Research Article

How Can Gestalt-Integrated Group Help Strengthen Your Self-Compassion?

Sümeyye Eliz Burhan[1]
Istanbul Medipol University

[1] Sümeyye Eliz Burhan, Res. Ass., Istanbul Medipol University, Psychological Counseling and Guidance, Istanbul, Turkey. E-mail: sburhan@medipol.edu.tr

Corresponding author:
Sümeyye Eliz Burhan
E-mail: sburhan@medipol.edu.tr

Abstract

Self-compassion is the ability to direct kindness towards oneself. Gestalt therapy benefits from self-compassion so that clients re-enact and confront their emotional problems more gently. This study aimed to determine the effectiveness of the Gestalt Integrated Self-Compassion Development Program among university students. This quasi-experimental study used a pre-test, post-test design with a control group. This study was conducted on 20 undergraduate students with different levels of self-compassion. The research population has been selected with a convenient sampling technique and randomly assigned to experimental and control groups (n=10 in each group). The Gestalt Integrated Self-Compassion Development Program was applied to the experimental group in the context of 8-session-group counseling, while the control group was not involved in any intervention. The obtained data were analyzed with the Wilcoxon Signed Ranks and Mann-Whitney U tests. The findings indicated that The Gestalt Integrated Self-Compassion Development Program is a helpful intervention to increase university students' self-compassion. However, more extensive studies are required to be carried out with different groups.

Keywords:
Self-compassion • Gestalt therapy • Group counseling

One of the main goals of therapy approaches is to relieve pain to help clients cope with self-criticism, self-loathing, and other negative images they often find themselves in. Gestalt approach (Perls et al., 1951) argues that it's essential to help clients be mindful and awaken them to their self-language and self-value. The Gestalt approach places a strong emphasis on developing open, non-judgmental moment-to-moment awareness of the individual organism in her or his relational context to support change and progress (Kennedy, 1998; Perls et al., 1951; Williams,2006; Yontef, 2002). An individual might investigate the "what" and "how" of their phenomenology in Gestalt therapy rather than the "why," which is arguably more frequently explored in conventional psychotherapies (Perls et al., 1951; Prendergast et al., 2003). The goal is to assist the individual in regaining the capacity to completely utilize inner and external resources in order to foster greater creativity, energy, growth, and freedom concerning one's relationship to the experience of being (Hycner & Jacobs, 1995; Perls et al., 1951). Gestalt therapy aims to improve one's awareness, spontaneous and authentic dialogue. Based on these goals, Gestalt theory focuses on the individual's experience of the present moment and how that experience is shaped by the individual's perceptions, thoughts, and feelings (Bowman, 1998; Kirchner, 2000; Yontef & Fairfield, 2008).

Gestalt therapy benefits from self-compassion because it allows individuals to re-enact and address their emotional difficulties more compassionately in the present time. This is because self-compassion is the capacity to focus on kindness towards oneself (Crozier, 2014); it is demonstrating compassion toward oneself, particularly during trying or challenging moments while facing obstacles or feeling inadequate (Bennett-Goleman, 2001; Kirkpatrick, 2005; Neff, 2004; Neff, 2008). Three things make up self-compassion: self-kindness as opposed to self-judgment, common humanity as opposed to isolation, and mindfulness as opposed to over-identification (Neff, 2003b). There are numerous parallels between self-compassion and Gestalt philosophy; for instance, self-compassion practices and Gestalt theory both promote mindfulness (Özyeşil, 2011), acceptance of one's ideas and feelings, and kindness and understanding toward oneself (Kirkpatrick, 2005). Although mental health requires the capacity to bear unpleasant feelings, overcontrol and avoidance of emotions were considered critical sources of dysfunction (Greenberg et al., 2001). Mindfulness is valuable because it enables people to deal with emotions, especially intense ones, without becoming overly identified with, controlling, or avoiding them. Self-compassion is related to the fundamental ideas of figure and ground in Gestalt theory (Perls et al., 1951). Martin (1997) uses the Gestalt figure-ground concept as an analogy to show how mindfulness is a state in which alternative figure and ground states (such as co-existing senses of self) can be accessed at will due to awareness of their existence as well as the capacity to engage and disengage with them in a reciprocal manner.

Along with these parallels, Gestalt therapy also emphasizes greater self-knowledge and acceptance. It is recommended as a successful approach because it encourages self-awareness, present-centered, better communication development, and openness (Papacostaki, 2012). Thereby, these characteristics create the context in which self-compassion is rooted. Due to the framework of Gestalt, certain ideas and methods (such as being in the present moment, contact styles, figure-ground, and two-chair treatments, etc.) are employed to improve a person's capacity for self-compassion by encouraging mindfulness and a non-judgmental mode of awareness.

Finding a technique to interact with clients to improve self-compassion is a significant therapeutic objective in and of itself, as self-compassion is one of the qualities inherent in psychotherapy treatment that need to be developed and nurtured. The Gestalt two-chair conversation, which is used to explore a conflict or subject/object split, is one method that has been previously assumed to reduce self-criticism and increase self-compassion. However, its relationship to self-compassion has not been experimentally investigated (Greenberg et al., 1993; Safran, 1998) in Turkish sample studies.

Based on gestalt therapy principles (Perls, 1969), self-criticism is conceptualized as a conflict between two aspects of the self, where one part of the self harshly criticizes, judges, evaluates, and blocks the experiences and health needs of another, more submissive part of the self. This decreases self-compassion. The more subservient aspect of the self is frequently referred to as the "experiencing self," while the more dominant aspect is typically referred to as the "inner critic" (Greenberg & Watson, 2006). Although the goals of the intervention are extremely pertinent to the job, the Gestalt two-chair technique was not specifically created to enhance self-compassion. The intervention's goal is to help clients challenge unhelpful, self-critical views so they can develop more empathy for themselves (Safran, 1998). In order to experience compassion for the newly discovered sensitive self, one must reach a point in the practice where the part of oneself that feels criticized and unworthy "comes to know and accept itself" (Greenberg, 1983). In a two-chair intervention, the client is invited to use two chairs to enact a conversation between their inner critic and experiencing self. The client is instructed to "be" the inner critic while speaking to the experiencing self from one chair and emotion coaching to explore, process, and create space for expressing emotions and needs to be related to each aspect of the self (Elliott et al., 2004; Greenberg et al., 1993). The Gestalt two-chair technique was created to increase self-directed empathy, confront self-judgment, and increase self-compassion (Neff et al., 2007). In brief, the Gestalt two-chair discussion has already been shown to help clients challenge unhelpful, self-critical ideas and change unfavorable assessments of their wants and needs into acceptance of themselves. This common provides a basis for the integration of self-compassion and Gestalt therapy used in this study because both highlight mindfulness (Özyeşil, 2011), being kind to oneself, and acceptance

of personal ideas and also feelings (Kirkpatrick, 2005). It was studied investigated the increasing self-compassion using a specially designed Gestalt-type two-chair intervention for intrapsychic conflict among university students (Kirkpatrick, 2005) and Neff et al. (2007) employed a Gestalt two-chair technique to raise university students' self-compassion.   Starting from this point and similar studies were not also in the scope of Turkish-related literature, the main purpose of this study is to examine whether the Gestalt Integrated Self-Compassion Development Program is effective in increasing university students' self-compassion. This study also aimed to examine whether there is a statistical difference in the levels of sub-dimensions of the self-compassion scale. In this respect, the hypotheses are below:

H1. The self-compassion post-test levels of the experimental group are significantly higher than the levels of the control group.

H2. In the subdimension, what are self-kindness, mindfulness and common humanity, post-test levels of the experimental group are significantly higher than those of the control group.

H3. In the subdimension, what are self-judgment, over-identification and isolation, post-test levels of the experimental group are significantly lower than the levels of the control group.

Method

Participants

Participants were Guidance and Psychological Counseling students who were recruited via online forms during the fall semester of 2022 at a university in İstanbul. An announcement to participate in this study was made in courses by academics and 76 volunteer students (mean age = 21.21, SD = 1.18) filled out online forms. There were no exclusion criteria. This quasi-experimental study used a pre-test and post-test design with a control group (Creswell, 2009). This study was conducted on a total of 20 undergraduate students who had average points, between 2.5-3.5, on the self-compassion scale. The research population has been selected with a convenient sampling technique and randomly assigned 10 students to the experimental group (ten females; mean age = 23.60, SD = 2.38) and 10 students to the control group (ten females and four males; mean age=21,30, SD = 0.15). All participants provided informed consent to participate in the study.

Procedure

The baseline assessments were done by participants in both groups roughly two weeks prior to the intervention (T1), and the postintervention assessments were

conducted within one week of the intervention (T2).

Intervention

I developed a 4-week and 8-session, group-based intervention based on basic self-compassion skills. I am a Ph.D. student in counseling and a research assistant, I got self-compassion education, and I also continue to see clients. While I was planning the intervention, I integrated Gestalt psychotherapy (Perls, 1969) through the Enhancing Self-Compassion Using a Gestalt Two-Chair Intervention workshop (Kirkpatrick, 2005), I benefited from sub-dimensions of self-compassion scale (Akın et al., 2007), and I also took expert advice, who is a licensed Gestalt psychotherapist, an academic, and a supervisor. After the expertise and I had taken the Gestalt Integrated Self-Compassion Development Program's final shape, I applied it to the experimental group in the context of 8-session-group counseling, while the control group was not applied any intervention.

I used icebreaker exercises so that participants could adapt to the process easier. The experiment group met twice a week for 90 minutes during the intervention in a campus class. I gave participants instructions on a number of techniques (such as mindfulness, awareness, a narration of self-compassion stories, writing self-compassion letters and etc.) and information about self-compassion. In addition, participants were urged to perform at-home exercises in accordance with the instructions given during the sessions.

The first session was about introducing group members, to the dimensions of emotions, thoughts, body and soul, and also it included the concept of figure-ground and contact exercises. The second session consisted of mindfulness and being-in-the-moment practices. The third session focused on Gestalt boundary styles and experiencing them through exercises. The fourth session was about awareness and mindfulness. Therefore, attention was focused on the moment, and participants experienced a meditation that included compassioned heart exercises. In the fifth session, the emotion wheel and control circles were worked on, and then participants did a collage about reflecting on their emotional experiences. The sixth and seventh sessions focused on Gestalt two-chair intervention and self-compassion stories. Participants created plans for future self-compassion practice during the last session, during which the group discussed and reviewed their experiences during the intervention.

Measures

Self-Compassion Scale. The Self-Compassion Scale was developed by Neff (2003a), and Turkish adaptation of the scale was done by Akın et al. (2007). The original version and the Turkish version of the scale consists of 26 items and 6 dimensions. The dimensions are self-kindness, self-judgment, common humanity,

isolation, mindfulness, and over-identification. The Self-Compassion Scale is pointed with a 5-point Likert rating (1: Never; 2: Rarely; 3: Often; 4: Usually; 5: Always). The Cronbach alfa is .94 in the Turkish adaptation study, and the Cronbach alfa values for dimensions are 94 for self-kindness, .94 for self-judgment, .87 for common humanity, .89 for isolation, .92 for mindfulness, and .94 for over-identification.

Data Analysis

I used the statistical tool IBM SPSS 22 to conduct the analysis. Due to that the sample size was smaller than 30 (n= 20) and the data did not have a normal distribution (Tabachnick & Fidell, 2013), I used nonparametric methods. There were 10 and 10 participants in the experimental and control groups, respectively; I used the Wilcoxon Signed Ranks Test to examine within-group differences in repeated measures and the Mann-Whitney U Test to compare the experimental and control groups. In this regard, I evaluated differences between pre-test and post-test scores for the experimental and control groups and variations within groups.

Results

This section includes descriptive statistics such as mean scores and standard deviations, the results of between- and within-group differences, and the results of pre-and post-test of experimental groups and control groups.

Table 1.
Mean score, standard deviations, and the results of the Mann-Whitney U Test for pre-test scores and post-test scores

SCS and Categories of SCS		Experimental Group (n = 10)		Control Group (n = 10)		U-Value	p-Value
		x̄	Sd	x̄	Sd		
Self-Kindness	Pre-test	12,30	2,163	13,00	3,300	46.00	.796
	Post-test	16,40	3,950	12,40	3,565	23.00	.043*
Self-Judgment	Pre-test	18,70	4,398	20,40	2,171	38.00	.393
	Post-test	14,60	4,402	20,30	2,830	15.00	.007*
Common Humanity	Pre-test	10,30	2,584	11,40	1,897	29.50	.123
	Post-test	14,70	3,622	11,10	1,729	23.00	.043*
Isolation	Pre-test	15,60	2,591	15,90	2,601	45.00	.739
	Post-test	11,60	2,459	15,30	3,302	18.50	.015*
Mindfulness	Pre-test	10,70	2,163	10,00	3,333	44.00	.684
	Post-test	14,90	3,281	10,00	2,981	13.00	.004*
Over Identification	Pre-test	15,40	1,075	14,70	2,710	45.00	.739
	Post-test	12,10	2,183	14,90	3,107	22.50	.035*
Self-Compassion	Pre-test	71,60	10,069	84,90	9,012	14.50	.055
	Post-test	5,70	913,442	84,50	9,071	22.00	.035*

*p < 0.05

Table 1 shows the results of a comparison of the pre-test scores of the experimental and control groups. A Mann-Whitney U test was conducted to determine whether there was a difference between the experiment and control groups. Results indicated that there were differences between the two groups on the levels total self-compassion levels as well as its components (self-kindness, common humanity, mindfulness, self-judgment, isolation, and over-identification) ($p < .05$). The experiment group participants have higher self-compassion, self-kindness, common humanity, and mindfulness scores while they have lower scores of self-judgment, isolation, and over-identification.

Table 2.
The results of The Wilcoxon Signed Rank Tests for pretest-posttest scores

			N	Mean Rank	Sum of Ranks	Z
Self-Compassion	Experimental Group	Negative Rank	0	0.00	0.00	-2.803*
		Positive Rank	10	5.50	55.00	
		Ties	0			
		Total	10			
	Control Group	Negative Rank	4	6.38	25.50	-.205
		Positive Rank	6	4.92	29.50	
		Ties	0			
		Total	10			
			N	Mean Rank	Sum of Ranks	Z
Self-Kindness	Experimental Group	Negative Rank	1	3.00	3.00	-2.314*
		Positive Rank	8	5.25	42.00	
		Ties	1			
		Total	10			
	Control Group	Negative Rank	5	5.60	28.00	-.658
		Positive Rank	4	4.25	17.00	
		Ties	1			
		Total	10			
			N	Mean Rank	Sum of Ranks	Z
Self-Judgment	Experimental Group	Negative Rank	2	5.00	10.00	-1.790*
		Positive Rank	8	5.63	45.00	
		Ties	0			
		Total	10			
	Control Group	Negative Rank	2	3.50	7.00	-.136
		Positive Rank	3	2.67	8.00	
		Ties	5			
		Total	10			
			N	Mean Rank	Sum of Ranks	Z
Common Humanity	Experimental Group	Negative Rank	0	0.00	0.00	-2.673*
		Positive Rank	9	5.00	45.00	
		Ties	1			
		Total	10			
	Control Group	Negative Rank	5	5.30	26.50	-.480
		Positive Rank	4	4.63	18.50	
		Ties	1			
		Total	10			
			N	Mean Rank	Sum of Ranks	Z

Table 2.
The results of The Wilcoxon Signed Rank Tests for pretest-posttest scores

			N	Mean Rank	Sum of Ranks	Z
Isolation	Experimental Group	Negative Rank	1	3.00	3.00	-2.320*
		Positive Rank	8	5.25	42.00	
		Ties	1			
		Total	10			
	Control Group	Negative Rank	3	3.33	10.00	-.681
		Positive Rank	4	4.50	18.00	
		Ties	3			
		Total	10			
			N	Mean Rank	Sum of Ranks	Z
Mindfulness	Experimental Group	Negative Rank	2	1.50	3.00	-2.113*
		Positive Rank	6	5.50	33.00	
		Ties	2			
		Total	10			
	Control Group	Negative Rank	5	5.50	27.50	1.000
		Positive Rank	5	5.50	27.50	
		Ties	0			
		Total	10			
			N	Mean Rank	Sum of Ranks	Z
Over identification	Experimental Group	Negative Rank	1	1.00	1.00	-2.722*
		Positive Rank	9	6.00	54.00	
		Ties	0			
		Total	10			
	Control Group	Negative Rank	5	4.60	23.00	-.710
		Positive Rank	3	4.33	13.00	
		Ties	2			
		Total	10			

$p<0.5$

Table 2 shows the findings of the Wilcoxon Signed Ranks Tests used to ascertain whether the experimental and control groups' levels of self-compassion and its component levels alter between pre-test and post-test measures. The results show that there is a significant difference between the experimental group's self-compassion pre-test and post-test scores ($Z = -2.803$, $p<0.05$). The post-test level of self-compassion is higher than the pre-test level. That is to say, following the group counseling program, the experimental group's levels of self-compassion dramatically increased. However, there is no statistically significant difference in the control group's self-compassion levels between the pre-and post-test results ($Z=-.205$, p>0.05). In the context of self-compassion component scores, there is a significant difference between the self-kindness pre-test and post-test scores of the experimental group ($Z =-2.314$, $p<0.05$), while there is   no statistically significant difference between the self-kindness pre-test and post-test scores of the control group ($Z=-.658$, $p>0.05$). There is a significant difference between the self-judgment pre-test and post-test scores of the experimental group ($Z = -1.790$, $p<0.05$), while there is no statistically significant difference between the self-judgment pre-test and post-test scores of

the control group (Z=-.136, *p>0.05)*. There is a significant difference between the common humanity pre-test and post-test scores of the experimental group (Z =-2.673, *p<0.05*), while there is no statistically significant difference between the common humanity pre-test and post-test scores of the control group (Z=-.480, *p>0.05)*. There is a significant difference between the isolation pre-test and post-test scores of the experimental group (Z =-2.320, *p<0.05*), while there is no   statistically significant difference between the isolation pre-test and post-test scores of the control group (Z=-.681, *p>0.05)*. There is a significant difference between the mindfulness pre-test and post-test scores of the experimental group (Z =-2.113, *p<0.05*), while there is no statistically significant difference between the mindfulness pre-test and post-test scores of the control group (Z=1.000, *p>0.05)*. There is a significant difference between the over-identification pre-test and post-test scores of the experimental group (Z =-2.722, *p<0.05*), while there is no statistically significant difference between the over-identification pre-test and post-test scores of the control group (Z=-.710, *p>0.05)*. These results showed that the Gestalt Integrated Self-Compassion Development Program is effective in increasing university students' self-compassion.

Discussion

The Gestalt Integrated Self-Compassion Development Program is a psychological intervention program developed to increase self-compassion levels. The overall aim of this study was to assess the effectiveness of this program. A control group was used for comparison in the study. The findings confirmed that experimental group members' self-compassion levels revealed a significant increase. In detail, the Gestalt Integrated Self-Compassion Development Program is effective in increasing university students' self-compassion and its components which are self-kindness, common humanity, and mindfulness (while decreasing self-judgment, isolation, and over-identification). The results of this study were in line with those obtained by Kirkpatrick (2005), Barnard & Curry (2011), and Crozier (2014).

Due to the emphasis on enhanced self-knowledge and acceptance and the practice of self-awareness, being present time-centered, better communication development, and openness, Gestalt group therapy is advised as a successful strategy (Papacostaki, 2012). This method encourages self-expression and the sharing of contextual life experiences that result from participant interactions (Yontef, 2007). Because of that, therapeutic interventions aim to increase the clients' sense of self-compassion; Gestalt therapy is effective during the counseling process. People become more mindful because mindfulness and Gestalt both acknowledge the importance of the present-moment experience and what we learn through attending to it directly (Gold & Zahm, 2018). Gestalt group therapy also increases participants' sense of social connectivity and knowledge of their common humanity; hence it makes perfect sense to rank group

cohesion (Yalom & Terrazas, 1968). Additionally, self-judgment is decreased, and self-compassion is increased in Gestalt two-chair intervention (Greenberg et al., 1993; Safran, 1998). In brief, clients may confront harmful, self-judgmental beliefs and may overly identify with them. They transform unfavorable judgments into acceptance of themselves and become more self-kind with the support of the Gestalt two-chair intervention. As both self-compassion and Gestalt theory emphasize mindfulness, this group program may provide a decrease in isolation and an increase in common humanity due to group experience. Thereby, these similarities serve as a foundation for the combination of self-compassion and Gestalt therapy used in this study.

In this context, I developed this program by using affect-regulation techniques such as normalizing, talking to oneself as a friend, recognizing multiple emotions, remembering personal control areas, and nonjudgmentally identifying unhelpful coping mechanisms. I also introduced mindfulness techniques, compassionate meditation, and Gestalt empty-chair techniques (Beaumont, 2016; Coaston, 2017).

Findings highlighted the effects of Gestalt integrated self-compassion development program to increase participants' self-kindness levels while their self-judgment levels decreased. This is parallel to literature such as Davidson (2014). The intervention provided language for self-kindness (Davidson, 2014). Another self-compassion-based intervention (Gilbert, 2009) explicitly reduces self-judgment. Gilbert (2009) puts self-compassion to replace self-criticism with self-kindness. Moreover, the findings suggested that these interventions enhanced self-kindness, self-awareness, and self-reflection. The non-judgmental self decreases self-criticism and increases self-compassion (Jopling, 2000). According to Suppes (2021), being kind and objective toward oneself contributes to the idea of non-judgmental self-improvement. Therefore, related literature supports the finding that the more self-kindness, the less self-judgment through the Gestalt integrated self-compassion development program.

Consistent with the extensive literature on the self-compassion intervention effects of common humanity (Crozier, 2014), this study reduced participants' isolation and increased common humanity. Neff (2022) asserted that when people remember their common humanity, they feel less isolated and alone. Sokolov (2020) studied isolated individuals to teach English by using Gestalt techniques during the pandemic, and the results showed that people feel less alone and isolated.

The current findings also extend earlier work that found that similar self-compassion interventions (Kyvelou et al., 2018) were effective in increasing mindfulness and reducing over-identification. Mindfulness avoids the extremes of over-identification with experience and acceptance of mental and emotional phenomena (Neff, 2003). Gestalt therapy techniques help participants to discover their emotions and responsibilities (Brenninkmeijer et al., 2019), and they may gain mindfulness skills (Neff & Germer,

2013). Mindful self-compassion practices (Nef & Germer, 2013) are designed to reduce over-identification by increasing feelings of kindness, connectedness, and mindfulness in response to experiences of suffering (Germer & Nef, 2019).

In sum, self-compassion and Gestalt therapy have common points; the results of the Gestalt Integrated Self-Compassion Development Program extended this literature. According to the results, group counseling has increased the self-compassion levels of the participants. Therefore, Gestalt techniques cultivate self-compassion in response to daily challenges by reducing isolation, self-judgment, and over-identification.

Study Limitations and Future Directions

Despite the novel contribution of the current research study, it is important to consider the limitations associated with the research design and interpretation of outcomes. This study included a small sample size (N = 10) and lacked men participants, which means that no conclusions regarding the efficacy of the intervention can be made within this population, and the interpretation of the results is limited as outcomes may be attributed to other factors. These factors limited the extent to which the findings can be generalized. Secondly, the study did not have a longitudinal phase to see if gains were maintained, so this may be suggested to research in future studies. Moreover, to gain some insight into the practical significance, this study should be adopted into mixed research. Thereby, the study will be able to assess and corroborate the results of both quantitative and qualitative data. However, this study was the first to explore the extent to which the integration of Gestalt two-chair intervention and self-compassion in the Turkish sample and also results support the idea that mindfulness-based interventions lasting 8 sessions can be a promising short-term program for enhancing self-compassion among university students.

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