

# Significant Events in Existential Psychotherapy: The Client's Perspective

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## Abstract

Three ex-clients were interviewed about significant events occurring within existential therapy. Data was analysed through a descriptive phenomenological method (Giorgi, 2009). All participants identify a powerful therapist, an authentic alliance, a non-judgemental environment, validation of subjectivity and a cooperative approach. Two participants also identify therapist disclosure and reflection/experiential restructuring events.

## Key words

Client perception, existential psychotherapy, phenomenological method, significant event

## Introduction

### Therapeutic process and significant events

The study of the therapeutic process has been an on-going challenge for research due to its complex and dynamic nature. Nevertheless, there are specific poignant moments in therapy which represent a certain escalating development where therapeutic progress appears more visible (Greenberg & Pinsof, 1986; Timulak, 2007). Significant events research (Elliott, 1989), the study of both therapist and client's perception of significant/poignant episodes occurring in therapy has, therefore, proven to be very useful in constituting knowledge that is relevant for clinical practice (Elliott, 1989; Timulak, 2007) since it focuses on three main tasks (Elliott & Shapiro, 1992); understanding and accurately describing significant events occurring within sessions (i.e. therapist interpretations, client's expression of interpersonal fears), but also the context in which these events occur (i.e. quality of therapeutic alliance, client's coping style), as well as the corresponding impacts of these episodes (i.e. insight, symptom release). The concept of significant event is defined by R. Elliott & D. Shapiro (1992) as every moment, situated within the therapy session – that is, a specific response/reaction, an intervention, a certain interaction, act/phenomenon – which resonates deeply within the individual's (client/therapist) subjective experience and appears to trigger significant development of a helpful nature. 'It is a figural moment rather than a temporal moment, an event that stands out against the overall experience of a longer process' (Giorgi, 1998: p52). These powerful episodes involve particular client

performances in response to therapist performances (Greenberg & Pinsof, 1986) and are still remembered and re-interpreted in the aftermath of therapy, frequently, for years to come. It is argued that significant events represent the importance of certain common factors for therapeutic progress which are presented, in a clustered form, at a certain moment (Elliott, 1989; Elliott & Shapiro, 1992; Rice & Greenberg, 1984; Timulak, 2007).

### **Research in significant events**

Qualitative research has focused on studying significant events using a wide range of methodologies (Elliott, Slatick & Urman, 2001; McLeod, 2001; Timulak, 2008). In reviewing these findings, three central aspects emerge: (1) therapists and clients identify the same key-factors, but tend to value them differently (Henkelman & Paulson, 2006); (2) the client's perception has proven to be a rich and useful source of information (Bedi, Davis & Williams, 2005) which is still overlooked (Hodgetts & Wright, 2007); and (3) clients attribute great value to having the opportunity to share emotions in a secure environment that promotes self-reflection and self-knowledge (Lilliengren & Werbart, 2005) to their active involvement in the therapeutic process (Booth, Cushway & Newnes, 1997), to the interpersonal encounter (Levitt, Butler & Hill, 2006; Manthei, 2007), but also to the technique (Levitt, Butler & Hill, 2006) and clients also consider that technical factors can influence the quality of the relationship (Bedi, Davis & Williams, 2005). In conclusion, it seems like the client needs a caring therapist who is able to provide appropriate direction when necessary (Levitt, Butler & Hill, 2006).

Unfortunately there are few descriptive phenomenological studies on significant events (Sherwood, 2001). The existing descriptive phenomenological studies seem to reinforce important factors to keep in mind: at the base of the positive experience is an interpersonal relationship where both individuals are entirely present, as this stimulates the expression of the client's authentic self (Giorgi & Gallegos, 2005); the therapeutic process seems to work through a progressive deepening of the client's experience of *self* – beginning in the therapeutic relationship, progressing to self in relationship with others, and finally of self in relation to the life world, especially in terms of life after therapy (Sherwood, 2001); and that there appears to be an interdependency between the cognitive and the emotional dimensions of the therapeutic process – for the clients, significant events occur in the context of a secure and supportive therapeutic relationship, where the client allows the other to challenge his/her perceptions/projections (Giorgi, 1998).

### **Existential therapy**

This study focuses on the existential therapy approach that relates to the 'British School' (Cooper, 2003), where the therapist's attitude is mediated

by respect and acceptance of the client's existence as it is lived (Cooper, 2003). Consequently the therapeutic intervention is not oriented towards what the client should be; that is to say, it doesn't try to encourage change, but rather comprehend, reflect upon and clarify the client's experience of 'being-in-the-world'. The importance of 'being-with' and 'being-for' the client is particularly relevant, as it discloses the phenomenological meaning of the client's experiences, helping him to explore the principles, values, feelings and beliefs or *worldview* (Spinelli, 2007).

With this in mind, the therapist's main objective is to focus on the interrelational dimension of therapy (Spinelli, 2007): existential uncertainty presents questions/doubts about the meaning of the world, and of 'being-in-the-world', which find a secure and stimulating place to be addressed and discussed within the authentic and open human encounter that unfolds in existential therapy (Spinelli, 2007; Van Deurzen, 2002).

Beyond this, the therapist's experience and training are fundamental, as is his/her capacity to act or his/her readiness to engage in genuine dialogue: flexibility/adaptability in practice are emphasised above the application of rigid immutable rules (Cooper, 2003). Existential psychotherapy is a truly collaborative, flexible and integrative process; while other approaches may seek to promote a relationship to enable interventions to be carried out, existential therapists tend to perceive the therapeutic relationship as 'the psychotherapy' in itself, and only consider the use of various techniques in function of this (Spinelli, 1997). In doing so, the existential psychotherapist avoids the role of 'expert' and tolerates the uncertainty alongside the client (Spinelli, 1997). However, this does not mean that the therapist assumes a passive posture. Some apply didactic methods such as Socratic dialogue (Frankl, 1984), while others promote a practical tutorial in the art of living (Van Deurzen, 2002). The aim is to enable their clients to reflect upon their lived experience in order to explore the meaning of the choices they have made or make implicitly, and consider alternative possibilities and courses of action (Walsh & McElwain, 2001).

Considering these particularities, this theoretical model of therapy appears to be an interesting context for research. In addition, there are comparatively fewer studies within the existential approach (Sousa, 2006; Walsh & McElwain, 2001). The present study aims, therefore, to identify and understand significant therapeutic events within the existential context, to articulate these findings with research literature, and further illuminate the contributions of the 'British School' approach (Cooper, 2003). Since the client's perspective is still quite ignored in the sense that research tends to limit the client's expression to the instrument established parameters (Lambert, 2007; Macran, Ross, Hardy & Shapiro, 1999), the present study focused on the following research question: 'What events/phenomena emerge as significant to the client that has concluded a therapeutic process of existential orientation?'

## Method

### Participants

This investigation considered the perspective of three adult ex-clients of existential therapy. The contacts were obtained through two different therapists affiliated to the Portuguese Society of Existential Psychotherapy (SPPE). Both therapists possess more than 10 years of professional experience. Their theoretical background relates to the 'British School' principles mentioned earlier (Cooper, 2003). No specific criteria was used to select the participants, beyond being of adult age and having concluded therapy within the existential model. Participant 1 (contact obtained through Therapist 1) is a 46-year-old female of Portuguese nationality that concluded a one-year cycle of therapy with a weekly attendance approximately two years ago. P2 (contact obtained through T2) is a 39-year-old female of Spanish nationality that concluded two one-year cycles of therapy with a bi-weekly attendance approximately two months ago. P3 (contact obtained through T1) is a 31-year-old male of Portuguese nationality that concluded two three-month cycles of therapy, with some interruptions in between due to surgery interventions, approximately two years ago.

### Procedures

Each therapist phoned their respective ex-clients to inquire about their interest towards the study. The participants were contacted by the researcher to schedule an appropriate time and place for the interview. The researcher then explained the context of the investigation along with its objective: identifying, describing and mapping significant episodes (helpful or hindering) that occurred within the therapeutic context, with as much detail as possible. A few brief definitions of 'significant event' were offered: 'A time (or the times) where something important happened (that was felt by the client or therapist or both) and that had a powerful impact on the relationship between them and in the consequent unfolding of therapy'; and 'It can be something the therapist said or did, a reaction or response or anything of the sort that had a significant effect on you, either in a positive or negative way'.

The participants were asked to read and sign the informed consent letter and to fill in the information pertaining to their demographic description. The interview began with the request 'Please describe episodes/events you remember as significant/poignant within the therapeutic context'. The researcher intervened, at times, to reflect, reformulate, clarify and further explore the studied phenomenon, always avoiding any form of directivity (Kvale, 1996). The occurrence of negative/hindering events was also explored. Each interview lasted approximately 30 minutes (a bit more in P1's case) and was recorded through an audio device. Information pertaining to the non-verbal behaviour of participants during the interview was also

registered by the interviewer to enrich the data analysis.

### **Data collection**

The phenomenological interview aims to capture sufficiently detailed descriptions – information pertaining to factual, emotional and cognitive dimensions of experience – of a certain concrete phenomenon, just as it was experienced/lived by a certain individual at the time it occurred, avoiding posterior abstract conceptualisations/reflections about it (Kvale, 1996). This interview was, therefore, oriented towards significant therapeutic events, not towards the individual's subjective psychological world (Giorgi, 2009). Although the individual's subjectivity is the necessary starting point, descriptive phenomenological analysis aims to transcend the personal dimension of experience by studying the same phenomenon from different angles/perspectives, discriminating the invariable core essence of experience until an integrated conceptualisation is possible (Sherwood, 2001). In other words, it articulates subjectivity and objectivity (Giorgi, 2009).

### **Data analysis**

The descriptive phenomenological method (Giorgi 2009) involves three methodological principles which inform about the uniqueness/specificity of this qualitative methodology: 'Epoché', to suspend all prior knowledge and preconceptions; 'Phenomenological reduction', to maintain focus on the correlation between the object of experience and the experience of the object; and 'Eidetic analysis', to consider and subtract all variables that are susceptible to context and don't integrate the invariable essential elements of experience, retaining only the basic psychological meaning of what is being described (Giorgi, 2009; Husserl, 2001). Gradually the core structure of the phenomena emerges because the different personal idiosyncratic perceptions (empirical variations) give way to an integrated objective description (Giorgi, 2009; Sherwood, 2001). It's argued that this method produces descriptions of historically situated events that enrich the therapist's experiential knowledge (Polkinghorne, 1999) and develop conceptualisations that are easily translated to clinical practice in the resemblance of case studies (Hill, 2006; McLeod, 2001).

The method itself (excluding data collection) has four steps (Giorgi, 2009, p. 128): (1) read for sense of the whole; (2) determination of meaning units; (3) transformation of participant's natural attitude expressions into psychologically sensitive expressions; and (4) determination of the general structure of psychological meanings. In the final stage of data analysis the researcher is required to identify the common essential components of the phenomenon (i.e. common significant events in the clients' narratives) and further explain the complex dynamic of interaction between them (i.e. context, characteristics, impacts), through a general structure, or structures

where the intersubjective experience of the phenomenon manifests as a *whole* (Giorgi, 2009).

As a result, the validation and generalisation of the results depends on the precision and rigour of the analysis in the sense that it demonstrates the most plausible/ coherent interpretations, associations and conclusions (Giorgi, 2009). Validation supposes, therefore, a coherence of significance between the descriptions, interpretations, associations and conclusions, assuring the transferability of results (Giorgi, 2009). These results are eidetic (non-empirical) and possess intersubjective validity; they create categories of knowledge that can be reviewed by other peers and, although not universal, most probably possess applicability to the studied context (Giorgi, 2009).

In conclusion, the descriptive phenomenological method of A. Giorgi (2009) is designed to openly explore the intersubjective meaning of human experience: it is equipped to study multiple interacting variables that operate differently in each particular case, and aims to articulate subjectivity with objectivity by maintaining focus on the studied phenomenon (Giorgi, 2009; Hill, 2006; McLeod, 2001).

## Results

In this section the general structure of psychological meanings (fourth step) is presented in the form of a narrative summary to offer a holistic understanding of the common key constituents of the experience and possible causal relations between them (Giorgi, 2009).

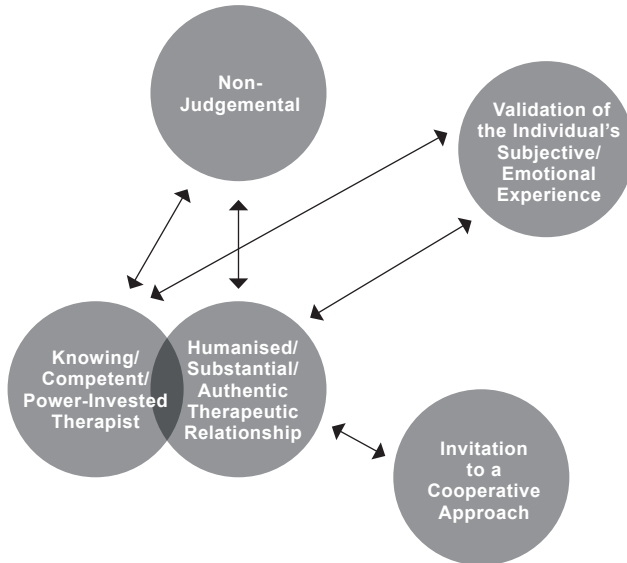
For these clients, therapy is a dynamic process where progress emerges from a certain concretised evolution, not from isolated moments. However, for the three participants, a successful therapeutic experience seems to be based on the perception of a **knowing/competent/power-invested therapist** and his/her ability to establish a **humanised/substantial/authentic therapeutic relationship**. Furthermore, there is a set of important common components for all participants: a therapist's **non-judgemental attitude** demonstrates openness and respect in the sense that he/she approaches the individual as a human being, not an object/pathology. On the other hand, the **validation of the individual's subjective/emotional experience** constitutes another powerful event that demonstrates an active effort, on the therapist's behalf, to promote and value the client's subjectivity. Finally, the perception of an **invitation to a cooperative approach** regarding the therapeutic work is particularly cherished, since it reveals the client as an essential and competent part of the therapeutic process.

Invitation to cooperation seems to enrich the interpersonal alliance, while therapist’s non-judgemental attitude and validation of subjective experience appear to enrich the relationship, but also reinforce the perception of professional competency.

For P2 and P3 only, there are two more separate components: **therapist disclosure** – as it reveals the therapist as human/real, offers evidence of true understanding and proof of trust/intimacy which, in turn, reinforces the relationship – and interventions that stimulate **reflection and experiential restructuring**, as they develop the client’s self-awareness and relate to a positive experiential change which, in turn, reinforces the therapist’s competence and effectiveness.

The results described above are illustrated by two diagrams (General Structure I and II), which allow the reader to schematically visualise the descriptive narrative of the general structure of psychological meanings:

### General structure I – essential components of the experience for P1, P2 and P3

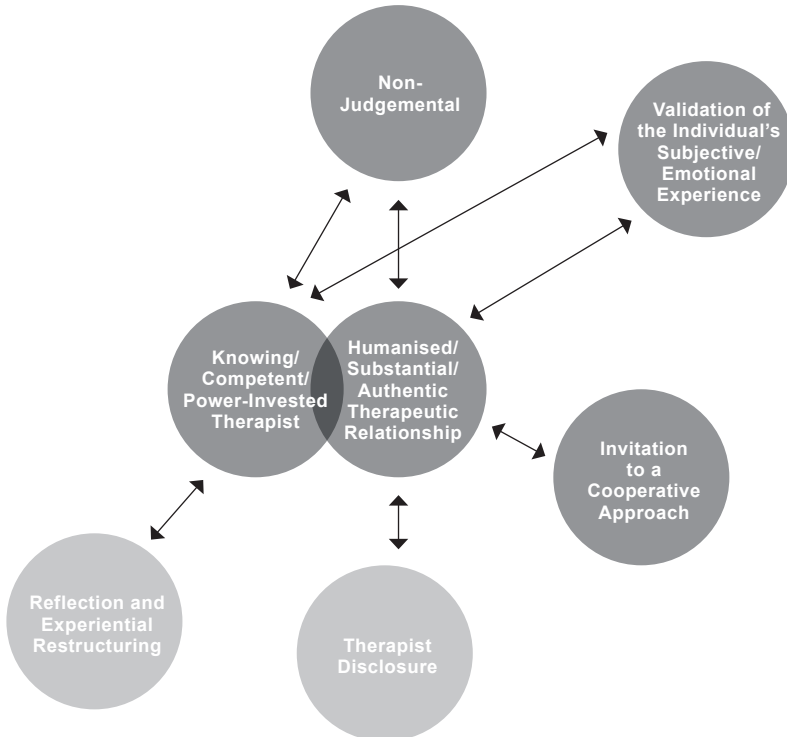


The establishment of a ‘humanised/substantial/authentic relationship’ with a ‘knowing/competent/power-invested therapist’ seems to constitute the context in which the therapeutic process unfolds and the other events take place – in other words, the client has faith in therapy, he/she believes

that success/progress is attainable and that his/her therapist could be the 'one' to lead the way. Not much later, the client discovers yet another interesting trait when realising the therapist is entirely present in the moment on a personal/emotional level, side by side with the client, unguarded, genuinely committed to being truthful to him.

In this context, a therapist's 'non-judgemental attitude' seems to reinforce both professional competency and interpersonal dimensions, as it demonstrates solid professional/ethical principles that are considered appropriate and effective to facilitate the clients openness/expression, and expands the depth of the therapeutic relationship. The category 'validation of subjective experience' seems to reinforce both professional competency and interpersonal dimensions, because clients perceive the experience of validation as a necessary step in the therapeutic work, a crucial peak where something was efficiently overcome and, at the same time, as a powerful act of acceptance that strengthens the alliance. Also, the perception of an 'invitation to a cooperative approach' appears to reinforce a positive interpersonal relationship because it recognises the individual as an interesting and capable presence.

**General structure II – essential components of experience for P2 and P3**



In this structure, another two components emerge. Episodes of ‘therapist disclosure’ seem to reinforce a positive interpersonal relationship as they provide evidence of a deeper/true understanding, constitute an act of trust and offer a more realistic perception of the therapist as a vulnerable, fellow human, while ‘reflection and experiential restructuring’ events seem to reinforce the therapist’s competency/effectiveness because the client reports the development of reflexive knowledge and a positive experiential restructuring through which more of his/her authentic self emerges and his/her experience of suffering diminishes.

Finally, the post-structural analysis is presented. The objective here is to offer a detailed description of the meaning of each eidetic dimension/key constituent, clarified by one or two explanatory testimonies.

### **Essential components of the experience – P1, P2 and P3**

**KNOWING/COMPETENT/POWER-INVESTED THERAPIST** This essential component relates to the recognition of the therapist’s education, experience and professional achievements. It is always present, but it seems more prominent at an initial stage due to good references and recommendations. This component appears very significant for success, in that it reinforces credibility and receptivity/openness towards the therapeutic work due to the likelihood of progress.

P1: ‘[...] I was perfectly aware that he was the one that understood, knew what was going on...’

**HUMANISED/ SUBSTANTIAL/AUTHENTIC THERAPEUTIC RELATIONSHIP** This essential component relates to the gradual establishment of a deep and rich human relationship, where the therapist emerges as an available/sensible human being who cares about his/her client. Along with the perception of competency, the relationship sustains the therapeutic process because it promotes an intimate/supportive climate that facilitates the expression of the client’s authentic self.

P3: ‘[...] behind that therapist...is an honest human being, he seemed to be...a truly genuine person...’

P2: ‘[...] it was a process...that became a bit like...a friendship.’

**NON-JUDGEMENTAL ATTITUDE** This essential component relates to the position the therapist assumes within the therapeutic encounter, for example how he/she approaches the individual, how he/she reacts/intervenes regarding the client’s emotions, thoughts, beliefs, attitudes, decisions and behaviour. According to the client, the absence of judgement (in any form) is desirable since it constitutes a position of openness and respect, approaching the individual as a human being rather than an object/instrument/pathology.

P3: ‘[...] there were many times where he would...just be quiet and

listen. And when he intervened...he would just say or ask the bare essential...just what he had to say and nothing more...';

P1: '[...] he always assumed an extremely appropriate position and never...never gave his opinion.'

**VALIDATION OF THE INDIVIDUAL'S SUBJECTIVE/EMOTIONAL EXPERIENCE** This essential component relates to an active effort, on the therapist's behalf, to validate and further explore the client's *worldview*, either through direct intervention or non-intervention, being that he/she offers the time and space that the client needs to express and elaborate his/her own subjective experience. In other words, the therapist not only refrains from elaborating and imposing judgemental appreciations, but also struggles to value the individual's subjective experience.

P1: 'I understood that... this was important while it had importance to me...its impact on me was recognised, and sometimes that's all that's need, recognition.'

**INVITATION TO A COOPERATIVE APPROACH** This essential component relates to the perception of an implicit invitation to a strong, unique collaborative approach on therapeutic work that requests equal involvement from the client. Clients may have trouble perceiving 'total equality' between the two power spheres of therapist–client (particularly so with P2); nevertheless, this implicit invitation is cherished because it further validates and empowers the individual.

P1: '[...] with this therapist I think it was much more . . . like an equal, a much more parallel relationship.'

### **Extra essential components of the experience – P2 and P3**

**THERAPIST DISCLOSURE** This essential component relates to the therapist disclosure of personal experiences/contents and appears to be very helpful when punctiliously used, only at specific times, where a certain material is relevant for the mentioned issue. It possesses a powerful securing effect, demonstrates a deeper/true understanding of the client's subjective experience and reveals the therapist as a real/similar human being.

P2: '[...] on rare occasion, punctiliously, but sometimes he told me stuff, like, his insecurities even...I felt it was a privilege you know ...a sign of trust.'

**REFLECTION AND EXPERIENTIAL RESTRUCTURING** This essential component relates to the development of reflexive knowledge/awareness of one's perceptions, attitudes and beliefs, and to a change in one's experience/perception of reality, within the aforementioned therapeutic context, in response to a certain therapist intervention. This component alleviates the client's subjective discomfort/suffering by promoting a more authentic

way of ‘being-in-the-world’.

P2: ‘[...] it was a relief; it was a bit like starting...I started to have tools, to understand that no one is in possession of the truth you know? But I thought someone was...others [laughs]’

P3: ‘I remember him telling me – But notice...you’re behaving like a masochist – something like that – You’re harming yourself, you’re being too hard on yourself...’

## Discussion

The discussion will focus on two essential points: first, understanding the results and their meaning to research literature on significant therapeutic events; second, a reflection about existential therapy in the light of these results, which are obviously considered to be still very preliminary.

Before this, however, important limitations considered to be present in this study should be presented:

1) The hello-goodbye effect (Feifel & Eells, 1963) – the client’s desire to please the therapist and to portray an ideal therapeutic experience – is surely a possibility, but it didn’t seem particularly present in the interviews as clients identified ineffective procedures and did not refrain from exposing the limits of therapy’s effectiveness; that is, what is still unresolved.

2) Another important ethical issue that emerges at this point is the participant’s right to confidentiality and anonymity when providing testimonies of his/her personal experiences/perceptions of therapy. Considering this ethical concern, any type of information that would reveal the participant’s identity was omitted from all records and both therapists involved were kept at a distance from the ongoing study’s raw data (i.e. interview transcripts).

3) Retrospective recollection is also limiting since it is conditioned by the dynamics of memory and language (Hill, 2006). This is a recognised limitation of this type of research; however, more proximity between the end of therapy and data collection is desirable if one intends to capture more concrete events and less abstract conceptualisations. When dealing with retrospective recollections of the therapeutic process, it is important to be conscious of the delicacy of the matters discussed and to safeguard the individual’s psychological wellbeing above any research goal.

4) Naturally, the investigator possesses certain preferences that manifest through the selected contexts and themes, but there was an active effort to ‘bracket’ these beliefs in both collection and data analysis and to expose data analysis with great transparency, as this method requires, so that the study can be reviewed by other researchers.

5) The lack of descriptive phenomenological research pertaining to significant events with the same (or approximate) number of participants hinders the comparison of results.

### **Contributions to research theory on significant events**

It is argued that the presented results seem to confirm certain dimensions of the existing literature on significant therapeutic events and, on the other hand, seem to provide new perspectives/reflections that may challenge or further deepen their conceptualisation:

1) The importance of an authentic therapeutic relationship has been sufficiently outlined by research (Lambert, 2007; Levitt, Butler & Hill, 2006; Manthei, 2005; Manthei, 2007; Spinelli, 2001; Timulak, 2007); however, an important distinction should be made: to consider that the establishment of a humanised therapeutic relationship is somewhat present in the various therapeutic interventions is not the same as considering that this, in itself, is the most essential purpose of therapy (Spinelli, 2007). The results seem to highlight another important layer of this phenomenon, as the interception between the perception of 'therapist competency' and 'therapist interpersonal authenticity' suggests that therapeutic progress develops not only because the individual establishes an authentic and meaningful relationship in his/her life (which, as we know, has a very powerful impact) but because he/she established it with a knowing/competent/power-invested individual in a structured/artificial environment.

2) The key-constituent 'non-judgemental attitude' appears to describe a specific way of 'being-with' and 'being-for' the client that tolerates 'not knowing' and actively questions the very foundations of judgement itself, arguing that 'the expectation we bring to a situation influences what we actually see and once we know something we stop searching, looking around and listening; in other words, we lose our openness' (Giorgi, 2005: p155). In this sense it may reach further and might be more complex than the simple matter of (not) presenting opinions or exhibiting judgemental behaviour, which research theory has identified as beneficial (Levitt, Butler & Hill, 2006).

3) Clients value the perception of a more balanced relationship that expects their input and integrates it into therapeutic work (Booth, Cushway & Newnes, 1997), a concern that is reinforced by the component 'invitation to a cooperative approach'. Yet, again, it seems that more could be said about this phenomenon since clients describe a unique, truly flexible, collaborative partnership which actively rejects the 'expert' position as it 'lends a sense of control and ownership to the process, which is not

conductive of good therapeutic work' (Giorgi, 2005: p156). This 'invitation to a cooperative approach', communicating with the principle of 'not knowing' and of 'being-with' and 'being-for' the client, is much more a matter of both therapist and client co-constructing a therapeutic path than of the therapist letting the client participate in the path he/she has created.

4) The 'reflection and experiential restructuring' event will develop the individual's self-knowledge and awareness, but it appears to be deeply rooted in the context of a certain relational development and manifests itself as a holistic experience, where cognitive and emotional dimensions of experience can't be dissociated (Giorgi, 1998). In this sense it questions the isolated cognitive restructuring or insight acquisition phenomenon as it has been described in the literature (Booth, Cushway & Newnes, 1997; Hodgetts & Wright, 2007; Lambert, 2007; Levitt, Butler & Hill, 2006; Manthei, 2005; Timulak, 2007). Within this context it relates to a positive experiential restructuring in the sense of becoming more authentic to oneself, not in terms of exhibiting more adequate/well-adjusted behaviour.

5) 'Validation of the client's subjective/emotional experience' seems to further emphasise the importance of an 'active empathy effort', beyond the establishment of a supportive and empathic relationship, beyond the assumption of a non-judgemental attitude, the therapist's systematic exploration of the client's worldview and his/her recurrent efforts to reveal it as valid and legitimate appear relevant for the therapeutic process in a distinct and independent manner.

6) The key-component 'therapist disclosure' seems to confirm the literature: clients perceive therapist disclosure, when punctiliously used and well articulated with the client's problems, as evidence of true understanding and proof of trust/intimacy (Hodgetts & Wright, 2007; Manthei, 2005; Timulak, 2007).

As such it is considered that the findings appear to suggest that clients identify certain significant dimensions of therapy that relate to a set of established 'common factors' of the psychotherapeutic process that have been identified by research literature, but appear to possess new specific meaning and a specific interrelation within the studied context. This line of thought could point to the possibility (which is obviously considered still very preliminary) that there are certain dimensions of the existential therapeutic process that incorporate the designated 'common factors' of psychotherapy.

### **Reflection about existential therapy in the light of these results**

It seems that the therapeutic process within the 'British School' approach (Cooper, 2003), unfolds within a humanised/substantial/authentic therapeutic

relationship, while clarifying and reflecting upon the client's most essential values, helping him/her understand the meaning of his/her own existence (Van Deurzen, 2002). In this sense, the principle of 'not knowing' becomes essential since it predisposes the therapist to explore the client's *worldview* and to be constantly present in the encounter (Giorgi, 2005; Spinelli, 2007). As such, while still being perceived as knowing/competent/power-invested individuals, therapists constantly avoid the 'expert' position and consider that the immediate interrelational dimension of therapy constitutes the ultimate therapeutic process (Giorgi, 2005; Spinelli, 1997; Spinelli, 2007). This seems to manifest in the categories non-judgemental attitude, invitation to a cooperative approach and validation of the client's subjective experience, and in the way they communicate with a humanised/substantial/authentic therapeutic relationship. It appears that this form of 'being-with' and 'being-for' the client cultivates a well-balanced and open human relationship where the core uncertainties/existential concerns about the meaning of the world, and of 'being-in-the-world', can be not only addressed but challenged (Giorgi, 1998; Giorgi & Gallegos, 2005; Spinelli, 2007; Van Deurzen, 2002). Indeed, this seems to be the context in which certain poignant *reflection and experiential restructuring* events occur.

## Future research

There is certainly much to be said and much to be learned about the therapeutic process, for it is an extremely challenging and complex subject that cannot begin to be fully grasped by the present investigation. It is considered, nevertheless, that descriptive phenomenological research, ideally with slightly larger samples and more proximity between the end of therapy and the research study, produces specific knowledge that is naturally interesting for therapeutic practice. It is crucial, however, for any follow-up study, to respect the structure and specifics of the descriptive phenomenological method of A. Giorgi (2009) to enable the discussion and comparison of results. Beyond this, therapists could possibly encourage clients to keep a record/diary pertaining to powerful therapeutic episodes as therapy unfolds, to help create a richer database for future studies and, by keeping research in mind, help bridge the gap between research theory and clinical practice.

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