PANIK ATTACK

Anger as the foundation of panic attacks.
New research perspective in gestalt psychotherapy

Alexander Lommatzsch 2022

I'm Alexander Lommatzsch, I am the director, together with my wife, Caterina Terzi, of the IGP.

School of psychotherapy, recognized by the Ministry of University and Research.

If you want to practice psychotherapy in Italy, you must be recognized and the title of psychotherapist is equivalent to academic titles. There are 17 Gestalt School recognized in Italy and we have a federation that unites 15 Schools.

With me is present online Raffaele Sperandeo, the director of SIPGI, another recognized School and in addition of being a psychotherapist and trainer he is a researcher and methodologist. Raffaele is our project supervisor and co-author.

What I present is the intuition of a group of 8 colleagues

I am here as a representative and speaker of our research group, consisting of 18 professionals and students of the IGP.

In settembre 2020 we published an article in the Scientific Review, Phenomena Journal, directed by Raffaele Sperandeo.

https://phenomenajournal.marpedizioni.it/index.php/phenomena/article/view/54

To say it from the beginning, I am not a researcher. I am also a student and I am interested in research.

Structure of the intervention

Observations and reflections 10 min

Therapeutic experiences 10 min

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Discussion 15 min

Observations and reflections: Description

We worked with clients who suffered from panic attack. We noticed that:

• All clients remembered their first panic attack episode

• To the question "What happened at this time in your life?" they answered that they were experiencing a situation of frustration, unsatisfaction, deprivation or latent discontent. (Extern pressure, expectations, stress and introjections of various kinds)

• They reported that they found it difficult to clearly say NO to something they
  o didn't want to do or
  o didn't want to change in their lives or
  o didn't want to feel anymore.

• Clients felt powerless and unable to find a solution.

• Clients were deeply concerned about how to get out of the situation without a perspective of an exit.

Observing the obvious.

At this point we realised something interesting.

The clients actually feel the panic attack as discomfort (and that is why they come to therapy) but previously they were experiencing a situation of frustration, unsatisfaction, deprivation or latent discontent.

We are dealing with two different emotions, one of which precedes the other.

A situation of frustration, unsatisfaction or latent discontent by itself does not generate anxiety, fear or worry in the first place.

In the first place, there is disappointment, anger, hatred, etc., which only later becomes coupled with fear.

Our client deals with anger and fear

Since we are dealing in the first place with an emotion of anger, wrath, etc., we must ask ourselves what function it has, or rather, what has happened in our client's life that has generated this emotion.

We are dealing with an emotion that is important for territorial management.

People get angry when they feel an invasion, when they feel attacked, when their expectations are not satisfied, when they feel defrauded. Generally we can say: "When we don't get what we claim to have, we get angry."
I want to remember that our clients have felt a situation of frustration, unsatisfaction, deprivation or latent discontent.

So there is something they didn't get!!!

They fell some form of angriness as they are frustrated.
The sequence that describes how we humans experience our life experiences starts with feeling something, then moves to thinking and then leads to acting, and concludes with feeling after acting. We commonly speak of the contact cycle. I will return to this topic later.

What can we do when we find ourselves in a situation of frustration, dissatisfaction and latent discontent?
What can we do when we don't get what we claim to have?
We start **think** about what to do.
We develop many hypotheses.
Our clients, however, do not find a practicable solution from their point of view.
They do not want to pay the price for the consequences. Often the rules and introjections accumulated over the years are too strong.
Or they believe they have to respond out of good manners to the expectations of others. The list is endless.
Fact is, that they do not want to pay the price for the consequence. Let's say different.
It's not that they really don't want to pay the price, they often don't even know that they have a **choice**.

In any case, they are in a situation where they do not know how to say **NO**, or choose an alternative, and they **feel powerless**. In their life they have the tendency to say "YES" rather than "NO", even in situations where he is not convinced of his choice. Others do not consider them a credible interlocutor where choices have to be made, but a person who always adapts. They tend to have low self-esteem, does not believe in his abilities and does not express thier opinions for fear of being judged and ridiculed.

The sequence I mentioned earlier or the contact cycle stops here:
I cannot.

To move from **thought** to **action** we have to be able to pay the price for our choice or what we call our **responsibility**. What can I do?????
At this point our client starts to worry.
Fear is activated. The second emotion.
The function of the emotion fear is to warn us of danger and to be ready to escape.
We can run away, or we can attack, or we can freeze and simulating dead to say just a few ways of reacting.
The panic attack is in the third option, that is freezing.

In our therapeutic work, we are not so much interested in **why** a person does something, but in **the sense it makes in their life**. In other words, "What is the purpose of what our client is doing?"
In his narrative, the client is now **ill** and asks for external care. He asks to be cured of his panic attack.
He or she now has a symptom and has become the object of medical care. The client no longer has any responsibility and delegates to medical and psychological experts to find the solution.
He or she has become a protagonist and gets special attention from all the people in the field **that made him or her felt frustrated, unsatisfied or deprived.**
At the same time he or she actually suffers from panic attacks and wishes these would stop. The suffering is highly debilitating. The client is in a vicious circle.

Therapeutic experiences and reflexions
Focus on frustration, unsatisfaction or deprivation - Anger
Focus on avoidance of anger as the best possible adaptation – what is it good for
Panic attack as best friend - an apparent way out - no responsibility

When, during the therapeutic process, the client discovers that he or she is actually angry, he very often realises that a feeling of satisfaction and revenge is present in his immobility (he/she no longer leaves the house alone and has to be accompanied by those **who made him or her felt frustrated, unsatisfied or deprived.**).

Anger is perceived as a 'negative' emotion to be avoided or not admitted. This is a cultural problem. Anger is not accepted. Very often we find clients crying out of anger, as if they were sad. Childhood experience. Socially and culturally, crying is more accepted and also more powerful as a strategy of manipulation.

The problem lies in the widespread opinion, totally wrong from my point of view, that there are positive emotions and negative emotions. The emotion is the signal from our organism that indicates a disruption in the homeostatic balance and requires an initiative of changing in the process of creative adaptation. Creative adaptation, being an unpredictable process that produces experience, is not always pleasant. In fact, it is sometimes very unpleasant.
But it's us who choose the adaptation, the action. We generally want what feels best and costs least. The comfort zone.
Emotions, on the other hand, precede everything, they are precognitive, they come from the limbic system and are removed from all judgements. I can judge a thought or an action, but never what a person feels.

Emotions are very fast. When they are activated they immediately propose patterns of action. These patterns can only change and adapt through new experiences. Knowledge is not enough, experience is needed. Gestalt Therapy

In the collective experience Anger is equal to Violence. No distinction is made between feeling and acting.

Example: "The man killed the woman because he was jealous and angry." Or "The boss was dissatisfied with the work done and offended the employee." Anger leads to killing and mistreatment. It is a justification.

As if the faculty to choose action does not exist. As if we do not have the prefrontal cortex.

The sequence that describes how we human beings live our life experiences is:

feeling, thinking, acting and feeling after acting.

For most psychologists and teachers this is new. Think of all the people who have never studied the processes and functioning of emotions. But that is another issue.

After a few sessions, the panic attack symptom goes into the background and therapy becomes a place to work on one's life project.

Research hypothesis
Introduction and research objectives

Exploring the experiences of persons who suffer of panic attacks opens up the hypothesis that the panic attack, rather than as a symptom related to the sphere of anxiety and fear, is a manifestation of an existential/relational discomfort in relation to inadequate/ dysfunctional anger management. Anger becomes unexpressed and repressed (retroflexion) as a result of the accumulation of dissatisfactions, frustrations and deprivations to which the patient does not know how to say 'no'. When clients find themselves in a situation in which they feel obliged to do something they do not want to do, and they do not know how to disengage, anxiety intervenes and can increase to the point of developing various panic symptoms.

In this study proposal, we will examine how unexpressed anger can affect panic attacks. The assumption, at the basis of Gestalt practice, is that people experience anger when they do not get what they are claiming to have, or when they are in a territorial conflict. From here derive the different acts of the person in the manifestation of anger.

In our research project, we started by creating criteria to observe the following parameters:

- the experience, expression and control of anger
- presence of contact interruption mechanisms, in particular retroflexion and introjection.
- assumption of responsibility.
- inability to say no;
- difficulty in managing territoriality and any other unexpected aspect that will emerge during the research process.

Research method

For this research, the participents will be divided into three groups:

- Subjects with panic attacks under pharmacological treatment.
- Subjects with panic attacks without pharmacological treatment.
- Subjects without panic attacks.

In order to proceed in structuring the study, it is necessary to outline the method of data collection and, in this case, to ask how to detect unexpressed anger.

Research method - 3 Steps

1. State-Trait Anger Expression Inventory-2 (STAXI-2)
2. Interview with 7 open questions. The client is connected to a pulse oximeter. The session is recorded on video.
3. The qualitative and quantitative data collected will be used to design a Neural Network (RN) to investigate the non-linear correlation between the data obtained.

First step

The State-Trait Anger Expression Inventory-2 (STAXI-2) test [1] is an instrument that provides quantitative assessments of the experience, expression and control of anger.

Anger experience includes anger state and anger trait (disposition to perceive various situations as frustrating and to respond to them with an increase in anger state),

while anger expression includes outward anger (anger-out), inward directed anger, in order to restrain or suppress it (anger-in),

attempts to control one's anger expression (control of anger-out) or to suppress it by keeping calm (control of anger-in).

The original version of the STAXI was revised and the number of items was increased from 44 to 57, while maintaining the structure on six scales: Status Anger (divided into three subscales: Feeling Anger, Feeling Like Expressing Anger Verbally and Feeling Like Expressing Anger Physically), Trait Anger (divided into two subscales: Anger Temperament and Anger Reaction), Anger Expression Externally, Anger Expression Internally, Anger Control Externally, Anger Control Internally; and an Anger Expression Index that provides a summary measure of anger expression and control (Anger Expression Index) [2].)

Second Step

In a second step we propose to the client an interview consisting of seven questions.
The questions are as follows:

1. What **happens** to you when you do not get what you want? Briefly tell me an episode

The first question asks for a short story about an episode. Before asking for the episode let the person speak. Perhaps he/she spontaneously recounts an episode. If it becomes too general or goes on too long in explanations ask for the episode.

2.   What **do you do** when you don't get what you want? (Episode)

In the second question you find a parenthesis (Episode) which helps the interviewer to refer to the concrete facts of the episode.

3. How do you call this emotion/this state of mind?

The third question invites the person to name what they feel.

We reflected on the importance of not suggesting too early the word 'anger' but letting it emerge on its own, if it comes. Many people exclude saying they are angry because the word has a negative connotation. Rather they use synonyms such as nervous, irritated, restless, frustrated, dissatisfied, etc.
We can 'scratch' and ask what emotion lies beneath when you are nervous, irritated, restless, frustrated, dissatisfied, etc. In any case we do not suggest the word "anger", but use their words.

4. What would it be like if we called this emotion anger?

The fourth question introduces the word anger.

5. What **happens** to you when you get angry/ annoyed/ irritated/ feel restless/ frustrated/ dissatisfied? (repeat the word used by the interviewed)

The fifth and sixth questions use the terms they prefer to describe or to name the emotion.

6. What **do you do** when you get angry/ nervous/ irritated/ feel restless/ frustrated/ dissatisfied? (take the word used by the interviewed)

7. I ask you, in just one minute, all the words that come to your mind related to the word anger.

The seventh question is finalized to create a cluster of words related to 'anger'. A cluster of words that allow us to understand the alternatives that people use in their narration.

Not only the answer to the questions will be important, but also the "physiological response" that emerged during the interview.

Our heart is the pump that keeps us alive and beats on average 60 times every minute. But what happens if our mood changes? Our heart rate can be an indicator of our emotions. It might be interesting to be able to get an indication, during the interview, of how much the participants are in touch with their emotions.

To detect the heart rate we need a pulse oximeter that indicates on a display the heart rate (in an indirect way) detected by sending infrareds that register the contraction of the peripheral capillaries and thus the pulse/minute.

In order not to lose contact with the client and the therapeutic relationship created, the session will be recorded by three video cameras, one focused on the client, one focused on the therapist, and the third filming both together laterally including the pulse oximeter monitor.

The recordings will be transcribed and the contents organised in order to identify qualitative data and emergent themes and subsequently perform semantic text analysis and cluster identification using content analysis and text mining software T-Lab [7]. or Lexicool.

Third Step

Our project supervisor suggests to finalise the qualitative and quantitative data collected to the design of a Neural Network (RN) useful to investigate the non-linear correlation between the data obtained.

The methodological principle that characterizes our research group is the use of quantitative and qualitative methods of analysis of complex systems [8].

The emergence of a behavior (whether pathological or not) concur biological, relational, environmental, emotional and cognitive processes. These variables interact in a "chaotic" way creating the unique and unrepeatable psychic phenomena of the specific person.

Linear statistical analysis methods are not suitable for creating mathematical models of a person's psychic complexity as they allow to define the probability that people, who show a specific pattern of bio-psycho-relational processes, can develop a certain behavior (for example panic attacks).

this study examines the set of biological, psychological and relational processes connected to anger and relates them to the development of panic attacks.

The data collected, if analyzed with the classic methods of regression or analysis of variance, can provide us with the probability that the subjects in the group will develop symptoms of panic disorder as a result of mismanagement of anger.

However, this data is of little relevance in the therapeutic encounter with the person and from the point of view of scientific investigation, it does not allow us to predict the evolutionary trajectory of the process.

For this reason, the data collected in the study (STAXI scores, heart rate variability and blood oxygenation values, semantic elements extracted from the subjects' narratives, etc.) will be used as input data for a multilayer neural network.

Machine learning methods based on neural networks are considered progressive approximation systems for a goal.

During the approximation process, the neural network learns to give weight to the variables that explain a phenomenon by correcting the weight for each individual subject examined.

At the end of the training, the network memorizes the weight of each variable and in this way it is able to describe the evolutionary trajectory of the anger of each individual subject on the basis of the characteristics examined in the study.

This learning process resembles the learning of a boy who learns a complex movement such as a sporting gesture (for example the strokes of tennis). He initially performs the movement in an approximate way, then progressively integrates and coordinates the various components of the gesture until it is performed in an optimal way.

hidden layers

output layer

input layer
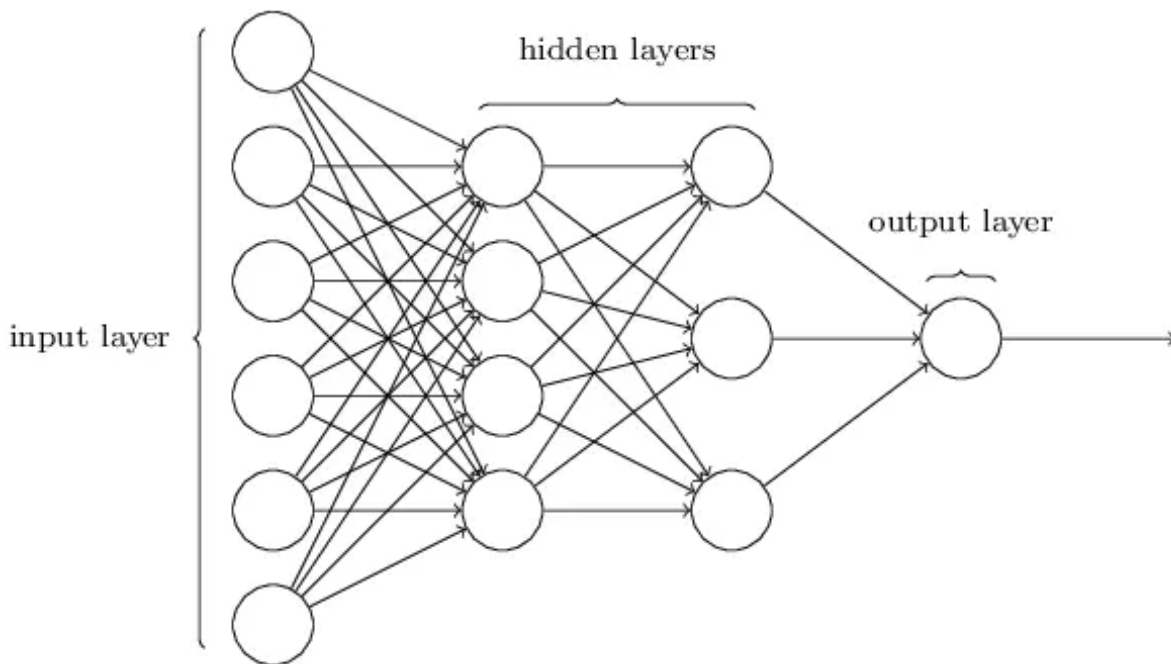
The construction of a neural network requires a large sample of subjects for training but allows to achieve two relevant objectives (obviously if the explanatory or input variables are really the cause of the target behaviors):

- On the one hand, it allows you to predict (with a high probability of success) the evolution of each individual who has specific ways of managing anger and to plan prevention interventions

- On the other hand, it allows you to create a mathematical model of the relationship between anger and panic disorders that recognizes the specific weight of each variable and allows us to make personalized treatment plans.

ALTERNATIV to Second Step

Focus Group

The Focus Group (FG) [3] instrument can also be used with the subjects involved in the research, a technique of information gathering and participative involvement of groups of subjects that represents one of the classic tools of qualitative research in the field of social science methods.

Specifically, we drew on an approach developed by Billy Desmond [4]. This is a dialogic and cooperative approach that aims at the co-construction of

knowledge and experience through the sensations and experiences that resonate in the body, expanding awareness in the here and now. The relational process, during the encounters, will be more similar to the I-Thou relationship Buber speaks of [5 cited in 4] and a separation between observer and observed is not foreseen, as is usually the case in empirical research; research will be practised with people and not on or towards people. Attention will be paid to bodily sensations, emotions and movements. The aim is to trust self-knowledge through the body, which as Merleau-Ponty [6 cited in 4, p. 185] says "proceeds intellectual elaboration and clarification of meaning".

During the Focus - Group [3] the discussion was facilitated by the six questions with the intention of investigating together with the participants aspects relevant to the focus of the research and thus related to the experience of anger. Below are the questions that were asked.

1.   What happens to you when you do not get what you want?
2.   What do you do when you do not get what you want?
3.   What do you call this emotion/state of mind?
4.   What happens to you when you get angry/ annoyed/ irritated/ feel restless/ frustrated/ dissatisfied? (take the word used by the respondent)
5.   What do you do when you get angry/ nervous/ irritated/ feel restless/ frustrated/ dissatisfied?
6.   I ask you, in just one minute of time, all the words that come to your mind related to the word anger.

Each meeting (6) was attended by small groups with a maximum of six people. The meetings were be recorded, transcribed and the content organised in order to identify qualitative data and emerging themes and subsequently perform semantic text analysis and cluster identification using content analysis and text mining software T-LAb [7] or Lexicool.

For obvious reasons here was no possibility of using pulsi oxymeter.
After five attempts we decided not to use the Focus Group.
The facilitator must be a well trained person. Factor that limits the uuse of the focus group and therefor also the data collection. The data collection was very difficult. Video analysis created confusion.

We switched to individual interview.

Step – 4

In order to verify the research outcome, it will be important to repeat the test procedure one year after the last panic attack episode.
It will be interesting to find out whether anything has changed in anger management.

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