

# Personal Projects Analysis as an idiographic approach in psychotherapy: an exploratory study

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## ABSTRACT

Client feedback research is a new but encouraging area that recognizes the importance of engaging patients in offered treatments and the relevance of the relationship between therapist and client. This study aimed to explore clients' experiences of goal-oriented work using *Personal Projects Analysis* (PPA). PPA was applied to 5 participants of a psychodrama group after their consent and in agreement with the ethics and deontology research university committee. Their progress was evaluated with *Clinical Outcomes in Routine Evaluation Outcome Measure* (CORE-OM; 4 moments) and subjective well-being measures. Findings show how personal projects may be informative about clients' difficulties and change processes. All outcomes on CORE-OM went below clinical cut-off points, and all these changes are reliable and clinically significant. PPA offers a consistent way to implement the goals approach in a psychotherapeutic context successfully. Nevertheless, some adjustments need to be implemented in the goal-oriented work using PPA.

**Key words:** goals; personal projects; psychotherapy; idiographic approach.

## Introduction

For over thirty years, psychological research in the personality realm has shown interest in analyzing and explaining the content, structure, and dynamics of personal activity directed to goals and how this relates to psychological and subjective well-being and other variables associated with life quality. The area of research related to intentional action through personal action constructs (PAC - Little, 2011) includes, among other variables, personal projects (Little, 1983). Knowledge in this area can constitute a substantial support base for psychotherapeutic practice and can help to ground it on valid and defensible models of human functioning and change (Cooper, 2018, 2019; Anderson *et al.*, 2023).

Cooper (2018) recognizes goals as an effective way to implement the idiographic approach in the context of counseling, and recent meta-analyses support this positive effect (Epton *et al.*, 2017; Harkin *et al.*, 2016; Zarzycka *et al.*, 2022; Capella *et al.*, 2022). In fact, an idiographic approach gives access to the client's progress and to complex processes of change in psychotherapeutic work, addressing aspects that reflect the individuality of each client and the progress in overcoming specific difficulties and problems. Goal-oriented practices support clients' progress in psychotherapy, helping them to become aware of what they want and what they can do in a "wished-for" direction, providing evidence on population-level outcomes.

Nevertheless, measures have been almost exclusively nomothetic. In this sense, idiographic tools provide a complementary approach, combining individually set outcomes with standardized progress ratings. Evidence suggests that goal-focused idiographic measures may facilitate client progress and well-being (Lloyd, Duncan & Cooper, 2019; Anderson *et al.*, 2023).

In the last two decades, substantial advances have occurred in neuroscientific knowledge concerning research-based information on psychotherapy's technique, process, and outcome. Grawe (2007) proposes several ground rules from a neuroscientific-based perspective for psychotherapists' interventions. One of them includes concentrating on patients' intrinsic goals. Moreover, goals integrate the sources of action internally generated with the sources of action ecologically prescribed or required, both socially and naturally (Little, 2007). All these characteristics give goals a great significance in understanding behavior and, ultimately, in changing behavior (Beckman, 2018), allowing hence the flourishing of human well-being.

Personal Projects Analysis (PPA, Little, 1983; Little & Balsari-Palsule, 2020) is a cognitive-motivational approach that allows access to the personal goals that people formulate and try to achieve. Since its formulation, numerous potentialities of its use in counseling and psychotherapy context as an idiographic approach have been claimed (Little, 2011; Little & Chambers, 2004; Capella *et al.*, 2022).

### Personal projects: the theoretical virtuosities of these units of analysis

Personal projects are "extended sets of personality salient action in context" (Little, 2007, p. 25) that range from a daily standard routine action (*e.g.*, "Go to the bakery to buy bread") to the self-defining passions of a lifetime (*e.g.*, "To defend the environment."). They can be integrated into comprehensive and distinct categories: interpersonal, academic, work, intrapersonal, leisure, health, and maintenance (Little, 2007, 2011). Individuals judge their own projects through several cognitive and affective dimensions, corresponding to cognitive and affective components.

Some personal projects can contribute to the achievement of other pursuits, mutually fostering themselves or, conversely, may hinder and preclude their joint development. Often, our projects may collide against the projects of others around us, and then may frustrate and be frustrated in their realization. Frequently, they are molecular actions that facilitate the advancement of core projects, but personal projects may be merely

individual and disconnected actions that are not associated with other projects. Personal pursuits range in stage of implementation, going from a simple intention or goal to an advanced stage of accomplishment (Little, 2011).

Engagement in personal projects that individuals consider estimable, meaningful, manageable, supported by others, for their benefit, positive and gratifying tends to be related to well-being (Little, 1989, 2007). Accordingly, the fundamental assumption is that human flourishing is associated with the sustainable pursuit of core projects, and those links are subtle and complex (Little, 2007, 2011).

### Personal Project Analysis: the methodology

The conceptual framework presented above demands a specific methodological approach - the Personal Project Analysis (PPA - Little, 1983; Portuguese version Lima, 2002) - based on four fundamental assumptions (Table 1) necessary for its understanding (Little & Chambers, 2004; Little & Balsari-Palsule, 2019).

### The modules of analysis of the methodology

PPA is flexible and works as a comprehensive assessment system designed to be applied to a wide range of theoretical and practical issues. In therapy and counseling, PPA facilitates understanding of how individuals formulate and cognitively and affectively evaluate their projects, analyze their mutual impact, hierarchically connect them, and identify the fundamental ones, that give coherence and meaning to life. Consequently, this approach can help to detect problems or issues capable of frustrating or facilitating the implementation of the therapeutic program (Little & Chambers, 2004). The adoption of PPA in psychotherapy and counseling provides ways to restructure the project system, encourages clients to invest in new projects, and observe how projects promote each other or otherwise create conflict or resistance. Moreover, the methodology enables us to recognize and work with the ecological structures that obstruct projects from being sustainable. Building a project's hierarchy helps the individual organize their project system in practical, achievable, coherent, and meaningful ways.

PPA integrates several modules (Table 2) and admits a partial use of specific modules, but their full use is critical in therapy and counseling.

Several publications provide a deep understanding of the PPA methodology (Little, 2014; Little & Balsari-Palsule, 2019;

**Table 1.** Summary of the theoretical-methodological assumptions of personal projects analysis (Little, 2005; Little & Coulumbe, 2015).

Theoretical assumptions	Methodological implications in the evaluation of personal projects
Constructivist	<ul style="list-style-type: none"> <li>- <i>Reflective</i>: the theoretical constructs have equal validity for the researcher and the subject;</li> <li>- <i>Personally relevant</i>: the units of analysis, being generated by the subject, assume relevance to them;</li> <li>- <i>Evocative</i>: the procedure is interesting and appealing.</li> </ul>
Contextualist	<ul style="list-style-type: none"> <li>- <i>Ecologically representative</i>: provides information about contextual elements;</li> <li>- <i>Temporally extended</i>: allows to access processes that are delayed in the time;</li> <li>- <i>Potential social indicator</i>: the assessment may be relevant to political and social ecosystems.</li> </ul>
Systemic	<ul style="list-style-type: none"> <li>- <i>Systemic</i>: the methodology evaluates interrelations between units of analysis;</li> <li>- <i>Medium level</i>: allows a hierarchical analysis through an initial medium level elicitation;</li> <li>- <i>Modular</i>: allows integration of modules and ad hoc evaluation elements.</li> </ul>
Integrative	<ul style="list-style-type: none"> <li>- <i>Idiographic and normative</i>: both individual and normative levels can be evaluated;</li> <li>- <i>Integrative</i>: provides access to cognitive, affective, and behavioural processes;</li> <li>- <i>Direct applicability</i>: measured units can be processed and are able to be designed to specific contexts.</li> </ul>

Little & Coulombe, 2015). In the context of psychotherapy, a recent study by Di Malta, Oddli, and Cooper (2019) suggests that personal clinical goals lead to an awareness of aspirations, involvement, and motivation, support the maintenance of actions, and are useful also for unfolding higher-order goals into achievable tasks. However, we think that clinical projects may be critical to mental health. Working with a relevant system of projects generated by the individual can help access several areas that can bring entropy to their lives.

This exploratory study aimed to assess clients' experiences of goal-oriented work in psychotherapy, employing all modules of PPA, and to understand the benefits of this idiographic methodology in terms of promoting mental health and subjective well-being. Simultaneously, we wanted to understand what clients found helpful and unhelpful in this process and explore if the PPA methodology can assist the psychotherapeutic progress of individuals in a psychodrama group (Cruz *et al.*, 2018).

## Materials and Methods

The project was submitted under ethical considerations of the university where it took place, and informed consent was required.

### Design

We adopted a within-subject experimental design (repeated measures) with pre-test, post-test, and follow-up assessments. The six sessions of the intervention took place from May to July, and the follow-up in September 2020 (Table 3). The 'no' in Table 3 refers to the absence of information due to the non-attendance of the subject at that assessment moment.

## Participants

The research was conducted at a university counseling center that provides therapeutic and assessment services. The criteria for inclusion in the research group were being a participant in the psychodrama group taking place in the center, being an adult, and being available to participate in the sessions. Participants were informed of their rights, of the estimated time to be spent, and signed informed voluntary consent forms.

Five clients (from a universe of ten) participated, four females and one male. Ages ranged from 32 to 57 years old, with a mean age of 44.5. All clients, except one, had more than six months of therapy. All worked, had university studies, and did not take medications or drugs. Only one of the members was married, one was divorced, and the rest were single. All came to therapy to change how they dealt with relationships, work issues, autonomy, low self-esteem, or dissociative behavior. A female psychotherapist fully qualified in psychodrama and a male co-therapist oriented the sessions.

## Procedure

A manualized collaborative–integrative intervention based on PPA (Little, 1983) was built, integrating a protocol of six sessions of 60-minutes. The manual was constructed to provide a screen plan for each session. The sessions took place one hour before the psychodrama session, and the subjects would be attended together in the room where the psychotherapy session would take place. The psychotherapist was also the facilitator of the process (protocol and assessment) for ethical reasons. All subjects were very receptive to the whole process and would welcome the different activities even though some had to change work hours to be present. The work would take place around a

**Table 2.** Modules that integrate Personal Projects Analysis and variables that emerge from them.

Modules	Analysis variables emerging from the module
1. Elicitation of projects	Project weight, frequency of categories, linguistic and syntactic analysis, categories and subcategories, problematic categories, and balance between categories.
2. Classification of projects	Dimensions/items and factors emerging from this classification (meaning, manageability, connection, positive affect, and negative affect).
3. Individual cross-impact matrix	Conflict or promotion between projects that integrate the system at an individual level.
4. Joint cross-impact matrix	Conflict or promotion between projects at the level of people who share the same social ecology.
5. Project hierarchy	Project molarity level and relations between the projects in the system.
6. Identification of core projects	Which project or projects give consistency and meaning to the personal project system.

**Table 3.** Schedule of assessments.

Participants	Pre-test M0 (core; swls, panas)	Pilot study (May-July 2020) M1 (core)	M2 (core)	Pos-test M4 (core; swls, panas)	Follow-up (September 2020) Follow-up M5 (core; swls, panas)
1	Yes	Yes	Yes	Yes	Yes
4	Yes	Yes	Yes	Yes	Yes
6	Yes	Yes	Yes	Yes	No
8	Yes	No	Yes	Yes	No
9	Yes	Yes	Yes	Yes	No

table where the various topics and exercises of PPA would be addressed.

## Instruments

Several instruments were selected to evaluate participants' progress during treatment due to their pertinence, robustness, Portuguese versions' availability, and frequent international use.

### *Clinical Outcomes in Routine Evaluation Outcome Measure*

Clinical Outcomes in Routine Evaluation Outcome Measure (CORE-OM - Evans *et al.*, 2000; Portuguese version by Sales *et al.*, 2012) assesses the effectiveness of clinical interventions. It consists of 34 statements the patients evaluate on a 5-point Likert scale, based on how frequently they experienced a certain mood during the previous week, from 0 ("Not at all") to 4 ("very often or always"). This instrument is divided into four domains: Subjective Well-being (4 items), Problems/Symptoms (12 items), Social Functioning (12 items), and Risk/Harm (6 items). Approximately 50% of the items relate to problems of low intensity, such as "I felt tense, anxious and nervous". The remaining 50% of the items relate to problems of high intensity, such as "I felt panic or terror". 25% of all items concern positive statements with reversed scores. The level of psychological distress is quantified by the test's total score (total/34): higher scores indicate more problems. The Portuguese version revealed Cronbach alpha's values between acceptable and very good, except Risk subscale: Well-being -0.72; Problems/symptoms -0.88; Social functioning -0.84; Risk 0.46; No/risk 0.94 and CORE-OM total 0.94.

### *Satisfaction with Life Scale*

Satisfaction with Life Scale (SWLS) was designed to appraise the cognitive component of SWB (Diener *et al.*, 1985; Portuguese validation by Simões, 1992) and aims to assess the individuals' global judgments about their own life. SWLS comprises five items rated on a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), assessing how individuals weigh domains of their lives in terms of their values in order to reach a global subjective judgment of life satisfaction (Pavot and Diener, 1993). High scores in life satisfaction indicate that individuals are globally satisfied with their lives. Previous studies (Albuquerque *et al.*, 2012) demonstrated satisfactory psychometric properties and adequate internal consistency ( $\alpha=.84$ ).

### *Positive and Negative Schedule*

Positive and Negative Schedule (PANAS) was developed by Watson *et al.* (1988) and integrates two subscales, Positive Affect (PA) and Negative Affect (NA), measured on a rating scale from 1 (very slightly or not of all) to 5 (extremely). High scores in PA reflect feelings of enthusiasm, happiness, activation, and alertness. In contrast, high scores in NA indicate several aversive mood states such as anger, contempt, disgust, guilt, fear, and nervousness (Watson *et al.*, 1988). The Portuguese version (Albuquerque *et al.*, 2012) shows Cronbach's alpha, .79 for PA and .86 for NA.

## Informal interview

The informal interviews were conducted to validate and identify clients' opinions on goal-oriented practices (*e.g.*, Elliott, Fis-

cher, & Rennie, 1999). They lasted approximately 5 to 10 minutes and were primarily unstructured, with general questions about the participants' experience with PPA intervention. Clients readily talked about their experiences and positive regard for the methodology and practices. It was unanimous that more time should be devoted to exploring personal projects, their relation to therapeutic work, and their difficulty in bringing them into action.

## Analysis

To compute quantitative data, we used SPSS 25. A quantitative variation analysis was performed following a Hermeneutic Single-Case Efficacy Design-based approach (Elliott, 2002). We carried out a within-group variation analysis for SWLS, PANAS, and CORE-OM scales to assess the group's evolution. First, the data was coded into mean scores on the scales. Concerning CORE-OM, responses were categorized into specific dimensions, namely "Subjective well-being", "Problems/Symptoms", "Social functioning", and "Risk/Harm" dimensions, as literature recommends (Evans *et al.*, 2000). PANAS also was divided into the subscales PA and NA for measuring positive and negative affect. Finally, the mean intensity of each scale was calculated, both for overall scale scores (SWLS, PANAS, and CORE-OM) and for sub-scales. This allowed comparing the obtained scores with the cut-off points to understand the therapeutic effects better. We compared beginning with end of therapy and the 6-month follow-up values with the cut-off points for measuring clinically significant changes. This cut-off (reported as caseness) allows for determining whether a client is clinically distressed or not. Finally, to know the reliability of changes, we calculated two differences (pre vs. post-treatment and pre vs. 6-month follow-up) and compared them to the Reliable Change (RC) Index, a measure of the variation based on the standard error (SE) of the measurement which takes account of 2 measurements (pre/post) (CORE Partnership, 2007).

## Results

### **Data emanated from Personal Project Analysis**

PPA development is *per se* a source of information about subjects' well-being and mental health and a resource to overcome problems and difficulties within an individual system of projects.

### **Elicitation of projects**

Table 4 compares the number of projects elicited by our subjects and data from a non-clinical sample (Albuquerque *et al.*, 2013).

For example, Subject 6 elicited only 4 PP, 3 of them were intrapersonal projects expressing her depressive state. Subject 1 is very task-centered, so she presents 20 PPs, 8 of them being professional. Subject 4 desires many changes in his life. Nevertheless, in the later phases of the PPA, namely in the hierarchization of the projects and cross matrix, he will lack the tools to turn them into reality: "I want to have a good job, but I do not want to look for one", "I want to be independent, but it takes much effort".

The majority of our subjects felt that the elicitation task was difficult and that they were not used to reflecting on their projects, phrasing them, and planning how to bring them into reality. It became clear that it is easier to reach a precisely defined target.



## Classification of projects

Concerning the classification of the PPs in the cognitive and emotional dimensions, we observe that for subjects 1, 6, and 8, negative emotions concerning PPs are fundamentally the major obstacle to their foreclosure (Tables 5 and 6).

Clients 4 and 8 lack inner motivation for action. Subject 4 lacks the tools to bring the PPs to reality due to his dependency on his mother, although he is 45 years old. They know everything about what to do, but they do not do it. Participant number 6 does not know what to do, expressing too many emotions, both positive and negative (Table 6). For client 9, lack of support and incongruence with her values are the main obstacle to fulfilling her PPs. Because our subjects have difficulties pursuing their PPs, many were flagged as being in the beginning phases of this process.

Subject 6 experiences, at the same time, very high positive and negative emotions concerning her PPs, while subjects 8 and 9 present low scores in positive emotions combined with high scores in some dimensions of negative emotions.

## Individual cross matrix, project hierarchy, and core projects

At an idiographic level, relationships can be established between the person's different dimensions of the projects (Little & Chambers, 2004), as well as compared to the values of the non-clinical population. Concerning the cross-matrix, subject 1 has 1 project ('prepare the school work for next year') that conflicts with almost all the others. She is a teacher very centered on her professional tasks, and whose perfectionism concerning class preparation makes it difficult to pursue other PPs.

Subject 4 also has 1 PP 'to watch TV and be on the internet' that conflicts with all the other PPs. This male subject came to therapy because of his virtual sex addiction. After one year of therapy, although he has a relationship, he still likes to dissociate from reality (he has a poor job and social life), surfing the internet and watching TV. To accomplish his primary PP ('find a new job') and other desired activities to spend many hours in the virtual world does not help.

**Table 4.** Number of projects elicited by categories. Means (M) and standard deviation (SD) in non-clinical sample (N=398) and clinical participants in intervention (N=5)

	Non-clinical		Subject 1	Subject 4	Subject 6	Subject 8	Subject 9
	M	SD	M	M	M	M	M
Total	9.83	6.05	20	21	4	14	9
Interpersonal	2.49	2.08	2	5	1	1	1
Intrapersonal	1.22	1.94	1	3	3	1	1
Leisure	1.66	1.87	2	4	0	3	0
Job/academic	2.07	1.75	8	5	0	3	1
Health/body	1.15	1.15	3	1	0	1	1
Management	1.11	1.66	4	3	0	5	5

The mean comparisons between the clinical and non-clinical sample are not significant.

**Table 5.** Cognitive dimensions. Means (M) and standard deviation (SD) in a non-clinical sample (N=398) and in participants in intervention (N=5).

Dimensions	Non-clinical		Subject 1	Subject 4	Subject 6	Subject 8	Subject 9
	M	SD	M	M	M	M	M
Importance	8.80	1.08	8.70	8.50	8.00	7.50	7.80
Difficulty	6.63	1.67	7.00	7.10	7.00	8.00	7.70
Visibility	6.48	1.83	7.20	6.50	7.50	6.90	6.30
Control	5.90	1.64	6.10	8.00	9.00	7.90	8.20
Responsibility	7.72	1.48	9.10	8.60	8.50	8.20	9.30
Time adeq.	5.21	1.76	6.50	8.50	7.50	3.70	6.10
Positive outc.	6.87	1.60	7.00	7.80	6.70	6.20	7.20
Self-identity	7.01	1.81	7.20	8.20	7.60	5.90	6.90
Other's view	6.59	1.88	7.10	6.80	7.20	6.80	2.90
Values congr.	8.00	1.36	8.50	8.50	8.40	7.80	5.60
Progress	5.62	1.77	4.70	5.60	7.50	4.40	3.50
Challenge	7.83	1.44	8.70	8.50	9.10	6.60	7.80
Absorption	7.11	1.60	7.50	7.00	8.90	4.70	4.10
Other's supp.	5.68	2.03	5.80	6.00	8.20	5.70	4.00
Competence	7.64	1.43	7.20	7.90	9.00	6.70	7.00
Autonomy	8.59	1.32	9.00	8.90	6.40	6.90	9.10
Stage	4.47	1.55	4.00	4.10	5.00	4.60	5.20

The mean comparisons between clinical and non-clinical sample are not significant.

All the 4 PPs of Subject 6 feed each other and are connected with the same core value - well-being. She is a middle-aged lady with severe self-esteem issues due to successive devaluations in childhood by key figures (*e.g.*, father, teachers). The feeling that she has 'no value' is related to her difficulty formulating PPs.

Participant 8 is a medical doctor, still very dependent emotionally on her parents. She came to therapy due to her sadness, anxiety, and anger after her boyfriend left her. Her core value is happiness, and she realizes that her main goal in achieving this is to be independent. The success of the PP 'find a boyfriend' would be an ignition to pursue the other PPs (*e.g.*, she would be more motivated to 'go to the gym' or 'clean the house').

Concerning subject 9, most PPs interfere with each other blocking their pursuit. As an example, the PP 'find a male company' conflicts, in her opinion, with all the PP (*e.g.*, 'cleaning the garage' or 'sell farm') except 'be authentic'. Love is her core value, and being authentic is the most important PP.

The hierarchization of the projects demands a specific technique that consists of two processes that allow, through a continuous sequence of questions and answers, to unfold the projects upwards, the most meaningful and molar, and downwards, the most manageable and less molar (Little & Coulombe, 2015). Furthermore, pursuing a core project sustainably implies having subordinate projects that advance its concretization.

It was very beneficial to participants to make the project hierarchy and find their core projects. Doing it made some emotional (6, 9), others felt it was a moment of insight (1). Nevertheless, they also understood the long path they had to walk (4). For subjects 6 and 8, the core value was the well-being they lacked. Participant 1 had the aim to control her bad temper, while 4 wanted to be independent, and 9 wanted to be more authentic.

### Quantitative data from pre, post, and routine assessments

The first assessment on CORE revealed major distress and personal suffering for most participants, except for subjects 6 and 8. Average scores in CORE-OM (total 34, range 0-40) were 0.62 for subject 1, .034 for subject 4, 2.09 for subject 6, 1.5 for subject 8 and 0.85 for subject 9. CORE results can be considered with no clinical concern below 1.0. Only subjects 6 and 8 show an average score above clinical cut-off; subject 6 is in the moderately-severe level, and subject 8 is in the high limit between mild and moderate. In graphics 1 to 5, we can see the subject's development through the four dimensions of CORE-OM. Sub-

ject 6 is the only one that presents worrying values in the Risk subscale, nevertheless below the clinical cut-off. Trajectories of the different subjects along the intervention process are very different and can be seen in Figure 1.

In Table 7, we can find the criteria on which Figure 1 is based, allowing us to decide if observable changes over time can be considered reliable.

As shown in Table 7, all CORE results (general and subscales scores) improved from pre-test to follow-up. The benefits of the intervention can be seen in subject 6 with reliable values. She was in the 'moderately-severe' category in the Risk subscale and had higher values in the Symptoms/Problems subscale. Moreover, she is the only one that began her psychotherapy at the same time as PPA. So, we can say that, although the intervention was short (six weeks), PPA intervention facilitates changes. Nevertheless, most of our results are not sufficiently expressive to be statistically and clinically reliable.

## Discussion

The reflexive modules that constitute PPA contribute to the persons' awareness of the pursued goals and the difficulties or facilities they place in their current lives (Little, 2007; Little & Coulombe, 2015). Moreover, this methodology shapes the process of change into something substantive, meaningful, and more controllable by the subject.

Berkman and Liberman (2009) consider three components that are common to the frameworks of several action goal models: goal representation (intrinsic vs. extrinsic goals); goal intention (translate abstract goals to concrete behavior); and goal action (attention, motor control, response inhibition, and process monitoring). Our subjects showed difficulties with all three domains. Namely, goal action in the case of subject 1, who has shallow motor control, shown in her difficulty in controlling her temper. Subjects 8 and 9 have very low intrinsic motivation, so they depend on having a boyfriend to feel the energy to pursue other PPs. Subject 4 has low goal intention, so he has difficulties translating abstract goals into concrete behavior. One of his PPs is to 'find a better job,' but he says: 'How can I do that...?'. Subject 6 has difficulties in goal action and intention; nevertheless, she has a high intrinsic motivation to change her inner feelings.

The number of projects provides some information about clients' well-being. A long list of projects may suggest some difficulty in prioritizing personal actions. It may be related to clinical symptoms ranging from stress and anxiety to hypomania.

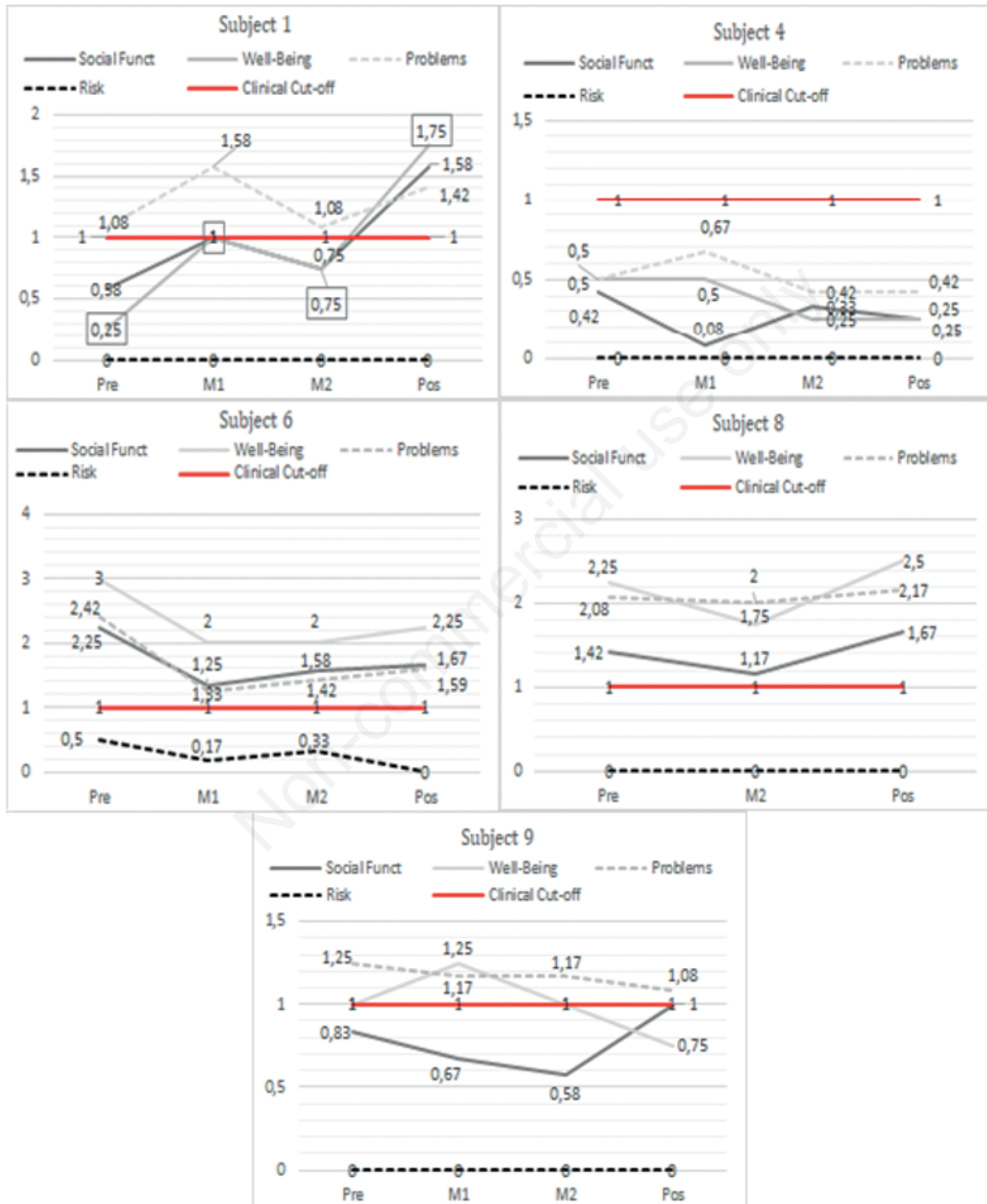
**Table 6.** Affective dimensions. Means (M) and standard deviation (SD) in non-clinical sample (N=398) and clinical participants in intervention (N=5).

Dimensions	Non-clinical		Subject 1	Subject 4	Subject 6	Subject 8	Subject 9
	M	SD	M	M	M	M	M
Sadness	2.58	1.94	2.70	2.60	4.80	3.70	1.20
Fear/Scare	3.33	2.28	5.40	3.10	6.20	3.00	4.60
Full of Love	7.08	1.92	7.30	7.40	8.20	1.15	2.80
Happiness	7.35	1.63	6.00	9.00	9.20	2.10	2.40
Hopefulness	7.19	1.60	7.60	8.10	8.00	6.40	3.30
Angry	2.34	1.92	3.60	2.60	5.80	2.60	2.10
Stress	4.15	2.27	5.30	3.70	6.40	6.40	6.20
Depression	2.57	2.06	2.40	0.90	4.10	5.60	1.00

The mean comparisons between clinical and non-clinical sample are not significant.

The elicitation of a small number of projects with low molarity may signify a life with a lack of meaning and purpose (Little & Chambers, 2004). On the other hand, the existence or absence of projects in some categories and a significant number in some

of them are good indicators of mental health and well-being. For example, the absence of restorative projects in some sense, as leisure pursuits, may reveal the lack of encouragement in the person's daily pursuits (Cox, Klinger, & Blount, 1999). The self-



**Figure 1.** Trajectories of participants over time in the 4 components of Clinical Outcomes in Routine Evaluation Outcome Measure.

focused goals are associated with low self-esteem and depressive symptoms (Salmela-Aro & Nurmi, 1997), neuroticism (Little, 1989), clinical disorders (Ingram, 1990), and identity diffusion (Adams, Abraham, & Markstrom, 1987).

When, in a system, one category of projects prevails, that may mean a less adaptive system than one that has a diversity of categories because it may indicate rigidity or/and overspe-

cialization in relating to life and social ecology (Little & Chambers, 2004). The classification of personal projects in several cognitive and affective dimensions, in an idiographic approach, enables to observe how individuals evaluate their projects and is highly related to satisfaction with life and well-being (Little & Chambers, 2004). Well-being is usually associated with pursuing personal projects that are meaningful, well-organized, sup-

**Table 7.** Quantitative outcome measures of the Intervention Group.

Scale	Caseness	RC min*	Pre	Post	Pre-post differ.	6 M follow-up	Pre-6 M differ.
<b>Participant 1</b>							
CORE all items	1.29	0.52	0.62	1.26	-0.64 <sup>a</sup>	0.74	-12
All non-Risk	1.50	0.56	0.75	1.54	-0.79 <sup>a</sup>	0.89	-14
Subjective Well-being	1.77	1.29	0.25	1.75	-1.50 <sup>a</sup>	0.75	-0.50
Problems/Symptoms	1.62	0.76	1.08	1.42	-0.34	1.08	0
Social functioning	1.30	0.88	0.58	1.58	1 <sup>a</sup>	0.75	-0.17
Risk/Harm	.31	0.98	0	0	0	0	0
SWLS	4.7	1.29	4.20	4.60	-0.40	-	-
PA	3.17	0.71	3.33	3.22	0.11	-	-
NA	1.7	0.66	2.56	2.22	0.34	-	-
<b>Participant 4</b>							
CORE all items	1.19	0.53	0.38	0.26	0.12	0.29	-0.09
All non-Risk	1.36	0.57	0.46	0.32	0.14	0.36	0.10
Subjective Well-being	1.37	1.30	0.50	0.25	0.25	0.25	0.25
Problems/Symptoms	1.44	0.81	0.50	0.42	0.08	0.42	0.08
Social functioning	1.29	0.90	0.42	0.25	0.17	0.33	0.09
Risk/Harm	0.43	0.95	0	0	0	0	0
SWLS	4.7	1.29	3.8	3.8	0	-	-
PA	3.17	0.71	4.11	3.44	0.67	-	-
NA	1.7	0.66	1.22	1.44	-0.22	-	-
<b>Participant 6</b>							
CORE all items	1.29	0.52	2.09	1.41	0.68 <sup>a</sup>	1.35	0.74 <sup>a</sup>
All non-Risk	1.50	0.56	2.43	1.71	0.72 <sup>a</sup>	1.57	0.86 <sup>a</sup>
Subjective Well-being	1.77	1.29	3	2.25	0.75	2	1
Problems/Symptoms	1.62	0.76	2.42	1.59	0.83 <sup>a</sup>	1.41	1 <sup>a</sup>
Social functioning	1.30	0.88	2.25	1.67	0.58	1.58	0.67
Risk/Harm	0.31	0.98	0.50	0	0.50	0.33	0.17
SWLS	4.7	1.29	1.20	-	-	-	-
PA	3.17	0.71	2.33	-	-	-	-
NA	1.7	0.66	3.11	-	-	-	-
<b>Participant 8</b>							
CORE all items	1.29	0.52	1.50	1.65	-0.15	1.32	0.18
All non-Risk	1.50	0.56	1.82	2	-0.18	1.61	0.21
Subjective Well-being	1.77	1.29	2.25	2.50	-0.25	1.75	0
Problems/Symptoms	1.62	0.76	2.08	2.17	-0.005	2	0.08
Social functioning	1.30	0.88	1.42	1.67	-0.25	1.17	0.25
Risk/Harm	0.31	0.98	0	0	0	0	0
SWLS	4.7	1.29	2.8	2.4	0.40	-	-
PA	3.17	0.71	2.56	2.67	-0.11	-	-
NA	1.7	0.66	3	3.22	0.22	-	-
<b>Participant 9</b>							
CORE all items	1.29	0.52	0.85	0.82	0.03	0.74	0.11
All non-Risk	1.50	0.56	1.04	1	0.04	0.89	0.15
Subjective Well-being	1.77	1.29	1	0.75	0.25	1	0
Problems/Symptoms	1.62	0.76	1.25	1.08	0.17	1.17	0.08
Social functioning	1.30	0.88	0.83	1	-0.17	0.58	0.25
Risk/Harm	0.31	0.98	0	0	0	0	0
SWLS	4.7	1.29	4.6	4.2	0.40	-	-
PA	3.17	0.71	3.67	3.55	0.12	-	-
NA	1.7	0.66	2	1.67	0.33	-	-

Caseness, cut-off for determining whether client is clinically distressed; RC min, minimum value required change at  $p < 0.05$ . Sources for values given: SWLS, Satisfaction with Life; CORE, Core System Group; PANAS, Positive and Negative Schedule.

<sup>a</sup>Reliable improvement from therapy;  $*p < 0.05$ .



ported by others, and seen as efficacious and not too stressful. Individuals evaluate them with positive affect and low negative affect (Christiansen *et al.*, 1999). The cross-impact matrix allows individuals to assess the impact of each of their projects on the rest of the system. Riediger (2007) emphasized the nature of goal conflict and goal facilitation, considering them as two independent constructs with implications for well-being. This process of interconnecting goals should be followed by self-regulatory responses to minimize goal conflict and promote goal planning facilitation (Presseau *et al.*, 2008). Building a hierarchy of projects produces a system profile of interactions between the projects and their different molarities and importance. It also allows us to observe the existence of core projects that give meaning and structure to the person's life and help to discern if they are sustainable in the system.

Subject 1 elicited 20 projects distributed through all categories, which is beneficial. Nevertheless, her job projects have some predominance and make it difficult to achieve the other projects in the system. Between moment 2 and the post-test, she faced a traumatic event: her boyfriend disappeared, not giving any explanation. Quantitative results show this setback in her progress. However, in the hierarchization module, her core project is "To control my bad temper", meaning that through therapy, she got more aware of her responsibility concerning what happens in her relations with friends, family, and intimate partners. She gets easily upset when things are not perfect, and lets others know this in an unpleasant way. Quantitative results (Table 7) show that the negative differences between pre and post-test in 'CORE Total', 'Non-Risk Total', 'Subjective Well-being', and positive differences in 'Social Functioning' present reliable values.

Subject 4 elicited 21 projects with some molar 'Be independent' and smaller projects 'Learn English'. His projects are distributed across several categories in a balanced way, which is a good indicator of psychological well-being. This subject evaluated his PP cognitively and affectively with values very close to the non-clinical population. Nonetheless, he has only one project that conflicts with the remaining. Importantly, this project is the source of his problems and request for help, a virtual sex addiction that frustrates the realization of the other projects. The quantitative analysis presents a slight improvement showing that he is steadily progressing.

Subject 6 elicited a reduced number of projects (4), three were intrapersonal, and the fourth ('get recognition at my workplace'), which she labeled interpersonal, also relates with her intrapersonal issues 'get better self-esteem' and 'trust myself more'. A reduced number of PPs may indicate depression, especially when the subject evaluates them with high values in negative affect dimensions of PP conjugated with high values in cognitive dimensions. These results show very intense emotions and a depressive problem. This data is corroborated with the Risk scores she obtained in CORE-OM. In the hierarchization and formulation of her core projects, she chose "To promote my well-being" – her awareness along the process conducted to a significant improvement in her life. Quantitative data (Table 7) show that she presents reliable values between pre and post-test in 'CORE Total', 'Non-Risk Total', and 'Symptoms/Problems' and that values are maintained in the follow-up. Moreover, the score of 'Risk' decreases to 0.

Subject 8 elicited 14 projects distributed into all categories, which is a good indicator of well-being. However, 5 of them are management projects, which may indicate low meaning in her life. In the classification of her projects, some values in cognitive dimensions need attention. Namely, some degree of difficulty

combined with a low level of time adequacy and low absorption of her projects may mean a sense of failure. On the other hand, when she appraises her projects in the affective dimensions, she presents important levels of stress and depression conjugated with low happiness levels. Moreover, the module of the impact matrix shows that her main project ("Be independent") conflicts with all other projects bringing a greater sense of failure. When she made her hierarchization and established a core project, she chose to "Be happy", nevertheless she recognizes that the main goal that she pursues is "To be independent".

Subject 9 listed nine projects, and this total number *per se* is not a worrying indicator. However, five of these projects are in the category of management and conflict with the other more meaningful PPs like "Do my masters" or "Find a male company". Furthermore, she did not present any project in the leisure category, which may be problematic because these projects generally are restorative. The cognitive and affective scores do not differ from the non-clinical population. Nevertheless, a significant number of projects are in conflict. One of her main projects, "Find a male company", conflicts with all the others, except "Be authentic". Her core project is "Love" and is formulated vaguely, which may imply difficulties in its feasibility/practicality.

All subjects, except subject 4, elicited few interpersonal projects. As is known, positive relationships are essential to psychological well-being and thriving (Feeney, 2014). This may mean some insufficiency of friends and good family relationships that support these individuals in their lives and pursuits. To Oreheke (2018), having other people can help reach goals since they may contribute with time, share knowledge, skills, and resources, and provide emotional support and encouragement.

CORE Partnership (2007) compiled outcomes data for 35 000 patients and concluded that in 'healthy' or 'low level' ranges, people did not significantly improve, since they were already below cut-off levels. When we observe the average total scores in this study, three subjects (1, 4, and 9) belong to these ranges. These three subjects are the ones that are in psychotherapy for longer. The same authors refer that the improvement is successively bigger as the psychopathology grows. In fact, subject 6 appears to be in this situation, with a 'moderately to severe' score. Subject 8 is between 'mild' and 'moderate' scores. According to the authors, subjects in this group present improvement, but they tend to return to their initial before therapy scores. Subject 8 seems to follow this pattern. Another conclusion of the same report is that, in moderate and higher ranges, people need more sessions to reach recovery. Our perception in the present study is that six sessions may not be enough for clients to overcome their difficulties.

## Conclusions

### Final considerations

The five subjects under our PPA intervention show an identical pattern comparatively to other samples measured with CORE-OM (CORE Partnership, 2007), confirming that PPA appears to be a valid idiographic methodology to approach goals in psychotherapeutic and counseling contexts. In a scoping review of Arcand-Dulsseault and Egan (2017), the fact emerges that research with PPA in clinical populations is still scarce and mainly cross-sectional. Moreover, these studies used PPA partially, adopting a specific module. This study represents an ad-

vance in this domain, both in its design and the use of all modules, bringing a complete picture of its potential and feasibility. PPA addresses individuality and can bring substantive benefits in overcoming specific difficulties and problems, keeping in mind that human flourishing is related to human well-being and comprises the sustainable pursuit of core projects (Little & Chambers, 2004). We can say that PPA offers a way to reprioritize the core values and identity of psychotherapy - a relational perspective discourse (Duncan & Reese, 2014, 2015; Wilcox & Almasifard, 2022).

The profound encounter between therapist and client and the cohesion built in a therapy group are again and again underlined as the place where we can rediscover meaning and fulfill our projects.

## Recommendations and further research

More time in each session to explore the PP is required, and/or more sessions over time. Clients needed more time to explore their PPs, overcome the deception related to the awareness of their difficulties concerning PPA, and enact self-regulatory responses to minimize goal conflict and promote goal planning facilitation, identify core projects, and build a network between PPs. Sadness and disappointment may have mediated the outcomes obtained in the different scales, namely, the lack of improvement. Research (Di Malta, Oddli & Cooper, 2019) points out that goal-oriented practices could help clients move from intention to action through increased awareness and focus, setting manageable tasks, and progress monitoring. However, they also had the potential to make clients feel irrelevant, disorientated, demotivated. Effectiveness in this realm should be hinged on clients' management of expectations, flexible working, and time of working with PPs.

Future research should use experimental designs, with control groups, build a baseline of each client and try to overcome the limitations referred to above, namely, adopt an individual approach, or include more time per session in the implementation of PPA, along with more sessions. To our knowledge, this was the first time routine outcome monitoring was used with PP in the context of a psychodrama therapy group. Much more research is needed to understand all the implied variables: namely, the benefits and limitations in group interventions using the PPA methodology. A manual for PPA utilization in a clinical context will be available in the future, considering these concerns.

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