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Self-Awareness, Verbalization and New Meanings as the Heart and Soul of Significant Events in Existential Psychotherapy

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Abstract

This study aimed to qualitatively analyze the significant events that occur during existential psychotherapy sessions from the perspective of the patient. Ten patients completed the HAT—helpful aspects of therapy—shortly after existential psychotherapy sessions during existential psychotherapy treatment, which lasted 1 year and consisted of 48 sessions. The data were analyzed using grounded theory. The results emphasized the following categories: the promotion of self-awareness, the possibility of verbalizing experiences, and the deepening of meanings. In addition to emphasizing human relationships, the patients also emphasized a preference for interventions by existential therapists that were more directive, such as providing feedback, challenging personal beliefs, and asking questions. The results emphasize the integrated use of the two phenomenological methods, specifically, the static and the genetic methods.

Keywords Significant events · Existential psychotherapy · Qualitative · Genetic-phenomenological

Significant Events in Psychotherapy

The study of significant events in psychotherapy is based on the assumption that events during therapy sessions promote microchanges that, in turn contribute to broader transformations in the patient (McCharthy et al. 2017). A significant event is defined as a situation that occurs in any therapy session when something important or significant is considered from the patient's perspective to have an impact on the therapeutic process (Quick et al. 2018). The event can be something that the patient or therapist has said or done and something that can be felt and/or perceived as being either beneficial or harmful but that, nonetheless, impacts the progress of the therapy (Corrêa et al. 2016). The research into meaningful events is part of a broader paradigm of process research regarding psychotherapy that aims to understand the "how" and "why" of the changes that occur during

psychotherapy (Elliott 2010). The study of significant events promotes knowledge about efficient therapeutic processes and fosters articulation between scientific knowledge and clinical practice (Swift et al. 2017). Two qualitative meta-analyses examined the main categories that are common to several studies (Timulak 2007, 2010). These categories include (a) awareness, perception, and self-knowledge; (b) reaffirmation, support, and security; (c) the exploration of feelings and emotions; (d) behavior changes and problem-solving; (e) empowerment; (f) active client involvement; (g) personal contact (with the therapist); and (h) relief from suffering. These dimensions intersect various investigations and are the aspects that patients most value during their psychotherapeutic treatment. However, patients and therapists do not have the same perspectives regarding these significant events, with patients tending to value emotional and relational aspects more highly while therapists emphasize cognitive changes (Timulak 2010).

Existential Therapy and Significant Events

Now considered a well-established therapeutic approach (Vos et al. 2015; Cooper 2012), the use of existential psychotherapy has grown over the years and is now practiced in 48 countries on six continents (Correia et al. 2014).

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Generally, existential psychotherapy is divided into four major approaches: logotherapy, existential phenomenology, daseinsanalysis, and humanist-existential (Correia et al. 2014). Recently, mainstream psychotherapists have developed interest in specific existential themes (Hill 2018). However, existential psychotherapy has been, for various reasons—scientifically, epistemologically and clinically—distant from the mainstream research (Sousa and Vaz 2017), and although some studies empirically addressed the practice of existential therapists (Correia et al. 2018; Alegria et al. 2016), the characteristics of the techniques and the clinical competencies of the approach remain unclear (Sousa 2017).

To date, only two studies have analyzed significant events during existential psychotherapy from the perspective of the patients. In one of these studies, the aspects most emphasized by the patients were that the therapist (a) was perceived as competent and knowledgeable; (b) was capable of establishing a human and authentic relationship; (c) exhibited an open attitude and was noncritical and nonjudgmental; (d) validated the patient's emotional experiences; (e) established a collaborative relationship during the therapeutic process; (f) engaged in self-disclosure; and (g) exhibited an awareness of the patient and engaged in the experiential reformulation of the patient (Oliveira et al. 2012). In the second study, the dimensions most valued by patients included (a) having a real and human relationship with the therapist; (b) experiencing feelings of reaffirmation, safety and support; (c) promoting the deconstruction and defiance of beliefs; (d) engaging in a dynamic and mutual influential relationship; (e) recognizing the competence of the therapist; (f) recognizing the effort and reflexivity of the patient; (g) allowing for experiential relief; (h) permitting validation by another therapist; (i) recognizing the tensions and disconnects in the therapeutic relationship; (j) acknowledging the senses and their relationships with decisive moments; (m) experiencing personal growth; and (n) enhancing self-knowledge and self-awareness (Sousa and Vaz 2017).

The referred studies collected data on significant events following the termination of the psychotherapy sessions, thus allowing a retrospective view of the patients. There are no known studies that have analyzed the patients' perspectives throughout the therapeutic process. Moreover, the literature on psychotherapy has emphasized a crucial paradox. Specifically, while the patient's contribution to the success of psychotherapy is superior to the specific therapeutic approach of the therapist (Wampold and Imel 2015), the patient has been one of the most neglected factors in scientific research (Bohart and Tallman 2010). On one hand, the patient is the determining factor in realizing how the psychotherapeutic change is processed, while on the other hand, there is a lack of qualitative research that captures patients' opinions about what they value most throughout the therapeutic process (Levitt 2015).

The aim of this research is to answer the following questions. What are the events considered most significant by patients? What types of impacts do significant events have on the therapeutic process? What do patients consider to be the most important therapist's interventions? The study of significant events allows us to perceive the trajectories of change that occur during psychotherapy (Timulak and Keogh 2017). Identifying what patients value most during psychotherapy is valuable when articulating research regarding clinical practice (Quick et al. 2018). One of the objectives is to contribute to the knowledge about existential psychotherapy based on the 'bottom-up' approach. The description of clinical practice from the perspective of the patient allows us to examine who the existential therapists are and what the existential therapists do during the therapeutic process.

Method

Design and Aims

This qualitative study followed the grounded theory methodology (Glaser and Strauss 1967), wherein the aim is to create explanatory theories from the data. The data were processed according to two distinct codings. In open coding, which includes first possibility coding from the direct data of the participants, the data are organized by intermediate categories. In conceptual coding, which involves the creation of more generic categories, the axial categories are fit. The data were analyzed in a logical, progressive and regressive hermeneutical framework, attempting to determine the patterns and categories that could be grouped until a saturation of meaning was attained. Furthermore, grounded theory is one of the methodological strategies that adopts a qualitative 'bottom-up' rationale when seeking to determine what the client perceives to be significant during the therapeutic process (Timulak and Keogh 2017).

Participants

Ten patients who had undergone 48 sessions of existential psychotherapy over a period of approximately 12 months participated in the study. All patients, eight females and two males, were between 25 and 60 years of age. The patients, in their own words, reported that they sought psychotherapeutic support for issues related to depression, sexuality, lack of meaning in life, difficulties in interpersonal relationships, and social isolation. Four psychotherapists, three men and one woman, followed these patients. All therapists had a master's degree in clinical psychology (3 + 2 years) and at

least 4 years of training in existential psychotherapy. The therapists had an average of 8 years of clinical experience.

Materials

To have a more complete understanding of the client's perspective regarding change and the therapeutic process, researchers have emphasized the need for more in-depth qualitative methods as a complement to self-reported measures (Swift et al. 2017). The helpful aspects of therapy (HAT) is one of the most often used open-ended questionnaires in many research studies to generate specific categories in an open-ended qualitative manner (Timulak and Keogh 2017; Corrêa et al. 2016; Morgan and Cooper 2015). The HAT asks clients to identify and describe, in their own words, the most helpful event in their psychotherapy session and rate how helpful that event was. They are also asked about other beneficial events as well as events that may have impeded their growth. The HAT is usually administered immediately after each session and sometimes during the intersession period, that is, immediately before the next session. The aim is to collect the descriptions of those moments that the patient perceived as positive and important in their therapy and those that the patient perceived as negative and detrimental to their therapy. In the first question, we ask the respondent to identify the most important moment of their therapy. Specifically, "Of all the events during this session, which helped you the most or was the most important to you?" The respondent was then asked, "Could you describe in what way this event helped you or why it was important to you?" The patients were also asked to rate the importance of the event using the following scale: 1—not at all helpful; 2—slightly helpful; 3—moderately helpful; 4—considerably helpful; and 5—extremely helpful. They were also asked to describe those events that they considered negative. Specifically, "During the session, did anything occur that you perceived as negative or as a hindrance to your progress in your therapy?" They responded on a scale that ranged from 1—nothing negative to 5—extremely negative.

Procedures

The psychotherapy sessions were conducted at a university clinic. Patients who agreed to participate in the research signed an informed consent form. Although the patients paid for the sessions, the fees were reduced because they agreed to participate in the study. After each session, the patient completed the HAT, sealed it in an envelope, and left it at the clinic. Sometimes patients chose to leave the HAT form blank, while at other times, they identified more than one significant event for the same session. In this study, the therapists never had access to the information, and the patients were assured that their therapists would not know what they had written on the HAT. This method is in contrast to those in other studies where the data the patients provided on the HAT were shared with the therapists. As a first investigation wherein the patients' perspectives regarding meaningful events are collected, the aim was to collect the data as naturally as possible, i.e., where therapists do not have access to the information, as is typical in psychotherapy.

Results

The 438 identified significant events were divided into three central categories, namely, patient experiences in the therapeutic space (183); impact on the patient (160); and therapist interventions (95) (Table 1). Of the total number of events identified, 164 were rated as "extremely helpful", 212 events were considered "very helpful", 60 were identified as "moderately helpful", and 2 were considered "slightly helpful". The three central categories were then divided into subcategories, as shown in Table 2.

Of all the subcategories, the ones that were the most important from the perspective of the patients were (1) awareness (89) (impact on the client); (2) verbalization (73) (experiences of the patient/therapeutic space); and (3) identification/deepening of new meanings (36) (patient experiences/therapeutic space). Furthermore, the patients reported that increased self-awareness was their greatest achievement from psychotherapy. As one patient stated, "I felt it helped me understand myself better, and in understanding myself, I feel more secure." Second, the opportunity to verbalize, in part, many experiences that are or have been difficult and painful to acknowledge was regarded as a highly valued experience throughout the therapeutic process. One patient commented, "…accepting the act of 'laying down the chips' and talking about emotions and problems that I have had and known since I was very young…" Third, they acknowledged that they could discuss and gain a deeper understanding of themselves, their most significant interpersonal relationships, and their role in the world. For example, one patient stated, "I realized that I want to control everything. I even want to control the future of my child. This was new to me." Since one of the main aims of this study is to better

Table 1 Central categories of significant events

Central categories	Number of events identified
Patients' experiences in the therapeutic space	183
Therapist interventions	95
Impact on patients	160
Total	438

Table 2 Subcategories of significant events

Main categories	Subcategories	Number of significant events identified	Total
Therapist intervention	Listening	4	95
	Challenge/confrontations	26	
	Questioning/reflexivity	20	
	Feedback	32	
	Validation	5	
	Providing meaning	8	
Therapeutic Setting	Verbalization	73	183
	Revelation/expression of painful experiences	11	
	Reflection on life/therapist	13	
	Support/acceptance	15	
	Distinct temporal relationship between events	11	
	Confidence in therapist and/or therapeutic process	12	
	Identification/deepening of new meanings	36	
	Empathy/relationship with therapist	12	
Impact on patient	Relief/wellbeing	6	160
	Hope/perception of change	12	
	Change	7	
	Reflexivity	20	
	Awareness	89	
	Feeling of being understood	6	
	Empowerment	6	
	Openness to possibilities	2	
	Self-acceptance	6	
	Accountability/autonomy	4	
	Reorganization	2	

Table 3 Therapist's interventions according to helpfulness

Therapist intervention	Moderately helpful	Very helpful	Extremely helpful
Feedback	3	14	16
Providing meaning	2	4	1
Listening	1	2	1
Challenge/confrontation	2	9	15
Questioning/reflexivity	2	10	8
Validation	1	3	1
Total	11	42	42

understand which of the actions of the therapists are considered most relevant by the clients, the central category the interventions of the therapist was subdivided into subcategories (Table 3). Of the subcategories, the ones that were most emphasized were feedback (33) ("The therapist gave me very clear feedback on what we had talked about, which helped me to develop a different perspective"); challenge/confrontation (26) ("Thee therapist confronted my habitual posture directly, noting that wherever I find myself on both a personal and a professional level, it seems that 'I am only passing through without truly implicating myself'"); and questioning/reflexivity (20) ("The therapist asked me what I could do to not feel so frustrated and disgusted"). These were the three types of therapist interventions that patients valued most and felt were the most beneficial. In addition, giving meaning ("The therapist perfectly understood the central dilemma of my life and looked at it objectively"), providing validation ("It was the therapist who told me that it is not wrong to be ambivalence or have contradictions"), and active listening ("The therapist is listening to me very carefully and trying to understand") were among the other characteristics that patients valued most in their therapists.

The patients identified 28 events that they considered to be negative or regarded as obstacles to the psychotherapeutic process. In some circumstances, the patients considered the time the sessions were held, the number of sessions during the week or the length of the therapy to be insufficient. For example, one patient said, "Sometimes I feel that I do not have enough time to vent everything, and thus I end up leaving unsatisfied." Patients also felt that, at times, the therapists failed to perceive what they were trying to express. At other times, the patients felt that there was an inability or an unwillingness to verbalize what they wanted

to communicate. Therapeutic failures with respect to inter-actions with therapists and as a lack of relief from suffering were also reported by patients as obstacles in their therapy. One participant stated, "I think the therapist was too quick to interpret/help, and my painful subject was left out."

Discussion

The results of this study are, for the most part, consistent with those of several other studies on significant events. Different studies on significant events have emphasized that the most common category is awareness/perception/self-knowledge (Quick et al. 2018; McCharthy et al. 2017; Timulak 2007, 2010). Consistent with this finding, the data from our study indicate that awareness is the most significant dimension. Moreover, the aforementioned study of existential/experiential therapists concluded that verbalization is the most important aspect for patients (Watson et al. 2012). The opportunity to verbalize their experiences was the second most mentioned dimension by the patients who participated in this study. In an earlier study that involved 30 therapists from various theoretical approaches and 121 patients concluded that the most important dimension is self-consciousness (Castonguay et al. 2010). The authors, as reported in several studies, stated that the therapeutic process provides opportunities for the patients to gain clearer perspectives through insights and self-awareness regarding their experiences, which in turn have cognitive, emotional and behavioral impacts (McCharthy et al. 2017; Corrêa et al. 2016; Castonguay et al. 2010). This increase in consciousness results from previous activities. Being able to speak, to experience in a safe space, to have relief from suffering, to establish a privileged relationship with the therapist, to explore feelings and emotions, to be actively involved with the therapist, and to symbolize and narrate their experiences all impact the patient, and lead to a deepening of new meanings with respect to the patient's understanding and experiences (Timulak and Keogh 2017). This aspect is also crucial in our study. The identification and deepening of new meanings constitute the third dimension most valued by patients. Overall, patients rated significant events to be extremely useful or very useful, thus underscoring the importance attached to these critical moments during the sessions. The consonance of the results of this study with those verified by other investigations suggests that the view of the contextual model, which argues that different theoretical approaches have convincing theoretical rationales for patient problems, and a set of consistent therapeutic interventions similar to this theoretical rationale will generally be effective and will generally yield the same results, particularly with respect to the qualitative impacts on clients (Wampold and Imel 2015).

It is important to emphasize the holistic and interdependent nature of the significant events identified by the patients (Sousa and Vaz 2017). The study by Watson et al. (2012) emphasized that significant events influence each other and are interdependent. For example, one of the dimensions most valued by patients, the understanding of self, implied different actions in the part of the therapist and the client. The activity in the perspective of the patients who led to a better understanding of self was that they could verbalize their experiences. However, what contributes most to patients having verbalized their experiences was a set of interventions by the therapists, namely, asking for descriptions from patients; asking questions; making suggestions; applying more directive interventions; identifying important issues for the patient; and making clarifications (Watson et al. 2012). In short, an important impact—a better understanding of the self-arises from a set of actions that interpenetrate one another. The results of our study were also consistent with those of the last meta-analysis performed on qualitative studies in psychotherapy. The two main dimensions identified by the patients in several studies were (A) increased awareness through the identification of meaning patterns and (B) a therapeutic relationship perceived to be safe and caring (Levitt et al. 2016). The authors of this meta-analysis, which included studies with therapists of the most diverse theoretical orientations, also found that the trajectories of patient change do not occur as likely determined by theoretical models. That is, the models of psychotherapy define therapeutic changes using a linear logic. For example, a psychoanalytic model might argue that the interpretation of unconscious desires leads to a change in interpersonal relationships. However, at the practical level, and especially from the perspectives of patients, therapeutic changes do not occur linearly, but rather occur as patients contemplate a set of dimensions that intersect and influence a bidirectional logic (Levitt et al. 2016). As the authors concluded, "It appeared that clients were phenomenologically experienced not as defined by singular forms or sequences of pattern identification but a holistic lived experience" (Levitt et al. 2016, p. 822).

Significant Events and Existential Psychotherapy

The results of this research corroborate some of the data from studies of significant events in existential psychotherapy (Sousa and Vaz 2017; Oliveira et al. 2012). Some transverse dimensions between these previous studies and the present study are the humanized and trusting relationship with the therapist, the validation of the patient's experiences, the relationship of mutual influence and collaboration between the patient and the therapist, and the recognition of the competencies and interventions of the therapist (Sousa and Vaz 2017; Oliveira et al. 2012). In the present

investigation, awareness and reflexivity of new meanings were the results that were the most emphasized. The distinction between a prereflective consciousness and a reflective consciousness is a cornerstone of the phenomenological-existential model (Sousa 2017), as is the role that reflectivity plays in our ability to transform life experiences. What occurs when an experience is reflectively apprehended? There is a modification, a transmutation, a change (Sousa 2014, 2015). Reflection, thus, does not have a purely reproductive action; in fact, it changes the primitive state of the experiences of the prereflective consciousness. Reflection is not only a change in attention, but it also gives rise to new cognitive acts and transforms experiences (Zahavi 1999). Awareness and reflectivity, as mechanisms of therapeutic change, are in agreement with the theoretical rationale of existential psychotherapy (Sousa 2015).

Another important research aim was to gain a better understanding of the types of therapists' interventions that clients valued most. The literature on existential therapy focuses on relational dimensions and on more validation positions on the part of the therapist at the exclusion of other techniques (van Deurzen and Adams 2011). However, as mentioned in a previous study on existential therapy, the patients also stressed the benefits of the interventions of therapists who challenged their beliefs, thoughts and their behavioral patterns along with those who were more centered on validation and on relational factors (Sousa and Vaz 2017). The study by Sousa and Vaz (2017) reported that patients chose significant events in which existential therapists challenged and questioned their personal ways of being and their perspectives. Thus, while on one hand, the patients emphasized the human, real and trusting relationship that made them feel validated and respected, on the other hand, the also valued therapists who challenged them to question their personal beliefs and ways of being. The study by Watson et al. (2012) reported that the most unexpected result was the patient's preference for the therapist's directive interventions. These therapists had existential/experiential training and were particularly adept at relational interventions. Nonetheless, patients emphasized a preference for more directive interventions (Watson et al. 2012). Furthermore, our data emphasized that patients, in addition to considering relational dimensions, especially value interventions in which the therapist provides feedback, makes suggestions, poses questions and promotes other perspectives. In other words, in addition to the more phenomenological or relational interventions, the therapists also engage in more directive interventions. These data are consistent with the suggestion that in the existential clinical context, the dialectical use of two phenomenological methods is considered, namely, the static and the genetic methods (Sousa 2017).

These data are also consistent with those from studies on significant events that highlight the interdependence of the more common factors and more specific techniques (Swift et al. 2017). In existential therapy, with respect to the static method, the therapist, through the epoché of phenomenological reduction and the description of the patients' experiences, manages to promote aspects essential to the therapeutic processes, such as a strong human relationship in which the patient is listened to, understood and accepted in a space that is safe and supportive (Sousa 2017). With respect to the genetic method, the therapist introduces other types of therapeutic interventions, such as challenges, interpretations, and self-dialogues, to reveal other meanings about the patient's experiences and reflexive reactivations (Sousa 2015, 2017). Both methods are effective in creating mutual interdependence and are used depending on the time of the session or the therapeutic process. Accordingly, this suggestion about the applicability of static and genetic methods is consistent with two aspects emphasized by the literature on psychotherapy, namely, the therapist's need to be responsive and adaptive to the patient's person and not adaptive to the theoretical model of the therapist and the existence of deep synergy between the human relationship and the specific techniques (Beutler et al. 2016; Sousa 2015; Norcross and Lambert 2011). One of the reasons for the applicability and dialectical use of the static and genetic methods is the need for the therapist and the patient to construct a rationale for the problems that encumber the patient and are part of the reason for psychotherapy. The introduction of more interpretive, directive, reflective and/or challenging interventions that are administered and based on a human relationship allows people to create and transform meanings about themselves and their existence. Accordingly, the success of psychotherapy depends heavily on the degree to which the patient believes in the rationale introduced by the therapist (Wampold 2015). For this objective to be achieved, depending on the patient's characteristics and the context of the therapeutic process, it is necessary that the existential psychotherapist use specific therapeutic interventions rather than those based exclusively on relational dimensions (Sousa 2017).

Compliance with Ethical Standards

Conflict of interest All authors state that they have no conflicts of interest in this study.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

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