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Post-Graduate School of Psychotherapy

Siracuse, Palermo, Milan

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5TH INTERNATIONAL CONFERENCE ON RESEARCH IN GESTALT THERAPY

"GESTALT FOR FUTURE – CREATING A NETWORK FOR RESEARCH"
Hamburg, September 2-4, 2022

•Teaching research inside Gestalt therapy training: a practical method

Margherita Spagnuolo Lobb, Serena Iacono Isidoro, Rosanna Biasi, Chiara Zuliani, Federica Sciacca, Roberta La Rosa, Silvia Tosi



Including research in Gestalt therapy training

Sources:

- Churchill S.D. (2018) Explorations in Teaching the Phenomenological Method: Challenging Psychology Students to "Grasp at Meaning" in Human Science Research. Qualitative Psychology, 5, 2: 1:21
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- -Spagnuolo Lobb M. (2016a). Researching in Gestalt Therapy: a way for developing our model. In: Roubal J., Ed. *Towards a Research Tradition in Gestalt Therapy*, Newcastle upon Tyne: Cambridge Scholars Publishing, pp. 46-55.
- Spagnuolo Lobb M. (2019). Teaching and conducting Gestalt research through the Istituto di Gestalt HCC Italy: capturing the vitality of relationships in research. In: Brownell P., Ed. *Handbook for Theory, Research and Practice in Gestalt Therapy*, Newcastle upon Tyne: Cambridge Scholars Publishing, pp. 370-397.

Why to do research if you are a psychotherapist?

- Every psychotherapist has an ethical duty to do research, for two reasons:
- 1) being curious about what is happening in the therapeutic setting, never taking anything for granted,
- 2) comparing with other colleagues, even from other approaches, about the results obtained and *how* they were obtained.
- This ethical duty is accomplished by two types of research:
- quantitative research that addresses outcome results (is it true that gestalt psychotherapists work? Do patients improve? And how much do they improve compared to other approaches?).
- qualitative research that gives both to gestalt psychotherapists themselves and to colleagues of other approaches - information about the processes highlighted by our method (why and how GT works? See Brownell, 2019; Roubal, 2016; Spagnuolo Lobb, 2016; 2019).

Why research?

- Hold an ethical, collegial and non-isolationist (coming out of a narcissistic position) attitude to our work as psychotherapists
- Improve our intervention and keep our sensitivity and curiosity about the process alive
- Validate our approach internationally
- Explore and better understand what we do with our patients and how the process of change unfolds
- Build a bridge between theory and practice
- Communicate with colleagues from other approaches

(EAGT Research Committee guidelines, 2022)



Psychotherapy Research

Origins

The first real research trials in psychotherapy can be considered those of Abraham in Berlin around 1920, Glover in London around 1930, and especially Carl Rogers in the United States in the 1940s, the first to use recording to study psychotherapy sessions.

"Does psychotherapy work?" (1950s to 1970s): outcome research

The debate arose mainly from the provocations of Eysenk (1952) who argued that there was no evidence for the efficiency of psychotherapy, since changes following psychotherapy were no different from changes due to «spontaneous remission»

The question of the **placebo effect**:

10 to 18 percent of patients show significant improvement as soon as they are placed on a psychotherapy waiting list (Migone, 2006)

"Does psychotherapy work?" (1950s to 1970s): outcome research

In 1970, the first conference of the Society for Psychotherapy Research (SPR) was held in Chicago.

The journal Psychotherapy Research was founded 20 years later, in 1990

The Handbook of Psychotherapy and Behavior Change (edited by Bergin and Garfiled), with its seven editions from 1971 to 2021, shows that psychotherapy is on average more efficient than placebo and that a placebo cannot be defined in the field of human relationships

Dodo verdict (from Alice in Wonderland) or equivalence paradox Luborsky, Singer & Luborsky (1975)

"All methods have won, and each will receive a prize."

Nonspecific factors:

Supportive factors (identification with the therapist, warmth of the therapist, empathy, therapeutic alliance), learning (corrective emotional experience, insight, assimilation of problem experience), and of action (behavior regulation, cognitive skills, reality testing) (Lambert, 2004)

Elements of the therapeutic relationship believed to be of demonstrated efficacy (agreement on goals, collaboration, therapist empathy) or of probable efficacy (ruptures and repairs in the therapeutic relationship)

refer to the therapeutic alliance that has shown the

greatest predictive ability with respect to outcome

Outcome research, which measures with standardized instruments the outcomes after psychotherapy, for example, the difference between before and after psychotherapy Process research, which studies various aspects of the psychotherapeutic process, which can also be measured during treatment, regardless of the results. "Because of what and for whom does psychotherapy work?" "What needs to happen in the course of therapy for which a positive outcome can be expected?" (1960s to 1980s): process research

During this period there is a boom in the manualization of psychotherapeutic techniques.

The first manuals are those published by Wolpe (1969) for behavioral therapy and that of Beck et al. (1979) for the cognitive approach to depression.

The manuals have three components: a representative selection of the principles of a given psychotherapeutic technique, concrete examples of each principle so that there is no doubt about what is meant by that technique, a set of scales that measure the clinical outcome of those principles: the rating scales

Study of therapeutic **microprocesses** (1970s to present): intensification of studies on process, rather than outcome

New research tells us that neither specific factors (1 to 15 percent), nor nonspecific factors (7 to 30 percent), nor their sum (8 to 45 percent) can explain outcome (Beutler, Harwood, 2002).

Probably the interaction of relational factors with specific elements and their mutual enhancement can better explain, on an empirical level, what happens in psychotherapy.

This makes it clear that outcome research is **not sufficient** to understand how psychotherapy works; research on the process is also needed

What levels of outcome can be considered in psychotherapy?

- symptomatic (use of self-report instruments and/or clinical assessment)
- patient's ability to adapt or function in his or her environment (measured by specific scales)
- mental functioning processes (cognitive and emotional abilities, affect regulation, selfrepresentation, understanding of one's own and others' mental states, emotional bond building/specific assessment tools with reference theory)
- transactional concerning *contextual influences* (family and social)
- degree of *satisfaction* perceived by the patient (and possibly family members)
- There is a need to bridge the gap between measurement of experimental effectiveness (efficacy) and clinical effectiveness (effectivness)

The present situation

Research can provide psychotherapists with recognition for the importance of their work, against the tendency to reduce the treatment of human suffering to mere medicine or behavioral change.

Unlike the period when humanistic approaches were born, today research is not seen as opposed to the complexity and spontaneity of psychotherapists' work, but rather as a possible ally for the recognition of its importance.

The development of research in psychotherapy toward qualitative methods has helped Gestalt therapists see research as an interesting tool, both to share the effectiveness of their work and to better understand what they themselves do.

M. Spagnuolo Lobb, 2016

Gestalt therapy peculiar contribution to psychotherapy

research

Margherita Spagnuolo Lobb www.gestaltitaly.com Roubal J. (ed.) (2016). Towards a Research Tradition in Gestalt Therapy. Cambridge Scholars Publishing Brownell P., Ed. (2019). Handbook for Theory, Research and Practice in Gestalt Therapy, Cambridge Scholars Publishing

Does gestalt therapy work? Research Being curious, how much do patients **Ouantitativ** nothing is for improve compared to other as an e research granted. approaches? Compare ethical results with why and how duty other **Oualitative** colleagues on GT works? research what and how The The aesthetic tools GT intentional with which we **Qualitativ** view the processes of therapeutic e research interactions both therapist and client The therapeutic situation as a field phenomenon

Can a research be non evaluative?

The medical model (Cartesian dichotomies)



This is good contact..
This is a good intervention...

Phenomenol ogical analysis



The therapist perceived this..the client perceived this..and together they did this..

Stay with the discorvery of dimensional aspects, away from evaluative attitudes

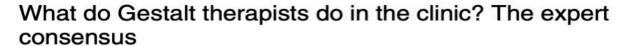
Quantitative research, outcome studies ("verification context")

The data obtained, through the use of structured and standardized tools can be categorized, sorted and classified, as well as measured on numerical scales. Graphs and tables can be constructed from the data, and then statistical processing of the data can be carried out using a series of parametric, inferential procedures that are extremely accurate.

Qualitative research, process studies ("context of discovery")

Qualitative methods beg the question of how human experience can be studied, analyzed and described from a non-evaluative, e.g., phenomenological, perspective.

A. Giorgi's phenomenological method, seeks to clarify how phenomenology—more specifically Husserlian phenomenology—can guide the researcher in the reflection and processing of data, understood them as "signs" of the phenomenon under investigation. In the search for reality, phenomenology offers its attention to phenomena, to the experiences that subjects have of the phenomena themselves.



Madeleine Fogarty, Sunil Bhar, Stephen Theiler and Leanne O'Shea

- If any gestalt terms were to be investigated, a large number of theoretical differences would emerge
- The wide divergence of opinion may present a threat to the future of GT (M. Parlett, 2007)
- Before we can understand whether GT works, we need a measure to determine whether what a particular therapist is practicing, can be described as Gestalt Psychotherapy
- Usually fidelity scales are constructed from a manual, but GT does not have one
- The method used by M. Fogarty et al. is the Delphi method

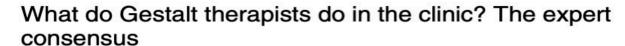
The Delphi method

The Delphi method is a social research methodology that has been used in clinical health care for more than 30 years in situations where several alternative orientations to each other are possible.

Experts in the field are questioned and convergences between their responses are analyzed in order to produce a common basis based on agreement.

In the Delphi method, instructions (such as the therapist's description of behavior) are submitted to a panel of experts, and considered valid only if approved by a consensus of 80 percent or more.

Sixty psychotherapists from all over the world (Latin America, North America, Europe, Middle East, Asia, Oceania) participated in the study. Eight aspects that characterize Gestalt therapy were identified.



Madeleine Fogarty, Sunil Bhar, Stephen Theiler and Leanne O'Shea

Key concepts (aspects that characterize Gestalt therapy):

the work on increasing awareness
the work on relationship
the work in the here and now
the phenomenological practice
the work with embodiment
the field-oriented intervention
the work with the process of contact
the experimental attitude

Outcome research

With this kind of research, we try to measure with standardized instruments
the effect of psychotherapy treatment, after its conclusion, usually by
comparing the previous and subsequent condition and the patient's
perception

Outcome research

Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE –OM) (Mellor-Clark et al., 2006; Palmieri et al., 2009), which is being applied in many psychotherapy services throughout Europe, particularly being applied to Gestalt psychotherapists by Christine Stevens et al. (2011).

At the Gestalt Institute HCC Italy is applied to all patients at the Clinical and Research Centers at all locations (Milan, Palermo, Syracuse, Vicenza, online).

Referrers: Valentina Gnizio e Serena Iacono Isidoro

La Rosa R., Tosi S., Settanni M., Spagnuolo Lobb M., Francesetti G. (2019). The outcome research in Gestalt therapy: the Italian CORE-OM research project. *British Gestalt Journal*, 28, 2: 14–22

Core - OM

Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE – OM) (Mellor-Clark et al., 2006; Palmieri et al., 2009)

- Measure 4 domains.
- -Subjective well-being (4 items, single main construct)
- -Symptoms/problems: 12 items, 4 clusters (depressive symptoms, anxiety symptoms, physical symptoms and effects of trauma)
- -Functioning: 12 items, 3 clusters (meaningful relationships, general and social functioning)
- -Risk: to self and others, 6 items-self and heterolesive aspects

Process research

During therapy and regardless of the outcome, they measure certain aspects related to the therapeutic process "What changes?", "What are the main conditions for change to occur?", "What are the relational aspects (verbal and nonverbal) that facilitate change?"

- Examples from other approaches, to contextualize what we can do
- Measuring "therapeutic alliance" at various stages of therapy, compared with other variables in the same process, such as gender or age of patient and therapist, number of sessions, length of treatment, type and severity of diagnosis, etc. (Colli, Lingiardi, 2009)

QUALITATIVE PHENOMENOLOGICAL RESEARCH

Phenomenological research is used to arrive at an understanding of the meaning of a specific human experience.

Phenomenology systematically discovers and describes the internal meaning or essences of an experience that are obtained through the study of details or instances of experiences as they are lived by individuals (Churchill, 2018)

This method is used when:

- one wants to understand the meaning of an experiential experience;
- the lived experience of interest is not well described and little literature exists on it

Researching phenomenologically on psychotherapeutic processes

What to research on?

- How nurse students experience death?
- What are the feelings of pediatric oncology staff with respect to the therapeutic overtreatment of children?
- these are interesting questions but they are not related to psychotherapy.
- «What does a specific group of clients feel when their therapist smiles at them?», or «how do clients and therapists describe the most meaningful moment in a session?», these are useful quetions for psychotherapy research

First step: the research question

The first step in conducting the study is to identify a relational experience to be subjected to investigation.

Sample

A small, purposive sample is used; participants are recruited as long as there is no data redundancy or saturation (participants' descriptions become repetitive and no new data emerge)

Data collection.

The researcher must perform a self-assessment:

his or her knowledge, ideas and biases must be taken into account to be suspended (epoché) and implement a data analysis not influenced by his or her personal experiences. Experiences are collected through interviews or written descriptions, interviews are usually unstructured, the researcher interacts with interviewees only to stimulate an in-depth description of experiences.

Data analysis.

There are different methods of data analysis, regardless of the method used the researcher will have to read and listen to the data many times (immersion in the data) this mode sometimes necessitates returning to the participants for clarification and further elaboration.

•Here is a list of phenomenological methods recently published by APA: Robert Elliott, **Generic Descriptive-interpretive Qualitative Research (GDI-QR)** (Cathegory construction)

Essentials of Qualitative Methods Series - APA

Essentials of Autoethnography Christopher N. Poulos **Essentials of Consensual Qualitative** Research Clara F. Hill and Sarah Knox **Essentials of Conversation Analysis** Alexa Hepburn and Jonathan Potter **Essentials of Critical-Constructivist Grounded Theory Research** Heidi M. Levitt **Essentials of Critical Participatory** Action Research Michelle Fine and María Elena Torre Essentials of Descriptive-Interpretive Qualitative Research: A Generic **Approach** Robert Elliott and Ladislav Timulak

Essentials of Discursive Psychology Linda M. McMullen Essentials of Existential Phenomenological Research Scott D. Churchill Essentials of Ideal-Type Analysis: A Qualitative Approach to Constructing Typologies Emily Stapley, Sally O'Keeffe, and Nick Midgley Essentials of Interpretative Phenomenological Analysis Jonathan A. Smith and Isabella E. Nizza **Essentials of Narrative Analysis** Ruthellen Josselson and Phillip L. Hammack **Essentials of Thematic Analysis** Gareth Terry and Nikki Hayfield

Guidelines for a research experiment through phenomenological description (Spagnuolo Lobb, 2017a; 2017b).

In triads:

- Choose who will play the therapist, patient and observer.
- The session will last 10 minutes; the observer will be the timekeeper.
- At the end of the session, everyone feels their bodies and returns with their mind to the session

The eight "dance steps" between therapist and client- a qualitative and phenomenological study

 self-reports filled in by therapist and client at the end of a session

Questions for the patient:

- 1. Could you describe your relationship with your therapist up to the current session? If it is easier for you, you can do so using a few adjectives.
- 2. What was the most relevant moment for you in this session from the perspective of the relationship?
- 3. How could you describe what happened at that moment? (Did the therapist, for example, do or say anything in particular?)
- 4. Also describe what happened before and what happened after that moment.
- 5. How would you describe what happened between you at the beginning and end of the session?
- 6. Do you feel that you said what you wanted to say to the therapist?
- 7. Did you feel more intimacy with the therapist at the end of the session?

Questions for the therapist:

- 1. How would you describe the relationship with the patient up to the current session with 5 adjectives?
- 2. Describe what moment was relevant in this session from the perspective of the relationship with this patient.
- 3. Describe what happened before and what happened after between the two of you.
- 4. At what stage of the session did this moment occur: early, middle or late stage?
- 5. What relational novelty do you feel was produced? How would you describe what produced the change? (What happened between the two of you, in your opinion, that produced change)
- 6. How would you describe your interaction at the beginning and end of the session?
- 7. How would you describe the patient's intentionality in this session?
- 8. Did you feel a greater intimacy with this patient at the end of the session?

Scientific rigor

To ensure scientific rigor in phenomenological research, one must ensure confirmability, which consists of three elements:

- verifiability: it allows the reader of the research to follow the methodological path followed by the researcher and arrive at the same or similar results.
- credibility: the results of the study are faithful descriptions or interpretations of lived experience; the results must be recognized by the participants.
- appropriateness: the degree to which the results of a study reflect the data, that is, the results must be accurately grounded in the experiences that have emerged.

Churchill S.D. (2018) Explorations in Teaching the Phenomenological Method: Challenging Psychology Students to "Grasp at Meaning" in Human Science Research. *Qualitative Psychology*, 5, 2: 1:21

The tendency to combine qualitative and quantitative methods in a complementary way has emerged in recent years (process-outcome research)

By applying both methods, it is possible to take advantage of a broader and more complex set of techniques that lead to enrichment of the data obtained.

Single case https://www.gestaltitaly.com/contents/freeaccess/20200620_ricerca_single_case_serie_t emporali_caso_singolo.pdf

Strumento	Variabile	Punto Di Vista	Quando si usa
MINI	Sintomi e diagnosi psichiatrica	Un esperto intervista il paziente	Seduta 0
BDI-1	Sintomi depressivi	Autosomministrato dal paziente	Seduta 0 e follow-up
Hamilton Anxiety Scale	Sintomi ansiosi	Intervista strutturata	Seduta 0 e follow-up
Target Complaints	Risultati specifici della terapia	Autosomministrato dal paziente, dopo averlo costruito assieme allo psicoterapeuta	Co-costruito alla seduta 0 il paziente compila il questionario ogni giorno dopo quella seduta fino alla seduta follow-up
OQ-45.2	Risultati complessivi della terapia	Autosomministrato	Seduta 0 e follow-up



Teaching and conducting Gestalt research through the Istituto di Gestalt HCC Italy: capturing the vitality of relationships in research

Source:

Spagnuolo Lobb M. (2019). Teaching and conducting Gestalt research through the Istituto di Gestal HCC Italy: capturing the vitality of relationships in research. In: Brownell P., Ed. *Handbook for Theory, Research and Practice in Gestalt Therapy*, Newcastle upon Tyne: Cambridge Scholars Publishing, pp. 370-397.

https://www.gestaltitaly.com/contents/research/Researches_currently_active_in_the_Institute.pdf

Examples:

- 1- The therapist's intuition or countertransference, or responsivity as the ability to know the situation on an aesthetic level
- 2- Change process from the perspective of reciprocity, or synchrony, between therapist and patient

The international landscape on research in GT

- Gestalt psychotherapists have usually been reluctant to do research
- GT is not present in academic settings where research is usually done
- Doing research requires teamwork
- Legislation regarding the practice of psychotherapy is different in different countries
- In 2014 a conference on research in GT was held in Rome organized by EAGT (invited Rolf Sandell who created CHAP)
- In 2017 in Catania, Italy, the FISIG dedicated its conference to research: "Epistemology, clinical and research in Gestalt" (M. Fogarty also invited)
- There are research committees in national and international associations.
- In 2014 in Cape Cod a group of Gestalt psychotherapists involved in research met: this is considered the first international conference on research in GT
- Since then, 4 international conferences have been held (Cape Cod 2015, Paris 2017, Santiago de Chile 2019); in Hamburg in September 2022 is the fifth

International activities on GT research

- 1. Aims of the Research Commette of the EAGT:
- 2. Data base and platform for an international research network
- 3. Include research in GT training
- 4. Training Institutes network
- 5. Support the use of Single Case
- 6. Supports local associations to have Gt recognized by governments

Psychotherapy research and ethics

- in Italy the Italian Association of Psychology approved in March 2015 the Code of Ethics for Research, which is inspired by the fundamental principles of the Constitution of the Italian Republic (in particular those of equality, inviolability of the limits set by respect for the human person), the principles of the Declaration of Human Rights and the Charter of Fundamental Rights of the European Union
- takes up national, EU and international documents on experimentation with humans and animals, with particular attention to the current version of the Declaration of Helsinki

The ethical code for psychotherapy research

General principles: integrity, respect for personal dignity, competence, social responsibility, welfare protection

Rules of conduct:
Information and consent
Use of deception in research
Return of results
Confidentiality and anonymity
Risks and risk management
Protection of research participants
Incentives for participation
Research with animals
Dissemination of scientific research
Research, teaching, and evaluation
Local ethics committee
http://www.aipass.org/node/23

To build a research protocol

Introduction: what you want to research and why

What is in literature

Hypothesis: what do you expect

Participants/sample

Methods

Tools and statistical or qualitative analysis

Results

To publish a research

- 1) Becoming research literate; ability to read and start to critically evaluate research papers.
- MEASURING SCIENTIFIC ACTIVITY
- WHAT ARE PUBLICATIONS WITH "IMPACT"?
- METRICS USED FOR JOURNALS: IMPACT INDICES OR IMPACT INDICATORS
- TOOLS FOR UNDERSTANDING IMPACT INDEXES
- METRICS FOR JOURNALS: THE H-INDEX
- 1) Being able to use databases (Psychotherapy and GT) for example (Psychinfo, Pubmed, Gestalt Research Database...)
- A bibliographic database
- EBSCO Searching in a database
- APA PyscNET
- The Gestalt Psychotherapy Research Database
- How to do a good literature search

Research helps Gestalt psychotherapists to ground themselves in who they are, and to monitor,

with the humility and responsibility of their social role, whether what they are doing is the most appropriate and efficient thing.

It also provides a solid language for dialogue with other approaches, and this is a key aspect today.



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Thank you!

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Siracusa, Italy, photo by M. Spagnuolo Lobb

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