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Panic Attacks: Attacks of emotional blindness

Dr Elena Borg

Author Note

ID: Elena Borg ORCID 0000-0001-6213-5144-1900

Abstract

Panic attacks are complex and overwhelming experiences characterised by intense fear, a profound sense of solitude, and difficulties in recognising and expressing emotions—a phenomenon, denoted by the concept of "emotional blindness". This emotional aspect is particularly pronounced in individuals with alexithymia- the difficulty in describing and expressing emotions, plays a significant role in the overall development of panic attacks. Addressing alexithymia emerges as a crucial element in treatment strategies, aiming to enhance emotional awareness and regulation for those navigating panic attacks. This paper delves into qualitative research conducted as part of a doctoral study, utilising Interpretative Phenomenological Analysis (IPA) through eight retrospective interviews. The study offers valuable insights into the nuanced experiences contributing to the complexity of panic attacks, emphasising the importance of Gestalt psychotherapy in their treatment. Moreover, this study underscores the necessity for a holistic understanding of human experience, emphasising the integration of body, mind, and soul. Together with clinical reflections, it acknowledges acceptance of the authentic self; promoting present-moment awareness. This aligns with the need for a humane approach to panic attacks in a world that might often shift away from human values.

Keywords: panic attacks; emotional blindness; alexithymia; Gestalt psychotherapy; humanistic

Panic Attacks: Attacks of emotional blindness

As a Gestalt psychotherapist and supervisor, this paper integrates findings from my doctoral research and clinical practice reflections focusing on the aetiology of panic attacks from a Gestalt phenomenological perspective. Worldwide, mental health afflictions, including panic attacks, continue to rise (De Jonge et al., 2016; World Health Organisation [WHO], 2022, 2022a, 2023). Although specific population-based studies on mental health conditions in Malta are lacking (Grech, 2016), the global increase in mental health challenges is impacting the region. According to the "Mental Health Strategy for Malta 2020-2030," mental illness is identified as one of the most significant public health challenges of the 21st century.

In my professional experience, I have observed a rising incidence of clients seeking therapeutic support for mental health conditions, particularly an increase in panic attacks. This observation has prompted a curiosity to explore the possible factors contributing to this distress. Francesetti (2007, p.80) explains that "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". Recognising the intricate nature of panic attacks, influenced by a convergence of biological and social factors (American Psychiatric Association [APA], 2013; Francesetti et al., 2020), the precise aetiology of this condition remains elusive (De Jonge, 2016).

Positioning of the Paper

While the precise aetiology of panic attacks remains unknown, alexithymia characterised by difficulties in identifying and expressing emotions—is increasingly recognised as a significant factor in both the onset and persistence of panic attacks (Borg, 2023; Cucchi et al., 2012; Francesetti et al., 2020; Izci et al., 2014);

This paper explores the emotional dimensions of panic attacks, with a particular focus on alexithymia. Using qualitative methods, the study addresses a notable gap in Maltese

literature and advocates for integrating Gestalt psychotherapy, known for its emphasis on emotional awareness, sensory reconnection, present-moment engagement, humanistic values and authenticity, alongside World Health Organisation recognised therapies.

Clinical reflections from my practice are incorporated to offer a reflexive perspective, highlighting the prevalence of panic attacks, their impact on clients, and the therapeutic challenges they present. By merging research findings with practical insights, this paper aims to validate the importance of tailoring therapeutic approaches to the emotional complexities of individuals with panic attacks, ultimately contributing to more effective treatment strategies.

Setting the scene

Before discussing the research framework, this paper explores panic attacks, emotions, and Gestalt psychotherapy principles to support the reader's comprehension.

Unveiling the Complexity of Panic Attacks

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), panic attacks are brief episodes marked by heightened anxiety, resulting in severe somatic sensations and intense fear. Symptoms include an accelerated heartbeat, palpitations, respiratory distress, choking sensations, dizziness, and tremors. Psychic manifestations may also occur, such as depersonalisation (disconnection from oneself) and derealisation (perception of unreality). Panic attacks often involve a pervasive sense of impending doom, accompanied by a profound fear of death or losing control (APA, 2013; Francesetti et al., 2020).

Current treatment of Panic Attacks

Research indicates that panic attacks can be managed through pharmacological, psychotherapeutic, or combined approaches, such as antidepressants and Cognitive Behavioural Therapy (CBT) (APA, 2013). However, up to one-third of clients may continue to experience symptoms post-treatment, underscoring the complexity of managing these attacks (Francesetti et al., 2020; Herrera et al., 2018).

To address the multifaceted dimensions of healing, comprehensive strategies are essential (Francesetti, 2007; Francesetti et al., 2020; Masdrakis & Baldwin, 2021). Among these is the concept of aesthetic healing in Gestalt psychotherapy, which emphasises the integration of sensory experiences and holistic awareness into therapeutic practice (Barber, 2006; Roubal et al., 2017; Spagnuolo Lobb, 2013).

Is there a Relationship Between Emotions and Panic Attacks?

The increasing complexity and prevalence of panic attacks warrant a closer examination of their origins (De Jonge, 2016; Francesetti et al., 2020). Traditionally perceived as an exaggerated fear response tied to heightened amygdala activity—an almond-shaped structure in our brain orchestrating fear-related responses—within the Fear Brain Network, recent research aligns with Jaak Panksepp's (1998) Affective Neuroscience, exploring connections between emotional processing and panic attacks. Francesetti et al. (2020) suggest these episodes may stem from separation from emotional support and environmental overexposure, conceptualising them as "attacks of solitude" associated with the panic-separation system.

Exploring panic attacks as either fear-based or stemming from solitude can deepen therapeutic understanding, paving the way for a more nuanced and personalised approach to improved psychotherapy efficacy (Francesetti et al., 2020).

Author's reflective pause

In clinical practice, I often wonder whether panic attacks stem from the Fear Brain Network or the Panic-Separation System. Having once suffered from panic attacks and now working as a therapist, I have personally witnessed the intense fear, breathlessness, and immobilisation they cause. Through various narratives encountered in my clinical work, I have explored themes of separation anxiety and overwhelming exposure. While the term "panic attack" may seem straightforward, as I conduct more research and delve into clinical experiences, I realise more its complexity. The terror and sense of overwhelm people experience challenge the simplicity that might be associated with the term "panic attack."

Emotions

Panksepp (2005) argues that emotions are central to all mental processes, influencing mental well-being and physical health. Research indicates that individuals experiencing panic attacks may struggle with emotional abilities, potentially linked to alexithymia—a construct noted earlier regarding difficulties in identifying and expressing emotions (Francesetti et al., 2020).

The origin of alexithymia may be primary, resulting from developmental, genetic, or familial factors, or secondary, arising from psychological stress, trauma, or sociocultural factors (Lesser, 1981; Taylor, Bagby & Parker, 1997). Literature underscores that alexithymia increases the risk of both somatic and mental health issues by impairing emotion processing and regulation, contributing to various medical and psychiatric disorders (Cerutti et al., 2020; Lumley, 2007)

Author's reflective pause

This awareness encourages a reflective pause, highlighting the critical role of emotions and environmental factors that can hinder healthy functioning, potentially leading to panic attacks. In this paper, I propose that panic attacks can be viewed as an attack of emotional

blindness, where an individual's ability to perceive and express emotions is obscured. While we all experience a wide range of emotions—from frustration over a poor internet connection to excitement about a new episode of a favourite series—many people struggle to articulate their feelings, especially in therapy sessions, often resorting to limited terms like "sad" or "happy." Being in touch with one's emotions does not always equate to the ability to express them in words.

As I consider the implications of alexithymia on the individual and its effects on various aspects of the self, I reflect on my own traumas and cultural context. This introspection brings me to acknowledge the emergence of secondary alexithymia. By linking these personal reflections with clinical insights, a clear connection emerges between alexithymia and disruptions in early emotional development. This underscores how early childhood trauma may contribute to emotional disowning and avoidance, potentially leading to alexithymia and, ultimately, panic attacks (Borg, 2023; Francesetti, 2020; Zou, 2016).

What is Gestalt Psychotherapy?

Gestalt psychotherapy emphasises holistic self-awareness and present-moment experience, viewing individuals as integrated wholes. It explores the interplay between thoughts, feelings, and behaviours within their environment, prioritising subjective emotional experiences over cognitive and behavioural approaches.

Rooted in field theory, which draws from physics and Kurt Lewin's work (1951), Gestalt psychotherapy views the environment, social context, and culture as influential factors, perceiving the self as an emerging expression within this interactive world (Francesetti & Roubal, 2020). It understands mental health issues, including panic attacks, as phenomena arising from this field rather than isolated problems. Adopting a humanistic perspective, it regards panic as a creative response to specific situations shaped by contextual backgrounds. I perceive a dynamic

interaction between the individual's background environment and the foreground manifestation of panic attacks, akin to understanding a fish in its environmental context.

Author's reflective pause

As I seek to convey the depth of Gestalt psychotherapy, I find myself reflecting on its complexity. My journey with Gestalt therapy has reconnected me with my body, emotions, and self, healing a deep rupture within me. This transformative process is echoed by participants in my research, providing insight into how they alleviated their terror. As Mike, one of the participants, shared, "Gestalt brought me back to myself; to my body; to my emotions."

I also contemplate the aspects of our culture that in my perception seem entrenched in fear. Through my personal psychotherapy, I recognised that my panic attacks were linked to my cultural upbringing and a lack of emotional expression and awareness. This introspection raises important questions: Are we, as Maltese individuals, characterised by alexithymia? Do we actively encourage our children to articulate and express their emotions, or do we suppress our feelings, relying on somatic experiences to cope?

As I contemplate the field approach, I consider the diverse experiences across cultures, particularly the unique traits of the Maltese population. This recognition reveals how societal factors—such as heritage, Catholicism, Maltese politics, and personality traits—impact the perception and expression of emotions. These cultural elements significantly contribute to the potential development of panic attacks within the Maltese community (Borg, 2023).

From a Gestalt perspective that embraces field theory, we can view alexithymia as a creative adjustment for individuals seeking to protect themselves from the interferences of various factors included unprocessed trauma (Francesetti et al., 2020). Panic attacks may be seen as silent cries of the soul, manifesting in the body without words. This understanding underscores the importance of researching the role and perception of emotions in individuals experiencing panic attacks.

Uncovering emotional dimensions

Building on these reflections, I present an overview of the qualitative phase of the research (Borg, 2023), focusing on unravelling the emotional dynamics of panic attacks. Grounded in Malta's cultural context, the study examines panic attacks holistically, acknowledging the interplay of various dimensions in shaping individuals' experiences. As Barber (2006) states, "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). This holistic perspective is essential for a comprehensive understanding and effective treatment of panic attacks.

Aims and objectives

The main question this research tried to address was: *What is the role of perception and expression of emotions in the development of panic attacks?*

The primary aim of this research that was carried out in Malta was to explore the typology of individuals experiencing panic attacks and to deepen understanding of the emotional components underlying these attacks, aiming to enhance the efficacy of psychotherapeutic interventions for this population.

Various objectives accompanied the research question through the research. However, for the purpose of this paper, I shall focus on the below objectives:

- To outline the different expressions and perceptions of emotions available to the client throughout their development
- To provide useful reflections on how the field condition can contribute to the development of alexithymia and panic attacks
- To explore if Gestalt psychotherapy was fruitful in treatment

Research Design and Methodology

The conceptual framework of this research draws from Gestalt Psychotherapy, Psychopathology, and Affective Neuroscience. The study employed a sequential mixed-method design, combining qualitative and quantitative approaches. Qualitatively, eight retrospective interviews were conducted using Interpretative Phenomenological Analysis (IPA). The quantitative phase involved administering a questionnaire based on themes from the qualitative findings, along with the 20-item Toronto Alexithymia Scale (TAS-20), which measures difficulties in identifying and describing emotions. A total of 117 participants were recruited through snowball sampling.

Qualitative Phase

This paper focuses exclusively on the qualitative phase, examining the integration of Gestalt therapy with qualitative research methods³. The Gestalt therapeutic process inherently aligns with qualitative research principles, as Barber (2006) noted.

Grounded in Gestalt principles, this study utilised Interpretative Phenomenological Analysis (IPA), which centres on individuals' lived experiences and is based on phenomenology, hermeneutics, and ideography (Pringle et al., 2011). IPA organises findings into superordinate and subordinate themes (see Table 1). To ensure credibility and validity, Prof. Paul Barber conducted a peer review of participant narratives. I also engaged in continuous supervision and academic reviews to maintain awareness of potential biases, ensuring the integrity of the research.

Using IPA allows for an in-depth understanding of panic attack typology through open dialogue and the emergence of multiple perspectives (Smith et al., 2010). Although IPA supports

³ In light of the recent publication of the second edition of Interpretative Phenomenological Analysis (IPA), which introduces updated terminology (Smith et al, 2022), it is important to clarify the version of IPA utilised in this study. This study adopted the version of Smith et al. (2010).

various data collection methods, semi-structured interviews were chosen to promote dynamic exchanges and humane interactions. Each participant was interviewed three times, with shared processes and findings to ensure transparency and minimise bias. This collaborative approach enriched the understanding of participants' narratives and the emotional dimensions of panic attacks.

Participants

In-depth interviews were conducted with eight Maltese participants who experienced lifelong panic attacks and underwent Gestalt psychotherapy as part of their treatment. I sought participants willing to share their perceptions of emotional perception and expression in the development of panic attacks. An open invitation was sent through the Malta Association of Psychotherapy, and participants quickly responded through the invitation and referrals from colleagues. The target of eight participants was reached immediately, so no further recruitment was needed.

All participants were professionals in various helping roles. Pseudonyms were used to ensure anonymity, and ages were presented in ranges. Demographic details, including the age at the onset of the first panic attack and the duration of suffering, are outlined in Table 2. Participants are listed chronologically based on interview timing, with a total of three interviews per participant conducted over eight months in 2021. Due to the COVID-19 pandemic, interviews were conducted online via Zoom. Five participants identified as female, two as male, and one as non-binary. All participants were white Caucasian and came from stable socio-economic backgrounds.

Author's reflection

I reflected that helping professionals familiar with Gestalt psychotherapy would likely articulate their experiences with panic attacks more effectively and assess the therapy's benefits. Acknowledging this bias, I ensured all selected professionals had training in multiple

modalities, believing their diverse expertise would help them describe which aspects of their treatment were helpful. I expected they would be less likely to deflect or withdraw if interviews triggered unconscious material, which was essential for gathering rich qualitative data. Guided by retrospective studies, as suggested by Francesetti et al. (2020), I aimed to foster meaningful discussions that aligned with Gestalt principles.

Recruiting in Malta posed challenges due to its small size and interconnected professional community. To ensure impartiality, I intentionally avoided selecting colleagues, supervisees, or friends, which was crucial for maintaining unbiased participant selection and preserving the research's integrity.

Ethical Approval

The research obtained approval from the Research Ethics Committee of European Accredited Psychotherapy Training Institute- Gestalt Psychotherapy Training Institute Malta (EAPTI-GPTIM). Participants were thoroughly briefed on the study, and explicit consent was obtained for their participation, recording, and publication of gathered data. Participants were assured of their right to withdraw at any stage. Anonymisation measures were implemented to safeguard participant identities. While Malta lacks a standardised code for psychotherapy research, adherence to the American Psychological Association ethics code (2017) was chosen for its adaptability from psychological to therapeutic professions.

Table 1*Super-Ordinate Themes*

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
Second Super-Ordinate Theme	Critical Moments
Sub-Ordinate Themes	Family Field Trauma The Torment of Separation Before the Panic Attacks Started
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 The Difference in Emotions, Body & Cognition
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

Table 2*Participants' Demographic Details*

Pseudonym Name	Gender	Age Range (years)	Age of first Panic Attack (years)	Range of Years Suffering from Panic Attacks	Therapeutic Treatment Received for panic attacks	Other Forms of Treatment Received for panic attacks
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/	Selective serotonin reuptake inhibitors (SSRIs)
Frank	Male	30-40	15 years old	10-15	Gestalt Psychotherapy	
John	Male	40-50	43years old	5-10	Gestalt Psychotherapy/	Selective serotonin reuptake inhibitors (SSRIs)
Stella	Female	30-40	22 years old	5-10	Gestalt Psychotherapy/ Cognitive Behavioural Therapy (CBT)	
Jessica	Female	30-40	17 years old	10-15	Gestalt Psychotherapy/ Eye Movement Desensitization and Reprocessing (EMDR) /	Homeopathy
Giulia	Female	30-40	4 years old	15-20	Gestalt Psychotherapy/ Systemic Psychotherapy	

Findings

The introduction of the research findings analyses participant experiences, supported by quotes and raw data to establish an empirical foundation. It begins with the superordinate theme "Panic Attacks: Illness or Creativity," followed by "Critical Moments." The discussion then centres on the third and fourth superordinate themes: "A Roller Coaster of Emotional Turbulence", focusing on emotional perceptions and expressions, and "Understanding the Healing Process." This structured approach aims to convey the core objectives of the article while maintaining academic rigour.

Panic Attacks: Illness or Creativity?

The journey began with participants collectively recounting their experiences with panic attacks, focusing on their initial lack of awareness and the shock of their first attack. The narratives capture the participants' reflections on the traumatising experience of not understanding what was happening to them, accompanied by vivid recollections of the bodily torture endured during the attacks. For instance, Lidia explained that “You have no idea what hit you” [lanqas taf xi jkun laqtek], while Cristina echoed the shock of the first panic attack for all participants, stating:

my panic attacks started from a young age 8-9 ... but I wasn't aware that they were panic attacks. I didn't know what was happening ... I was not aware that they were panic attacks ... Huge loss of control ... huge pressure that I felt on my heart ... It's like ... it's like ... and somebody's ripping my heart out ... I used to feel my, my head being squeezed. And my stomach used to come up almost to my throat, and the huge, huge pressure and pain in my chest, and the breathlessness that I couldn't breathe.

Critical Moments

Transitioning from the shock and terror, participants' narratives unveil how their family dynamics, characterised by either abuse, perfectionism, and high expectations, could have triggered their panic attacks. As they share childhood, cultural, and familial experiences, we gain insight into the emotional components underlying panic attacks.

Whether it was Jessica, Giulia, and Mike grappling with instability and tension or Stella and Cristina feeling the pressure to achieve perfection, each story underscores a lack of emotional connection in their upbringing. John's imitation of his father may have led to a disconnect from his authentic self, while Lidia's loss of her father shattered her stability. Transitioning from their nuclear families to the outside world marked pivotal moments for all participants. More often than not, all participants reported feeling unseen and weighed down

by expectations. Reflecting on these dynamics, participants revealed a lack of emotional understanding within their family units, which in turn made it challenging for them to establish boundaries together with the suppression they endured from either religion; culture and politics, to name a few. Cristina recalls, “we were obsessed by politics, I was born into politics which hindered my true expression since a child”. John further elaborates “we are a very religious family, we were brought up that way, very rigid”. Throughout their journey, participants reported lacking awareness of their emotions, opening the door to a deeper exploration of their emotional depth. The question remains: Did they have the language to express their emotions before panic attacks? And now, as they heal, do they still struggle to articulate the profound emotional turmoil they endured?

A Roller Coaster of Emotional Turbulence

Before the age of 20, I had no feelings; I could not see anyone’s feelings
...and one day it happened.... intense fear...palpitations...sweating... I could not
breathe. I had no clue what I was feeling or experiencing. I felt I was going to die
...express.....x’express! (Mike)

Perception of Emotions: Mike’s sentiments resonate with the other participants, highlighting their limited emotional awareness prior to experiencing panic attacks. As we delved into their emotional experiences, it became evident that participants had little understanding of their emotional capacity, experiencing a eureka effect during the interviews as they recognised their emotional blind spots. Throughout the interviews, participants realised how, most often in their past, they struggled to describe their emotions, with somatic symptoms often serving as the only indication of their internal turmoil. However, during panic attacks, some experienced a slight improvement in emotional perception, though often accompanied by overwhelming feelings of shame or terror. Participants noted the significant role of Gestalt psychotherapy in deciphering emotions and establishing boundaries during panic attacks, marking a transformative stage in their emotional journey. Emotions began to be introduced and

perceived during these intense experiences. As Stella noted “Gestalt supported me in starting to understand emotions, to describe them, sounds simple but for me it was foreign”.

Expression of emotions: The collective experience of grappling with emotional expression before panic attacks was described by participants as agonising and elusive. During these episodes, there was indeed a turning point for some participants—a shift in emotional expression. While some were able to identify and express emotions like terror or anger, they mostly kept them to themselves. This highlights the complexity of emotional processing during panic attacks, where the underlying struggle to vocalise and process emotions persisted. Giulia takes us to the pain that emotional expression can have if not held back within a contained environment. She explained that, as she grew older, she was able to express her “vulnerability” and “defeat” during her panic attacks. But this behaviour only served to make her feel worse since “the pain is so huge [tant huwa kbir l-uġiegħ] that no one can hold it for me”. Lidia brings this journey to an elegant disclosure summarising somewhat all the other participants’ experience. She spoke about how her panic attacks led her to her limitations of her unexpressed emotions,

During ... like when I started to deal with these unexpressed emotions and started the journey to get in touch with them, maybe I have dealt in within my limitations with was maybe, what was not... what was, was unexpressed before.

Her journey mirrors that of the other participants, each navigating the complexities of emotional expression and healing in their own way.

Panic Attacks: A somatic language? The roller coaster of emotional turbulence manifested further for participants in their bodily experience. It is interesting to note that participants reported experiencing various somatic symptoms before and during their panic attacks or were completely desensitised from their bodies. They reflected on the possibility that

these somatic symptoms were their unspoken words, unfelt emotions, and unrecognisable experiences of their feelings.

Before experiencing panic attacks, participants reported various somatic symptoms. Cristina, Frank, and Giulia recounted suffering from constant nausea, while Mike reported severe migraines. Conversely, John, Stella, and Jessica did not recall having any somatic symptoms before their panic attacks; however, they described a feeling of detachment from their bodies, as if their bodies did not exist. Participants reflected on how these symptoms could have been a reflection of their unexpressed emotions and unrecognised feelings, and as Cristina names it her "locked world of emotions".

During panic attacks, all participants reported intense torture from somatic symptoms. Jessica and Giulia referred to the symptoms of their panic attacks as traumatic. John emphasised the roller coaster of somatic symptoms he experienced, describing it as "hot flushes etc.". Mike and Stella explained an increase in somatic symptoms, yet they could not establish a connection with their emotions at the time. Lidia beautifully summarised this period for all participants by suggesting that panic attacks could be seen as a creative adjustment, with the body finding its own creative means and ways to cope. She stated:

During... the somatic symptoms were high ... all that ... you feel are going to throw up [li ha tirremetti] ... choking ... in a way panic attacks could be seen as a creative adjustment, maybe not the desired adjustment but creative in its awareness or not ... the body finding its own creative means and ways, not the body the organism.

The difference between emotions, body and cognition. Another facet that emerged and which was common to all participants in this study was their difficulty in distinguishing between their emotions, their body and cognition, both prior and during their panic attacks. It is as though participants had a ball of fire inside them and all these three features were embedded all

together with nothing to distinguish them from each other. The participants reported that not only were they unaware of the differentiation between these three facets but, even more striking, that they were completely unaware that these three facets existed within them.

Cristina continued to put emphasis on the body while she was experiencing her panic attacks. She could see that, paradoxically, while her cognition and emotions were still “at war”, it was her body which was the facet which was suffering the most. She claimed:

There was always a war ... my body, I think, suffered the most. Because I think I was ripping my ... my body apart because my body couldn't be loyal. It had to be loyal to both, to my emotions and to my cognitions ... they were competing all the time.

On the other hand Lidia expressed this as a sense of “fragmentation”. In the end, each participant had come to realise that their emotions, body and cognition needed to work together and not against one another. It is interesting to note that panic attacks faded for each participant as their emotional component started to become restored. This restoration took place as reported by participants mostly in Gestalt psychotherapy. However, each participant found their own way of support in this phase that complemented their Gestalt experience. This process will be explained in more depth in the next section.

The Healing Journey: Restoring Back Emotions While Embracing a Gestalt Way of Life

In this research, the emotional component, especially alexithymia, is identified as a potential risk factor for panic attacks. Participants' struggles in perceiving and expressing emotions are viewed as contributing to the development of panic attacks. However, contrary to seeing emotions solely as triggers, the data suggests that emotions play a crucial role in the healing process. Participants, during their recovery, transition from perceiving emotions as foreign to actively incorporating them into their lives, contributing to the restoration of various elements within their personal field.

The participants' emotional growth is intricately linked to heightened awareness, which participants reported as crucial in their healing from panic attacks. Reflecting on Kepner's (2003) perspective of healing as growth, the process is considered dynamic and non-linear, allowing individuals to confront previously intolerable aspects of themselves at new levels. The growth journey is depicted as a spiral process, with participants revisiting complex issues at different times, steadily increasing their emotional perception and expression. This iterative process, marked by heightened awareness, enables participants to bring their field into balance. Themes like belonging, solitude, boundaries, and separation anxiety find resolution as participants gain a deeper understanding of their emotions. Giulia encapsulates this transformative process by expressing her newfound ability to "accept what is" as an integral part of her emotional journey.

All participants expressed profound gratitude for the transformative role Gestalt psychotherapy played in their healing journey from panic attacks. Rooted in the German word meaning "pattern" or "constellation," Gestalt offers a phenomenological and field-oriented approach, focusing on direct perception of sensations, feelings, and projections in the therapeutic space (Barber, 2006). The emphasis on sensing, feeling, and projecting within Gestalt psychotherapy proved crucial for participants, providing a foundation to understand and meet themselves in the present moment. Aligned with Kepner's (2003) view of healing as growth, Gestalt created a space for participants to safely hold and accept the fragments of their organism. Through meaningful contact with another human being within the Gestalt framework, participants experienced a profound sense of connection and support. This connection facilitated the healing process, enabling them to reconcile and mend the fragmented parts of their organism, thereby fostering personal growth and wholeness.

Through a humanistic approach, complexities were revisited from different perspectives throughout the healing process, allowing fragments to become integrated into a new emerging self. Mike encapsulates this transformative process, stating, "Gestalt helped me to bring back to myself my body and emotion ... it made me whole." Participants highlighted key Gestalt

principles essential to their healing, including "accepting what is," "living in the here-and-now," and "taking responsibility." The therapeutic relationship in Gestalt, characterised by a unique focus on each individual's needs, provided a space where participants felt seen, heard, and validated in their authentic form. From addressing inner child healing to exploring masculine personality functions, Gestalt psychotherapy tailored its approach to each participant, fostering a sense of validation.

Gestalt psychotherapy focused on the individuality of each participant, uncovering the underlying causes of their panic attacks within the safety of the therapeutic relationship. This process involved addressing fragmented aspects of their childhood, societal influences, feelings of division, and experiences of lack of safety amongst others.

Rooted in Buber's (1958) I-Thou relationship, participants experienced mutuality, directness, presence, and intensity. The therapeutic relationship, characterised by moment-to-moment Zen-like awareness in the here-and-now, played a central role in the healing process, as described by Barber (2006). Participants found healing through embracing uncertainty and guided exploration within the therapeutic space characterised by the unknown. Grounding in the present moment, taking responsibility, and addressing unmet needs became essential components of the healing process. Gestalt psychotherapy, with its focus on the I-Thou relationship, body and emotional work, empowered participants to embrace the present moment and initiate a natural drive towards health. Through completing contact cycles, identifying unmet needs, and healing from deep wounds, participants liberated themselves from past chains and potential future anxieties.

The narratives of the participants reflect the world we inhabit—an environment often consumed by our thoughts, overrun by our egos, and preoccupied with past experiences and future fears. Ego in this paper is understood as the image we try to project in society.

The participants' journey with Gestalt psychotherapy serves as a testament to the power of grounding oneself in the present moment. As Jessica eloquently expressed, Gestalt psychotherapy "enabled the possibility for the process to take place." Of course, it is worth noting the unique nature of panic attacks and the receptive approach of Gestalt psychotherapy. Although Gestalt psychotherapy significantly contributed to addressing panic attacks, the data emphasised the need for a comprehensive approach that considers biological, cognitive, and social factors. Participants explored various treatments, ranging from medication to further therapeutic techniques highlighting the intricate nature of managing panic attacks (Caldirola & Perna, 2019; Francesetti et al., 2020).

Reflecting on these findings, it becomes evident that Gestalt acted as the glue for emotional healing among participants. Despite the intense pain experienced, Gestalt emerged as a solid ground, fostering wholeness throughout their healing journey. Participants' narratives reveal that while they required a holistic approach, Gestalt served as a "vehicle" to navigate their past and present selves, facilitating the emergence of a new identity. Lidia's statement encapsulates this experience, "I needed a solid ground to rest upon, and Gestalt offered me that ground for this process to happen".

The narratives also highlight the cultural context participants were raised in, where emotions were often suppressed or overlooked. This cultural void hindered their emotional integration, forming a fragmented basis for identity formation. However, integrating emotions proved crucial for healing from panic attacks, which were viewed as opportunities for self-transformation. Despite the challenges, participants experienced profound healing, as seen in examples like John's "unlocking the fullness of life" and Mike's shift from "anger to passion". Regardless of their unique journeys, participants emphasised the importance of understanding and expressing emotions fully, underlining the need to reconnect with their bodies.

Cristina succinctly captures the essence of what Gestalt provided for all participants by highlighting how "Gestalt mostly helped in using the body and senses... working directly on the sensation phase." By focusing on the sensation phase—working on the body and emotions—Gestalt supported participants in re-establishing the connection with themselves. As the connection between emotions and the body was restored, and emotions were held, panic attacks subsided. Gestalt psychotherapy became the ground for working on sensory feedback, providing words and symbols to articulate the experiences. By restoring the sensation phase, Gestalt acted as the glue that bound the fragments together, facilitating emotional healing.

Conclusion

While I acknowledge that this paper, its accompanying discussion, and reflections from a segment of the doctoral research are not exhaustive, they aim to provoke a new perspective. Cristina's narrative exemplifies this, as she portrays panic attacks as a gift that gave her a language for unspoken trauma. She describes them as the "wordlessness of trauma," symbolising the lost words she could not articulate. For her, panic attacks act as a thermometer, revealing hidden feelings and unmet needs of her inner child, serving as a call to address her inner child's pain and express her suppressed emotional narrative.

Throughout this paper, we have seen how participants struggled at different life stages due to their inability to perceive and express emotions. This struggle hindered their understanding of belonging, acceptance of change, and ability to set boundaries. Earlier, I presented classical and contemporary literature on the aetiology of panic attacks. Whether viewed as attacks of fear or solitude, both perspectives emphasise the un-mentalised emotional experiences of those suffering from panic attacks, which remain symbolically unrepresented.

Reflecting on the research process (Borg, 2023), which involved triangulating qualitative and quantitative data along with my position as a reflective practitioner, I recognise the study's limitations, particularly the small quantitative sample size that restricts generalisability.

Nonetheless, the results highlight the significance of this triangulation approach in emphasising the emotional component of panic attacks.

This research supports previous findings (Francesetti et al., 2020; López-Muñoz & Francisco Pérez-Fernández, 2020; Šago et al., 2020) that identify alexithymia as a risk factor for mental disorders, including panic attacks. By integrating qualitative narratives and quantitative analysis, the study confirms that the emotional component is central to the development of panic attacks.

Thus, considering this emotional aspect as pivotal opens the door to a holistic approach that utilises diverse methods to address the complexities of panic attacks. Ultimately, this research suggests that panic attacks can be conceptualised as "attacks of emotional blindness."

Author's Reflective Conclusion

As I reflect on the participant and on my own healing journey of panic attacks, I realise the need for a holistic approach in the treatment of panic attacks. Perhaps it is time to bring an end to the conflict between territories and professional modalities, recognising that the fragments of panic attacks mirror the fractures within our society. In conclusion, the message conveyed by this research is an invitation as John stated to "come to our senses," urging a reconnection with our bodies and a deeper understanding of our emotions. Contemplating panic attacks as an 'attack of emotional blindness' could potentially serve as a catalyst to bring us back to our senses and emotions. This perspective encourages placing the ego in the background, accepting the present moment, and living in the here-and-now. It also emphasises the core of Gestalt psychotherapy, a therapeutic approach that challenges the modern way of life as it stands in contrast to it.

In conclusion, I invite readers to "come to their senses," take a moment to breathe, and reflect on how we navigate our lives. I encourage exploring our core selves and paying attention to our bodily signals. While these signals might not always indicate panic attacks, other

symptoms could arise, reflecting various factors influencing our well-being. The essential question to consider is: Are we attuned to these signals and what they might be communicating? Are we living in harmony with our tr selves and our surroundings? If we find alignment, our bodies are likely at peace; if not, we can start exploring if our somatic experiences and other influencing factors may require attention. Let us listen to our bodies and undertake an introspective journey to enhance self-awareness and strive for greater harmony.

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Author bio

Dr Elena Borg began her career as a social worker, drawn to supporting society's most vulnerable. This commitment led her to train as a Gestalt psychotherapist and clinical supervisor, later specialising in work with children and young people. Dr Borg further trained in Psychometrics, EMDR, and EFT. Deeply engaged in the profession, she served six years on Malta's first Psychotherapy Profession Board and am now an honorary member of the Malta Association of Psychotherapy. Her five years at the University of Malta included work with Appreciative Inquiry, which sparked her move into business consultation. My doctorate focused on panic attacks and alexithymia—now central themes in her clinical practice. Dr Borg published articles on trauma and emotional processing, and currently she is co-authoring a book with her mentor Prof Paul Barber. With the support of many, she recently opened her own clinic and transitioned fully into private practice, working with children, adolescents, adults, and couples internationally.