anxiety increased further by a massive 25%. One of the disorders which fall under the anxiety spectrum is panic disorder. Panic disorder was estimated to affect 12.8 % of the population worldwide while 13.2% experience occasional panic attacks (de Jonge et al., 2016). Panic attacks are brief episodes of intense anxiety which cause the individual to experience excruciating somatic sensations and terror. Somatic sensations may include racing heartbeat, palpitations, shortness of breath, feelings of choking, dizziness and shaking. Panic attacks are also accompanied by psychic symptoms such as depersonalization where the person becomes detached from oneself and de-realization where the person experiences feelings of unreality. Panic attacks are also characterized by a sense of impending doom or catastrophe, a fear of actual dying or going crazy (APA, 2013; Francesetti et al., 2020). Panic attacks are a growing terrifying challenge to the world's mental health.

Glimpse of the Current Maltese Context and Mental Health

While there are no population-based studies on mental health conditions in Malta (Grech, 2016), this is not to say that the global increase in mental health difficulties is not being felt and experienced. In fact, in the Mental Health Strategy for Malta 2020-2030 Public Consultation Document, the Health Minister Dr Chris Fearne stated that "mental illness is one of the most significant public health challenges of the 21st century. It is estimated that a mental disorder will affect at least one out of two persons at some point during their lifetime" (para.1). According to Dr Mark Xuereb, the leading psychiatrist of the Crisis Resolution Team Malta, there is a rising awareness that panic attacks are on the growing edge in Malta effecting individual lives across all ages (personal communication, March 7, 2022).

Current Treatment of Panic Attacks

Research has indicated that people who suffer from panic attacks can be treated through pharmacological, psychotherapy, or a combination of these two approaches (APA, 2013; Francesetti, et al., 2020). Some of the anti-depressants recommended for the treatment of panic attacks are selective serotonin reuptake inhibitors (SSRIs), serotonin and norepinephrine reuptake inhibitors (SNRIs) and tricyclic anti-depressant (TCAs). In some specific cases it is also recommended to administer benzodiazepines for a short period of time during the initiation phase of SSRIs for acute relief of panic attacks (Kriegel & Azrak, 2020). Masdrakis and Baldwin (2021) argue that the reduction in panic attacks with conventional pharmacotherapy covers the ranges between 20% and 50%. These statistics indicate that, while pharmacological treatment might be essential in certain cases, panic attacks seem to go beyond the biological aspect. Like any pharmacological treatment, anti-depressants can have negative side-effects such as nausea, diarrhoea, constipation, headaches, tremors, agitation, dizziness, sweating and sexual dysfunction (Maraschin et al., 2020). Moreover, they can delay the therapeutic effect. In addition, by focusing solely on the biological aspect, we may indeed manage to treat the symptoms that are visible but we would be missing the underlying factors hidden within the individual personality and the individual's larger context in which the panic takes place (Hinton & Good, 2009; Francesetti et al., 2020).

In taking the psychological approach, there are various psychotherapies which can be used to treat panic attacks. These include panic-focused psychodynamic psychotherapy, Eye Movement Desensitization and Reprocessing (EMDR) and, of course, Gestalt psychotherapy. The DSM-V recommends Cognitive Behavioural Therapy (CBT) for panic attacks (APA, 2013). It should be pointed out that current psychotherapies, in particular CBT, aim to reduce the individual's fear sensitivity mainly by deconditioning procedures and correcting maladaptive thoughts. While a large evidence base has shown that CBT has been effective in the initial treatment of anxiety disorders such as panic attacks (Caldirola & Perna, 2019), research has also shown that between 33% and 50% of patients either do not respond to the treatment or drop out (Caldirola & Perna, 2019, Francesetti et al., 2020; Herrera et al., 2018). These figures demonstrate that the healing of panic attacks is always complex indicating both a somatic and aesthetic mind for healing (Francesetti & Spagnuolo Lobb, 2013).

Activation of the Fear Brain Network or Panic-Seperation Sytem?

A theory of note in the development of panic attacks is the Neuroanatomical Hypothesis of Panic Disorder (Gorman et al., 1989; 2000). This theory suggests that the

behavioural symptoms which an individual experiences in a panic attack are facilitated by a fear network in the brain centered in the amygdala. This fear network includes the prefrontal cortex, insula, thalamus, and amygdala projections to the brainstem and hypothalamus. Indeed, research shows that patients with anxiety disorders often show a heightened amygdala response to anxiety cues (Fava & Morton, 2009). An increasing amount of research indicates that the amygdala plays a pivotal role in mediating fear-related responses including panic attacks (Feinstein et al., 2013; Kim et al., 2012).

While there is consensus among scientists in considering panic attacks as an exaggerated fear response triggered by intense activation of the amygdala and related fear brain network, Francesetti at al (2020) link their work to that of Jaak Panksepp the founder of Affective Neuroscience. They put forward that panic attacks can be activated in situations of separation from affective support and overexposure to the environment. From this perspective, panic attacks can be understood as an attack of solitude. The solitude that people suffering from panic attacks experience is not recognized or identified by the individual due to the interference of a dissociative component in the brain. This interference makes it impossible for the individual to integrate all neurophysiological responses activated by the panic/separation brain system within a coherent emotional feeling.

Panksepp explains how the panic system generates loneliness and sadness, and how panic arousal may be the source of psychic pain that promotes depression. Moreover, according to Panksepp, the panic system is related in mammals, including humans, to separation distress and overexposure to the world (Panksepp, TEDx Talks, 2019). It has been observed how the onset of panic attacks generally occurs during young adulthood which is the age when one leaves the parental home (Francesetti, 2007; 2020). Indeed, separation distress in the Panic System can be triggered by an imbalance between endogenous opioids, oxytocin, and prolactin; major chemistries for social-attachment and social-bonding for the mammalian brain. PANIC circuits[1] are also aroused during human sadness which is accompanied by low brain opioid activity (Panksepp, 2011). Bridging to this perspective, Panksepp also explained how the pharmacological analysis of panic attacks indicates that they are not simply a variant of fearful anticipatory anxiety. As mentioned above, anti-depressants have been noted to alleviate more satisfactorily the distressed caused in the panic-system pathway of the brain (Francesetti et al., 2020; Panksepp, et al., 2019). Panksepp also noted a lack of activation of the hypothalamic-pituitary-adrenal (HPA) axis as a possibility to

[1] Capitalization of these terms is suggested in literature by Panksepp to reflect a proposed primary-process terminology and minimize semantic confusions. This suggestion is being followed in this research.

trigger the development of panic attacks (Panksepp, TEDx Talks, 2019). The HPA axis is a neuroendocrine mechanism that mediates the effects of stressors by regulating numerous physiological processes, such as metabolism, immune responses, and the autonomic nervous system. HPA is a complex set of direct influences and feedback interactions among three components namely the hypothalamus, the pituitary gland and the adrenaline glands. Activation of the HPA axis causes the emission of glucocorticoids which act on various organ systems allowing the organism to redirect its energy sources and meet the real or anticipated exigency (Graeff, 2007).

Panic Attacks and Alexithymia

Panksepp (2005) considers emotions as the fundamental core of all mental processes affecting both the quality of our mental state as well our sense of bodily well-being. Literature reveals certain critical aspects in the lives of people who suffer from panic attacks including limited emotional ability and a possible link to alexithymia, a comprehensive psychological construct which refers to difficulty in identifying and describing feelings (Francesetti et al., 2020). This complexity leads to an intrinsic difficulty in discriminating emotions from bodily sensations, cognition from emotion, and in communicating emotions to other individuals (Franco et al., 2020; Picardi et al., 2005, Sifneos et al., 1977). Alexithymia is being considered as a risk factor for both somatic and mental pathology where alexithymia characteristics are thought to reflect deficits in the cognitive processing and regulation of emotions and to contribute to the onset or maintenance of several medical and psychiatric disorder (Cerutti et al., 2020; Lumley, 2007).

In contrast to therapeutic schools of thought which hold cognitive and behavioral approaches, Affective Neuroscience and Gestalt psychotherapy emphasize the importance of the individual's subjective experience particularly that related to emotional feelings.

A Field Perspective to this Research

In Malta, this is a first-ever study which has explored the emotional component with particular emphasis on alexithymia and mapped the various inter-related factors in the development of panic attacks. Its findings can lead in the advancement of new training and programmes on a national level.

All this knowledge was supported by the cultural context within which this research was conducted thus providing further ground to the field perspective. Panic attacks need to be addressed holistically encompassing various dimensions which are happening concurrently and shaping their reality both in the external world and in the internal world of the individual. Barber (2006) asserts that: “A person is a whole and is a body, emotions, thoughts, sensations and perceptions - all of which function together and in relationship with the other” (p. 48). It is about one person yet there are many aspects to consider when offering a holistic view.

Gestalt psychotherapy philosophy is in line with the view that pathology is the result of the co-creation of the individual and the field. In view of the fact that this research is based in the Maltese context adopting a Gestalt field perspective, the Maltese context together with some essential features and characteristics of its social structure is taken in consideration. Amongst others, the Catholic Religion, Maltese Politics, Maltese Culture and the Maltese Personality were pertinent in shedding light on the emotional component in the Maltese context. The possibility that such specifics could contribute in the development of panic attacks among the Maltese population was put forward. Emphasis was made on the Maltese emotional and passionate state of being where it was noted that the Maltese may have creatively adjusted to the traumas endured as a culture, the societal architectural style and the interconnectedness in relationship by becoming alexithymic. From this perspective, we can therefore start seeing alexithymia as becoming a creative adjustment for these individuals to protect them from the interferences of various factors including trauma which has not been processed (Francesetti et al., 2020).

Objectives

In Malta there is still a dearth of information both regarding the typology of people who suffer from panic attacks as well as the emotional component of these attacks. Hence, the main aim of this research was to create an understanding of the variables that contribute to the development of panic attacks with particular emphasis on the emotional component. The intent of this research is to open new understandings of the typology of panic attacks in order to support further the therapeutic journey with the hope of improving the efficacy of psychotherapy with this population. The main research question which took shape was: “What is the role of the perception and expression of emotions in the experience of individuals suffering from panic attacks?”

The research question was accompanied with the following aims:

- To provide a comprehensive review of the variables which construct the typology of
- people who suffer from panic attacks
- To outline the different expressions and perceptions of emotions available to the client
- throughout their development
- To identify critical moments in the history of the person suffering from panic attacks
- and how such moments were dealt with
- To study possible relationships between panic attacks and affective autonomy, social
- connectedness and sense of belonging
- To improve the already existing knowledge of the direct precursors of Panic Disorder
- onset
- To provide useful elements for the future design of training for psychotherapists and professionals within the helping profession when supporting people who suffer from panic attacks.

Research Design and Methodology

Inspired by the work of Dr. Francesetti and Dr.Panksepp, the conceptual frame draws from Gestalt Psychotherapy, Psychopathology and Affective Neuroscience. A Qual-Quan sequential mixed-method design was adopted to answer the research question 'What is the role of perception and expression of emotions in the experience of individuals suffering from panic attacks?"

To answer this research question, I first embarked on a qualitative exploration through in-depth retrospective studies of helping professionals who had successfully completed or were in the process of completing Gestalt psychotherapy as part of their treatment for panic attacks. Retrospective studies were chosen in line with the teachings of Francesetti (2020) where he stated that for sufferers of panic attacks to become aware of the emotional component, time and healing needed to take place. Therefore, I identified that retrospective studies would give the notion of both time and healing

for the participants in order for them to be able to touch on the emotional component as well as to identify and be ready, as much as possible, to talk about emerging themes including solitude, belonging and separation. Eight retrospective interviews were conducted using Interpretative Phenomenological Analysis. Participants were informed about how this data would be generated and for how long it would be stored. In view of the fact that this research was conducted in the midst of the COVID-19 pandemic, interviews were held online through the video platform Zoom. Participants were reassured that the recording of each video session was kept in a safe and stored site to which only myself as the researcher had access. Results supported the research to understand the lived experience of people suffering from panic attacks, while delving to understand the emotional component through their in-depth narratives.

The Participants

In-depth interviews were carried out with eight Maltese participants who have suffered from panic attacks throughout their lives and have undergone Gestalt psychotherapy as part of their treatment. All participants were helping professionals varying from Gestalt psychotherapists, systemic family therapists, EMDR practitioners, social workers and counsellors. The following Table 1 outlines the demographic details of each participant. Each participant was asked to choose a pseudonym so as to further enforce the relational aspect of this research. The anonymity of each participant was further ensured by not giving their age but presenting it within a range. The table also gives information on the age of the participants when they had their first panic attack as well as an approximation of how long they had suffered from panic attacks. To protect further their anonymity, focus was not placed on the helping profession they came from but rather on the treatment/s they had received or were receiving for their panic attacks. The participants are listed in the chronological time frame in which the interviews were carried out.

Table 1

Participants' Demographic Details

Pseudonym Name	Gender	Age Range (years)	Age of first Panic Attack (years)	Range of Years Suffering from Panic Attacks	Treatment Received
Cristina	Female	40-50	8 years old	15-20	Gestalt psychotherapy
Mike	Non-binary	30-40	17 years old	10-15	Gestalt Psychotherapy
Lidia	Female	40-50	24 years old	10-15	Gestalt Psychotherapy / SSRIs
Frank	Male	30-40	15 years old	10-15	Gestalt Psychotherapy
John	Male	40-50	43years old	5-10	Gestalt Psychotherapy/ SSRIs
Stella	Female	30-40	22 years old	5-10	Gestalt Psychotherapy/ CBT
Jessica	Female	30-40	17 years old	10-15	Gestalt Psychotherapy/ EMDR / Homeopathy
Giulia	Female	30-40	4 years old	15-20	Gestalt Psychotherapy/ Systemic Psychotherapy

The richness provided by the data in the qualitative phase of this research allowed me to embark on the quantitative phase through a questionnaire which added breadth to the depth obtained from the narratives. The questionnaire was grounded in the data which had emerged from the narratives themselves and thus provided the opportunity to create relevant constructs from the qualitative phase which could later be tested quantitively on a larger sample. Although this questionnaire was developed and designed as a new measurement within the psychological field and since my study was pursuing a research gap, it was improbable to find an instrument to study all the concepts emerging in my study. Hence, the salient constructs of this questionnaire were: emotional perception and expression (alexithymia); critical life events; separation, trauma; belonging; change; autonomy and boundaries. However, most of the constructs which this study elicited could be measured with instruments already validated by literature. Indeed, I found two main questionnaires which were salient in the development of the new instrument. These are the Toronto Alexithymia Scale (TAS) and the Life Change Index Scale (The Stress Test). Before actively engaging with these already existing measures I checked their validity. In fact, studies have shown that the TAS is the psychometrically best-validated measure of alexithymia (Taylor et al., 1988; Taylor et al., 1992). With regards to the Life Change Index Scale (The Stress Test) Rahe carried out a study in 1970 testing the validity of the stress scale as a predictor of illness. He found there was a +0.118 correlation between stress scale scores and illness, which was sufficient to support the hypothesis of a link between life events and 199 illness. Thus, I found both measurements to be validity sound to adopt and adapt in my questionnaire for this research (Holmes & Rahe, 1967; Rahe et al., 1970). The Severity Measure for Panic Disorder – Adult was also used to support the questionnaire in assessing the intensity of the symptoms of the participants. This assessment measure was offered by the American Psychiatric Association as one of the "emerging" measures to be used for further research and clinical evaluation.

Once finalized, the questionnaire was distributed to adult individuals (18 years and/or over) who were receiving treatment for panic attacks during different stages in their healing process namely the onset, during, at the end or after the termination of treatment.

The data collection of the questionnaire was carried out over a period of three weeks, between 27th May and 17th June 2022. Following this, I embarked on the processing of the data which was retrieved from the Survey Monkey. The recruitment of participants using snowball sampling yielded 117 participants. Numerical data was subjected to descriptive statistical analysis which generated two hypotheses. The main hypothesis tested if individuals who suffer and/or have suffered from panic attacks show different levels of emotional perception and expression during the different stages in their

treatment namely the onset, during, at the end and/or after finishing treatment. The second hypothesis identified if there were significant differences in the emotional perception and expression of individuals suffering from panic attacks in relation to the type of treatment provided.

The quantitative data was later inputted into the IBM SPSS program (version 28). The variables were all labelled and all the values for all variables were coded respectively. Question 4 “Panic Severity Measure for Panic Disorder, Adult” and Section 3 outlining the Toronto Alexithymia Scale of the questionnaire were measured in line with their established means of assessment to ensure that their validity was attained. By using cross-tabulation and selection of the required variables, the required custom tables together with the corresponding clustered bar-graphs were extracted. By means of chi-square testing the main hypothesis of this research was also analysed. The secondary hypothesis which emerged during this phase was also tested and analysed by means of chi-square. A Tukey post-hoc analysis was carried out for both hypotheses to analyse where the main differences were presented

Table 2

Demographic Characteristics

Baseline Characteristic		N	%
Age	18-29	36	30.77%
	30-49	65	55.56%
	50-59	12	10.26%
	60+	4	3.42%
Gender	Female	94	80.34%
	Male	20	17.09%
	Non-binary	3	2.56%
	Other	0	0

*Treatment Level of Participants	Beginning of Treatment	31	27.93%
	Middle of treatment	30	27.03%
	End or terminating treatment	8	7.21%
	Finished treatment	42	37.84%
Type of treatment	Psychotherapy	30	25.64%
	Medication	17	14.53%
	Herbal Remedies	5	4.27%
	Psychotherapy + Medication	33	28.21%
	Psychotherapy + Herbal Remedies	8	6.84%
	Medication + Herbal Remedies	1	0.85%
	Psychotherapy + Medication + Herbal Remedies	6	5.13%
	Other	17	14.53%
	Total	117	100%
	*6 participants did not answer the question with regards treatment level so the total number is 111 not 117.		

Ethical Considerations

The research was approved by the Research Ethics Committee of EAPTI-GPTIM. Participants in the qualitative phase were briefed about the study and consent for participating, recording, and publishing of the data gathered was sought prior to interviewing. Participants were informed that they had a right to withdraw their participation at any point. The same ethical procedure was put in place during the quantitative phase. All data is securely kept in line with the Maltese Data Protection Act. Moreover, all data is anonymised to ensure that participants taking part in the

questionnaire cannot be identified. While there is no standard universal code for research in psychotherapy in Malta, I chose to adhere to the published APA ethics code throughout the whole process since this could be easily adapted from the psychological profession to the therapeutic profession (APA, 2017).

Results

The results of this research strengthen the findings from previous papers and studies (Francesetti et al., 2020; López-Muñoz & Francisco Pérez-Fernández, 2020; Šago et al., 2020) which put forward how the emotional component, in particular alexithymia, could be a risk factor in the development of mental disorders including panic attacks. Indeed, the findings presented in this study have shown how the emotional component is crucial in the development of panic attacks. This was testified in the narratives throughout the qualitative phase and re-confirmed during the quantitative phase. In essence, this research puts forward how panic attacks can be understood as an 'attack of emotional blindness'.

Further to this, the findings presented in this study bring new light to the Maltese typology and the personality constructs which could contribute to the development of panic attacks within the Maltese culture. Findings of this study could suggest how the Maltese culture, family and society generate space for alexithymia and panic to form. Such findings could provide further understanding into the increase in anxiety and panic within the Maltese culture.

The Qualitative Findings

The narratives in the qualitative phase have led this research to enter the intimate worlds of the eight participants who shared their stories and delved in depth into their experience of panic attacks and emotions. Through the phenomenological exploration employing the IPA methodology, findings were grouped into a hierarchical model of concept classification outlining super-ordinate and sub-ordinate themes. While sub-ordinate themes represented the basic and specific concepts which emerged from the narratives of the participants, each super-ordinate theme represented the grouping of the sub-ordinate themes into clusters capturing their essence into a general concept. These are presented below in Tables 3 to 6. To ensure further validity and credibility of the research the data generated from the narratives was peer reviewed by Prof Paul Barber.

Table 3

First Super-Ordinate Theme

Panic Attacks: Illness or Creativity?

First Super-Ordinate Theme	*Panic Attacks: Illness or Creativity?*
Sub-Ordinate Themes	Awareness of Panic Attacks
	Self vs Others: Embracing Polarities to the Core
	Boundaries: Understanding who I am
	Resorting to Panic Attacks

The first theme revolves around the participants' experience of panic attacks. It presents the recounting of their unawareness of their panic attacks with specific emphasis on the shocking experience they endured during their first panic attack. It captures their reflections on their traumatizing experience of not knowing what was happening to them, together with the bodily torture of the attack itself which each recalled so very vividly. In the process of recalling these torturous memories, participants slowly started shedding light on certain possible personality features encapsulated in people who suffer from panic attacks. This theme ends with a reflection which the participants shared in their interviews and which was interestingly unanimous to all of them. All participants questioned whether, in reality, panic attacks were indeed a pathological illness or a creative adjustment to express their world of emotions which they had locked up in their past. At the end, they honoured their panic attacks as a creative adjustment to their locked-up world of emotions.

Table 4

Second Super-Ordinate Theme

Critical Moments

Second Super-Ordinate Theme	Critical Moments
Sub-Ordinate Themes	Family Field
	Trauma
	The Torment of Separation
	Before the Panic Attacks Started

The second theme slowly builds ground to the critical moments revolving around the participants' experience of panic attacks. It starts by presenting various accounts of participants' family field and how this could have been possibly a trigger to the development of their panic attacks. It follows with an account of what the participants endured and the perception of their traumas together with their personal disclosure of their critical moment of transition from the nuclear family to the external, outside world. In conclusion, it reflects on the participants' experience of change throughout significant transitions in their lives.

Table 5

Third Super-Ordinate Theme

A Roller Coaster of Emotional Turbulence

Third Super-Ordinate Theme	A Roller Coaster of Emotional Turbulence
Sub-Ordinate Themes	My Perception of Emotions
	My Expression of Emotions
	Somatic Symptoms: A Possible Emotional Language
	Identifying Difference in Emotions, Body & Cognition

The third theme centres around the main research question of this research and focuses on the participants' insights on their difficulties to decipher between their emotions, cognition and body before and during their experience of panic attacks. What stood out throughout the interviews was how each participant reflected and commented on their lack of emotional capability before and during their panic attacks. It is as though each participant lacked the perception, words and understanding of their emotions. They did not know how to perceive their needs, or put their experiences into words or how to express and understand anything that was going on inside of them. Somatic symptoms were also a possible sign that emerged from participants' disclosures, indicating the possibility their emotions were being expressed through their bodies. This emotional turbulence seemed to contribute to the rupture in their body and cognitive functioning. Participants reported that they could not decipher between their emotions, cognition and body for the most part of the experience.

Table 6

Fourth Super-Ordinate Theme

Understanding the Healing Process

Fourth Super-Ordinate Theme	Understanding the Healing Process
Sub-Ordinate Themes	Restoring Back the Emotions
	Gestalt Psychotherapy in Healing Panic Attacks
	Healing as a Holistic Approach
	Gestalt Psychotherapy: the Glue for Emotional Healing

The fourth theme revolved around the participants' healing process which involved acknowledging, accepting, integrating and processing the painful life experiences they had endured together with the powerful unprocessed emotions they experienced. Participants in the qualitative phase have pointed at how instrumental Gestalt psychotherapy was for healing. Through Gestalt psychotherapy they learned to listen to themselves, identify and express their emotions while staying in contact with their body. They all underlined how introducing the perception and expression of emotions was crucial in their healing process. Further to Gestalt psychotherapy, findings in this

phase point out the need for a holistic approach where treatment needed to be tailored-made according to the individual needs and field.

Getting to know the participants in the qualitative phase allowed me to set the scene to start building a profile of the population under study. My findings would indicate that there are certain variables which seem to construct the typology of people who suffer from panic attacks. All eight participants reported experiencing difficulties in their expression and perception of emotions at different stages in the development of their panic attacks. While each narrative was taken and respected in its unique formation, there were commonalities between the participants showing certain cornerstone features in their lives possibly leading to the development of panic attacks. Amongst others the core features were: being female; having a history of trauma, fear of separation or confluence with the family; finding difficulty in belonging and establishing healthy boundaries; needing to be independent and taking the 'rescuer' role; fear of change and the experience of critical life events.

The Quantitative Findings

The results from the qualitative phase allowed for the formulation of the questionnaire of the quantitative stage which involved 117 participants. Tables 7-10 indicate the process of the constructs and hypothesis which emerged from the qualitative findings.

Table 7

Section 1

Personal Profile

Section 1	Constructs and Hypothesis Studied
Personal Profile	Age; Gender; Stage of Treatment; Intensity of Panic Attacks; Types of Treatment

Table 8

Section 2

History of People who suffer from panic attacks

Section 2	Constructs and Hypothesis Studied
History of people who suffer from panic attacks	Separation; Trauma; Fear of Change; Belonging; Independence; Boundaries; Changes the year panic attacks started.

Table 9

Section 3

Toronto Alexithymia Scale

Section 3 Toronto Alexithymia Scale	Constructs and Hypothesis Studied Total alexithymia scores obtained together with an average of the subscales. Emergence of main hypothesis: Individuals who suffer and/or have suffered from panic attacks show different levels of emotional perception and expression, during different times in their treatment i.e. onset, during, at the end and/or after conclusion of treatment. Emergence of secondary hypothesis from data obtained: **There is a difference in different types of treatment utilised between the different three groups of TAS ('No Alexithymia', 'Possible Alexithymia' and 'Alexithymia' groups).**

Table 10

Section 4

Understanding Present Behaviour

Section 4	Constructs and Hypothesis Studied
Understanding Present Behaviour	Awareness of Somatic Sensations
	Identifying and Expressing Emotions
	Belonging
	Boundaries
	Independence and Autonomy

The majority of participants indicated either a denotation in alexithymia or possible alexithymia: 30.8% denoted alexithymia (≥ 61) while 27.4% showed possible signs of alexithymia (52≥ and ≤ 60). Data further revealed that 41.9% had no alexithymia (≤ 51). The mean TAS score was found to be 55.90 with standard deviation of 11.37. Moreover, the median of the TAS score was found to be 55.

Figure 1

The distribution of the TAS score in relation to the level of treatment.

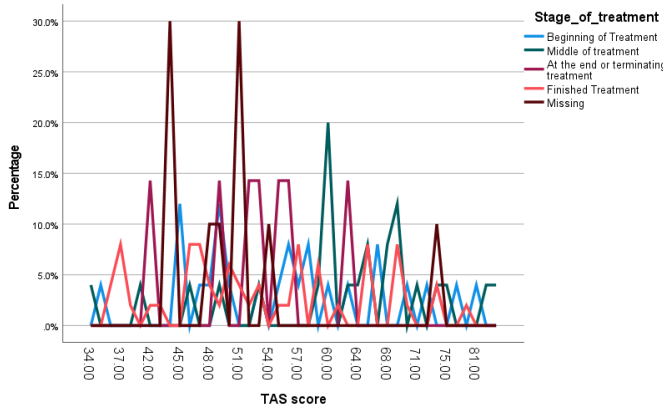

Table 11

The Mean and Median of the TAS score in relation to the level of Treatment

Stage of treatment	Mean of TAS Score	Median of TAS score	Standard deviation
Beginning of treatment	56.36	56.00	10.97
Middle of treatment	62.76	64.00	11.74
At the end of treatment or terminating treatment	52.86	53.00	6.47
Finished treatment	53.64	51.50	11.17
All	55.90	55.00	11.37

Findings in this phase indicated that there are differences in the emotional perception and expression of emotions at different levels during treatment of panic attacks. By using Tukey Post-hoc Analysis, a significant difference was noted in the TAS scores between the middle stages of the treatment and the end of treatment since the corresponding p-value is less than 0.05. This means that the TAS scores vary significantly between the middle stage of treatment and the finished stage of treatment.

Findings also indicate that participants who underwent psychotherapy treatment alone showed lower level on the TAS score thus indicating a better understanding of their perception and expression of emotions. The majority of participants in the 'No Alexithymia' Group utilised psychotherapy treatment. Also, the majority of participants in the 'Possible Alexithymia' Group utilised a combination of psychotherapy and medication treatment. The majority of participants in the 'Alexithymia' Group also utilised a combination of psychotherapy and medication treatment. By using post-hoc Tukey Analysis it was seen that there is a significant difference in the TAS scores between the psychotherapy and medication treatment and psychotherapy since the corresponding p-value is less than 0.05. This means that the TAS scores vary significantly between these two kinds of treatment.

Results in the quantitative phase also highlight the constructs in which the participants indicated as prevalent for the development of their panic attacks. Amongst which

we find that the questionnaire was female dominated with most participants noting a history of trauma. Similar to the qualitative findings, the core features resulted in participants experiencing fear of separation or confluence with the family; difficulty in belonging and establishing healthy boundaries, the need to be independent and take the 'rescuer' role, fear of change and the experience of critical life events.

The last phase of the questionnaire focused on gathering data of participants' behavior in the here-and-now. Constructs researched earlier in this study were re-examined in relation to the participants' level of treatment. These included: the participants' understanding of somatic sensations; the perception and expression of emotions; belonging; boundaries; and, independence and autonomy. The evaluation of this phase indicated potential areas for future research to identify whether these concepts change across time in the experience of individuals who suffer from panic attacks.

The Triangulation of Findings

When bringing the qualitative and quantitative data into close conversation, the link between the perception and expression of emotions and the development of panic attacks emerged very clearly and answered the main research question of this research. Besides answering the research question, the triangulation of the findings indicates that a Maltese person who is at risk of developing panic attacks is female with a history of trauma. Fear of separation from the family or confluence with the family, experiencing difficulty in belonging, establishing healthy boundaries, searching for independence, the fear of change and experiencing critical life events were amongst the main identified factors which the participants in both the qualitative and the quantitative phases identified as being at the core of the development of panic attacks. In both methodological phases, this profile was strongly characterised both by the difficulty in perceiving and expressing emotions and the possibility of suffering from alexithymia.

Conclusion: Implication of the Research

While I acknowledge that this study has its own limitations with particular emphasis to the inability to offer any generalizations of the findings due to the small sample of participants within the quantitative phase, these results implicate the importance of bringing the concept of emotions as part of the treatment for panic attacks and to consider alexithymia as a potential construct in the profile this research is putting forward.

Since, to date, there has been no research undertaken on the occurrence of panic attacks among the Maltese population with particular emphasis on the emotional component, the inclusion of the consideration of the emotional component within the treatment for panic attacks could be a decisive positive step for those individuals who would not be responding effectively to their current traditional modality of treatment. The present research can extend this knowledge and make it possible to adapt and adopt Gestalt psychotherapy along with other therapies recognized by WHO for the treatment of panic attacks. Gestalt therapy plays a crucial part in considering emotions as part of the healing process of panic attacks. Such research can help bring out the visibility of Gestalt as an alternative treatment which, at the moment, is not being recognized.

The Maltese typology of people who suffer from panic attacks which has been drawn up by this research can also support helping professionals as a guideline for the prevention of panic attacks. Indeed, this research can provide new insights and treatment plans based on a more holistic approach which includes the emotional component as part of the healing process of panic attacks. Findings highlight implications for policy, training, supervision and practice within the helping professions. Further professional knowledge of alexithymia, together with the attributes that contribute to the Maltese typology of people who suffer from panic attacks, are considered key for helping professionals to create more effective treatment plans.

As noted earlier in the research, mental health in Malta particularly anxiety and panic attacks are on the increase (Calleja, 2021; Xuereb, personal communication, March 7, 2022). This research can inform further research. Lack of boundaries seem to be a core feature within the Maltese culture and have been found to be instrumental in the development of panic attacks. Hence, further research on the theme of boundaries and how certain cultural characteristics prevalent within Maltese society promote an increase in anxiety and panic is deemed crucial. Researching the Maltese emotional capacity and carrying out longitudinal studies for children in relation to their emotional capacity and anxiety would lay down the ground for treatment plans and prevention programmes to target the phenomenon of panic attacks in the Maltese islands.

Final Note

As I continue nourishing myself from the data of this research, I am seeing the emergence of this study as a springboard to bring awareness on how people in our contemporary society are becoming alienated from themselves and society and how humanity is moving away from the very concept of humanity. Individuals are creatively adjusting

through various mental health issues such as panic attacks in order to deal with a world that is anything but human. We spend our lives in our own minds, consumed in our own thoughts, overrun by our own egos, and worrying about things that in the end do not really matter. Moreover, we fear the future based on what we have experienced in the past. Meanwhile we are missing out on what, in reality, we have control over which is the present moment. To quote Frank from the qualitative findings: "panic attacks are a message from myself to myself, indicating to me something is not right, that I needed to listen to something … I need to change something".

I end the process of this research by referring to a core Gestalt principle, quoting Perls, which in my eyes represents the message of this whole research: "lose your mind and come to your senses". In my opinion, this research has embraced this process perfectly as it has demonstrated what society needs to do in order to heal from panic attacks. Ultimately the message of this research is to "come to our senses" and to learn how to be once again in our bodies, and to listen to and understand our emotions. Possibly, starting to see panic attacks as 'an attack of emotional blindness' could bring us back to "our senses" and our emotions where we put our ego in the background and just accept what is and live what is in the here-and-now.

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Biography

Elena Borg initially started as a social worker where she fell in love with the most vulnerable in our society. She then continued her studies where she graduated as a Gestalt psychotherapist and later on as a clinical supervisor. She later obtained a specialisation in psychotherapy with children and young people followed by training in EMDR. She is an honorary member of the Malta Association for Psychotherapy and formed part of the first Malta Psychotherapy Profession Board which she is still a current member. Elena Borg has obtained her doctorate in Gestalt Psychotherapy focusing on the theme of Panic Attacks. Her main areas of specialisation are panic attacks, anxiety and trauma.

Subjective experience of loneliness in a person with panic attacks

Dunja Vesić, Jelena Petrović and Brankica Šaljić Milenković

Abstract

Research findings indicate an increase in the percentage of people who suffer from panic attacks in the last few years. At the same time, today we often live as "unrooted" individuals with greater mobility than ever before. This research tends to reach experiences of loneliness in people who have also experienced panic attacks and to understand the quality of support behind it. Three participants with this symptom described their experience of loneliness through an in-depth interview. The aim is to describe the world of individuals and to try to discover the subjective experience of the participants. We used thematic analysis because it helps us to better understand and get the best quality of subjective experiences of loneliness. At the end of the analysis, we identified topics that may link the experience of loneliness and panic attacks. As a background of this issue, several topics emerged as separation, anxiety, lack of feeling of belonging and shame. A better understanding of this phenomenon of loneliness in correlation with panic attacks may allow the therapist to be more present and aware in dealing with this increasingly common symptom.

Keywords

loneliness, panic attacks, gestalt therapy, belonging, shame

Introduction

Perlman and Peplau (Perlman & Peplau, 1981, according De Yong, van Tilburg, & Dykstra, 2006, p. 31) defined loneliness as "an unpleasant experience that occurs when a person's network of contacts is lacking in some important way, either qualitatively or quantitatively".

Given the recorded levels of anxiety in the world, we seem to be living in the most anxious time so far. Today, anxiety disorders are the most common mental illness in the United States and it is estimated that 40 million adults (18.1% of the population or one in five residents) suffer from panic attacks, phobias, or other anxiety disorders. (ADAA, 2019).

A study by the National Institutes of Mental Health in 2017 found that in the year before, 19.1% of the adult population in the U.S. was found to have some form of anxiety disorder, and 2.7% had a panic attack disorder. Research also shows that women are twice as susceptible to these disorders as men (NIMH, 2017).

The difference between anxiety and panic attacks is not only quantitative but also qualitative. Unlike a generalized state of anxiety, panic attacks come suddenly, finding people unprepared. What is at the root of panic attacks, and what is also specific to them is the loss of ground under our feet on which we function on a daily basis. A panic attack consists of the sudden disintegration of everything that sustains us, that is known to us and taken for granted, in one word - the ground (Francesetti, 2013).

When looking at anxiety from a Gestalt perspective, Robine relies on writing by Laura Perls who links anxiety to the support that the person needs during contact with the environment. When support is lacking, accumulated energy, i.e. the excitement, stops and anxiety occurs (Robine, 2013).

People who suffer from panic attacks are stuck between past affiliation networks, which have not provided any support for some time, and future affiliations that have not yet become supportive. A particular difficulty relates to the subject's growing autonomy which is disproportionate to the support received from his network of affiliations (Francesetti, 2013).

Francesetti (2013), considers that the key theme of panic attacks is loneliness and that the figure of the fear of death replaced by the pain of loneliness. He states that loneliness and isolation are often the background of a panic attack, which he calls "an attack of acute loneliness". Autonomy feeds belonging. They must not be analysed separately. There where autonomy represents a figure, belonging is a background. It is

therefore important to investigate the extent to which today's tendency toward autonomy affects weak support from the *ground*. DSM-5 describes a panic attack as "a sudden rush of intense fear or intense discomfort that peaks in a matter of minutes" (American Psychiatric Association, 2013).

Relying primarily on the findings published by Gianni Francesetti in his two books, "Panic Attacks and Postmodernism" and "From Psychopathology to the Beauty of Contact", the focus of this paper is to examine the experiences of loneliness as the absence of a supportive ground. We carried out the research as practitioners in the field, each of us gestalt psychotherapists who have in an interest in the theme understudy.

Methodology

Aim and research question

The aim of the research is to deepen the knowledge about the subjective experience of loneliness of people who have panic attacks. The research question is designed to have the form of a real question that draws attention to the aspect of loneliness as a basic phenomenon in which we are interested.

Phenomenological research deals with the quality and texture of experience, 'what it looks like' to have a certain experience, in this case the experience of loneliness. The goal of this type of research is to get as close as possible to this experience of the respondents and to gain access to their experiential world by observing the world from their shoes (Willig, 2013).

We want to contribute to a better understanding of the correlation between loneliness as a consequence of excessive insistence on independence and the building of autonomy, without proportionally building support for such a movement (Francessetti, 2013) and growing panic attacks (NIMH, 2017). We believe that by better understanding the experience of loneliness and its forms of manifestation, we can come closer to a more comprehensive approach when it comes to the topic of panic attacks and provide more adequate support to our clients.

Sample and data collection

In-depth interviews were held with three participants. All three respondents were clients selected from our personal client groups that had panic attack experiences. The reasons behind this were two-fold. First of all, having already developed a strong therapeutic relationship held with it the potential to feel freer in delving into the theme

understudy. Moreover, it was ensured that if any sensitive issues were touched upon during the interview, this could be mitigated and worked through in the next sessions. It thus served to ensure participant safety.

The second reason was that we believed that sharing results from this qualitative research could be useful for them, supporting a better understanding of the experience of panic attacks that had been figural during their sessions.

We also believe that the selected clients are suitable for research precisely because each of them was at a different place in the life cycle, and yet the common theme of 'panic attacks' and loneliness was a thread connecting them to some extent. Female participants were in their twenties, thirties and forties. What we also consider to be an important context in relation to the topic of loneliness that we are researching was that one respondent lived with her fiancé, another was divorced and living with children, while the third participant was living alone at the time of the study.

The research was done in a space that is already familiar to them, where their regular sessions are held. The interviews lasted for an hour and a half.

Data collection method

We used an interpretive phenomenology that does not differentiate between description and interpretation because it starts from the assumption that every description contains an interpretation. During the interpretive analysis, the active role of the researcher is recognized (Popadić, Pavlović, Žeželj, 2018).

In addition to the description itself, the interpretive phenomenological method tries to contribute to understanding of meaning of a statement about experience. As Larkin and associates (Larkin et al., 2006, according Willig, 2013) say, such an interpretation of phenomenological analysis places the "initial description" in relation to a broader social, cultural, and perhaps even theoretical context. This explanation aims to offer a critical and conceptual commentary on the participant's personal activities of 'making sense' of something.

Data collection for interpretive phenomenological analysis is usually based on intentional sampling, by which participants are selected according to their relevance to the research question. This means that the group of participants is homogeneous, to the extent that participants share the experience of certain circumstances, events or situations. It is important that the integration process is carried out in a cyclical way, which means that every higher order topic that appears is checked against transcripts. Higher-order integrative themes must be data-based, the same as lower-order conceptual themes (Willig, 2013).

Since phenomenological research requires from a researchers to enter the world and experience of respondents, it is important for the questions he asks to be open and non-directive. That is why a semi-structured (in-depth) interview was chosen.

Data analysis

Interviews were conducted in August 2019. We started the analysis by dealing with the phenomenon itself, i.e., by empathic reflection and merging with the topic. We allowed ourselves to feel, in a certain way, to absorb what came from the respondents. Even during the interview itself, we let ourselves be carried away by the feelings that their stories brought and to be 'infected' by the field we shared with them at a given moment.

The researcher must have the courage to remain 'in the process' emotionally present. Through this type of presence, he invites the respondent to be even more connected and present. The challenge is to rely on being, instead of doing (Finlay & Evans, 2009). The quality of this presence has enabled the field to be fully 'infected' with the experience we want to explore in depth, and we believe that this is one of the key elements to obtain the highest quality findings.

The method of analysis proposed by Giorgi (1985) was used, re-reading the transcript of the interview and writing down the initial ideas and associations when reading. After this first phase of phenomenological analysis, the second phase approached the identification and naming of topics that emerged and were characteristic of each individual part of the text, and indicated some essential feature of what the respondent is talking about. In the third phase, the interrelationship of topics was analyzed, with the construction of lower clusters of meanings. The fourth phase involved the creation of higher clusters, which are also the names of topics that are grouped in these clusters, as well as quotes from the transcript of the interview.

Ethics

Our focus was on seeking a description of the experience itself, with our primary role being to be present, listen and be with the respondents during the narrative of the given experience. We felt great respect and appreciation for their stories and after each interview we stayed connected for a long time with what we heard, thought, but above all felt particularly during those moments that we touched together with the respondents.

Authors (Elmes et al., 1995, according Willig, 2013) imply several key elements of ethical considerations, which we have paid attention to in the preparation of this research:

- All respondents are of legal age, and have agreed to sign an informed consent, which introduced them to the procedure required by the survey and have agreed to participate in it;
- During this research, the deception of the participants was maximally avoided, considering that there are no estimated potential risks for the participants of this research;
- They have been informed that they can give up at any time without consequences due to such an action;
- Participants were informed about the purpose of the research after the collected data, as well as the possibility of access to the publication created on the basis of the study in which they participated;
- They have been informed that we guarantee them full confidentiality with regard to any information provided in the process.

It is not possible, of course, to predict in advance all the potential harmful consequences of a research and for that reason Brinkmann and Kvale (2008) point out that new ethical dilemma can surface at any stage of the research process, and therefore we must remain receptive to ethical challenges throughout the research process.

It was extremely important for us to be sure that our respondents would benefit from this participation and that this experience would have the least possible consequences that we can certainly follow and include from the role of the therapist. This is especially true regarding the potential risk that comes with our respondents reading the research reports, which could possibly contain interpretations of their statements that might not be so consistent with how they themselves understand their experience, risking possible feelings of betrayal (Willig, 2013).

Results

The very description of the experience of loneliness, from lower clusters to higher ones, has given rise to several basic themes:

1. Abandonment

"The mother chose another family."

Each of the respondents in their experience has been abandoned by significant figures. We are talking about emotional neglect and abandonment, and physical absences and sudden deaths.

All forms of conditional love cause shame. Abandonment, especially parental is a very likely source of shame. Since chronic reactions of shame begin at such an early age, the relationship with the figure of the mother is extremely important for this process, for its induction (Yontef, 1997). It is on this track that we see the experiences of painful termination of relations (temporarily or permanently) especially with the mother, in all three respondents:

The first: "*I felt a terrible abandonment when my mother married … yes, then I felt the river of no return".*

The second: *"Mom's death. Dad's suicide. When my mom died, I was left alone. Somehow the house emptied automatically. She wasn't there, and the stepfather worked every day. The older brother, Daniel, just moved out, maybe, three months after my mom died …"*

The third: "*I was with my grandmother until school because they didn't have time to take care of me; they worked and had two more children. My parents came to visit me. And I remember those departures. Every time I expected them to take me with them."*

In the experience of this respondent, we notice physical absence during the first seven years of life. *"My mother listened to me while I was talking about halfway there, and then she would wander off. I see her looking at me, but she's already gone. I see her and keep talking and I know she's not there anymore."*

This is more about the emotional abandonment of the same respondent, about the neglect and absence as claimed by Francesetti (2013), leaving a space that later creates a symptom that tends to complete, make up for what was missing.

Only with parental support can a child build the necessary foundation of existential security, e.g., a healthy faith in oneself and life in principle (Perls, Hefferline, & Goodman, 1951), in order to be able to face the difficulties of being. Therefore, we could make a hypothesis that individuals suffering from panic attacks lack (i.e. did not get) a 'good enough' degree of (parental) "emotional containers" to be able to withstand the openness of the self (Francesetti, 2013).

The abandonment of significant others is still manifested today in all three respondents through separation anxiety.

2. Shame comes as a protection against interruptions in relation (Erskin, 1995)

"M*y mother was disgusted by me."*

The experience of being defective or inferior and the experience of a person that she is not worthy of love or respect gives her the information that she does not belong the way she is. Now we are talking about the shame that usually hides the belief or sentiment that a person with such a defect does not actually belong to the human community. People who experience this shame often describe themselves as inhuman, toxic, untouchable, foreign (Yontef, 1997).

This scheme comes as a self-protective process used to avoid the effects that result from humiliation and vulnerability to loss of contact with another person (Yontef, 1997), which is well illustrated by one of the respondents:

The first: "*I remember that when I was little, I didn't feel rejected by my father, I never felt him being disgusted by me or that he didn't want me in any way. Those are harsh words, but that's the way it is. I felt that with my mother. And I always felt that misunderstanding on her part. Not misunderstanding, but disrespecting what I feel and want, even if it was a great fear of the dentist. My emotions were not okay. You know, when I broke up with my first boyfriend: 'Don't you cry so much anymore' – she said – 'Of course he has another girlfriend, what did you expect?'. And for me it was okay and so I stayed confused there. On a rational level, I have no argument against that, but when someone is in such an emotional state ... it's hard."*

Shame also involves the transposition of the emotions of sadness and fear: sadness because the person is not accepted for who she is, with her instincts, desires, needs, feelings and behaviors (non-belonging), and fear of losing the relationship because of who she is (loneliness).

The second: *"The third day after my mother died I cried and my boyfriend at the time started screaming at me: 'Come on, are you insane? Why are you still crying? How long are you planning to cry?' I was ashamed that I had neither mom nor dad, everyone at school had parents except me."*

As the experience of shame is always accompanied by a desire to hide, when someone feels inadequate and worthless, he does not want to be seen, does not want the world to see his shame (Yontef, 1997) and as a result, does not reach for support. It is this segment that is responsible for the self-isolation. They hide themselves in order not to experience (once again) rejection from another.

With retroflection, a person burdened with shame wants to avoid exposure and the feeling of shame that occurs in social contact. In cases of shame, it is part of isolation, a denial of needs connected to the environment, and an attitude of self-sufficiency is often adopted.

The second: "*I always felt like they don't actually see me. It's as if they don't see some of my feelings and some needs. Someone just takes what he/she needs from me. So, I just serve for someone to take what he/she needs and that's it."*

The third: *"I felt worthless...unimportant...less important than brother, sister... For some reason I was a person to avoid."*

That brings us back to Francesetti (2013), which speaks of autonomy not supported by belonging where the vicious circle of loneliness that separates the ground on which a person stands alone, self-sufficient and without a supportive ground and contact with the world, is being closed.

3. The experience of (non) belonging

"It's easier for me when I hear that others are having hard time too".

On occasions when there is a strong sense of belonging, individuals may experience fear but not panic. Panic is by definition a fear deprived of relationship and support (Francesetti, 2013).

They learn to make connections in a completely self-sufficient way, expecting nothing from their environment, in which they have very little confidence. When faced with new and stressful situations (i.e. any key event in their own or family life cycle), they need more support than they can find in their basic foundations of security. The split (entirely relational in nature), therefore, will exist in those areas of the *ground* where there is a lack of support from others (Francesetti, 2013).

The second: *"I don't know, somehow, I had a strong need to be seen by them and for my feelings to somehow be respected by them in those exact moments when no one saw me. I needed my feelings to be respected. If they were not respected, then it would arouse some frightening feeling. It's like I'm disappearing, I'm gone. Everything is falling apart, just as if I don't exist. I'm not part of the story. I don't belong."*

We can see this need to belong through a person's desperate cry for someone to see her, to understand her and to be with her in 'her' place. As Erickson (Erikson, 1950, according Francesetti, 2013) would say – moratorium stage, the moment in which the

person is forced, i.e. she wants to return to the specific relational experiences she has denied.

The first: *"In a morbid and perfidious way, I am a little ashamed to say, when I hear that someone has gone through the same thing that I am going through, I rejoice because it is proof to me that I am not alone and that what I felt was not felt only by me."*

Therefore, we see how panic attacks can also be defined as dramatic ways of reaching for relationships, which help to reconstruct belonging, as an essential part of any integrated and complete identity (Francesetti*,* 2013).

The third: *"I was unwanted from the first moment. Ever since I was in the womb, I don't belong to a family,"*

Children who have never experienced a sufficient level of support and inclusion are referred to as "affective orphans" by Spagnuolo Lobb and Salonia (1993).

Discussion

In search of support for understanding this phenomenon, we came across a book named *The Art of Happiness in a Troubled World,* where the Dalai Lama and Cutler (Lama & Cutler, 2009) talk about the possible causes of the decline of our sense of community, and one of the basic factors that influence it, relies on the characteristics of modern society. For example, one factor that could affect is mobility.

People move from one city to another, from one country to another, because of better living conditions, work or marriage. This trend of mobility, which is becoming more and more current, encourages the experience of non-rootedness, separation from the ground that was once the base, and on which support systems existed, and a community that now takes a long time to build in a new place. Thus, we have individuals without supportive contact and the experience of belonging to a new ground, and with a lot of responsibility - without the necessary support (*ground*).

Relying on literature (Francesetti, 2007; Lama & Cutler, 2009; Cacioppo & Patrick, 2008) as well as work experience, we notice a significantly weakened *ground* (experience of belonging, personality function and reaching for support) in modern man who is on the verge of anxiety and panic attacks. Fear of overexposure and exposure to the world, along with denying the need for protection (or fear of toxic association or rejections), creates a lonely, 'unrooted' individual that in the absence of contact 'loses ground' under his/her feet.

It would be interesting to look deeper into the narcissistic scheme (as a defense against shame) through the prism of belonging, contact and loneliness in some future research.

In the presence of a person with a narcissistic structure people will often feel attracted, but soon they will also feel inauthentic in contact. 'Narcissus' will use others, among other things (in everything he gives) since he cannot experience himself or others through full contact (Delisle, 1991).

Their experience of contact so filled with fear, says they must be safe outside of others because their closeness is perceived as a danger. Since this person cannot tolerate the experience of confluence with another person in the phase of full contact, he creates a commonly avoiding experiential structure of retroflection (Müller-Ebert, Josewski, Dreitzel, & Müller, 1989., according Salonia, 2013).

This abomination of belonging is not surprising for a child who has had to sacrifice certain parts of himself in order to satisfy his parents, i.e. to give up on oneself in order to become the desired image in the eyes of the parents (Salonia, 2013). Even his or her achievements were used to glorify his parents. The real 'I' of the autonomous child is treated as if it simply does not exist (Johnson, 1987).

That is why a retroflection mechanism has been created; it tends to break the 'threatening' contact. It prevents him or her from giving in and making full contact. This lack of trust in the world is precisely the key element by which the narcissistic person participates in his isolation, which further leads to an authentic experience of emptiness and disconnection.

Reflexivity

Reflexivity is significant for qualitative research, because it encourages us to bring to light and consider the ways in which the personality of the researcher is implicitly present in the research and its findings. Reflexivity is not just about acknowledging personal biases, but also about thinking about how our own reactions to the context of research and data actually provide some insights and understandings. In this sense, reflexivity in qualitative research has much in common with the way psychoanalytic psychotherapists use 'countertransference' - the therapist's emotional response to client behavior (Willig, 2013).

As there are two types of reflexivity (personal and epistemological), we would like to consider our impact on research from the point of view of epistemological reflexivity (Willig, 2013).

As therapists, we have had the opportunity to work with many clients who bring panic attack experiences. During these works, we noticed a lack of *ground* that would support the processes of transition from one life cycle to another, as well as during sudden events that can ‘break’ the base.

We approach this research primarily as gestalt therapists who approach the experience of loneliness with an understanding of it through the gestalt principles of figure and background (Radionov, 2013), where the 'background' refers to 'everything that is beyond our current consciousness', i.e. the whole context of phenomenologically important factors from which the figure emerged (Polster & Polster, 1973; Yontef, 1995). While panic attacks are the basic symptom that our clients come with, the figure, i.e. what is central, important, in the focus of interest and what is significant in the present moment (Polster & Polster, 1973). The figure represents what is visible in the overall experience, and that is panic attacks in our clients.

The limit of this research refers to the fact that the topic of loneliness was already known to the respondents who have been in the therapeutic process for ten months (up to a year). Nevertheless, the fact that they entered the research process from a therapeutic relationship helped to reduce the potential risks. Apart from the fact that at the time of the research it was known at what level of development the respondents were, and that they were ready for this movement, a therapeutic relationship was already developed, as well as trust which was one of the key elements to support this process. Naturally, the agreement was made that they can call if they need further exchange regarding the obtained results.

It would be important to do a comparative study of these results, with the results of research done at the beginning of therapeutic meetings of clients coming with the topic of panic attacks.

Conclusion

This study suggests that the rise in panic attacks may be representing a failure of today’s narcissistic society of self-sufficiency. In addition to emphasized autonomy, what is now required is the development of an affiliation network (Lasch, 1979 in Francesetti, 2013), which is threatened in the world of individualism and increased mobility (Lama & Cutler, 2009).

The results of this research are intertwined with the topics of abandonment of significant others, (non)belonging and shame that may be a form of protection against the interruption experienced in the relationship. All these clusters stand under the

wing of loneliness, where we notice a predominant cessation of the movement, which is supported by previous experiences of respondents that have contributed to distrust in the world.

It would be interesting for future research to explore the difference between the loneliness that comes as a result of increased mobility today (hence rootlessness, weak affiliation networks), frequent disembodied (virtual) contact, and loneliness 'from within', which comes from stopping the movement of reaching for support and leading to self-isolation.

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Panic Attack – a Symbol of the Incomprehensible Pain of our Time

Atina Tasevska

Abstract

In the recent period, the number of clients with panic attacks has been on the rise and poses a particular challenge to Gestalt psychotherapists for a number of reasons. There is no time for living. Panic attacks have almost become a symbol of the incomprehensible pain of our time. People trying to keep up with changes in society, especially when they are at odds with the unknown and the invisible, such as the COVID-19 virus, have become increasingly anxious, more than ever before. The rise of clients with anxiety problems and panic attacks in recent decades is becoming a reality in psychotherapy. In recent times, the number of clients who have experienced panic attacks has been on the rise and poses a particular challenge to Gestalt psychotherapists for a number of reasons. Panic attacks that are more common in clients during this period create a feeling of satiety, a sudden feeling of deep anxiety and terror. The catastrophe seems inevitable, and the client is left to desperately reach for figures that can provide them with a sense of security.

Keywords

anxiety, panic attacks, contact, field, organism

We live in a time when we as individuals feel insecure; the experience of time changes, it becomes limited and, in such an understanding of time, there is no time for living. Since it became known that there was a number of people living with the unknown virus in the city of Wuhan in China, we had no idea what to expect, because in the next two months there was no talk of this virus and this information about the virus was perceived as a rumor. Personally, I never thought that declaring a pandemic and introducing a state of emergency would have such a big impact on my life and my environment. At the moment, each of us, in our own way, is going through the COVID-19 golgotha.

During any outbreak of an infectious disease, the psychological reactions of the population play a key role in the spread of the disease as well as in the occurrence of emotional distress and social disorder during and after the onset of the disease. Psychological reactions to pandemics include misbehavior, emotional distress, and defense responses. People who are prone to psychological problems are particularly vulnerable. All of these characteristics can be easily seen during the current pandemic of COVID-19. A study of 1,210 respondents in 194 cities in China in January and February 2020 showed that 54% of the respondents rated the psychological impact of COVID-19 as moderate or severe; 29% reported moderate to severe symptoms of anxiety; and 17% reported moderate to severe symptoms of panic attacks.

People trying to keep up with the changes in society, especially when they are at odds with the unknown and the invisible, such as the COVID-19 virus, have become increasingly anxious, more than ever before. The rise of clients with anxiety problems and panic attacks in recent decades is becoming a reality in psychotherapy.

Panic attacks have almost become a symbol of the incomprehensible pain of our time, as Baudrillard put it (2005, p. 27), “Only time, life time, no more time for it to happen”. Panic attacks give a sense of discomfort that seems to be deprived of any logical reason that may bother those who seem to have everything, including those who have lived not only ordinary but even particularly successful productive and positive lives.

In recent times, the number of clients with panic attacks has been on the rise and poses a particular challenge to Gestalt psychotherapists for a number of reasons. On one hand, it is manifested by physical symptoms that at first do not seem to be related to a mental problem, and on the other hand, it can drastically affect the client's lifestyle, preventing them from fulfilling their obligations towards family and society. Panic attacks usually occur when, as therapists, we cannot be present near the client so that we can support them. Panic attacks cause acute loss of autonomy in people who are usually independent.

In my professional experience as a Gestalt psychotherapist, clients who suffer from panic attacks tend to describe their condition as something unspeakable. In order to explain a panic attack, clients usually say, “If you've never experienced it, it's impossible for you to understand it”. This inexpressibility seems to be at the heart of panic experiences. It represents their essential aspect. In every other sense, the client maintains a healthy logic. The client knows that they will not die, and yet they are afraid of dying. The client knows that their heartbeat does not express the danger of a heart attack, but they continue to fear that their heart will explode at any moment. The client knows that their feeling of suffocation is caused by a psychological mechanism, and yet they are absolutely certain that it is happening.

Panic attacks that are more common in clients during this period create a feeling of satiety, a sudden feeling of deep anxiety and terror. The catastrophe seems inevitable, and the client is left to desperately reach for figures that can provide them with a sense of security. The reactions that follow are physiological, including trembling, sweating, and weakness, and they intensify the feeling that the end is near. The crack that forms as an abyss suddenly creates holes in the ground on which all the existential security of the client rests. The presence of others who are not particularly important figures is insufficient to alleviate anxiety and provide support. After the first attack the client experiences, while stunned by the experienced trauma, they are also completely confused by their inability to explain what just happened – how they suddenly went into a state far removed from the serenity and self-confidence that had characterized their life until that point. This inexplicability intensifies feelings of uncertainty and further restricts their movement. Upon entering this vortex, clients feel unable to move to unfamiliar spaces without the support of a trusted person.

Panic attacks are essentially a kind of fear – absolute and enormous fear, which gives the client the impression that everything is dangerous and out of control. The fear itself is not a disease. In fact, it is a vital element of human nature. All living people experience fear – fear primarily associated with pain and death (i.e. all other fears arise from these primary fears). According to Arthur Janov (1970), fear is the real root of the problem of existence. Using which instruments can human beings face fear? Or more precisely, clinically, when does fear become pathological? As Giovanni Salonia (2007, p. 56) states, fear is psychological if it makes the individual aware of the danger and allows them to protect themselves in the best possible way (through fighting or immobility). Fear is pathological if it does not correspond to reality – if it is more severe or weaker than a certain danger requires (obviously here we do not take into account the fear caused by a fearless object, which is associated with a previously experienced trauma).

As we grow older, we learn how to perceive the fears correctly and how to deal with them through our relationships with our parents. In the early stages of childhood, it appears (Winnicott 1984 p. 56) that fears consist of internal experiences and dramatic relationships, while later, children begin to fear external objects, which often become places where relational fears can be fixed and where sensory perceptions can be enhanced. When a child receives support and restraint for what is “good enough”, innate and positive aggression develops, allowing each human body to face the danger. Such support, on the one hand, should enable the child to express their fears, and on the other hand, security that helps the child to learn how to perceive them and how to deal with them. A good experience of belonging allows the child to develop a healthy sense of their own integrity and strength.

When the client has got a panic attack, vivid and agonizing sensations appear that they have been ejected into the world without any protection. As we have seen, such an experience is very dramatic, and usually belongs to the primary fears of their childhood. Only with parental support, can the child build the necessary security and face the difficulties of existence. Based on a attachment theory, one may argue, that clients suffering from panic attacks have a lack of parental support. Therefore, children who have grown up in social and semantic contexts can be defined as narcissistic in the deep dilemma of their parents, torn between the family ties and opportunities for personal growth. The sense of belonging that such parents provide to their children is, in a sense, incomplete and difficult. The children of such families are thus obliged to become parents themselves. Psychotherapy defines these individuals as “affective orphans” – children who have never experienced sufficient levels of support and restraint (Margherita Spagnuolo Lobb & Salonia, 1993) They learn to build relationships in a completely self-satisfying way, expecting nothing from the environment in which they have very little confidence. Such security which these clients can offer to others standing on unsafe terrain is built on denial and failure to respond sufficiently to their own weaknesses and vulnerabilities. When clients face new and stressful situations, they will need a greater level of support that they will not be able to find within their core security background. Feelings of weakness and need, which have long been suppressed in the client's inner life, arise so suddenly and unstoppably that the client alone cannot seek support even from those who have always seemed able to do without them. Panic attacks can be defined as a dramatic way to reach out towards relationships, helping to reconstruct the belonging, which is an integral part of any integrity and full identity.

The term “panic” comes from the name of the Greek God Pan, a half-human, half-warrior creature, capable of causing sudden and indescribable fear in a human soul. According to Greek mythology, Pan sided with the Athenians in the Battle of Marathon,

forcing the Persians to revolt and flee. He also sometimes appeared next to passers-by, causing them to experience extreme and irrational fear.

In clinical terms, the origin of this word dates back to more recent times. While panic attacks today are precisely defined symptoms that can occur in a variety of axiomatic situations, in the past, they were classified as "acute axial crises". They were described as particularly intense episodes of aggression, usually without paying particular attention to the phenomenology of the experience or describing the symptoms in detail.

DSM V does not diagnose panic attacks as a disorder in itself, because they can occur in a variety of clinical or nonclinical situations, but it classifies various anxiety disorders within which panic attacks can occur.

Panic attacks are short-lived, filled with intense fear and discomfort, followed by specific somatic and cognitive symptoms. Panic attacks can be divided into three categories, based on the time of onset of the symptoms and their causes:

- Unexpected attacks that occur suddenly and cannot be predicted by the individual and that are not caused from the environment,
- Attacks caused by the situation in which they occur, caused by the occurrence or anticipation of environmental stimuli,
- Panic attacks that are sensitive to a situation in which the symptoms are frequent but not persistent, caused by exposure to specific stimuli or conditions.

Panic attacks begin at the same time to reach their maximum at once and are often accompanied by the feeling that an accident or disaster is imminent and a sense of urgent need to leave the scene of the panic attack (DSM V).

In terms of panic attacks, we have recently witnessed a period of significant evolution in both theory and practice. If we assume that each historical period nurtures different forms of psychological weakness and restlessness, closely related to the cultural trends of the society at any time (Giovanni Salonia), and if we consider that psychotherapy and society are inextricably linked (Margherita Spagnuolo Lobb), then panic attacks could be seen as a disease of our time. This is suffering without rhythm and reason, suffering almost "necessary", also suffering in which we ourselves are in a state of panic.

From another point of view, as Margherita Spagnuolo Lobb points out, panic attacks are an authentic challenge to clinical psychotherapy. As Gestalt psychotherapists, we are required to find appropriate therapeutic responses to a symptom that is inexpressible, obviously incomprehensible, and that often occurs suddenly, like a sudden lightning

bolt in the clear sky. Panic attacks are a place where the inexpressible, as an integral part of human experience, gains meaning and dignity.

Panic attacks, as well as any other experience, are a phenomenon in the field, an expression of a special manifestation of the organism-environment relation in a particular situation. As Gestalt psychotherapists, we consider panic attacks as a reactive adaptation of the body to specific conditions. Panic attacks present a broader phenomenon that serves to protect the client in situations that involve extreme danger from the environment. Then let's try to understand what actually happens with contact – its limits in a state of a panic attack. As Gianni Francesetti (2010, p.62) states, a panic attack is an episode of acute aggression for which there is no support. Then, the body feels lonely, face to face with the danger that is perceived as extreme and with which the client cannot cope. The excitement is so intense, unbearable and uncontrollable, that the client is afraid that they are on the verge of death. Panic attacks are not caused by threats from the environment, but appear as a sudden split, which is opened between the excitement and support. The body feels that the level of excitement grows and is unable to deal with it, and neither the environment nor the own resources offer a sufficient level of support.

Anxiety can occur at any point of contact, when there is a lack of support in the field of the organism – an environment that is needed to deal with creative excitement. Panic attacks can also occur at any stage of the contact sequence. Like axioms, panic does not arise at a particular moment or at a particular point in the sequence. As Perls, Hefferline & Goodman (1951 / 1944, 189) say, “No matter what level of contact occurs, there are break, fear and anxiety, and you need to pay attention to your appetite.” Gianni Francesetti (2010, p.63) also points out that the difference between the anxiety and panic attacks is not only quantitative but also qualitative, which is important not only for our understanding of the disorder, but also for its treatment. Perls Hefferline and Goodman also write,

> “The contact, the boundary where the experience occurs does not separate the organism and its environment, but limits the organism, retains, and protects and at the same time touches the environment” (Perls, 1951/1994, p.5).

These two functions of contact – the boundary, present the necessary basis on which it is possible to develop the experience. It is important to know that the boundary is what makes the contact possible. The contact is followed by increased growing excitement, which in the absence of support becomes anxiety. In fact, “when the excitement is broken ... it is anxiety” (Perls, 1951/1994, p. 188).

The anxiety that the client experiences during the session is often very intense. Their concern and urgency may seem obvious and destabilizing. It usually happens that during the first sessions, the therapist feels out of breath and is overwhelmed by the urgency. In order to deal with this impact of anxiety, the therapist must be calm, feel supported by the background that allows them to deal with a relationship that is clearly characterized by anxiety and lack of support. On the other hand, they have to be in a position to rely on the support of their own breathing, body posture, and support.

Moreover, they have to have faith in their knowledge of the phenomenon and in their own skills and therapeutic experiences. The first of these forms of support derives from the id – the function of the self, the second from the function of the person. It is even more important that the therapist have supervision during the therapy and that they are aware of this.

Another thing that is also very important, which is rarely considered, is that the therapist participates in the same field with the client. The therapist also encounters fragmentation, insecurity, and fear, sharing some of the client's difficulties in building a secure background and secure affiliate networks. It is important for the therapist to be aware of the problematic nature of their background, firstly – because this awareness allows them to “meet” with the client on a common background and secondly – because it helps them search for contextual support and networks of relationships that will help set stable roots and deal with insecurity.

Panic attacks strike like lightning, blinding the client. Their physical manifestation tends to occupy the client's overall attention and is often the only figure they are able to construct. Providing a background for this figure without blindness is the key element of the support provided by the therapist.

The capacity of the therapist to perceive and stay in touch with the background is vital in any relationship with the client who suffers from panic attacks, as this capacity is a necessary prerequisite for opening up the field to other important elements. Suffering from panic alone is unbearable.

Panic attacks are a field phenomenon. Although this phenomenon manifests itself in personal suffering, it is an expression of a relational and social structure that is not in a position to provide the necessary background for the client to deal with the complexity of life. To explain and treat panic attacks, you need a perceptual background that is able to respond to the field. The client needs to rebuild and assimilate the backgrounds that will support it. Panic attacks are a frightening opening to life, an invaluable opportunity to reconstruct and give new meaning to personal history: opening the way to a sense of

the sacred as home. The therapist supports the client through presence, creativity and skill, by carefully balancing the boundaries with warmth, by instilling faith in the power of the mutual encounter.

The therapist should also be rooted in the background of the assimilated networks of belonging and be open to the new and creative. Therefore, they have to manage many resources: the capacity to consciously reach the anxiety that is an integral part of existence, to support it through the set background of assimilated contacts from their own history and to creatively transform it through opening to life and to others in a new and continuous re-creation of experience and meaning.

Now, more than ever, it is essential to look at the clinical phenomenon as a personal figure that emerges against a collective background. Going through the euphoria and blindness of the narcissistic era, we, the therapists finally realize that we do not just have to consider the client as an isolated individual. We also need to keep in mind the overall structure of the relationship in which it fits – living, the breathing network that feeds the client and in which we will be inevitably involved.

Although as Gestalt psychotherapy has always emphasized, this is true in every historical moment of every client, and today more evident than ever, in this period of fragmentation, chaos, and of course panic, these “acute attacks of loneliness” become visibly devastating in the unbearable instability of various connections of the individual.

The connection between psychotherapy and life is essentially circular. Life causes psychotherapy to express all possible therapeutic valences, while the psychotherapist draws from life the direction and meaning of psychotherapy.

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Biography

Atina Tasevska is a graduate pedagogue, graduate Gestalt Psychotherapist, and master in Gestalt Psychotherapy. She has been a student at the Doctoral Program in Gestalt Psychotherapy at EAPTI-GPTIM since 2018. She has obtained continuous training and participated in conferences in the field of Gestalt psychotherapy. Atina has many years of work experience in the NGO sector and ten years of experience in the PI Inter-municipal Centre for Social Work of the City of Skopje. Since 2011, she has been a Gestalt psychotherapist, and since 2014, she has been a coach at the Gestalt Institute Skopje. She conducts group psychotherapy sessions. Moreover, she is an individual Gestalt psychotherapist with clients and students of the Gestalt Institute and she conducts a therapeutic process in the basic groups of the Gestalt Institute. Atina is a member of the MAP (Macedonian Association for Psychotherapy) EAP (European Association of Psychotherapy) and EAGT (European Association of Gestalt Psychotherapy) and a holder of the European Certificate in Psychotherapy (ECP) and European Certificate in Gestalt Psychotherapy

Gestalt Professionals' perceptions on Supervision and Mentoring to support professional and personal wellbeing: A Narrative Study

Rose Falzon

Abstract

This narrative study sets out to attain understanding and insight regarding the efficacy of supervision as experienced and perceived by seasoned Gestalt Practitioners and/or supervisors, and its contribution to their professional and personal wellbeing and growth. This study also then explores the efficacy on how mentoring arising through understanding of supervision modelling the Gestalt practices, might impact professional and personal wellbeing in other humanistic fields. Supervision is an inherent part of being a practitioner in the talking therapies and supports the practitioners' personal and professional wellbeing, since according to Spagnuolo Lobb (2019), individual and organisational wellbeing cannot be separated. This rationale can be applied to mentoring in other humanistic professions. In fact, mentoring developed in diverse humanistic fields, encompassing the notion that the support of a mentor to the mentee is not limited to career aspirations but also includes support for the enhancement of personal wellbeing (Dutton, 2003). Narrative Inquiry is the chosen research methodology, generating a transformative philosophical approach. Purposive sampling was adopted, and data was collected through in-depth narrative interviewing (Bernard, 2002; Lewis & Sheppard, 2006). Thematic Narrative Analysis was utilised as an analytic tool to gain access to the narrator's world (Polkinghorne, 1995), and MAXQDA was used to proficiently aid the analytic process. Quality in this research was ensured by considering procedural, situational, and relational ethical dimensions (Tracy, 2010). Following the analytic process, a model and recommendations are depicted.

Keywords

Gestalt paradigm, narrative inquiry, mentoring, supervision, humanistic professional fields

Introduction

This narrative study sets out to attain insight regarding supervision as experienced and perceived by seasoned Gestalt Practitioners and/or supervisors, and its contribution to their professional and personal wellbeing and growth. This research also then explores the efficacy on how mentoring arising through understanding of supervision modelling the Gestalt practices, might impact professional and personal wellbeing in other humanistic fields. Supervision is a fundamental part of being a practitioner in the fields of the talking therapies and supports the practitioners' personal and professional wellbeing. Mentoring also developed in diverse humanistic fields and encompasses the notion that the support of a mentor to the mentee is not limited to career aspirations but also includes support for the enhancement of personal wellbeing (Dutton, 2003).

The inception of this study, its research theme, rationale, and objectives stem from Narrative Inquiry justifications, comprising personal, practical and social justifications (Clandinin, 2013), as depicted hereunder.

Supervision and Mentoring

Humanistic field professions make considerable demands on practitioners, both professionally and personally, as the former serve as primary tools through their professional contact. Consequently, in the talking therapies, supervision is an inherent part of being a practitioner, serving as a continuous reflective stance encompassing the process and content of the therapeutic sessions. Unfortunately, this is not the case in several other humanistic professions. Nevertheless, the need for support for such professionals through mentoring is greatly felt.

Research Question and Rationale

The **main objective of this study** is primarily: To evaluate in depth narratives and experiences of four seasoned Gestalt professionals and in turn analyse if such accompaniment through mentoring can enhance the personal wellbeing and professional domain of other humanistic professionals.

Accordingly, my research question is: From the narratives and experiences encountered, how did Gestalt informed supervision support one's professional and personal welfare and in turn how can Gestalt informed mentoring impact the personal and professional wellbeing within diverse humanistic fields?

The choice of Research Methodology

This research endeavour is made possible through Narrative Inquiry, as the latter accentuates the voice of the Participants, together with the reflexivity of the researcher. In turn, it generates a transformative philosophical approach and a methodology with a clear rationale that is reflexive, thorough, and rigorous. As the researcher, I immersed myself in the Participants' experiences, without becoming enmeshed, aided by theoretical sensitivity and an ongoing reflexive process while addressing relational ethics arising in the research trajectory (Etherington, 2004).

Literature Review

I mainly discuss the context in which this research is embedded, mentoring and supervision literature and Gestalt main texts that I referred to and how such literature contributes to the topic in question.

Malta and its Contextual Ambience

Supervision/ mentoring discussed in this research are set in Maltese distinct socio-cultural domain, and particular aspects need to be taken into consideration to provide 'contextual awareness' (McLeod, 2003). Wrenn (1985) reminds practitioners that ignoring their own or their clients' cultural context results in dichotomous thinking, thus not adjusting or adapting to the field of practice. Lago and Thompson (1997) state that a misinterpreted viewpoint can be given of clients' difficulties if the cultural context is not taken into account.

Particular cultural aspects which might permeate the mentoring field in the Maltese context emerging from Falzon's 2011's study are the: interrelated relational context through diverse networks in the public professional domain; multiple relationships emanating from the geographically small highly populated Maltese context leading to past, present, and possible future relational connections; a socio-cultural domain where information in the private domain may effortlessly permeate the public domain and vice versa, creating an intricate field of data; and adequate confidential parameters, as an identity can still be easily deciphered by inference over time (Falzon, 2011).

Professional Supervision

Supervision Objectives

Supervision is an intrinsic compulsory part of being a therapeutic practitioner, as a continuing reflective stance encompassing the process and content of the therapy

sessions. Even for seasoned practitioners, process reflexivity in supervision is a continuous embedded need (Falzon, 2011).

Main Supervision Tasks

The main supervisory tasks, which were made prevalent by Proctor (1988), assert the professional supervision function to be formative, restorative, and normative. Additionally, Copeland (2005) indicated the organisational facet of supervision. 'Normative' refers to the maintaining and adhering of professional ethics in order to safeguard the client's rights, upholding the society's laws and maintaining the respected values in one's community context. 'Formative' refers to the development in the therapist's practice and competency maintenance at the level that the practitioner is in. 'Restorative' reflects the recreating aspect in the supervisory relationship, where the practitioner can rest and ventilate frustrations, anxieties, and concerns. 'Organisational' refers to being answerable to the organisation's policies and regulations and being accountable to the organisation's quality of service. Each organisational setting has its own identity, culture, influences, beliefs, modus operandi, underlying agendas, understanding, and meaning making. Therefore, in supervision, grasping the organisation nuances is essential, while also understanding the different voices at play and the dynamics in force (Falzon, 2011). The contextual facet is also important in supervision since the latter does not take place in a vacuum, but within a cultural context (Lago and Thompson, 1997).

The Supervisor

The personality of the supervisor is substantially referred to, in most supervision literature, as one of the keys to aid the supervisory relationship and process. Succinctly taken from Falzon (2011), supervisor characteristics that may support the supervision domain, amongst others are: Prudence and respect; Supervisor's own self-awareness; Integrity in the supervision relational standpoints; Sound and informed discernment and decision-making, and knowledge and experience.

The collaborative and relational stance in supervision is an important formative and restorative task to additionally support the development of the 'internal supervisor' (Casement, 1985, 1990), whereby the practitioner is encouraged to become reflexive and involve oneself in this reflective process (Falzon, 2011).

Supervision Models

There are various models of supervision, amongst which; the developmental, process, cyclical and orientation specific models.

Underlying developmental models of supervision is the notion that we are each continuously growing through our experiences. Stoltenberg and Delworth (1987) described a developmental model of supervision with three levels of supervisees: beginning, intermediate and advanced, where a practitioner tends to first begin to process in a rigid, surface, and imitative way and then slowly progresses towards more competence, self-confidence, and self-containment. Hawkins and Shohet (2012) described the developmental stages of supervision depending on whether the practitioner is a novice (in the early practicing stages); journeyman (more experienced but at a stage in which reliance is still experienced, as well as more autonomy); craftsman (has greater self-awareness and self-efficacy in processing one's practices and internal processes at work); and master craftsman (perceptive and insightful awareness is experienced, as well as full personal autonomy within one's practice). The supervisor needs to attune the session according to which stage the supervisee is in.

Process models of supervision examine the multi-layered processes experienced in therapy and supervision. Developed by Peter Hawkins and Robin Shohet in 1985 and named as such by Inskipp and Proctor in 1995, the Seven-Eyed Supervision Model is one such model. The model concentrates on seven distinct aspects of the supervision process: The focus is on the client and the content presented in the therapeutic domain; the exploration of the techniques, approaches, strategies, and interventions used by the practitioner; the client-practitioner relationship; the practitioner's process arising from the work with the client; the practitioner-supervisor relationship; the experience and process of the supervisor acting as a mirror on the supervisee's way of being or one's practices; and the wider context which might have an impact on the practice.

The Cyclical Model of Supervision, developed by Page and Wosket (1994), pays attention to five areas constituting of the: Contract which encompasses ground rules and boundaries; Focus in relation to the presenting issues and processing; Space as the core of processing work in supervision; Bridge referring to the bridging back to the supervisee's sessions with his/her clients and lastly; Review that is the stage that enables reviewing the supervision session.

Finally, orientation-specific supervision models focus on the paradigm of the interventions that are mainly adopted by both the supervisor and the supervisee. This kind of supervision follows the interventions, techniques, terminology, focus and framework of the particular psychotherapy model adhered to.

Mentoring

Background to Mentoring

In traditional mentoring theory, much of the focus was on the role of the mentor and the functions which the latter can provide to the mentee (Scandura & Pellegrini, 2007). In the late 1970s, the term entered the business domain to refer to a person who inspires growth and development (Levinson et al., 1978). Mentoring developed in diverse humanistic fields, encompassing the notion that the support of a mentor to the mentee is not limited to career aspirations but also includes support for the enhancement of personal wellbeing (Dutton, 2003). Gibson et al. (2000) depict this process as a "dance of learning".

Defining mentoring

Mentoring is a "powerful developmental and empowerment tool" (Pollyn, 2013, p. 29). Truter (2008) defines the mentor as a person who essentially provides guidance, support and nurturing to the latter.

The 2009 Chartered Institute of Personnel and Development (CIPD) Factsheet on mentoring highlights its long-term benefits, through its focus on the supportive development of the individual, mentoring aims to achieve both individual and organisational goals.

According to Johnson (2002), "mentoring facilitates, guides, and encourages continuous innovation, learning and growth" (p. 41), while Blunt and Conolly (2006) add that "mentoring provides psychological guidance and support to influence or inspire" (p. 199). Other authors focus on the 'process' aspect of mentoring, through which mentees are given help and support "to manage their own learning in order to maximise their potential, develop their skills, improve their performance, and become the person they want to be" (Parsloe, 1992, as cited in Simkins et al., 2006, p. 323). According to Renshaw (2008), mentoring is:

…a development process, including elements of coaching, facilitating and counselling, aimed at sharing knowledge and encouraging individual development. It has a longer-term focus [than coaching] designed to foster personal growth and to help an individual place their creative, personal and professional development in a wider cultural, social and educational context… (p. 11)

Throughout this research, I refer to mentoring in humanistic professions as including the same aspects alluded to in the above quote, while integrating the same aspects of

supervision, namely the normative, formative, restorative, organisational and contextual facets.

Gestalt Paradigm informing Supervision

The Gestalt paradigm supports clinicians to broaden the holistic capacity of their inquiry and supports one to move creatively into action and experience (Corey, 2009) and thus, into self-actualisation. Although mentoring and supervision are not therapy, similar principles that inform Gestalt therapy also pertain to the mentoring and supervisory processes. Consideration is given to the awareness process created in the here and now contact within the mentoring/supervision realm, also depicting the contact between the client and the mentee/supervisee (Yontef, 1996). Once this awareness is reflected upon and assimilated into the therapist's holistic being, enhancement into a more seasoned clinician will inevitably develop (Corey, 2005; Resnick & Estrup, 2000).

Amongst others, facets of the Gestalt paradigm applied within the supervision/ mentoring domains are the:

Relational Field and Dialogic Relationship bringing awareness to: the contact with the practitioner's self, the client, and the therapeutic field; "the boundary of the self and other" (Nevis, 1987); experience of the "me" and the "not me" (Yontef, 1981); "contact and interactions with the environment, and in the meeting of differences" (Latner, 2002, p. 23); beneficial dialogue (Yontef, 1993); and contactful professional relationship (Simon, 2009).

Phenomenological Processing through: viewing the therapeutic situation in phenomenological language, rather than through interpretations (Spagnuolo Lobb & Meulmeester, 2019); and how to become aware of awareness and "to recognize and put in parentheses preconceived ideas about what is important" (Yontef, 1998, p. 218).

Field Theory outlining "field perspective: causality vs. context (Spagnuolo Lobb & Meulmeester, 2019); and phenomena considering processes changing over time, rather than as inert constructs (Yontef, 1996).

Here and Now and Embodiment accentuated wherein common form of establishing one's awareness is to be the living embodiment (Nevis, 1987) of the theories and practices that are crucial to bring about the changes in people, which are expressed, represented, or implied, tacitly or explicitly, in the presence of the Gestalt practitioner.

Paradoxical Theory of Change and Good Form applying: Polster's (1995) assertion where the practitioner needs to tune to the supervisee/mentee just as one is; and

Beisser (1970) statement that change then occurs if one assimilates what one is, and thus, no longer tries to be what one is not.

Contact Cycle of Experience and Resistances to Contact referring to: Spagnuolo Lobb's (2012) claim that each domain of contact encompasses the capacity for being fully present at the contact boundary, and organismic disturbance transpiring when the contact cycle is habitually interrupted; and healthy living can be deemed to be a creative adjustment to meet the person's changing needs, while disease or organismic disturbance transpiring when contact is interrupted (Clarkson, 2004).

Creativity that supports growth, processing, and creative adjustment thus enhancing the process of becoming and new self-awareness (Perls, 1989)

Process Orientation focusing on the internal and external observations with an approach that comprises curiosity, experimentation, and lack of judgement, with an intention to enhance what is presently being dealt with (Patridge & Spoth, 2013).

Burnout, Compassion Fatigue (CF) and Compassion Satisfaction (CS)

Burnout is "a syndrome of physical, emotional, and mental exhaustion" (Marcus & Dubi, 2006, p. 223). It may be experienced in any occupation and is depicted by gradual mental and physical exhaustion, together with a malfunction in professional performance (Stamm, 1997). Burnout may occur "when an individual cannot achieve his or her goals" (Cocker & Joss, 2016, p.2), thus leading to feelings of loss of control, frustration, and a lack of confidence. Burnout is also associated with other mental health conditions such as Post-Traumatic Stress Disorder (PTSD) and depression (Conrad & Kellar-Guenther, 2006).

Figley (1995) conceptualised the term 'compassion fatigue' (CF), which is particularly characterised by the instant diminishing of a professional's empathy towards clients (Figley, 2002), mainly due to the personal and professional impact which is left on the practitioner by the clients' own traumatic experiences (Berzoff & Kita, 2010). Also referred to by some as secondary traumatic stress (Collins & Long, 2003), CF is defined as the "cost of caring for those who suffer" (Figley, 1995, p.9). It is a consequence of the practitioner's overexposure to clients' suffering and trauma (Cocker & Joss, 2016).

Figley's model also explains that practitioners may restrict the likelihood of suffering from compassion stress by developing means of enhancing satisfaction. (Figley, 2002). In this regard, compassion satisfaction (CS) refers to professionals' "feelings of increased motivation and satisfaction gained from helping those who

suffer" (Anderson & Papazoglou, 2015, p. 661). CS is also associated with increased professional commitment and performance and a high level of personal life quality (Stamm, 1997).

CF and CS may be experienced by a care-giving professional at the same time (Stamm, 1997). However, an increased level of CF may restrict CS (Bride et al., 2007). Literature shows that engaging in supervision (Linley & Joseph, 2007) and in a process of self-monitoring (Bride et al., 2007) are key to help prevent CF.

In a local research study conducted by Agius and Falzon et al., (2021), it was established that Gestalt therapists tend to have higher levels of CS and lower levels of burnout and CF, particularly due to the innate self and external support systems. In this respect, supervision, which acts as a means for self-care, wherein the supervisor provides support and affirmation, both personally and professionally, is a key contributing factor that is necessary for the effectiveness of such helping professions (Gilbert & Evans, 2000; Hawkins & Shohet, 2007; Scaife, 2010).

Research Methodology, Methods and Ethical Considerations

Philosophical Research Positioning

A research framework comprises the interaction between three important elements, namely: the philosophical worldview focusing on the researcher's philosophical assumptions; the research design delineating the procedures of inquiry; and the research methods of data collection, analysis, and interpretation (Creswell & Creswell, 2018).

In this research, through using Narrative Inquiry, I adopted a philosophical worldview which is based on relativist ontology and subjectivist epistemology, both of which are prevalent in the interpretivist, social constructivist and transformative philosophy of this research. A relativist ontology assumes multiple and sometimes conflicting social realities, while a subjectivist epistemology assumes that the researcher and the reality being investigated are interactively linked so that the findings are literally created as the research proceeds (Guba & Lincoln, 1994).

Narrative Inquiry and additional Methodological Standpoints

Narrative Inquiry

Narrative Inquiry enables the researcher to *write from the inside* (Ellis, 1995). It is inspired by Dewey's Theory of Experience (1938) and incorporates two criteria of experience,

namely “interaction and continuity enacted in situations” (Clandinin, 2016, p. 12), both of which are often recognised as the philosophical underpinnings of Narrative Inquiry. This methodology encompasses a collaborative process that attends to the Participants’ embedded experiences and to “seeing lives in motion” (Clandinin, 2016, p. 204).

Etherington’s statement (2000) encapsulates my stance towards this practitioner, contextual and narrative based research: “I am not setting out to prove or disprove hypotheses, to collect data across large numbers of people, to collect standard deviation statistics representing units of variability, or to verify the presence of cause and effect relationships between variables” (p. 252). With such new narratives encountered in this research, useful insights were generated (McLeod, 2001).

Through the Narrative Inquiry methodology, I also adopt the standpoint of **Practitioner Researcher**, as I am personally a supervisor, supervisee and mentor in the Maltese context. I am not agentive on my own but in relationship with my research Participants (Drewery, 2005), with whom I can collaborate in negotiating meaning to effective relational supervision and mentoring. A **reflexive stance** is also assumed as McLeod (2001) states that ‘reflexive knowledge’ can enhance understanding and innovative outlooks of knowing, as researchers also focus on their own reflexive process. Critical reflexivity encourages the researcher to be mindful while requiring awareness, processing, and becoming an active agent in their processes (Wosket, 1999), thus leading to further insight, while also acknowledging tacit knowledge (Polanyi, 1966).

Sampling Method

Purposive sampling was adopted for this research. My aim was to get a sample that is as representative as possible of the target population (Mouton, 1996) through the seasoned Participants’ experiences and sectors they work in. For this research four seasoned Gestalt practitioners and supervisors in four diverse fields were chosen.

Semi-Structured Narrative Interviewing

Semi-structured Narrative Interviewing adopted for this research was a discursive and collaborative in-depth practice, giving space to conversation where interviewees developed narrative accounts and entailed deep interest to discover the emergent meaning being created. The goal of Narrative Interviewing was to generate detailed accounts of experiences and phenomena, collaborative understanding and meaning.

Ethical Considerations in Qualitative Research

For this research study, I took into consideration the three ethical dimensions, which are Procedural ethics, Situational ethics, and Relational ethics (Tracy, 2010).

The importance of confidentiality was deemed essential, not only in relation to the Participants themselves but also when Participants referred to other persons or entities that could be identified through the Participants' narratives. During the interview and ensuing collaborative discussions, the use of pseudonyms and the possibility of changing any details that may identify the person were discussed.

Narrative Analysis and Thematic Narrative Analysis

Polkinghorne (1995) differentiates between two methods of analysis when using narratives: Narrative Analysis and Analysis of Narrative, whereby in both these methodologies, the stories are considered as true representations of the person's reality. Thematic Narrative Analysis was deemed to be an apt analytic tool (Riessman, 2008), as excerpts of the collaborative narrative are written for each emerging theme, encompassing the underlying nuances and meanings or, as Clandinin (2016) calls them, *threads or resonances*.

Following this process, I was then able to analyse the research outcomes by producing reliable arguments that are supported by literature and the Participants' experiences. In order to facilitate the above process, I used the MAXQDA software.

Key components to ensure quality in the research process

Guba and Lincoln (1989, as cited in Martens, 2018) identified criteria for the ethical conduct of qualitative research that are linked to increased research quality, including: credibility, transferability, dependability, and confirmability. The issues of qualitative validity and reliability were addressed through the adopted ethical procedures, the sound sampling and data collection methods, the transparent and cohesive method of data analysis, the level of clarity in the discussion and final analysis, and additionally through credibility, dependability and confirmability throughout the research process.

Findings: Succinct Narrated Experiences

Narratives are a collaborative process of the research Participants' experiences and the reflexivity of the researcher. Due to the limitation of the word count, hereunder I have only alluded to a succinct version of the narratives, still leaving each account authentic

so as to reflect the narrative voice of the research Participants and the contextual considerations of their respective professional domains. The table below succinctly depicts the Gestalt Participants' pseudonyms and their respective professional domains.

Gestalt Respondent Pseudonym	Professional Domain
Astrid	Professional in the Educational field
Beatrice	Professional in the Health field
Faye	Professional in the Addiction field
Selina	Professional in the Management field

Narrative 1- Astrid: A Gestalt professional in the educational field

Astrid has been a Gestalt practitioner for 11 years and worked in the educational domain for the last 25 years in diverse roles. She also uses her Gestalt therapy skills in her work related to students' behavioural difficulties.

Narrative themes emerging from the collaborative narrative with Astrid

Experience of attending supervision and the lack of provision of workplace supervision

In the educational domain, one encounters a cross-section of narratives coming from diverse societal and family backgrounds, sometimes leaving an effect on oneself and one's professional resilience. Working in the education support services, I am constantly touching the depth of issues arising from the background that students come from, as well as their educational, personal, life, health, and mental wellbeing difficulties. I also witness the pain of other practitioners, educators, and management personnel, who feel helpless in front of such vast and widespread needs, particularly with limited human resources available. For a period of time, at the education department, we had an external supervisor who followed us closely. This was very beneficial, however, after the particular supervisor assumed another post, no one replaced her, and we were left to our own devices. I then decided to attend regular self-paid supervision.

The adverse effects of the lack of provision of workplace supervision

Due to the intricacies of my work, I need clarity for: interventions implemented, ethical aspects that emerge and where internal or external referrals are needed but

insufficient. Personal support is also needed as sometimes I feel exhausted facing helpless situations. One needs to continue plodding forward…but for how long can a practitioner do this? Through the collaborative discussions in supervision, I gain further clarity and empowerment.

Diverse aspects that support or hinder the practitioner in supervision

Since I pay for the service myself, I cannot find any hindrances in supervision as otherwise I would have chosen another supervisor. I never felt any power issues, judgmental elements, patronising aspects, a lack of support or validation, an over-bearing approach or a lack of focus in the supervision process.

For me, supervision is not solely about discussing cases, interventions needed or ethical issues, but it is also about receiving support and restoration. Unless I feel a sense of safety and a positive relational approach, supervision is not beneficial for me.

When a narrative of the client resonates with mine, I find my solace in supervision. A few months ago I experienced a very intense work period, including having three similar cases where the interventions depended on solid management support, external agencies' help or parents' collaboration. The way that the cases moved forward clashed with my belief system. The situation, characterised with no progress and no foreseen possible interventions, hit too close to home to a period of my life where I felt totally helpless, stuck and alone.

I worked through this experience in supervision, which supported my own awareness, leading me to gain meaning and understanding. Even though I revisit some of the same issues in supervision, I can process them from a different perspective, each time resulting in personal and professional growth, and support and motivation for an enhanced way of being within the work I do.

The personality of the supervisor

To process diverse issues deeply and freely, I need to be with a supervisor I trust, and with whom I can present all issues, even personal ones that intertwine with the client's process. I experience the holding nature of the supervisor, in which I am understood, validated, and gently challenged. The relationship is of utmost importance to me for transformative and relational supervision to happen.

Gestalt aspects supporting supervision

There are predominant Gestalt aspects that I find useful in supervision. The relational approach and the dialogical relationship help to provide a holding and supportive ambience.

Focusing on the phenomenological experience supports me into awareness. The awareness process itself sheds more light in the here and now of the experience being processed, the background with what I come in during the session, and the developing foreground. The experience of contact and resistance to contact, and in turn, the defence mechanisms created, also highlight interruptions occurring with clients in sessions and in their respective life.

Through the paradox theory of change that is explored in supervision, I further learned that with some clients, I cannot simply work on trying to remove defence mechanisms, as the latter can be creative ways of coping with a very difficult situation. For a defence mechanism to subside, or not be used indiscriminately, a client needs to learn a new coping skill, replacing the defence mechanism which is solely serving as an outdated tool.

Mentoring in other humanistic professions which may support professionals

I believe that even other professionals need mentoring, such as professionals in the wider educational field, the health sector, the civil service, the management sector, and such humanistic fields. When I visit schools, I meet various teachers, management personnel, and support educators (LSEs) who are affected by their encounters with students. One of the may narratives that comes to mind is that of a seasoned LSE who was taking care of a student with a particular condition. Many times, when I visited the school, this LSE shared how over-responsible and burnt out she was feeling. I ended up supporting her to be able to, in turn, take care of this student. It was not my role, but I could see that she was very negatively affected.

I have seen educators who became either very inactive or frustrated and leave their professions. Having mentors within the educational field and in other humanistic fields would support significantly the professional, in turn their services and the job retention.

Gestalt aspects supporting mentoring in other humanistic professions

All the Gestalt aspects that I mentioned before are very suitable to be introduced in mentorship training programmes, as well as their use with mentees. Without using skills such as the tools of Gestalt, mentoring would be just another formality provided as a service.

At its core, Gestalt is a dialogic and interactive process approach, and this takes precedence over tools and techniques. In both therapy and supervision, Gestalt was transformational for me, and from my work experience in the educational field, I believe that it can also be transformative if used in other humanistic fields.

Concluding Remarks

Any humanistic field requires the practitioner to be in the best optimal personal and professional state. One cannot give from what one does not have and therefore, professional and personal support, processing, as well as where needed, challenging in supervision and mentoring, are a necessity, not just if this is required in the particular field of practice.

Narrative 2- Beatrice: A Gestalt practitioner in the health field

Beatrice is a Gestalt psychotherapist, clinical psychologist and accredited supervisor who works in private practice and also in a medical setting. She has been a practitioner for the last twenty-six years. Beatrice supervises trainees and other professionals at work.

Narrative themes emerging from the collaborative narrative with Beatrice

Gestalt aspects in supervision

Very much based on my Gestalt training, I work relationally. I have not just integrated the contact cycle in my work as a therapist, psychologist, and supervisor, but also in my personal life, which in turn supports me in my awareness process. The dialogical, I/Thou, and relational positioning sustains me, especially in the existential work that I do with terminally ill clients and their families. I believe that a relational approach is an all-round consideration, even to the world around us. Other Gestalt aspects that I use in supervision are my positioning in the phenomenological field which helps me, together with my supervisee, to experience the phenomena that are happening in the collaborative and relational space being created, and also rooting myself in the here and now of this experience.

External factors acting as hindrances in supervision

A hindrance that I experience in supervision is if the relationship between the supervisee and the supervisor is not one of reciprocal trust and genuine contact. Another hindrance is when the supervisor is not rooted in the socio-political context and the organisational milieu. Due to the intense work that I do, I would definitely not go to supervision unless the supervisor is a seasoned practitioner and supervisor, where the knowledge is ingrained not just in academic rigor but also in experience.

Supervisee's and supervisor's personal characteristics

When it comes to the personal characteristics of the supervisor, genuineness, knowledge, trust, respect, and compassion are very important for me. With my own supervisees, the aspects that hinder me the most are the reluctance to grow, and a lack of honesty and genuineness with themselves, even on a personal level.

Aspects that support supervisees working in the health field

The exploration of existential issues is crucial in this field as the practitioner will be affected in many ways, as one is faced with witnessing letting go, pain, process of death, illness and dying. Particularly, being inexperienced or lacking personal or professional process might not just affect the practitioner in the field, but also the in-depth work needed with the clients. For beneficial therapeutic work to happen within the existential field of death and dying, the practitioners themselves need to go in insightful depth of their own existence, as one cannot work with experiencing death and dying without looking at oneself and rooting oneself in the experience of existential angst and loneliness. In turn, the practitioner will also realise that there is no quick therapeutic solution, but we can live this journey through the support and the genuineness of our relationships with the clients.

In supervision, I feel most supported when I am challenged to go deeper to reach a higher understanding, and to step out of my own framework and see things in a different way. This experience could be personal, professional or contextual, as I cannot separate the three because the person I present myself to my clients or supervisees, is the person that I am in my everyday life. I find that there is a fine line between doing therapy and supervision, so I respect that line.

As a supervisor, I work with supervisees on what their coping mechanisms are and how their own experiences of loss can be used as a form of support, rather than as a form of interference, and as understanding rather than as confluence. It takes working on different levels, by acknowledging what one is going through, processing one's own experiences, processing how the clients' experiences are impacting oneself, making a boundary in between what is one's own and what belongs to the client, and also knowing how to transform one's own experience into beneficial relational therapeutic work.

Mentoring in other humanistic professions

Staff support in the health, education, addiction field and other humanistic fields is crucial, especially when one is going through a difficult time oneself. I do mentoring

group work with staff and they always come back for more. I really think that there is a great need for it. This is not about case management supervision but about processing the experiences so as to maintain the wellbeing of the medical personnel in order to be able to continue being effective in one's work.

All professionals who deal with patients who have a terminal illness, and with the suffering or disturbance in general would benefit from mentoring support. It is impossible to be working with the suffering and not be affected. Personnel who are not usually affected are the ones who build a strong wall surrounding them and then lose out on the human touch with the patients, indiscriminately using defence mechanisms. This defence grows thicker and thicker, with the unfortunate results of them treating patients with distance, projecting their frustrations on their patients, and lose the gentleness and patience needed. Those who build their defences to a point of lack of compassion or empathy are not likely to come to recognise the necessity of processing in mentoring, as this will be an added chore at work.

Gestalt aspects supporting mentoring in other humanistic professions

All aspects mentioned for supervision are important. The contact cycle and the relational aspect definitely come to mind. I think that all professionals who work with some kind of emotional suffering have to learn how to go through processing themselves particular the contact cycle and the relational field being created, if they do not want to be burnt out or loose compassion satisfaction.

Concluding remarks

Our lives are like a pebble that is thrown in a lake and creates ripples. The ripples go on forever, even though you cannot see them. What I am saying is that the more support is given to the supervisee or the professional in these difficult experiences and the more the supervisee or the professional live meaningful and supportive experiences in their lives, the more they themselves can transmit this to their clients. The way professionals speak to patients, the way they smile and the way they care, will be simply felt by the patients and their close others, creating a chain of supportive relationships.

Narrative 3- Introducing Faye: A Gestalt professional in the Addiction field

Faye is a Gestalt psychotherapist, Social Worker, Counsellor and Social Psychologist. She had been a manager and practitioner in the field of addiction for many years. Faye attended supervision in many of the former roles and was also a mentor and supervisor in the organisation related to addiction she worked in.

Narrative themes emerging from the collaborative narrative with Faye

Supportive aspects in supervision

Personally, what helps me in supervision is the relationship that I manage to create with my supervisor; a safe and trustful relationship which is supportive at the same time challenging, facilitating my holistic growth, both personally and professionally.

Hindrances in supervision

What really irritate me are judgemental positions and a lack of consistency from the supervisor's end. I have had instances, where the previous supervisor dished out a list of things of what to do and what not to do, a list of interventions that according to my supervisor were beneficial for my client. This kind of supervision does not help me process and it does not lead to a growth path. This prescriptive stance through taking a very knowledgeable and powerful position, is not beneficial at all. Moreover, particularly being challenged on the effectiveness of counselling or therapy according to the recovery rate of the client was not healthy or supportive at all. A statistically based view of intervention success and not processing the therapeutic perception defeated the purpose of therapeutic supervision.

Supportive Gestalt aspects in supervision

From a Gestalt perspective, the relational approach in supervision is essential. When an authentic relationship is formed with my supervisor, there is a felt genuine presence of my supervisor who is not just there because she has some interventions to do. Taking the field perspective, the context in which I am working, and the context of my life are also important.

Being able to work through the levels of contact, with myself, with my clients, with my supervisor and the environment, is particularly helpful in supervision. I also appreciate processing the here and now that informs me, both as a supervisor and as a supervisee. The here and now is the present felt sense that grounds me in the shared experience. When I did not have these experiences, supervision was superficial, like a chore that I must do because my profession or workplace demands it.

The practitioner personally supported through supervision

I have worked in the fields of law and addiction for a long time. In these sectors, trauma and challenging and harsh narratives, including death, violence and severe addiction are prevalent. While working with my clients' trauma, I found myself revisit my own traumas and supervision was very important for me to process these revisited

traumas and also to look at aspects of my own past. There is a very fine line between the personal and the professional but, the theme of trauma was something I worked on regularly, both as a supervisor and as a supervisee. In turn, this supports me and the practitioner not to go through compassion fatigue, while also enhancing one's professional work.

Mentoring in other humanistic professions

In our profession, we need to attend supervision as it is a legal requirement and a supportive and beneficial part of our professional path. Evaluating from the work done with my own clients, I have had clients who work in diverse humanistic sectors who would have benefitted had they been supported through mentoring. Some examples of such clients are those coming from childcare and education, where such professionals meet all kinds of children from diverse backgrounds.

Also, I have significantly worked in the field of addiction and with the respective legal field, and management. Probably, the most negatively affected people I met because of not receiving support are the front liners, for instance, the people who on a regular basis work directly with the prisoners, victims and civil protection services. Other professions that come to mind, are nail technicians, beauticians, and hairdressers. They all tell me that clients go to them and narrate their stories while they are providing their services. The clients share their painful narratives with these service providers who do not know what to do with all these negative stories they listen to, day after day. The tutors who teach in these courses need to prepare the students that they are going to be front liners out there, to learn the boundaries and what to do with the narratives that come their way, while also reaching out for help if needed.

Health professionals also struggle significantly. Though health professionals are trained, there is a high percentage of burnout and compassion fatigue through carrying their patients' problems, even though they cope a little bit better than other professions who have no training whatsoever.

Another aspect that I can add is with regard to those professionals who only work in private practice. I think that they would benefit a lot from mentoring being a requirement through their profession because they are very much alone. In one's own private practice, you are alone in a room with a client. Both if beneficial work is being done but also if harmful interventions are applied or there is lack of boundary issues, nobody would know and sometimes the professional would not even be aware. Working

independently, one stops being challenged and having a mirror of any kind, particularly professionals who do not have this framework of supervision or mentoring.

Gestalt aspects that can be applied to mentoring

I think most of the Gestalt aspects used in Gestalt therapy, which is based in a relational and process approach, can be applied to mentoring. If we go through them one by one, for example the here and now, the phenomenological experience, the relational aspect, the contact cycle, personality function…all can be applied to mentoring within the workplace.

The mentor

Together with the years of experience in a particular field, a mentor needs to be experienced in the psychological field, particularly how to contain and be present for others. Apart from formal training, having years of experience is crucial. A mentor like a supervisor, needs to have a good combination of training, academic background, years of experience in the field, awareness and insight, and well-developed personal reflexivity. One needs to have personality traits of a good relational approach and human understanding and compassion, and also be somebody that people can relate to and feel safe with.

Last reflections

Supervision and Mentoring are needed, especially in the sometimes-mechanistic professional world, where there are a lot of demands and going from one thing to another. A big chunk of our life is spent at work and if employees are supported better, there is less spill over in personal lives preventing burnout and compassion fatigue while enhancing compassion satisfaction, largely making both the workplace and the society a better place to be in.

Narrative 4- Introducing Selina: A Gestalt professional in the management field

Selina is specialised in workplace occupational therapy and human resources, and is a Gestalt Psychotherapist. She has been involved in the area of mental health and employment for several years in government and private entities.

Narrative themes emerging from the collaborative narrative with Selina

The importance of the provision of mentoring for leaders and/or people in management roles

I will immediately come to the core of your research and highlight the need for leadership support. It is not enough for a person to become a leader just because one has field years of experience. In leadership, one needs to be sustained, accompanied and basically mentored. As soon as one moves into a management position, the technical skills are important, but these go to the background, as the foreground becomes people management. Leadership is a very fine line of vision, technical skills, empathy and listening, and really being present to understand what the team is going through, and also dealing with hidden agendas and underlying issues that develop. From my years of training, as well as my own past and current managerial roles, I firmly believe that people in leadership roles need to be supported, particularly in their people management responsibilities.

Gestalt aspects supporting the managerial role

From a Gestalt perspective, the skills that I have learned help me to be aware and reflexive, while asking the same questions to myself: what do I and the team need and want in this situation? Sometimes it is easy to get blinded by the needs of clients and senior management, and there is always something else that needs to be done. Thus, the work situation can become very overwhelming. The contact with myself, the other and the wider context, awareness and relational dynamics are very important for me. Responding to what is emerging and needed in the here and now also supports me in management because through my Gestalt studies I developed good observational skills.

Hindrances in management

From my experience, people dynamics can be very hindering for managers, particularly when the management personnel have one or a couple of employees who are extremely difficult to deal with or are manipulative. At times, as a manger or as a director, you are in a position where you can do nothing about the situation, as you cannot remove the person and, in the meantime, the setup is eroded because of these dynamics. It is very tiring when you see the people who are hard-working getting drained because of negative relational dynamics or the work pressures coming from higher up which even senior management have little control over.

The need for the provision of mentoring in management/leadership roles

From a management point of view, being without supervision and mentoring is a lacuna that creates burnout and in turn adverse work relations and output, and also permeating one's personal life and relationships. The demands on headship positions are really challenging and there is a lot of tacit and explicit pressure accompanied by constant changes going on.

I personally cannot take some things back home and speak about them openly because they are confidential. At the same time, I know that I need to voice out some things with someone who can be a mirror to what I am feeling. I meet people from diverse aspects of management, who are all the time meeting human suffering and experiencing burnout.

I can ask for supervision, but it would still remain an external service. Someone who is not familiar within the field and its service may not understand the particular dynamics. So, it would be helpful if supervision is with someone who knows the system or has been in the system.

The mentor

Although the mentor might be a person within the system, I personally would not trust such a person easily, as I am part of the system too and words travel too fast. Sometimes, the mistrust is not unjustified, as the situation is that we might be dealing with some people who we both know, or we could be internally competing for the same job in a future position. The person would need to be trained, experienced, knows the sector and have integrity as a core relational quality.

Mentoring in other humanistic professions

Apart from top management, I would definitely suggest having this service for whoever is a front liner and dealing with people or vulnerable populations, such as in education, health, police departments, civil protection and the armed forces, the legal sphere and such personnel. People who are in service units are also very vulnerable to severe stress. An example of the latter is in law courts, when one must sit and transcribe all the horrific details and listen to the disturbing narratives, but it is simply considered as part of one's job. People are overlooked in this way and a lot of secondary trauma materialises along these lines. Many do resort to private therapy but many times they are already suffering personal and professional ramifications from difficult situations that they encounter at work.

Gestalt aspects supporting mentoring in management

Experience is invaluable but training is very important as well. Having done my training in Gestalt psychotherapy, I give significant importance to the relational aspect, the I/Thou relationship where we really understand the person beyond what the function of the person is, the contact with the self, the other and the context, and the awareness in the here and now in the phenomenological field. I would also particularly mention the personality function in management. feel that sometimes I am bouncing from one personality function to another, as a manager, doing employee support work, being a case supervisor, doing administrative and financial work, attending strategic meetings and the list never ends…and sometimes I am in all these facets in one day! So, the personality function is a very predominant expertise that is needed in managerial roles, and Gestalt techniques can definitely help in that regard.

Concluding comments

After our interview, I realised that I need to speak more ardently about the need for mentoring in my line of work and I can be a catalyst in my role, rather than keep all these feelings and thoughts churning inside.

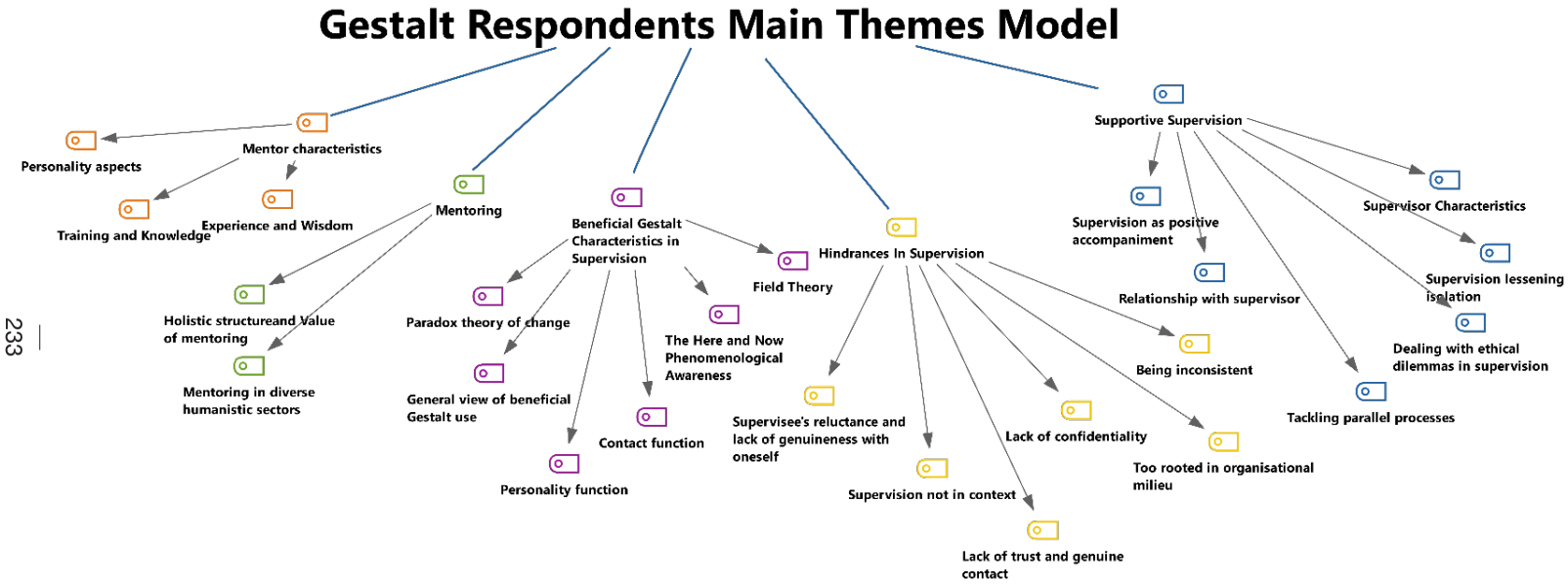
If this service, apart from all the others that are already provided, is implemented, it can be a model for other organisations. Ultimately, what we are saying is that we value the whole person on a personal and professional level, as one impacts the other and ultimately, it will help one to carry out the beneficial work that is needed in the public and private services entities.

Analysis and Discussion

The narratives above were further analysed to capture the resonances between the narratives experienced. Literature was also referred to, so as to consolidate the analysis. In order to be rigorous in this process, MAXQDA, a software for qualitative and mixed methods data analysis, was used.

Emergent themes from the interviews with Gestalt Participants

On the next page there is a model depicting main narrative themes emerging from the interviews conducted with the former Gestalt Participants.


Gestalt Respondents Main Themes Model
Mentor characteristics
Personality aspects
Training and Knowledge
Experience and Wisdom
Mentoring
Holistic structureand Value of mentoring
Mentoring in diverse humanistic sectors
Beneficial Gestalt Characteristics in Supervision
Paradox theory of change
General view of beneficial Gestalt use
Personality function
Contact function
Field Theory
The Here and Now Phenomenological Awareness
Hindrances In Supervision
Supervisee's reluctance and lack of genuineness with oneself
Supervision not in context
Lack of trust and genuine contact
Lack of confidentiality
Too rooted in organisational milieu
Being inconsistent
Relationship with supervisor
Supportive Supervision
Supervision as positive accompaniment
Tackling parallel processes
Supervisor Characteristics
Supervision lessening isolation
Dealing with ethical dilemmas in supervision

Discussion of main themes generated

Some of the main themes generated are discussed hereunder referring also to literature.

Beneficial and hindering aspects to supervision/mentoring

Supervision/mentoring offering a supportive and safe space

One of the main themes that was incessantly accentuated by the Participants was of supervision as a supportive and positive space for practitioners. This relates to the role of supervision in providing supportive containment and validation, as highlighted by Page and Wosket (1994) in their Cyclical Model of Supervision. Furthermore, the 2009 CIPD Factsheet on Mentoring shows that this supportive accompaniment may also be provided by mentoring through its focus on the supportive development of the individual.

Supervision/mentoring as a space where to share and process

Supervision/mentoring is also valued by research Participants as a space where to share and process and this strongly resonates with literature. The processing aspect of supervision features in the Cyclical Model of Supervision (**Page and Wosket, 1994) and also in the** Seven-Eyed Supervision Model (Hawkins and Shohet 1985, Inskipp and Proctor 1995). The latter model principally concentrates on seven distinct aspects of the supervision process, which in turn fit well with the multi-layered processing of Gestalt practices, also in mentoring.

Supervision/mentoring as a reflective process

The Participants consider supervision/mentoring as a reflective process, thus its significance for awareness, receiving feedback, sharing, reaching out and processing what develops in the field and beyond. In turn, they claimed, such practices enhance both the practitioner's personal and professional self, which cannot be separated. In their developmental model of supervision, Stoltenberg and Delworth (1987), go on to distinguish between three levels of supervisees in the beginning, middle or advanced stages of their practice. They noted how a practitioner develops processing in supervision from a rigid, surface, and imitative way, towards processing that is more based on competence, self-competence, and self-containment.

Restorative and formative aspects of supervision/mentoring

Providing holistic restorative practitioner support, supervision/mentoring also deals with a fine line between the personal and professional as highlighted by the Participants.

The restoration of the practitioner's strength helps to prevent burnout and compassion fatigue and in turn, enhancing compassion satisfaction. The Participants emphasised on the beneficial support gained when the personal life of the professional is not forgotten in the safe and caring supervisory relationship since the practitioner's life cannot be paused and at the same time the professional is expected to continue working optimally. The Participants highlighted the struggle that many practitioners deal with to prevent narratives they encounter in their professional domain getting entangled with aspects of their personal life and vice versa. The importance of professional growth and formation was stressed, wherein the supervisee/mentee is supported to become an agent of growth, self-efficacy and empowerment.

Trust and Genuine Contact provided in supervision/mentoring

According to Participants, the supervisory/mentoring relationship must be based on trust and genuine contact as lack of the former deters the deep and free processing of diverse issues in supervision/mentoring. Restrictive sharing and self-expression may result in the embodiment of issues and may eventually lead to burnout. It was further claimed that trust and genuine contact must be reciprocal, and that the supervisee/mentee must also be honest and genuine with oneself and have the willingness to grow. The research Participants claimed that the supervisees'/mentees' reluctance to grow, and the lack of honesty and genuineness with oneself, both personally and professionally, negatively impact on the benefits from supervision/mentoring. In fact, apart from listing mutual trust as one of the main success factors for mentoring, Swanepoel's (2012) study also mentions mutual honesty and mutual willingness to share and learn as other valuable factors of individual importance.

Supervision/mentoring lessening isolation

Supervision/mentoring is seen by the Participants as a means to lessen isolation, highlighting the feeling of bereft in the absence of supervision/mentoring support, particularly in higher professional roles but also in other professions in which practitioners work in isolation from other colleagues. Literature shows that this factor is in fact considered by professionals in diverse fields. The Participants added that supervision/mentoring serves as a form of protection for the professional when working with traumatised clients.

Relationship with Supervisor/Mentor

The relationship with the supervisor/mentor was one of the strongest elements brought forward by all Participants who maintained that despite the various possible backgrounds of supervision/mentoring, the beneficial relationship between the supervisor/mentor

and the supervisee/mentee is the foreground. This relates to the notion of contact in Gestalt theory. Good form may be achieved through creating healthy ethical boundaries, relational mindfulness and open dialogue in the collaborative supervision and mentoring relational fields determining the effectiveness of a rich, lively and contactful professional relationship (Simon, 2009). Participants mentioned a number of factors which hinder the supervisory/mentoring process, such as the supervisor/mentor being judgemental, patronising, lacking depth, commitment and collaboration, and adopting an authoritative approach, that deter supervision/mentoring.

Beneficial communication also features as one of the necessary qualities of an effective mentor listed by Lord et al. (2008). Another quality that was emphasised by Participants is trust. Literature shows that being trustworthy is deemed as one of the vital qualities that are necessary for an effective mentor (Lord et al., 2008; Swanepoel, 2012).

Hindrances in supervision/mentoring

Due to the high sensitivity of humanistic fields, emphasis was made on the importance of confidentiality in the supervision/mentoring domain. One of the diverse challenges presented by the Participants within the distinct Maltese socio-cultural setting was how words travel fast in the same system, how one might be discussing clients who are known to the supervisor/mentor too and how the supervisor/mentor and the supervisee/mentee may be competing for the same position in the future. This significance of having trust in the supervisor/mentor with confidential boundaries was reiterated. Choosing or having the option to accept/reject an internal supervisor/mentor is considered as a mitigating measure for this particular hindrance. In this regard, Swanepoel (2012) stated that the 'matching' of the appropriate mentor with the correct mentee, wherein the two parties collaborate towards a successful, productive and effective mentoring relationship is crucial. Furthermore, in this regard Kochan et al. (2015) highlight the importance of considering cultural factors in mentoring, mentioning the "comprehensive and flexible matching" as an enabling factor supporting the mentoring process and the success of the mentoring relationship (p. 86).

Supervisor/mentor characteristics

The supervisor/mentor's personality traits, qualities, skills, and characteristics were significantly mentioned as creating the utmost difference for the supervisee/mentee by all research Participants. The latter qualities mentioned encompassed amongst others, having: a good relational approach, genuineness, knowledge, good listening skills, good principles, integrity, the ability to provide safety, a listening space, respect, trust, support, encouragement, understanding, having integrity and compassion, a non-

judgemental attitude, commitment and consistency and the ability to collaborate with the supervisee/mentee. The Participants added that a good supervisor/mentor has the ability to be holding and understanding but challenging and assertive at the same time. A collaborative stance in supervision is an important formative and restorative task in the development of the 'internal supervisor' (Casement, 1985, 1990), whereby the practitioner is encouraged to become reflexive and involve oneself in this reflective process, actively searching, utilising an exploratory stance, and having an open attitude to ask for and receive feedback in supervision (Falzon, 2011).

Awareness and Reflexivity

Due importance is given to the awareness created in the here and now contact within the supervision realm (Yontef, 1996). Participants stated that awareness on the supervisee/mentee's part rests on the supervisor/mentor asking the right and appropriate questions during supervision/mentoring, which in turn, depends on the supervisor/mentor's wisdom. This sort of wisdom is acquired from one's in-depth processing of life and professional experiences and is vital for successful supervision/mentoring. Once such awareness is reflected upon and integrated in the holistic being of the therapist, the latter is enhanced into a more seasoned professional (Resnick & Estrup, 2000; Corey, 2005).

Knowledge, training and experience

Renshaw (2008) maintains that one of the aims of mentoring is the sharing of knowledge and according to Hart (1990), reflective practitioners synchronise theoretical, empirical, and experiential knowledge. Similarly, the Participants attested an effective blend of training, academic background, and experience on the supervisor/mentor's part as imperative. In fact, Participants claimed that supervisors/mentors must constantly reach out for knowledge through the academic domain, training and also through one's experience. Knowledge about the self, about the other and of humanistic skills, together with an understanding of the supervisee/mentee's particular field and experience as a supervisor/mentor are also considered as vital by the Participants.

The Participants maintained that, apart from being experienced in the particular field, the supervisor/mentor needs to be a seasoned practitioner experienced in the field of practice and as a supervisor/mentor. Gestalt Participants sustained that being in the profession for several years does not automatically make a supervisor fit for the role due to the processes that are specific to supervision. They also claim that by nature, being a therapist, psychologist or counsellor makes a person more adequate and equipped for further training in supervision.

Beneficial Gestalt characteristics in supervision/mentoring

The Participants all claimed that Gestalt characteristics can be applied to the supervision/mentoring field, given that mentoring and supervision are aimed at ethical work, formation, restoration, relational contact, contextual awareness, and overall wellbeing which support beneficial client work.

Considered as the foundation of beneficial supervision/mentoring is **the I/Thou dialogic relationship** and awareness of aspects which foster/hinder a beneficial I/Thou effective relationship echoing Simon's (2009) attestation. Furthermore, the dialogic relationship is one of the three main relevant Gestalt key concepts related to higher levels of compassion satisfaction and lower levels of burnout and compassion fatigue in Gestalt therapists (Agius, Falzon et al., 2021).

Gestalt Participants also highlighted the significance of the **phenomenological** aspect in supervision/mentoring and in supporting one to learn how to become aware of awareness (Yontef, 1998) and focusing on what is being experienced and lived in the **here and now**. Such processing has the potential to support the practitioner both personally and professionally by becoming more aware of the here and now dynamics and by avoiding the spill over in one's personal life and the often-resultant fatigue, burnout and dwindling professional satisfaction.

This presence through the **embodiment** (Nevis, 1987) in the here and now can also be applied to supervision/mentoring. In fact, the Participants explained how in supervision/mentoring they process their experience of embodiment in the field with the client and the related parallel processes, thus avoiding feeling overwhelmed.

The **field** aspect was significantly referred to in the provision of different levels of meaning, both personally and professionally. Emphasis was laid upon the importance of considering the whole field, encompassing also the contextual environment, and processing the different patterns of interaction, including transference and countertransference issues, related biases and other aspects that hinder the professional to continue working beneficially. The field perspective emphasises that no event is perceived as occurring in isolation (Spagnuolo Lobb & Meulmeester, 2019). Lago and Thompson (1997) also mention the false view that is given on clients' issues if the cultural context is not taken into consideration.

The **relational aspect** of supervision/mentoring was given the most prominence by the Participants, emphasising the importance of creating a containing, holding and supportive space of contact. Relational Gestalt mentoring/supervision brings awareness to contact with the practitioner's self, the client, and the therapeutic field. **Contact**

is “the lifeblood of growth, the means for changing oneself and one’s experience of the world” (Polster & Polster, 1973, p. 101). Similarly, together with awareness and relational dynamics, Participants also accentuated on the importance of the contact function in supervision/mentoring, considering the contact with the self, the other and the environment and the contact cycle as critical for processing.

Beisser (1970) holds that change does not take place through coercion but rather, it paradoxically transpires if one takes time and effort to assimilate what one is, thus becoming more fully oneself while being solely invested in the present and no longer tries to be what one is not. The **paradoxical theory of change** was mentioned as one of the beneficial Gestalt characteristics for mentoring/supervision. The Participants maintained that unless there is awareness and acceptance of what is created in one’s life in the here and now, the ensuing required change does not occur. In turn, good form may emerge out of such awareness rather than by imposing change which may result in a reactive rather than a reflective positioning. The paradoxical theory of change was used by Polster (1995) to stress that the therapist/supervisor/mentor is to tune to the client as one is, rather than trying for any change to happen.

The benefits of mentoring/supervision provision in diverse professional fields

Asked about mentoring in diverse professional fields, the Participants spoke favourably about its potential benefits and also about the adverse effects of a lack of such mentoring. In fact, the Participants recounted how a number of clients in diverse professional fields narrate their experiences of building strong boundaries between them and their own clients as defence mechanisms, to their own and their clients’ detriment. Furthermore, given that such professional clients are not trained to process particular issues, they take the unprocessed issues back home and thus have detrimental effects on themselves and on their families. Since wellbeing at the workplace enhances the workers’ sense of belonging, the individual and the professional domains cannot be separated (Spagnuolo Lobb, 2019). Worry was expressed over humanistic fields that have not yet embraced the potential benefits of mentoring. Participants claimed that they are concerned over the disconnection from the human process experienced by professionals coming from diverse humanistic fields, such as the health, mental health, education, law, addiction, management, social welfare, spiritual, health and safety, police, army, civil protection, the hair and beauty fields, the public sector and private practice domain.

The Participants reiterated that mentoring in humanistic fields has the potential to enable such professionals maintain the human element despite the incessant trauma and pain they experience through their clients’ narratives. Through mentoring, such

difficult narratives can be processed and dealt with appropriately, thus reducing the negative effects on the professional and on the work done with clients, increases employee retainment and decreases negative attitudes from employees and sick leave that results from burnout. The Participants also focused on the effects of the spill over of humanistic professionals' professional life in their personal life. In fact, compassion fatigue is characterised by the instant diminishing of a professional's empathy towards clients (Figley, 2002), mainly due to the personal and professional impact which is left on the practitioner by the clients' own traumatic experiences (Berzoff & Kita, 2010).

Conclusion

This research trajectory centered on understanding and evaluating in-depth narratives and experiences of four seasoned Gestalt professionals, and in turn analyse if such accompaniment through mentoring can enhance the personal wellbeing and professional domain of other humanistic professionals.

A succinct depiction of this article's findings is presented under four main headings below:

Supportive and Hindering aspects in supervision/mentoring

Many supportive and hindering aspects were mentioned by all Participants. Such aspects also concurred with literature, amongst which are for supervision/mentoring to act as a:

- Supportive and positive space for practitioners to lessen professional isolation, burnout and compassion fatigue, while enhancing professional satisfaction and personal support
- Positive accompaniment alleviating difficult narratives encountered
- Holding, validating and supportive space considering the fine line between personal and professional support. Both domains are needed to be seen to, as one cannot give from what one does not have
- Safe and genuine space where to process normative, formative, restorative, organisational and contextual aspects
- Space for a reflective process to aid the practitioner become an agent of professional reflexivity, growth and formation

Beneficial Gestalt characteristics for supervision and mentoring

The following were the main Gestalt aspects mentioned for consideration and for beneficial processing in supervision/mentoring:

- I/Thou dialogic relationship
- Relational aspect of supervision and mentoring
- Focus on what is being experienced and lived in the here and now
- Awareness and in-depth processing
- Presence through the embodiment
- Field theory and field dynamics
- Contact functions and interruptions
- Paradoxical theory of change

With all Gestalt aspects discussed by Participants, one of the most suited models for supervision seems to be the Seven-Eyed Supervision Model. The model is based on seven aspects of the supervision process, fitting particularly well with the depth of the multi-layered Gestalt processing.

The need for beneficial and professional mentoring in diverse humanistic fields

All Participants focused on the effects of the spill over of their professional fields in their personal life. As a result, the Participants highlighted that they, and several clients in various humanistic roles, suffer from burnout and compassion fatigue, partly due to the lack of mentoring/supervision. In turn, diverse sectors can also benefit from mentoring, such as through employee retainment, better service provision and improved relational issues.

Supervisor/ Mentor characteristics needed for constructive supervision/ mentoring

The relationship with the supervisor/mentor was one of the strongest elements discussed by research Participants. Some of the mentioned supervisor/mentor characteristics needed for positive supervision/mentoring were:

- The ability to create healthy ethical boundaries but at the same time a positive and genuine supervision/mentoring relationship
- Relational mindfulness and the ability to include open dialogue in a collaborative approach
- Trust and genuine reciprocal care and relational contact
- Positive personality traits of the supervisor/ mentor
- The need for the mentor to have experience and wisdom, being knowledgeable, and well-trained.

In this regard, a strong indication was given that well-designed training, including aspects of personal and professional formation, is needed in supervision and mentoring, rather than solely attending a short course, or solely having experience in the field of practice.

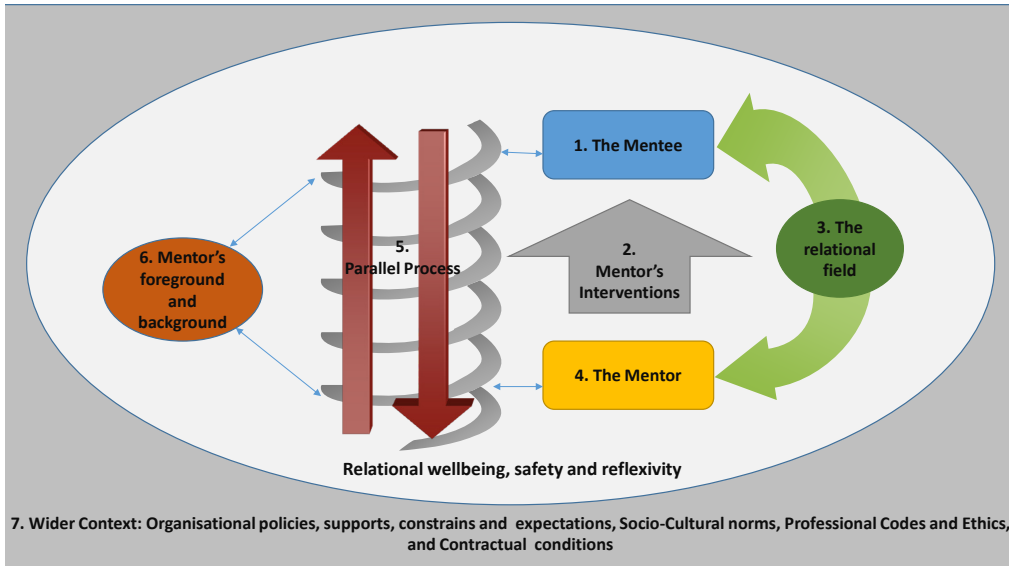
Recommendations and Implications for future practice

Succinct recommendations emerging from the narrative themes and analysis are the following, to:

1. Make supervision/ mentoring mandatory and/ or possible for all humanistic professionals reflecting the contextual and respective professional needs.
2. Provide training in supervision and mentoring, incorporating both personal and professional formation.
3. Inform organisations about the diverse supervision/ mentoring needs and approaches according to the need and requirements of the particular profession and entity.
4. Increase awareness with organisations of long-term, not only short-term, supervision/ mentoring benefits for their employees and for the organisation/field.
5. Ensure that the supervision/ mentor, in turn, is supported by continuous professional development and supervision.

Seven-Eyed Mentoring Model using the Gestalt paradigm

According to evidence from the Gestalt aspects discussed by all Participants, one of the most suited models for supervision emerged to be the Seven-Eyed Supervision Model, developed by Hawkins & Shohet (1985) and named as such by Inskipp & Proctor (1995). This model focuses on the relationships between the client, the therapist, and the supervisor, and also on the interplay between each of such relationships, together with their context within the wider system. The model is hereunder adapted to mentoring, fitting particularly well with the depth of the multi-layered Gestalt processing.



Gestalt Process Model in Mentoring (Falzon, 2022) adapted from the 7-eyed Supervision Model

As seen in the above depiction, all the processes are encompassed within a framework of positive relational wellbeing and safety. The model also includes reflexivity within the process.

The Mentee: The primary focus starts with the mentee, the mentee's state of wellbeing and presented content. The mentor needs to be also aware of how the mentee presents the issues and the choices of what one presents, including the explicitly said and the tacitly inferred. The relational and reflexive stance immediately positions the session into a safe process.

The Mentor's Interventions: The focus is on the mentor and what the mentor is reflecting upon and embodying, and techniques, approaches, strategies, and interventions that are utilised by the practitioner, and also their effectiveness. The mentor uses reflexive interventions to beneficially and explicitly bring the former aspects in the field with the mentee.

The Relational Field between the Mentor and the Mentee: The attention is on the contact being created between the mentor and the mentee, and mindfully on the overt and implicit interactions between the two, so that both the mentor and the mentee gain better awareness, understanding and insight of the dynamics of the mentoring relationship. This relationship constitutes the base of agentive change for the mentee's service users or work domain.

The Mentor: The focus is on the mentor's own experience as an embodied instrument for assimilating what is happening beneath the surface of the mentee system. The focus shifts towards the process, including the mentee's feelings, emotions, sensations, perceptions, observations, and behaviours that emerge from one's work. Therefore, in this stage the mentor supports the mentee's awareness about oneself and also when working with clients.

The Parallel Process: The prior reflection can also reflect parallel processes occurring personally or in the place of work for the mentee. Whatever happens within the mentoring room may be subsequently happening as a parallel process in the mentee's fields outside mentoring. Furthermore, other parallel processes might belong to the wider context and are manifested in the mentoring relationship.

The Mentor's Foreground and Background Experience: This refers to the foreground of self-reflection that is based in the background of personal formation, training, knowledge, and experience. The focus is the mentor's here and now deeper experience with the mentee and how this can be used to shed light and further insight on the mentor-mentee relationship and dynamic, and to possibly evoke transformative change. Thus, the mentor acts as a reflective collaborative partner with the practitioner through acting as a mirror on the mentee's way of being and/or one's practices.

The Wider Context: The focus is on the wider organisational, social, cultural, ethical, and contractual context within which the mentoring is taking place.

Focusing on areas 1-3, mentoring is concerned with reflecting on the mentoring session itself - its content, the interventions made, and the dynamics of the mentoring relationship. In areas 4-6, mentoring is concerned with the mentoring session as it is reflected in the here and now experience in the process between the mentor and the mentee. In area 7, mentoring is situated in the contextual ambience that supports, hinders, or influences the mentoring experience and the processes mentioned in mentoring.

Final Conclusion

Evidence based through the Participants' narratives, consequent analysis and previous literature, this research strongly attests to the applicability of the Gestalt modality in a wider field than the therapeutic and practitioner supervision realm. This study also reiterates that mentoring based on Gestalt practices and implemented in diverse humanistic fields supports the professional and personal experiences of practitioners. Thus, training in supervision and mentoring is necessary. Also, in view of the benefits seen in this study, the implementation of mentoring practices, though understandably laborious, is worth serious consideration.

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Biography

Rose Falzon's professional trajectory started from teaching in a secondary school and subsequently worked in counselling and psychotherapy, and as a practitioner supervisor, conducting individual and group supervision at the Education Directorate for Student Services, for diverse agencies' practitioners and for practitioner trainees and holding training and seminars, and continuous professional development in colleges and other organizations. At the Malta College for Arts, Science and Technology (MCAST) Dr Falzon was involved in the course development of the Inclusive Education National Higher Diploma and was a Senior Lecturer II, both in Personal Development and Inclusive Education and the Director for Student Support Services. Currently at MCAST, Dr Falzon is a Senior Lecturer II at the Research and Innovations Department and Coordinator of the Post-Graduate Certificate in Research Methods. Dr Falzon has also completed her second Doctorate within her field of study of Gestalt Psychotherapy. Dr Falzon held several workshops and presentations concerning therapy and supervision in conferences both locally and abroad, and apart from her thesis, published articles in MCAST Journal of Applied Research & Practice, European Association for Counselling Online Publications, and in the European Journal for Qualitative Research in Psychotherapy.

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