

EAPTI GPTIM (MFHEA: 2014 – FHI - 020)  
European Accredited Psychotherapy Training Institute -  
- Gestalt Psychotherapy Training Institute Malta

**Change in the phenomenological experience  
of clients with anxiety disorders and panic attacks  
after Gestalt psychotherapy  
(PhD dissertation)**

Mentors:

**PhD. Emilija Stoimenova Canevska**


**PhD. Lidija Pecotić**

PhD student:

**Mira Stojanović**

February 2024

## Research context

- COVID-19 pandemic
  - The need for more research in psychotherapy.
  - The theoretical and methodological background of Gestalt psychotherapy and its approach to analyzing human experience, through an existentialist-phenomenological approach.
- 

# Presentation content

1. Consideration of basic concepts from the theoretical part (the concept of phenomenology and phenomenological experience, the concept of change in psychotherapy, anxiety, and the Gestalt psychotherapy approach to work)
2. Research methodology
3. Presentation of the most important results
4. Conclusions

# Phenomenological experience

We were interested in the physical and psychological experience of symptoms of anxiety and panic attacks, as well as their interpretation by clients before and after psychotherapy.

# The change we are discussing in this paper

The change we are discussing in this paper will refer to the results of applied psychological measuring instruments before and after Gestalt psychotherapy on the research sample.

Moreover, we are referring to the change in the experience of anxiety disorders, which we determined through a semi-structured interview before and after Gestalt psychotherapy with a certain number of respondents from a random sample.

# About anxiety and panic attacks in Gestalt psychotherapy

According to Perls, anxiety is an excitement without any kind of support. (Perls, 1951).

A panic attack is experienced as a discontinuity in the continuum of experience. If the background shakes, the organism and the self in action are suspended. The figure lacks a background, so sense, meaning, and activity cannot be continued. The result is fear, especially the fear of death.

# Research on the treatment of anxiety

A study in 2018

Herrera, Mstibovski, Roubal, and Brownell provide results that indicate the effectiveness of the Gestalt psychotherapy approach in overcoming anxiety. The level of anxiety was reduced (reduction at the level of physical symptoms) after Gestalt psychotherapy.

# Pilot research that preceded the research within this thesis

## Pilot research in 2021

In the research carried out as part of the specialist doctoral studies of the EAPTI GPTIM researchers Stojanović, Tasevska, and Stefanović, we obtained data on the change in the experiences of subjects with anxiety disorders after nine Gestalt psychotherapy sessions.



# Research methodology

Due to the complexity of the phenomena we deal with in the general methodological approach, **we decided to use a mix method.**

**Quasi-experimental approach for the quantitative part of the research**

**and for the semi-structured interview and the IFA method in the qualitative part of the research.**

# Research subject

The subject of this research is the search for a change in the experiential phenomenological experiences of clients with anxiety disorders and panic attacks after Gestalt psychotherapy.

# Research question

Is there and what is the change in the phenomenological experience of clients with anxiety disorders and panic attacks after Gestalt psychotherapy?

# Sample

The sample was formed **in the period from September 2021 to January 2023**.

**60 subjects** (8 men and 52 women, the average age of the subjects is 36 years) with symptoms of anxiety and panic attacks.

Ten fellow Gestalt psychotherapists participating in the research from EAPTI SEB determined which respondents would be in the sample among the new clients received through the application of the GAD 7 scale for assessing the level of anxiety.

After forming a **convenient sample**, we also formed a **random sample** of five respondents with whom we conducted an in-depth interview.

# Research hypotheses

- Hypothesis H0: There will be a difference in the level of anxiety among the subjects before and after ten Gestalt psychotherapy sessions.
- Hypothesis H1: There will be a lower level of anxiety on the GAD 7 scale after ten Gestalt psychotherapy sessions.
- Hypothesis H2: There will be a change in the experience of physical and psychological symptoms measured by the BAI scale after ten Gestalt psychotherapy sessions.
- Hypothesis H3: There will be a change in results on the BODY scale after ten Gestalt sessions of psychotherapy.
- Hypothesis H4: There will be a change in the results on the OPINION scale after ten Gestalt psychotherapy sessions.
- Hypothesis H5: There will be a change in the results on the S(SVN) scale or proactivity after ten Gestalt psychotherapy sessions.
- Hypothesis H6: There will be a change in the results on the BELONGING scale after ten psychotherapy sessions, the results on this scale will be higher in the retest phase compared to the pretest phase.

- Hypothesis H7: There will be a change in the results on the STRENGTH scale after ten psychotherapy sessions, the results on this scale will be higher in the retest phase compared to the pretest phase.
- Hypothesis H8: There will be a change in the phenomenological experience of functioning of respondents/clients after ten Gestalt psychotherapy sessions, assessed on the items of the questionnaire for the assessment of change after psychotherapy.

## The assumptions are

We expected that there would be a change in the phenomenological experience of anxiety disorders and panic attacks in our clients/respondents after ten sessions of Gestalt psychotherapy.

We expected that the clients in the qualitative research would be able to describe the change in the experience of physical and psychological symptoms, and that they would describe significant Gestalt psychotherapy interventions.

The assumption was that the expectations of the psychotherapy process would meet a certain extent by the clients/respondents after ten sessions of psychotherapy.

# Research variables

## Dependent:

- Physical symptoms - operationalized by a score on the BAI scale
- The psychological state of the clients/respondents was operationalized through the obtained scores of the used measuring instruments (GAD 7, BAI, BOLD, Questionnaire for assessing changes after Gestalt psychotherapy).

## Intervening:

- Gestalt psychotherapy (interventions agreed and coordinated, "independent" of the therapist's personal style of work, and all therapists belong to the same school).

## Control:

- The respondents have no previous therapeutic experience.



## **Instruments used in the research**

**For the GAD 7 General Anxiety Scale 7 instrument – Generalized Anxiety Assessment**

**For the BAI scale – Beck Anxiety Inventory**

**For the Test of basic supports of personality BOL - consists of scales that indicate the experience of basic supports: body, opinion, belonging, purpose (proactivity) and strength scale.**

**Questionnaire for Assessment of Change after Psychotherapy.**

# Gestalt psychotherapy

In the psychotherapy work of Gestalt psychotherapists, we decided on a list of possible intervention steps to control the therapist's style to some extent, considering that the number of sessions for monitoring clients was limited.

# List of interventions in Gestalt psychotherapy

1. Becoming aware of bodily excitement and distinguishing it from the experience of fear.
2. Raising the level of awareness of emotional response.
3. Distinction of bodily response and cognitive processing of experiences.
4. Application of body work techniques and techniques of being in the "now and here".
5. Paradoxical interventions, providing support for being in the experience of anxiety with a new togetherness created through a working therapeutic alliance, so that the client/respondent are not lonely and alone in the experience they are surviving.
6. Counseling work (support for coping with uncertainty, diet correction, physical activity).
7. Strengthening the organismic self-regulation of clients/respondents through awareness of needs.
8. Work on awareness of "negative" introjects that frustrate the excitement of contact.
9. Returning some of the power and self-support to the client through awareness and respect own body limits, application of daily routine and good organization of time.

## Data processing methods

The statistical method that was used to compare the level of anxiety and panic attacks in the respondents before and after the effect of the psychotherapy intervention **was the T-test for paired samples**, as well as other statistical methods that were evaluated as adequate after obtaining the results.

**Descriptive statistics and item analysis were made**, but due to the time of this presentation, it cannot be displayed.

The results of the **in-depth interview** with a random sample of five respondents were analyzed in the manner implied by the applied **IFA method**.

# Research phases and timeline

**Research conducted in the period from September 2021 to March 2023**

Preparatory phase

Pre-test phase

Phase ten sessions of Gestalt psychotherapy

Retest phase

Phase of processing and analysis of obtained results, presentation of research results

# Ethical framework and research resources

All research participants are adequately and thoroughly familiar with the purpose of the research.

They had the opportunity to sign an informed consent form to participate in order to be part of the research.

It was possible for them to be informed about the course of the research at certain stages, as well as to give up the research if they have personal reasons for doing so. This applies both to fellow psychotherapists and to clients/respondents from the sample.

The ethically good side of our research is the teamwork and cooperation of a large number of colleagues on this project.

To avoid overlapping of the roles during the research, we distributed the roles in the phases of the research and thereby ensured a part of the objectivity of the work approach.

# Results

## *Presentation of the results of the quantitative part of the research*

All hypotheses within the quantitative part of the research were confirmed, as well as the null hypothesis, which reads:

***H0: There will be a difference in the level of anxiety among the subjects before and after ten Gestalt psychotherapy sessions.***

The most significant part of the results follows:

# GAD 7 results

Distribution of respondents' responses to GAD7								
Statement	Before psychotherapy				After psychotherapy			
	not at all present	slightly expressed or rare	very pronounced or often	very pronounced, it was almost unbearable	not present at all	slightly expressed or rare	very pronounced or often	very pronounced, it was almost unbearable
Feeling nervous, anxious, or on edge	0	7	25	28	8	44	8	0
Not being able to stop or control worrying	0	0	21	39	23	33	4	0
Worrying too much about different things	0	0	31	29	11	40	9	0
Trouble relaxing	0	0	20	40	12	42	6	0
Being so restless that it is hard to sit still	0	5	44	11	15	45	0	0
Becoming easily annoyed or irritable	0	0	31	29	5	50	5	0
Feeling afraid, as if something awful might happen	0	0	20	40	2	52	6	0



## Result from paired samples T-test on GAD 7

**There are statistically significant differences,  $t(59) = 51.59$ ,  $p < .001$ , and that the scores on the GAD7 scale are on average higher in the pretest phase ( $M = 17.35$ ;  $SD = 1.51$ ) but in the retest phase ( $M = 6.38$ ;  $SD = 1.54$ ).**

***In this way, we confirm H1, which reads: There will be a lower level of anxiety on the GAD 7 scale after ten Gestalt psychotherapy sessions.***

# BAI scale results

Table 12. Anxiety level (BAI scale) – pretest and retest

Anxiety level	Measurement – the number of respondents in diagnosed categories	
	Pretest	Retest
Minimal	0	7
Mild	2	27
Moderate	30	26
Severe	28	0

**A paired-samples T-test** was used to examine whether there were statistically significant differences in anxiety scale scores before and after testing (pretest and retest).

**The results showed that there are statistically significant differences**,  $t(59) = 22.65$ ,  $p < .001$ , and that scores on the anxiety scale are on average higher before the test ( $M = 30.02$ ;  $SD = 7.89$ ) but after testing ( $M = 11.90$ ;  $SD = 5.75$ ) (Table 34).

***Based on the conducted analysis and presented results, we confirm Hypothesis 2, which reads: There will be a change in the experience of physical and psychological symptoms measured by the BAI scale after ten Gestalt psychotherapy sessions.***

# Results of the BOL test

Table 1. Comparison of respondents according to the results on the BOL scale - pretest and retest

Scale BOL	Measurement	n	M	SD	t	p
<b>Body</b>	Pretest	60	74.13	6.35	-10.32	< .001
	Retest	60	87.85	9.91		
<b>Belonging</b>	Pretest	60	82.72	9.55	-2.01	.049
	Retest	60	84.33	7.49		
<b>Opinion</b>	Pretest	60	77.37	4.48	-9.59	< .001
	Retest	60	83.17	5.29		
<b>Proactivity (SVN)</b>	Pretest	60	96.70	9.56	-8.55	< .001
	Retest	60	101.20	9.16		
<b>Strength</b>	Pretest	60	330.92	2.37	-13.07	< .001
	Retest	60	356.55	18.46		

We can see ***that the results showed that there are statistically significant differences***,  $t(59) = -10.32$ ,  $p < .001$ , and that the scores on ***the Body scale*** are on average lower in the pretest phase ( $M = 74.13$ ;  $SD = 6.35$ ) than in phase of retesting ( $M = 87.85$ ;  $SD = 9.91$ ) ***and that after Gestalt psychotherapy, they lean towards the central values, which is a measure of a person's functionality.***

***The results showed that there were statistically significant differences***,  $t(59) = -2.01$ ,  $p = .049$ , and that the scores on ***the Belonging scale*** were on average lower in the pretest phase ( $M = 82.72$ ;  $SD = 9.55$ ) than in the retest phase ( $M = 84.33$ ;  $SD = 7.49$ ) ***and that after Gestalt psychotherapy, they lean towards central values, which is a measure of better person's functionality.***

***The results showed that there were statistically significant differences***,  $t(59) = -9.59$ ,  $p < .001$ , and that the scores on ***the Opinion scale*** were on average lower in the pretest phase ( $M = 77.37$ ;  $SD = 4.48$ ) than in the retest phase ( $M = 83.17$ ;  $SD = 5.29$ ) ***and that after Gestalt psychotherapy, they tend towards central values, which is a measure of a person's functionality.***

***The results showed that there were statistically significant differences,  $t(59) = -8.55$ ,  $p < .001$ , and that the scores on the Proactivity scale were on average lower in the pretest phase ( $M = 96.70$ ;  $SD = 9.56$ ) than in the retest phase ( $M = 101.20$ ;  $SD = 9.16$ ) and that after Gestalt psychotherapy, they lean towards central values, which is a measure of better person's functionality.***

***The results showed that there were statistically significant differences,  $t(59) = -13.07$ ,  $p < .001$ , and that the scores on the Strength scale were on average lower in the pretest phase ( $M = 330.92$ ;  $SD = 2.37$ ) than in the retest phase ( $M = 356.55$ ;  $SD = 18.46$ ) (Table 8) and that after Gestalt psychotherapy, they tend towards central values, which is a measure of a person's functionality.***

***Our hypotheses H3, H4, H5, H6 are hereby confirmed. The most significant data is obtained on the STRENGTH scale, which represents the overall functionality of a person, and this result after psychotherapy work is statistically significant, and thus our hypothesis H7 is confirmed.***

# The distribution of respondents' responses to the Questionnaire for Assessment of Change after Psychotherapy.

Statement	Questionnaire for assessing change after psychotherapy				
	That doesn't apply to me at all	That applies to me to a lesser extent	It applies moderately to me	That pretty much applies to me	It completely applies to me
My life situation and lifestyle have changed during psychotherapy.	9	19	17	4	11
I changed myself as a person during the therapy.	0	15	24	7	14
People around me perceive and experience me differently.	0	12	14	33	1
My expectations of the psychotherapy have been met.	0	0	6	32	22
The problems I came for have been largely resolved.	0	0	5	45	10
Some events outside the therapy had a positive effect on me.	0	12	36	11	1
I have good consequences from participating the psychotherapy.	0	4	0	51	35



***There was a statistically significant change in the experience of anxiety symptoms among respondents from our sample and it occurred after Gestalt psychotherapy.***

***Accordingly, our null hypothesis is fully confirmed.***

***Our clients had no experience in previous self-psychotherapy. As such, the result was purified from possible interference with the respondents' prior knowledge and other types of support in this sense.***



# Results of the qualitative part of the research

## ***Semi-structured interview and data analysis - IFA method***

The data were collected using the third approach of observation with the participation of semi-structured interviews (Vilig, 2016), which includes one phase of data collection and one phase of data analysis.

***A semi-structured interview with a predetermined agenda was conducted in the pretest and retest phase.***

The template by which the themes were displayed according to K. Vilig (Vilig, 2016)

## List of main topics pretest and retest phases

	Experiencing physical symptoms	Experiencing psychological symptoms	Trigger for coming to therapy	Expectations from psychotherapy	Significant experience of psychotherapeutic processes
Pretest phase	<ul style="list-style-type: none"> <li>Unpredictable fear</li> <li>Spasm</li> <li>Fear of death</li> <li>Fatigue</li> <li>Muscle tension</li> </ul>	<ul style="list-style-type: none"> <li>Exhaustion</li> <li>Withdrawal</li> <li>The house is not a safe place</li> <li>Havoc</li> <li>Care</li> </ul>	<ul style="list-style-type: none"> <li>The decision to help yourself</li> <li>Helping the family</li> </ul>	<ul style="list-style-type: none"> <li>Understanding experiences</li> <li>Functional again</li> <li>Returning to your own shoes</li> </ul>	
Retest phase	<ul style="list-style-type: none"> <li>A different experience</li> <li>There is no escape</li> <li>Better feeling</li> <li>Nothing terrible</li> <li>I won't die</li> </ul>	<ul style="list-style-type: none"> <li>Acceptance</li> <li>Reliving</li> <li>I won't die</li> <li>Hope</li> <li>Understanding</li> </ul>			<ul style="list-style-type: none"> <li>Distinction of meanings of excitement</li> <li>Change in attitude</li> <li>Respect for boundaries</li> </ul>

# Discussion

According to Milan Latas, regardless of the psychotherapy modality with which the work is approached, it is a general recommendation that patients should be educated about their disorder and encouraged to face their fears (Latas, 2016).

As reported by B. Miller, Gestalt psychotherapy is not counseling and exchange, but if we judge that it is nutritious for the client to act in counseling in terms of raising the level of awareness about the quality and way of his life, we have the right to act in counseling in order to overcome the difficulties in which our client is (Miller, 2019).

**By becoming aware of excitement in the psychotherapy process, we take away the power of fear in the cognitive sphere.**

**Through the provision of support for conscious excitement, which has its physical manifestation in the rhythm of breathing, excitement is supported in openness to the novelty of experiences** that introduce clients/respondents into a state of anxiety.

**Through a quality working alliance and the feeling of support they receive in therapeutic work, the subjects do not remain alone in the experience of novelty** (confusion of figures that appear in anxiety and disintegration of the background in panic attacks) which is a condition for the emergence of anxiety.

**Our goal was to create a willingness to accept excitement, trust that the organism can regulate itself regardless of the novelty and uncertainty in which it finds itself.**

**Care, understanding and acceptance by the therapist allow** clients to internalize positive messages and enter the process of change, i.e. **develop insights and expand the level of awareness.**

**The importance of the quality of the working alliance and the relationship of trust is one of the cornerstones of Gestalt psychotherapy.**

# Conclusion

The aim of the research on determining the change in the phenomenological experience of anxiety disorders and panic attacks of clients/respondents after ten Gestalt psychotherapy sessions has been achieved. According to a comprehensive view of the results of our research, Gestalt psychotherapy leads to an increase in the client's level of resilience, to increased functionality and their better integration.

Changes did occur, although they cannot be attributed solely to Gestalt psychotherapy due to a number of possible influencing factors that were not controlled for in this study. However, it is evident that the changes occurred after Gestalt psychotherapy.

During the therapeutic process, clients/respondents reframed the meaning of the experience of discomfort. The narrative of describing the problems **from the experience has been changed, which is illustrated by the phrase:**

**'I am going to die'** to the phenomenological experience described by the words **'...that I can bear'** or **'...now I know that I can survive...'**

**Through the quality of the working alliance in the therapeutic process, a new base was created for the experience of belonging, which represents new strength and support for the client for further functionality despite the problems of anxiety and panic attacks.**

The method and approach to the work of our Gestalt psychotherapists gave a result that improves the quality of life of our respondents and can be understood as an example of good practice and recommendations for working with such ailments in clients.

This approach to work proved to be extremely effective in our research and can be understood as a contribution to the systematization of existing knowledge within our approach.

It was the interventions of our psychotherapists that contributed to the picture of the results of our research and the changes that our respondents are talking about.



## Disadvantages of this research

As researchers, we had a clear strategy and a set goal of our research, however, despite this, we are aware of the weaknesses that determine our research and its results to some extent:

- a small number of respondents in the sample,
- lack of a control group for comparing results,
- lack of control over numerous environmental factors that can influence the experience of change among respondents,
- the impossibility of applying other statistical methods to analyze the results due to the structure of the sample and research methodology.
- it would be interesting to follow the results of a longitudinal study in which the psychotherapy process and its results would be monitored for a longer period of time.

# The contribution of our work to our professional field

List of interventions when working with anxiety disorders that can be a work support, especially for young colleagues.

Expanding the database of scientific research in the Gestalt psychotherapy.

Raising the level of transparency of our psychotherapy direction among today's psychotherapy directions.

# A thank you note

To my mentors Dr. Emilija Stoimenova Canevska and Dr. Lidija Pecotić

To my fellow research participants

To collaborators in statistical data processing

To my professors from psychology studies and psychotherapy education at EAPTI SEB and EAPTI GPTIM

To our clients

To my colleagues at work, my students

To my family and my friends

**Thank you for your attention!**

