

What constitutes a significant moment  
in psychotherapy? A descriptive  
phenomenological study of clients' lived  
experiences of significant moments in  
psychotherapy.

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## **Declaration**

I hereby certify that this material, which I now submit for assessment on the programme of study leading to the award of DPsych is entirely my own work, and that I have exercised reasonable care to ensure that the work is original, and does not to the best of my knowledge breach any law of copyright, and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

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*“One of the most beautiful gifts in the world is the gift of encouragement. When someone encourages you, that person helps you over a threshold you might otherwise never have crossed on your own.”*

John O’ Donohue, 2000

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## **Abstract**

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*What constitutes a significant moment in psychotherapy? A descriptive phenomenological study of clients' lived experiences of significant moments in psychotherapy.*

Despite extensive research in the field of psychotherapy, it is unclear what constitutes therapeutic change for clients. The aim of this study is to capture how clients consciously construct meaning from a significant moment in psychotherapy and the influence such a moment may have on changes to their psychological well-being. To address this issue, a Husserlian (1962) phenomenological philosophy and methodological position was taken. Rich descriptions of significant moments in psychotherapy were captured from 27 semi-structured interviews with 14 participants. A descriptive phenomenological analysis informed the phenomenological investigation. The participants’ rich descriptions illuminated the phenomenon of a significant moment. This manifested itself in a unique yet common human experience in terms of the meaning of a significant moment as a self-realisation. This self-realisation emerged from two conscious structures namely phenomenological unease and phenomenological ease. Furthermore, exclusive to this study was the role of perceiving judgement as a pre-predictive construction in consciousness that revealed three directions, namely judgement of the self, judgement of the psychotherapist and perceived judgement by the psychotherapist. This perception of judgement, together with a physical sensing, and the revealing of unspoken aspects of the self, formed the phenomenological unease.

Another significant finding was the phenomenological ease which clustered around an uncovering of the acceptable self that accommodated the exposing of the inner self to the outer world. Psychotherapy, and connecting with a psychotherapist, provided a context for the phenomenon of a significant moment to emerge. It is contended that the lived experience of a significant moment had a profound positive impact on all the participants' personal and psychological well-being as well as on their social lives. These findings are discussed with reference to psychotherapy practice, future psychotherapy research, and professional development.

*Keywords:* significant moment, psychotherapy, self and other, judgement, phenomenological ease, phenomenological unease, Husserlian phenomenology, and descriptive phenomenology.



## Chapter 1: Introduction

*Big questions, life questions  
Have to be lived fully with your whole life  
Not just mentally on the back of an envelope*

Miller Mair, 1989.

In every life, there are moments that are remembered long after they occur. Significant moments can shape our lives and inform our personhood. Such moments can be simultaneously experienced as occurring in slow motion or in the flash of a lightbulb. Some such moments may be best forgotten while others may inspire change. The impetus for this study arose from a dearth of research into significant moments in psychotherapy. Significant moments are important because they can inform the processes of change in psychotherapy. The current study is concerned with how the experience of a significant moment may create therapeutic change.

### **Background and Rationale for the Study**

The practice of psychotherapy is dedicated to helping individuals lead happier, more productive, and satisfying lives by helping to relieve the distress that motivated them to seek help (Wampold, 2007). In Ireland, one in four people suffers from mental health problems and psychotherapy has a significant medical cost-offset (Carr, 2007). It plays an important role in the development of well-being. The movement from distress to well-being requires therapeutic change. Nicknamed the ‘*Dodo Bird Verdict*’ by Rosenzweig in 1936 more recent psychotherapy reviews claim that all psychotherapies, regardless of their specific components, produce equivalent outcomes (APA, 2012; Budd, & Hughes, 2009; Carr, 2007; Elliott, Baker, & Hunsley, 2015; Norcross, 1995). This claim gives credence to the common factor approach which has a long history in the field of psychotherapy theory, research and practice (Kalmthout, 1985; Hofmann, &

Barlow, 2014; Wampold, 2015; Weinberger, 1993). Even though the therapeutic relationship is the single most common factor in psychotherapy effectiveness (Carr, 2007) the dominant contribution to an effective outcome is made by clients (Wampold, 2015). The ideal relationship is created by a psychotherapist who is empathic, collaborative and engaging with a client who is co-operative and committed to recovery (Carr, 2007).

In general, psychotherapy research has neglected significant moments in psychotherapy. The closest link to significant moments in the literature is the process change research approach that incorporates the significant event paradigm. A network of researchers originally inspired by Laura Rice and her two students, Robert Elliott and Lesley Greenberg (Greenberg, Rice & Elliott, 1993), have influenced the third generation of researchers such as Ladislav Timulak (2007). This group has done ground-breaking work on significant events and because these researchers are also practising psychotherapists they bring a richness and a depth of understanding about the micro-changes in psychotherapy that lead to macro-changes in everyday life. They have examined significant events from both the client's and the psychotherapist's perspective only to discover very little agreement about what is significant. Research into significant events tends to use a mixed method paradigm that combines description and interpretation (Elliott & Timulak, 2005). This leaves its flexibility exposed to claims of method-slurring (Baker, Wuest & Stern, 1992). Furthermore, this method has never been fully evaluated. Despite the extensive literature on psychotherapy little of it focuses on the change process and even less again on the client's perspective. There is a

gap in the knowledge regarding the role of significant moments to create therapeutic change in psychotherapy from the client's perspective.

### **Research Question and Aim**

This study is concerned with how the experience of a significant moment may create meaning-making that leads to therapeutic change. A working definition of a significant moment is '*an experience that leads to meaning-making and to personal change.*' This study aimed to capture the participant's experience of a significant moment in psychotherapy with a view to providing clients with a voice that would expose the essence of the experience and illuminate the impact of such a moment. In addition, this study was committed to contributing to an increased awareness and insight into the need for additional research in the field of change process research (Greenberg, 1986).

### **Methodology and Design**

A pure phenomenological methodology was chosen because it has the advantage of allowing the researcher to explore the area of interest without any preconceived ideas about the study's outcome (Husserl, 2012/1931). This non-judgemental approach of holding back on any theoretical or conceptual notions is grounded in a Husserlian phenomenological philosophy. This methodology seeks to understand and to explain how clients consciously construct meaning from the experience of the phenomenon of a significant moment. According to Husserl (2012/1931), pure phenomenology is defined as an eidetic science that is a science of essential being. This fits well with the research question and the desire to unearth the essence or core of a significant moment. In pure phenomenology, it is imperative that the researcher adopts the phenomenological

attitude throughout the research process. This attitude requires a phenomenological reduction such as epoché which is discussed in detail in chapter four. Epoché with a radical self-meditative process whereby the researcher puts aside the natural, taken-for-granted everyday world and any interpretations to let the phenomenon reveal itself in its essence (Finlay, 2011). Pure phenomenology has the advantage that not only is no prior learning required but it is a preferred open position. The researcher's novice position with this methodology was beneficial from the pure phenomenology vantage point as any intellectualising was diminished.

Interestingly, pure phenomenology is a descriptive analysis of the essence of pure consciousness. Because it is a descriptive science it allows the participants' voices to be heard which was one of the key objectives of this study. This method can form a bridge between the art and science of psychotherapy which requires both intuitive knowledge and empirical discipline (Soldz & McCullough, 2000). Data analysis was conducted following Giorgi's (1985) five steps that operationalise pure phenomenology. The descriptive data were analysed into constituents which were experienced by all the participants. A constituent is a key structure of a phenomenon that is interdependent on other structures to create meaning. Thus, the interrelationship between the constituents consciously constructs the phenomenon. If an identified constituent is removed the meaning of the phenomenon collapses. Although the participants had engaged in psychotherapy for different reasons, some with mental distress such as self-harm, clinical depression, others who sought support to cope with life's challenges, and another group of participants who attended psychotherapy as part of a journey of self-exploration, they all provided a comparable description of the experience of a significant

moment. A synthesis of the constituents experienced by all the participants offers a common structure for the experience of a significant moment that identified a common human experience.

**Participants.** To facilitate an interest in practical real-world research participants who attended a professionally accredited psychotherapist were targeted. This was to bring credibility, reliability, and effectiveness and to build on a dependable knowledge base (Heppner, Wampold & Kivlighan, 2008). Data were gathered from a purposeful sampling of 14 information-rich participants who had freely chosen to attend psychotherapy. They were considered information-rich because each participant confirmed that they had experienced a significant moment in psychotherapy prior to engaging in the study. Each participant was invited to participate in two semi-structured interviews.

**Introduction to the relevant literature.** Chapter two contextualises and situates the client's experience of a significant moment within the common factors model that can accommodate change process research and the significant event paradigm. The common factor model highlights the role of the client, the therapeutic relationship, the model of psychotherapy and expectations as key concepts for effective outcomes (Hubble, Duncan & Miller, 1999). The process of change in psychotherapy is concerned with how change occurs in psychotherapy rather than with what changes. The significant event paradigm focuses on identifying the events in psychotherapy that can lead to the desired change in behaviour. It is postulated that a significant moment is best considered as an event within a system of change processes that is situated within

the common factor model. The use of terminology and the need for the current study are discussed. The intention is to provide a context and a rationale for investigating the client's experience of a significant moment in psychotherapy.

### **Chapter Outline**

This introductory chapter sets the scene for this research project and the emergent descriptions of significant moments in psychotherapy. This chapter (chapter 1) describes six inter-related chapters (Figure 1) and provides an overview of the study. Chapter two scopes out what the literature has to offer regarding significant moments. In chapter three, the research approach from the vantage point of pure phenomenology and its operationalisation as a descriptive phenomenological method is considered. Chapter four places the participants' voices centre stage when their descriptions of a significant moment are reported. Chapter five sets out to explain the participants' experience of a significant moment. It returns to the psychotherapy literature and to the pure phenomenology literature to identify what aspects of this study fit with existing knowledge about significant moments. In addition, chapter five seeks to identify any unique, unusual or exciting findings that can contribute to a body of knowledge about change process research and significant moments that fit within a common factor approach. This chapter invokes a way of examining a client's contribution to therapeutic change by identifying the meaning structure of a significant moment and the impact of such moments on the everyday life of the participants. The sixth, and final chapter evaluates this study using a phenomenological framework (Finlay, 2011). This framework was beneficial because it provided a structure as well as a method for evaluating this project. The strengths and limitations of the study are also evaluated.

While every effort was made to capture the complexity and ambiguity of a significant moment, the evaluation is ultimately the remit of the reader (Finlay, 2011). Chapter six concludes by drawing together the contribution this study makes to the field and recommendations for future research.

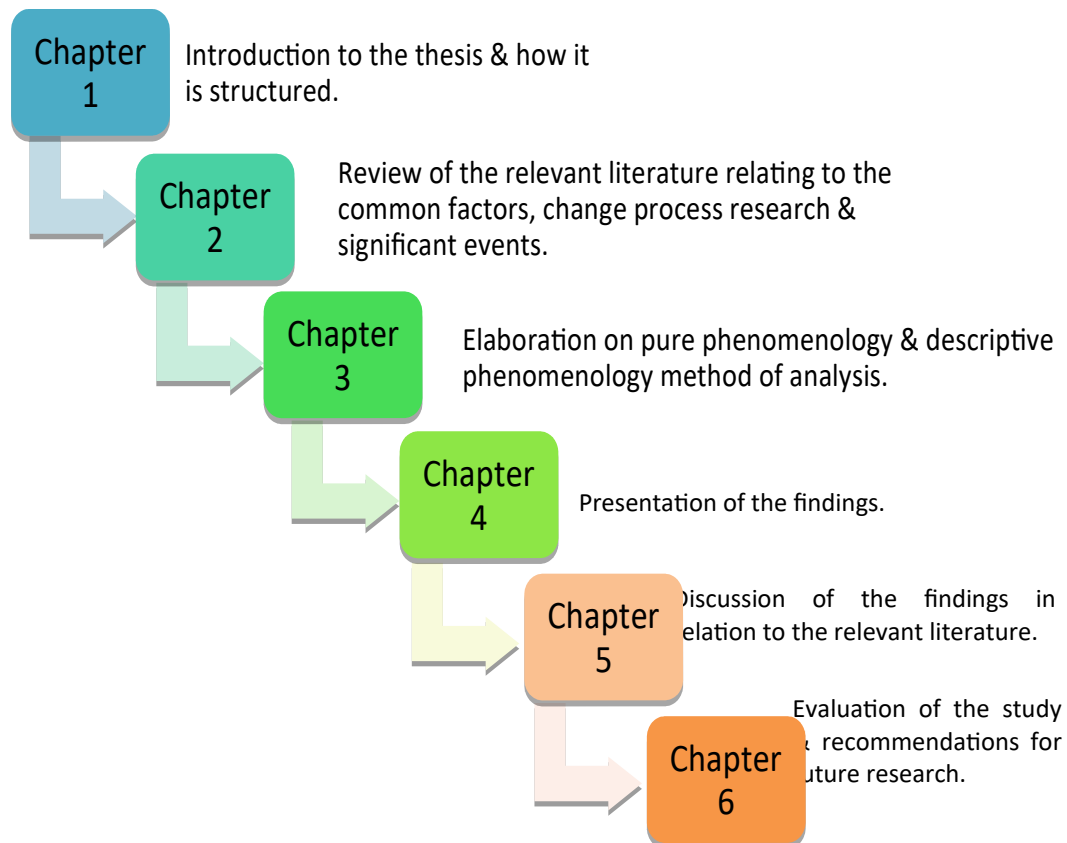


Figure 1: The Organisation of the Thesis

### Summary

This introductory chapter clarifies the research question and the aim of the study. It proposes a contextual common factor framework that accommodates a change process research model and the related significant event paradigm. It identifies pure phenomenology as an appropriate approach because it maintains an open perspective that offers a focus on the essence of a significant moment. The pure phenomenology

perspective was operationalised by a descriptive phenomenological analysis that enabled the participants' voices to be heard and identified the essence of a significant moment. This introductory chapter outlined the structure of the thesis by providing a broad outline of each chapter. The chapter introduces the idea that a significant moment marks a point of therapeutic change in psychotherapy.



## **Chapter 2: Literature Review**

*There is a private world which is a place of infinitely precious peace  
A place of gentleness and love where time hurries not and  
claims are left at the door*

Miller Mair, 1989.

### **Introduction**

Chapter two contextualises and situates the client's experience of a significant moment as a significant event within psychotherapy. The significant event paradigm is concerned with identifying the key events within psychotherapy that can lead to a client's desired changes in behaviour. Such events are part of change process research which is concerned with how change occurs in psychotherapy rather than with what changes. A common factor model of psychotherapy highlights the common factors, rather than the specific factors of any individual therapeutic approach to client change. This study postulates that a significant moment can best be conceptualised as an event within a process of change that is situated within the common factor model. The use of terminology and the need for the current study are discussed. This chapter provides a context and a rationale for investigating the client's experience of a significant moment in psychotherapy.

### **Significant Event Paradigm**

Research into significant events represents a specific approach to studying client identified important moments in psychotherapy (Elliott, 1984). Over the past thirty years the significant event paradigm has incorporated a range of methodologies from Husserl's phenomenological reduction (Giorgi, 2011) to heuristic methodologies as well as qualitative meta-analysis (Timulak & McElvaney, 2013). It frequently makes use of a descriptive-interpretive methodology. The methods employed are varied such as

interpersonal process recall (Elliott, 1986) and structured interview including analysis of transcripts, or videos of therapy sessions, or researcher journals and/or client diaries (Elliott & Shapiro, 1988, 1992; Richards, 1986). For example, significant event diaries revealed that clients were less self-critical over time, more positive in their view of others outside of treatment and had a more positive view of psychotherapy (Stephenson, Laszlo, Ehmann, Lefever, & Lefever, 1997). The significant event paradigm has strengths in that it targets the participants lived experience of psychotherapy, it investigates psychotherapy in practice (Castonguay, Boswell, Zack & Baker, 2010) and the research process of elaborating on such events has the potential to create new insights (Cummings, Martin, Hallberg & Slemmon, 1992). Castonguay and colleagues (2010) used this paradigm to conduct a practice research network study which is seen as an effective way to engage practitioners with psychotherapy researchers. A limitation of this paradigm is that some methods may only provide information on segments rather than a continuous evaluation of psychotherapy. For example, when videos are used an independent rater or researcher or a participant may choose to stop the video at a significant event in a session rather than reflecting on the whole session. In addition, a participant may recall an event within a session which may be heavily dependent on memory and the participant's interpretation of the event rather than the actual event itself.

It is difficult to establish generalisations across significant event studies due to different raters, multiple impacts, different therapeutic models and different methods of investigation. The intensive nature of significant events, that are embedded in psychotherapy, make it problematic to extrapolate generalisations. Furthermore, there

may be unidentified therapeutically productive events that have not yet reached the participant's awareness. In addition, the studies tend not to define a significant event, and terms are used loosely and frequently interchanged such as a significant moment, an important moment, an unhelpful or hindering event, which complicates a review of the literature. Studies of this kind frequently involve the opinion of others such as a psychotherapist or independent rater or researcher and may not be a pure representation of the client's perspective. Studies also differ in what clients are asked to focus upon. For example, in some studies, clients were asked to identify and discuss corrective experiences in psychotherapy (Castonquay & Hill, 2012) and in other studies, they were asked to identify and discuss both helpful and/or unhelpful events (Elliott, 1985). Corrective experience are theoretically defined as disconfirmation of a client's conscious or unconscious expectations that incorporates an emotional, interpersonal, cognitive and/or behavioural shift (Castonquay & Hill, 2012). Helpful events are loosely defined as the most fruitful therapeutic events while unhelpful events are interpreted as problematic points (Timulak, 2007). However, this conceptualisation fails to acknowledge that sometimes the greatest growth can come from what may initially appear to be an unhelpful event. A supposition postulated by post traumatic growth studies. The literature fails to adequately explain why some of the same psychotherapist actions can be rated as both helpful and hindering events. With each study, the structure of significant events is unfolding.

Although significant events have been identified in a range of therapeutic models, it is unclear if there is a correlation between the identified event and the model of psychotherapy (Timulak, 2010) or if the identification of such events may be

confounded by the therapeutic orientation of the researcher and the orientation of the participant. For example, a psychodynamic approach may focus on the links between the past and the present situation (Malan, 1999); a constructivist approach may focus on determining the appropriateness of values and insight into the demands of a given situation (Classen, 1991); a humanistic psychotherapist may emphasise emotional experiences (Greenberg, et al., 1993) while a family therapist or cognitive behavioural therapist may seek a cognitive understanding that makes emotional connections between the self and the system (Grosse Holtforth, Castonguay, Boswell, Wilson, Kakours & Borkovec, 2007; Heatherington & Friedlander, 2007).

The significant event paradigm has classified therapeutic events into a dichotomy of positive and negative events or helpful and unhelpful events (Bohart & Boyd, 1997) or empowering and adverse events (Timulak & Elliott, 2013). A qualitative meta-analysis of client-identified helpful events revealed nine categories, namely: awareness/insight/self-understanding; behavioural change/problem solution; empowerment; relief; exploring feelings/emotional experiencing; feeling understood; client involvement; reassurance/support/safety; and personal contact (Timulak, 2007). This finding is supported by other researchers who identified helpful events in psychotherapy as insight (Elliott, 1984; Elliott, Shapiro, Firth-Cozens, Stiles, Hardy, Llewelyn, & Margison, 1994) and empowerment (Timulak & Elliott, 2003). The commonality of insight as a significant event was confirmed in a qualitative meta-analysis that examined fifteen such events in psychotherapy using session recordings and Interpersonal Process Recall interviews with clients and psychotherapists (Timulak & McElvaney, 2013). This study uncovered the fact that a psychotherapist's empathic

reflection or collaborative interpretation was linked with poignant/painful insights which contrasted with a self-asserting/empowering insight (Timulak & McElvaney, 2013). Clients have emphasised being understood, accepted, and actively supported as helpful events in psychotherapy (Duncan, Miller, Wampold & Hubble, 2014). Even though the processes involved in significant events are complex and ambiguous, they point to a client's active engagement in change in psychotherapy.

Unhelpful events have received less attention than helpful events. Researchers identify unhelpful events as difficult moments (e.g., Davis, Elliott, Davis, Binns, Francis, Kelman, & Schroder, 1987); relationship ruptures (Safran, Crocker, McMain, & Murray, 1990); misunderstandings (Rhodes, Hill, Thompson, & Elliott, 1994); disappointment (Booth, Cushway & Newnes, 2007); invalidation (Gordon, 2016). Unhelpful events related to a psychotherapist's behaviour that involved hurtful remarks; being authoritarian; not listening; remaining silent, distant, or unresponsive; refusing to give advice, or practical exercises; being distant and untrustworthy (Conrad & Auckenthaler, 2007; Von Below & Werbart, 2007). Clients also consider it unhelpful or were disappointed in a psychotherapist who physically stretches or seems frazzled (Swift, Tompkins, & Parkin, 2017). Given that, in general, an estimated 5% to 10% of clients do not benefit from psychotherapy and some clients can actually deteriorate (Hansen, Lambert, & Forman, 2002; Lambert, 2013) while others terminate prematurely (Swift & Greenberg, 2012) further understanding of significant events would seem appropriate.

Interestingly, clients' and psychotherapists' perspectives differ significantly on the important events in a psychotherapy session with roughly only a 30-40% match of

identified significant events (Cummings, Martin, Hallberg, & Slemon, 1992; Timulak, 2010). Cummings and colleagues (1992) used a Session Evaluation Questionnaire (Stiles, 1980) while Timulak (2010) conducted a qualitative meta-analysis of studies published in PsychInfo. The rate of agreement was influenced by the passage of time and with the psychotherapist providing higher ratings of the working alliance (Cummings, et al., 1992; Kivlighan & Arthur, 2000). Furthermore, there is only moderate evidence linking in-session positive events and psychotherapy outcome (Timulak, 2010). Significant events identified by clients bore no relationship to the experience of the psychotherapist whether a novice or an expert (Cummings, Slemon, & Hallberg, 1993). However, the clients of novice psychotherapists reported more relationship-focused significant events than the clients of experienced psychotherapists (Cummings, et al., 1993). Clients remembered 70% of significant events after six months (Timulak, 2010). This is important as the present study requires participants to recall their experiences of a significant moment which may have occurred sometime in the past. For the moment experienced to be significant it is important that it be remembered.

### **Significant Moment**

The research literature abounds with a broad range of terms that may or may not be related to a significant moment in psychotherapy. A Boolean investigation and a controlled vocabulary thesaurus of databases yielded a range of key terms relating to significant moments and psychotherapy, counselling or therapy. A relatively popular term is '*helpful events*' (Cahill, Paley & Hardy, 2013; Timulak, 2007) which yielded 40 articles in PsychInfo with related terms being '*empowerment events*' (Timulak & Elliott,

2003); '*empathic exploration events*' (Elliott, Slatick & Urman, 2001); '*significant events in counselling*' (Wilcox-Matthes, Ottens & Minor, 1997); '*therapeutic events*' (Rice & Greenberg, 1984) and '*breakthrough moments*' (Webber, 2016).

'*Insight*' or '*insight events*' were the most popular and consistent terms over time (Elliott, 1984; Elliott & Shapiro, 1992; Elliott & Morrow-Bradley, 1994; McAleavey & Castonguay, 2015; Timulak & McElvaney, 2013). These yielded 5,864 articles in PsychInfo alone of which approximately 300 articles related to insight as an issue for clients expressing schizophrenia. Cognitive insight describes the capacity of patients with psychosis to distance themselves from their psychotic experiences and to gain an understanding of the problem (Riggs, Grant, Perivoliotis & Beck, 2012; Wampold, et al., 2007). The term '*insight*' yielded 932 articles in 2017 alone and in general terms may be defined as "*a conscious meaning shift involving new connections*" (Castonguay & Hill, 2007, p. 442). Traditionally, therapeutic analysis has viewed insight as the '*silver bullet*' that facilitates change (Fox, 2011). This study was not concerned with replicating a previous study, and considerable research has already been completed on insight in psychotherapy (Castonguay & Hill, 2007). While insight may be a component of a client's experience of change, a broader term was sought to allow participants to elaborate more efficiently on an experience of change that could incorporate physical, emotional and cognitive issues.

A second set of lexicons that all relate to the term '*moment(s)*' in psychotherapy revealed terms such as '*good moments*' (Walsh, Perrucci & Severns, 2010); '*crucial moment*' (Likierman, 2008); '*pivotal moments*' (Giorgi, 2011; Helmeke & Sprenkle, 2000; Wise, 2004), '*moment of truth*' (Rosen, 1999) '*decisive moment*' (Suler, 2012);

*'moments of empowerment'* (Timulak & Lietaer, 2001), and *'magical moments'* (Terr, 2008). These terms are listed in the order of the number of articles. For example, *'good moment'* yielded 37 articles in PsychInfo and *'magical moments'* only yielded one article. However, the quantity of the articles offers no information regarding the quality of the information or understanding of the phenomenon. For example, Wise's (2004) perspective on *'pivotal therapeutic moments'* is a client's descriptive reflections on such events in psychotherapy and while informative it does not contain the rigorous critical thinking or level of analysis that is evident in Timulak and Lietaer's (2001) article dealing with *'moments of empowerment'*. Caution is urged regarding the influence of the popularity or frequency of use of a term.

The findings clustered around four key concepts that refer to *'insight events'*, *'moments'*, *'awe'* and *'turning points.'* Furthermore, in the present study, the concern was more with how participants constructed meaning that led to change. PsychInfo yielded only 3-5 studies on significant moments that involved music therapy, dance therapy and transference. The term *'significant moment'* was selected because it was considered broad enough for participants to identify with it easily and the term could be interpreted from a broad range of perspectives. A significant moment was initially defined as an experience that leads to meaning-making and personal change.

Given the paucity of research in the area of significant moments no time limit was imposed on the data and a broad sweep of databases was conducted. A focus was placed on Scopus; CINAHL such as EMBASE, Medline, Nursing and allied health; PsychInfo for psychology; JSTOR; Psychological and Behavioural Sciences Collection; ASSIS for sociology articles; ERIC International for an educational focus and DORAS



for dissertations and theses on the subject. Other databases searched included Citation Index, Arts and Humanities Citation Index, BMJ Journals Online, Cochran Review, ISI Web of Knowledge; Social Science and PubMed EBSCO including Academic Search Complete. Furthermore, although a search of Google Scholar was conducted, it did not reveal any articles not already found in the research databases. PsychInfo was the most informative.

### **Change Process Research**

Psychotherapy research has moved from being concerned with identifying the most effective model of psychotherapy to being more focused on the processes that bring about therapeutic change. Change process research (CPR), a term coined by Greenberg (1986, p. 4) over thirty years ago, is concerned with “*identifying, describing, explaining, and predicting the effects of the processes that bring about therapeutic change.*” McLeod, (2003, p. 145) succinctly refers to the process of change as “*exploring the interior of therapy*”. Any understanding of therapeutic change is likely to be influenced by the clinical research of Gendlin, Rice, Elliott and Greenberg (Castonguay, Muran, Amgis, Hayes, Ladany, & Anderson 2010). Gendlin (1988) introduced focusing to expose the importance of embodied experiences which have similarities to Piaget’s (1936) sensorimotor stage, a pre-language stage of understanding. Gendlin (1988) postulates that the processing and symbolising of experiences in words, metaphors, images, etc. constitutes meaning that contributes to change. He acknowledges the complexities involved and suggests that it is the client’s expression of feelings rather than talking about the feelings that are important (Gendlin,

Jenney & Shline, 1960). However, the effectiveness and the durability of what is learned can vary (Rennie, Bohart & Pos, 2010).

Rice's work on the moment-to-moment patterns of change, Elliott's Process-Experiential Psychotherapy, Greenberg's Emotional Focused Therapy, and Timulak's investigation into the significant event paradigm became vehicles for change that created positive outcomes (Elliott, 1984, 1986; Greenberg, 2007; Greenberg & Pinsof, 1986; Greenberg, et al., 1993; Rice & Greenberg, 1984; Timulak, 2010). This is supported by social, personality and cognitive psychologists such as Lazarus (1991), Oatley (1992) and Teasdale (1999) who declared emotions to be a key component in human coping and change. Change process research focuses on how clients experience change rather than what is changed.

For Elliott (2010) change process research offers a necessary complement to randomised clinical trials that has proven useful over 50 years of psychotherapy research. It can provide a plausible explanation or narrative linking cause to effect. Change process research contributes to evidence based practices that improves predictor and criterion validity. It accommodates a range of methodologies including process outcome, helpful factors, micro-analytic sequential process, task analysis and comprehensive process analysis. However, it places a narrow focus on establishing the existence of a relationship between psychotherapy and client change without specifying the nature of that relationship. Such an approach is likely to be time consuming and technically challenging. Greenberg (1986) argues that research on change processes is needed to help explain how psychotherapy produces change. He identifies three levels of process namely speech act, episode, and relationship. This study is concerned with

how clients construct the meaning from experiencing the episode of a significant moment within psychotherapy.

### **Common Factor Model**

Rosenzweig (1936) originally postulated the '*Dodo Bird Verdict*' which has since been supported by several meta-analyses (APA, 2012, 2016; Carr, 2007; Wampold, Mondin, Moody, Stich, Benson & Ahn, 1997). This gives credence to the idea that all the established psychotherapies produce equivalent outcomes which points to possible common factors within psychotherapy. The common factor approach is concerned with the mechanisms of change within psychotherapy (Carr, 2007; Castonguay, 2011; Grencavage & Norcross, 1990; Imell & Wampold, 2008; Hubble, et al., 1999; McAleavey & Castonguay, 2015; Wampold & Imel, 2015). It holds parallels with Rogers's (1957) '*sufficient conditions*' for therapeutic change that became central to the person-centred approach and provided insight into the common factor model.

Lambert (1992a & 1992b) created a debate by hypothesising the percentage of change within the common factors that was later consolidated by empirical evidence from both qualitative and quantitative outcome studies (Castonguay, 2011; Duncan, et al., 2014; Hubble, et al., 1999; Norcross & Wampold, 2011; Sprenkle & Blow, 2004; Thomas, 2006; Tschacher, Junghan, & Pfammatter, 2014). His model postulates that the four common factors that contribute most to effective therapeutic change are the client (40%), the therapeutic relationship (30%), the model of psychotherapy (15%) and expectations (15%; see Figure 2). While different studies have produced slightly varying percentages of influence for each factor there is a consistency in the proportionality of change allocated to each factor.

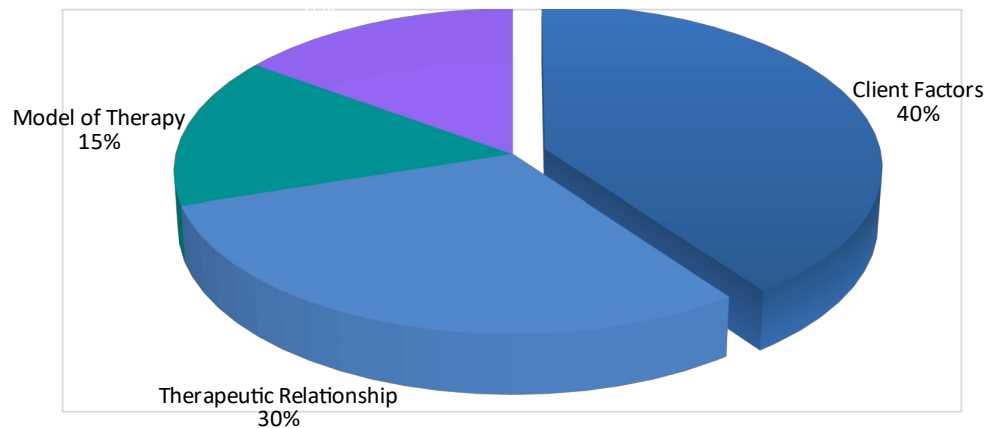


Figure 2: Common Factors Accounting for Change in Psychotherapy (Hubble, Duncan & Miller, 1999).

Warnings against an uncritical acceptance of the common factors approach focus on the dangers of statistical and clinical errors and the dangers of overgeneralising (Chambless, 2006; Norcross, 1995). It has been critiqued as being nothing more than a good therapeutic relationship (Imel & Wampold, 2008). The common factor model contrasts with the view that effectiveness is best explained by specific or unique factors that are suited to the treatment of particular problems (Chambless & Ollendick, 2001; Imel & Wampold 2008). Some common factor theorists have theoretically argued that these criticisms are based on limited knowledge of the relevant literature (Imel & Wampold, 2008). Over time the growing weight of empirical evidence for the common factor theory has diminished these criticisms. The current study postulates that a significant moment may occur within various therapeutic models and is not confined to one specific approach to psychotherapy.

Two main influential works published in 2014 support the common factor model. A book entitled *“The heart and soul of change: Delivering what works in*

*therapy*” that summarised the relevant supportive findings (Duncan, et al., 2014). Secondly, a review involving 10 articles on the common factor model in the ‘*Psychotherapy*’ journal published by the American Psychological Association (APA, 2014). This review consisted of several sources and different research methods from a summary description of ten things to remember about common factor theory (Laska & Wampold, 2014) to a meta-analysis of the effect sizes for common factors in empirically supported treatments (EST) that were grounded in randomised controlled trials (RCTs; Laska, Gurman, & Wampold, 2014). The APA’s in-depth meta-analysis concluded there was compatibility between empirically supported treatments and the common factors theory (Wampold & Imel 2015). A call was placed for more research into the common factors especially the client’s perspective.

Wampold’s (2001) earlier theoretical investigation into the common factors was consolidated by his later updated meta-analysis in 2015 in which he expanded the common factor model to take cognisance of contextual factors. In his meta-analysis of random controlled trials and evidence based treatment he converted the correlation data into a standardised mean difference (such as Cohen’s *d*) to facilitate comparisons (Wampold, 2015). This added further weight to Lambert’s (1992a & 1992b) proportional distribution of the influence of each common factor in the process of change.

The common factors are of particular conceptual and clinical importance, as they appear to be in constant interaction and can shed light on the complexity of psychotherapy by challenging simplistic views about therapeutic change (Castonguay, 2011). According to this model, the acceptance of an alternative and adaptive

explanation for one's problems is insight (Wampold, Imel, Bhandi, & Johnson-Jennings, 2007). The factors collectively shape a theoretical model about the mechanisms of change in psychotherapy that takes cognisance of the art and science of psychotherapy. This conceptual model is relevant to the current study because it can be applied to a broad range of therapeutic approaches and it acknowledges that the client's perspective is of primary importance in the process of change. It is postulated that a significant moment is an element of a common factor in the client's experience of therapeutic change.

**Client factors as a common factor.** As postulated by the common factor model the client has the potential to influence nearly 70% of the outcome of psychotherapy (Bohart & Tallman, 1999; Gonzalez, 2016; Lambert, 1992a; Orlinsky, Rønnestad, & Willutzki, 2004; Todd & Bohart, 1999; Wampold, 2015). This is substantiated by the humanistic approach which tends to view healing change as something intrinsic to the client as it *"regard[s] the client as an active agent in his or her own change"* (O'Hara, 1999, p. 64 ). It acknowledges the stance of some researchers that the client is the *"heart and soul of therapeutic change"* (Cooper, 2008, p.60; Hubble, et al., 1999). For *"it is the client who knows what hurts, what directions to go, what problems are crucial, what experiences have been deeply buried"* (Rogers, 1961, p. 11). This is also consistent with Gendlin's (1981) work on focusing, Rogers' (1959) *'process conception'* and the psychoanalytic concept of self-exploration via free association (Greenson, 1973). While clients and psychotherapists may differ in their perceptions about what contributes most to change, they do agree that clients play a dominant role in achieving change (Cooper, O'Hara, Schmid, & Bohart, 2013; Thomas, 2006).

People attend psychotherapy for a myriad of reasons and in various states of well-being with meta-analysis pointing to concerns relating to depression, anxiety, addiction and sexual issues (Carr, 2007). A summative review of the relevant literature suggests that client's benefit most when the change process is self-directed (Duncan, Miller, Wampold, & Hubble, 2014). Several studies, including a review of a large body of empirical studies (Orlinsky, Grawe & Parks, 1994), a small scale descriptive phenomenological study with individuals (Giorgi, 2011), and a small scale ground theory analysis of group psychotherapy (Werbart & Johansson, 2007), all indicate that clients value being able to experience, understand and express painful feelings in psychotherapy. Conversely, being unable to '*reach*' or express their feelings significantly hinders psychotherapy (Von Below & Werbart, 2007).

A review of clinical descriptions postulates that clients can prematurely terminate psychotherapy in numbers as high as fifty percent (Ogrodniczuk, Joyce, & Piper, 2005). Various meta-analyses point to the reasons being increased awareness of their problems (McElvaney & Timulak 2013), a reluctance to engage fully in the process (Mahoney, 2000; McElvaney & Timulak 2013; Rousmaniere, 2017), a vulnerable time (Cautin, 2011) or learned helplessness and a lack of motivation to change (Carlson, 2010; Seligman, 1972), emotional avoidance or withdrawal (Greenberg, 1986) or in response to a psychotherapist's negative behaviour such as being critical or judgemental (Kramer & Stiles, 2015). There is a call for psychotherapists to embrace their failures by engaging in deliberated practice and focusing on becoming an expert (Ericsson, 2006; Rousmaniere, 2017).

The intensity and regularity of psychotherapy do seem to be important to client outcomes (Reardon, Cukrowicz, Reeves & Joiner, 2002). The relationship between treatment duration and effect is likely to be more complex than initially indicated (Baldwin et al., 2009). Although psychotherapy is not intended to be a lifetime commitment the duration of psychotherapy that is necessary for change to occur continues to be debated (Lambert, Bergin, & Garfield, 2004). A rough guide conducted by probit analysis, based on more than 2,400 patients over a 30 year period, indicates that 30% of clients show some improvement after two sessions, 41% after four sessions, 53% after eight sessions, and 75% after 26 sessions (Howard, Kopta, Krause, & Orlinsky, 1986). Rogers pioneered research on brief therapy as he believed that psychotherapy could be effective in a short space of time (O'Hara, 1999) and obviously, more complex cases benefit from longer treatment periods (Carr, 2007).

Over thirty-three-years-ago Stiles, Shapiro and Elliott (1986) acknowledged, in a discussion document, that a client's most common method of processing is verbal exploration of their internal frame of reference. Common themes relating to this internal exploration include the client's perception (Carey, et al., 2007), perspective (Hubble et al., 1999), self-compassion (Gilbert & Irons, 2005; Whelton & Greenberg, 2005), sense of autonomy (McElvaney & Timulak, 2013; Timulak, 2007), motivation and readiness (Carey, et al., 2007), personality factors, ego strength (Sprenkle & Blow, 2004), the relief of talking (Carey, et al., 2007) and evaluative comments relating to hope and determination (Bohart & Tallman, 1999). The common outer themes that influence change include environmental factors such as social support (Beutler, 2009; Hubble et al., 1999; Malik & Beutler, 2002; Sprenkle & Blow, 2004; Wampold, 2001), chance



events or a crises situation (Carey, et al., 2007; Hubble et al.,1999; Sprenkle & Blow, 2004), life and employment (Beutler, 2009; Carey, et al., 2007; Malik & Beutler, 2002; Sprenkle & Blow, 2004; Wampold, 2001), interaction with a psychotherapist and learning tools and strategies (Carey, et al., 2007).

There is no one single client variable that accounts for change, but a complex cluster of inner and outer issues identified by a variety of researchers. Despite the importance of client feedback (Norcross & Wampold, 2011) research on a client's subjective experience of active engagement in psychotherapy is limited (Coleman & Neimeyer, 2014) and there is a need for a greater understanding of how clients construct meaning that leads to the desired changes. Giorgi (2009) makes the point that while participants are experts in what they experience, they are less clear and categorical about the meaning of their experience. After all, their view '*now*' of an experience which took place '*then*' could well have changed since they first experienced it.

In summary it is proposed that a client is central to therapeutic change. Clients enter therapy for various reasons, in various states of well-being, engage at different levels of intensity, can terminate prematurely, experience internal and external influences and generally benefit from gaining self-understanding.

**Therapeutic relationship as a common factor.** A broad range of studies highlight that the therapeutic relationship is the most researched common factor accounting for approximately 30% of the change in client outcomes (e.g. Ardito & Rabellino, 2011; Baldwin, Wampold, & Imel, 2007; Bergin and Lambert, 1978; Castonguay & Beutler, 2006; Duncan, Miller, Wampold & Hubble, 2014; Tichenor & Hill, 1989; Horvath, Del Re, Flückiger & Symonds, 2011; Hubble, et al., 1999;

Luborsky, Crits-Christoph, Alexander, Margolis, & Cohen, 1983; Orlinsky, Rønnestad, & Willutzki, 2004; Wampold, 2015). Even though the relationship can be more important than the practitioner's theoretical orientation (Duncan & Moynihan, 1994; Kahn, 1997; Lambert, 1992a), it is not sufficient on its own to bring about lasting change (Wampold, 2015). While process-outcome research has demonstrated that it is the client's perspective on the therapeutic relationship that best predicts outcome (Orlinsky, et al., 2004) the research literature generally focuses on the psychotherapist's contribution (Baldwin, Wampold & Imel, 2007; Burlingame, McClendon, & Alonso, 2011; Friedlander, Escudero, Heatherington, & Diamond, 2011; Horvath, et al., 2011; Zuroff, Kelly, Leybman, Blatt & Wampold, 2010).

Rogers's (1961) classic focus on the person of the psychotherapist envisioned a relationship with core conditions that form an elegant pathway to transformation and healing for the client (Farber & Doolin, 2011a & b; Gillon, 2007; Hardtke & Angus, 2004; Kagan, 2007; Messer & Gurman, 1995; Prochaska & Nocross, 2007; Rogers, 1957, p.96, Tudor & Merry, 2006; Tudor, 2011a; Zuroff, et al., 2010). His core conditions encompass:

1. Two persons are in psychological contact.
2. The first, the client, is in a state of incongruence, being vulnerable and/or anxious.
3. The second person, the psychotherapist, is congruent or integrated into the relationship. This is more a quality of the psychotherapist, rather than an action or skill that can be acquired (Gillon, 2017). The psychotherapist is truly himself or herself and incorporates some self-disclosure.

4. The psychotherapist experiences unconditional positive regard for the client.
5. The psychotherapist experiences an empathic understanding of the client's internal frame of reference and endeavours to communicate this experience to the client. This is where Rogers's (1961) integrates a phenomenological perspective that has parallel's with Husserl's (1961) pure phenomenology.
6. The communication to the client of the psychotherapist's empathic understanding and unconditional positive regard is to a minimal degree achieved. Rather than being a skill, this core condition is more a personal attitude or attribute experienced by the psychotherapist, as well as communicated to the client for psychotherapy to be successful (Gillon, 2007). This core condition has parallel's with a phenomenological attitude as outlined by Husserl (1961).

In practice these conditions operate as an integrated whole (Tudor & Worrall, 2006). They can become a single way of being that enables the forming of a deeper more useful relationship (Mearns & Cooper, 2017). For Rogers (1951), the common factors were the '*sufficient conditions*' to facilitates the client to make an experiential shift towards greater awareness and higher order of consciousness (Bohart, & Tallman, 1999; O'Hara, 1999) in ways that have parallels with Husserl's (1977) phenomenological attitude. Husserl (1977) like Rogers (1951) believes that we construct our own meaning from experiences. Rogers' view regarding the uniqueness of individuals also links him with traditional phenomenology (Schmid, 2004).

Rogers (1959) emphasises a psychotherapist's '*way of being*' as creating a '*presence*' which he articulates as (1980,p.127):

*I find that when I am closest to my inner intuitive self, when I am somehow in touch with the unknown in me, when perhaps I*

*am in a slightly altered state of consciousness, then whatever I do seems to be full of healing.*

In this alert presence one loses the sense of separation between the self and ‘*the other*’ as if in a form of waiting, a waiting that involves being available, not thinking, not judging, not fixing, not performing, not doing and not diagnosing. This involves the psychotherapist entering into a deep authentic connection to sense the internal experience, the frames of reference and flow of feelings and meanings, moment by moment, from the client’s point of view (O’Hara, 1999). Central to this is a psychotherapy’s belief in an individual’s resources for self-understanding and the creation of constructive change. It involves the ability to create a relational bond with a client with the qualities of realness, caring and deeply sensitive non-judgemental understanding that is the ‘*bedrock*’ of therapeutic work (O’Hara, 1999). This ‘*presence*’ involves entering the emerging world between the known and the unknown as it collides with the space where we enter the construction of meaning.

Qualitative description of moment-to-moment therapeutic interactions, as they unfold within psychotherapy sessions, have brought person-centred psychotherapy into phenomenological and reflective methods. A phenomenological approach to change is not about what one does but about who and how one is in relationship to the world, including the world of the other (O’Hara, 1999). For Husserl’s (1962) intersubjective experience is empathic experience because it occurs during our conscious designation of intentional acts to ‘*the other*’, in the course of which we put ourselves into ‘*the other’s*’ shoes. We unconsciously experience empathy and the world in the natural attitude and must engage in an investigation using the phenomenological attitude to uncover and to lay bare the phenomenon. For Husserl (1962) empathy forms the basis of both our

practical, aesthetic and moral evaluations of what might be called intercultural understanding, i.e., the constituent of a “*foreign world*” against the background of one's own “*home world*”.

Meta-analysis identifies empathy as one of the best and most consistent predictors of favourable outcomes; however it may be hindered by theoretical difficulties (Mercer & Reynolds, 2002; Wampold & Imel, 2015). The emotional support of empathy allows for client involvement that enhances the therapeutic relationship (Pinto, Ferreira, Oliveira, Franco1, Adams, Maher, & Ferreira, 2012). The psychotherapist's embodied attunement with the client is often referred to as ‘*embodied empathy*’ (Cooper, 2001) or as described by Transactional Analysis as ‘*somatic resonance*.’ While Berne's (1964) early work in Transactional Analysis did not emphasise empathy more recent advances, advocated by Tudor (2011b), indicate that empathy can be the principal method of co-creative points to multiple interpretations and forms of application. While clients who experience a high level of empathy do best in psychotherapy (Cooper, 2001), it is unclear if an empathy lapse constitutes a rupture or early termination in the therapeutic process.

The client's improvement is related to his or her rating of the psychotherapist's ‘*presence*’ (Geller, Greenberg & Watson, 2010) which activates the client's potential for self-healing (Bohart, & Tallman, 1999) and growth (Greenberg, et al., 1993). Cooper (2012, p. 11) calls on psychotherapists to “*engage with people in a deeply valuing and respectful way*”. The psychotherapist's focus is on “*opening sacred space and time – moments of eternity – within which the self-organizing formative tendency in nature can become manifest and effective in the world*” (O'Hara, 1999, p. 67). More recently,

Knox and Cooper's (2010, p. 236) describe it as a "*profound moment of interpersonal connection*".

Meta-analysis of the evidence-based practice in psychotherapy indicates that clinical judgement can be flawed as psychotherapists usually overestimate their effectiveness (APA, 2016; Asay & Lambert, 2002; Grove, Zald, Lebow, Snitz, & Nelson, 2000; Walfish, McAlister, O'Donnell, & Lambert, 2012). Ineffective and potentially harmful behaviours by psychotherapists that can influence premature termination include breaches of confidentiality, being confrontational or hostile, critical, therapist-centric, negative, neglectful, self-disclosure or impaired competence as possible (Audet, 2011; Binder & Strupp, 1997; Duncan, et al., 2014; Norcross, Koocher, & Garofalo, 2006; Lambert & Barley, 2002; Najavits & Strupp, 1994; Spinelli, 2002). Psychotherapists who roll with a client's resistance and support self-efficacy have demonstrated large effects within even a small number of sessions (Burke, Arkowitz, & Dunn, 2002).

**Model of psychotherapy as a common factor.** Meta-analysis demonstrates that, within the common factors model, the therapeutic approach accounts for up to 15% of therapeutic change (Hubble, et al., 1999). Each of the five main schools of psychotherapy offers a different approach to creating client change. However, the majority of psychotherapists (90%; Cook, et al., 2010) acknowledge the importance of Rogers' (1959) core conditions as outlined to predict client change (Lambert, 2011; Tudor & Worrall, 2006). These conditions are highly correlated and widely accepted as they are assimilated into the culture of psychotherapy in general (Keenan & Rubin, 2016). In the USA, although only a third of psychotherapists (31%) claim to be

humanistic, most psychotherapists (90%) embrace varying elements of empathy, genuineness or congruence and positive regard (Cook, Biyanova, Elhai, Schnurr, & Coyne, 2010).

Carl Rogers, quoting Kierkegaard, neatly summarises the purpose of life as “*to be that self which one truly is*” (1961, p.166). All psychotherapy is concerned with such concepts as self-realisation, self-actualisation, and human fulfilment in order to maximise human happiness. Self-realisation can be perceived as the basis of psychotherapy (Besley, 2005; Herron, 2011; Simon, 1982; Stewart, 1974). In this study, it is conceptualised as a conscious understanding of the deep inner world that acknowledges a person’s authentic and unique being that constructs meaning.

There is a recent surge to amalgamate therapeutic models with a lens on integrative psychotherapy and a pluralist model which contends that no one therapeutic approach has the monopoly on understanding the process of change (Cooper & McLeod, 2011a; 2011b; 2015). The models of psychotherapy have failed to explain why some studies estimate that approximately 30% to 60% of clients experience no benefit from psychotherapy (Lambert, 2007; Lampropoulos, 2011; Wampold & Imel, 2015; Young, 1997; Young, 2010). The international failure rates appear higher than Carr’s (2007) Irish review suggests. It remains unclear why failure rates are so high. In summary the humanistic approach to client change is a dominant force in psychotherapy with a current trend towards an integrative or pluralist model.

**Expectations as a common factor.** Expectancy or hope is important for the client’s belief in the credibility of the treatment (Sprenkle & Blow, 2004) as it influences therapeutic change (Chamodraka, Fitzpatrick, & Janzen, 2017; Snyder, 2000)

accounting for approximately 15% of that change (Wampold, 2015). It can be exercised as an expectation that psychotherapy will lead to an improvement (Arnkoff, Glass & Shapiro, 2002; Greenberg, 2012; Noble, Douglas, & Newman, 2001) and a belief that the psychotherapist is an expert (Patterson, Anderson & Wei, 2013).

Although hope is often considered a stable trait it can be increased with psychotherapy. Creating expectations in psychotherapy depends on a cogent theoretical explanation that is accepted by the client and is consistent with the therapeutic tasks that give the client a sense of control over the presenting problem (Wampold, 2015). A psychotherapist's optimism, confidence and sense of hope make a difference to the outcome of psychotherapy (Lambert, 1992a).

There is limited information regarding the mechanisms through which expectations influence outcome (Višlā, Constantino, Newkirk, Ogrodniczuk, & Söchting, 2016). While clients may enter psychotherapy with great expectations their ability to be flexible and to make radical changes may be influenced by maturity (Chamodraka, et al., 2017). A client's self-forgiveness can be facilitated by a psychotherapist who adopts "*a posture that communicates 'I hear you and I can sit with you'*" (Rowe & Halling, 1998, p.243). However, a client who sees the present self as negative and worthless may lose hope. Positive psychotherapy actively expands recovery to include hope believing it to be important in creating a meaningful and fulfilling life, a positive sense of identity, and taking responsibility for one's well-being (Slade, 2010).

When participants volunteer to take part in research, they may have some expectation about the process. Like psychotherapy, a research interview is a dance of



expectation (Dingwall, 1997a) with opportunities for impression management (Goffman, 1959). Dingwall (1997b, p.204) reminds us that a research interview

*may be dressed up like a conversation between friends. But an interview is not [that]. It is a deliberately created opportunity to talk about something which the interviewer is interested in and which may or may not interest the respondent.*

A research interview is an occasion “*on which informants are called upon to offer ‘accounts’ for their actions, feelings, opinions and so on*” where they may seek to present themselves as competent and responsible (Murphy & Dingwall, 2003, p.95-96). Reflective research can demonstrate how participants step out of the “*dance of expectation*” which is an important move in creating change (Dingwall, 1997a, p. 56). For example, a phenomenological research interview that facilitates reflective practice and digs deep to seek details on the experience of a phenomenon may encourage participants to step aside of their expectations to reveal interesting experiences.

In summary, client hope, expressed as exhibiting both cognitive and affective aspects, is a persuasive common factor that acts as a catalyst for the recovery process and contributes to a positive outcome in psychotherapy (Chamodraka, 2010; Duncan, et al., 2014).

### **Current Study**

Despite interest in the client’s perspective of psychotherapy we still do not know how a client consciously constructs the meaning of a significant moment in psychotherapy. Gaining an understanding of a significant moment holds the potential to further our understanding of how psychotherapy can facilitate a client’s desired change and how a client can contribute to the healing process. An in-depth pure phenomenological analysis of a significant moment from a client’s perspective is a way forward to unearthing a more detailed understanding of a moment of therapeutic change.

An interesting possibility is that such experiences may not be single, dramatic moments but rather may be the product of ongoing and repetitive experiences through a series of small movements of interaction over the course of psychotherapy. Although Elliott (2010) argues for methodological pluralism, Giorgi (1985) calls for a descriptive psychological method that is based on pure phenomenology. This approach had investigated pivotal moments in psychotherapy (Giorgi, 2011; Giorgi & Giorgi, 2003, 2009). However, the main researcher passed away before the study was completed and others finalised it. This study opted for a pure phenomenological lens that was operationalised with a descriptive phenomenological analysis as it is a good fit with the dominant humanistic approach to psychotherapy. Rogers (1961, p.25) clarifies:

*Experience is, for me, the highest authority. The touchstone of validity is my own experience. No other person's ideas, and none of my ideas are as authoritative as my experience. It is to experience that I must return again and again, to discover a closer approximation to truth as it is in the process of becoming in me.*

The process of changing human behaviour is complex and determined by several factors. The same intervention techniques will not produce similar results for all clients (Elliott, 2010; Kiesler, 1966). Thus, there is no magical one size fits all solution to therapeutic change. Rogers (1951) places the therapeutic relationship as central to the client's experience of transformation that can activate self-actualisation (Daniels & Wearden, 2011; Langhoff, Baer, Zubraegal, & Linden, 2008). The hope is that unearthing the client's experience of the essence of the process of change will advance the therapeutic endeavour. The concept of a significant moment may relate to what O'Hara (1999, p. 67) describes as a psychotherapist using "*a million and one ways, from any wisdom tradition they can borrow, opening a sacred space and time -*

*moments of eternity- within which the self-organising formative tendency in nature can become manifest and effective in the world”*. As each individual is unique and has a unique experience of psychotherapy a significant moment may be significant not because it is associated with any particular aspect of psychotherapy but the experience of a significant moment resonates for an individual client at a particular junction in their psychotherapy process that offers an explanation for how change occurs as an individual gains self-realisation.

### **Summary**

Creating client change is important to enhance treatment effectiveness, to offer quality assurance, to develop a psychotherapist skill, and to prevent premature termination of treatment. This chapter elucidates change in psychotherapy as a significant moment that is a significant event that targets the process of change which applies to the common factors within psychotherapy. Numerous terms have been used to identify such events. There is a lacuna in the investigations into significant moments over the course of psychotherapy. Research into significant events in psychotherapy tends to focus on a descriptive-interpretive paradigm that is concerned with in-session events. This study answers the call for research that is client centred and is practice originated by investigating significant moments over the course of psychotherapy using a pure phenomenological and descriptive phenomenological approach.

## Chapter 3 Methodology

*The method of science is logical and rational;  
the method of the humanities is one of imagination,  
sympathetic understanding, 'indwelling.'*

Andrew Louth

### Introduction

This chapter clarifies the aim and objectives of the study. It places a focus on pure phenomenology as a philosophical framework to capture the participants' experience of a significant moment in psychotherapy. This phenomenological orientation was operationalised with a descriptive phenomenological method that provided a step by step method for data analysis (Giorgi, 1990). Pure phenomenology (Husserl, 2012/1931) is concerned with how the meaning of a phenomenon is consciously constructed and descriptive phenomenology illuminates the essence of the phenomenon (Giorgi, 1990). The central tenets of the methodology and the method are elaborated. An account of participant selection and the participants' profiles are provided. This chapter also outlines the criteria used to evaluate the study.

### Research Aims and Objectives

This study aims to capture the participants' experience of a significant moment in psychotherapy. The five objectives of the study are:

- (1). To gain access to a client's experience of a significant moment in psychotherapy.
- (2). To give voice to the client's experience of a significant moment as either a positive or negative experience.
- (3). To gain an understanding of the essence of a significant moment in psychotherapy.
- (4). To capture the client's experience of a significant moment and its influence.
- (5). To contribute to psychotherapy knowledge and practice.

## **Qualitative Research**

*“Qualitative research is inquiry aimed at describing and clarifying human experience as it appears in people's lives”* (Polkinghorne, 2005, p. 137). While qualitative research is primarily concerned with accessing meanings from a set of collected data (Creswell, 2003; Crotty, 1998) it also accommodates flexible and innovative approaches to analysis. The exploratory nature of qualitative research is especially beneficial when the important phenomenon to be examined is unclear (Morse, 1991). Of the numerous qualitative approaches, the three most significant are phenomenology, ethnography and symbolic interactionism. Phenomenology *“is the study of structures of consciousness as experienced from the first-person point of view”* (Zalta, 2012). Thus, it is concerned with how meaning is created or constructed from lived experience. Both ethnomethodology (Garfinkel, 1967) and symbolic interactionism (Mead, 1934) place a greater emphasis on social influences while the present research project is concerned with the internal conscious construction of meaning. Grounded theory was rejected as a methodology due to its emphasis on building theory and its lack of focus on the essence of a phenomenon (Charmaz, 2006; Glaser & Strauss, 1967).

## **Pure Phenomenology**

Although Brentano (2014) was one of the first to consider the intentionality of consciousness, the origins of phenomenology can be traced back to Kant and Hegel (Henrich, & Pacini, 2003). Today phenomenology is an umbrella term that refers to a variety of philosophical stances that share (Curtis, 1978) a belief in the importance of subjective consciousness, an understanding of consciousness as being active and

conferring meaning and an acceptance of the essential structures of consciousness that can be accessed through reflection. Phenomenology is essentially the study of lived experience from a first-person perspective and not the study of the world of reality.

The appeal of a phenomenological approach was its fit with psychotherapy. For example, like phenomenology the holistic values of humanistic psychotherapy accept the uniqueness of the person, the importance of the personal discovery, acceptance of life situations, the need for exploration of the meaning assigned to experience, the importance of interpersonal relating and the potential for personal growth (Husserl, 2012/1931; Rogers, 1951). The two dominant phenomenological approaches are based on the work of Husserl (1960) and his student Heidegger (1975/1982) who both investigated the ‘lived-world’ or ‘*Lebenswelt*’ (Schwandt, 1997). Husserl’s pure phenomenology is beneficial when the aim is to describe the universal structures or essence of a phenomenon (Giorgi, 1985, 1994, 2009). In contrast, Heidegger’s interpretive phenomenology is more beneficial when the goal is to move beyond a description of a phenomenon by also interpreting contextualised human experiences (Wojnar & Swanson, 2007).

Husserl is regarded as “*the fountainhead of phenomenology in the twentieth century*” (Vandenberg, 1997, p. 11). His approach focuses on the science of pure phenomena (Eagleton, 1983) which concerns the exploration of the inner world of experience to access that part of human science that has been neglected by positivism. Husserl (1960) postulates an eidetic science that is a science of essences. An essence is an experience in the field of consciousness, the subjective field of cognition that exposes the core of a phenomenon. Thus, pure phenomenology seeks to reveal the essence of a

phenomenon and the taken-for-granted assumptions of everyday life (Applebaum, 2012; Burrell & Morgan, 1979). Husserl's (1962, p. 590) interests are "*fixed upon the sphere of consciousness*." He is concerned with pure consciousness rather than the ego or the self. According to Husserl (1962), we can arrive at certainty by looking beyond the details of everyday life to get at the essences underlying experiences in order to expose the structure of consciousness and to explain how meaning is constructed. Husserl's (1962) basic argument is that knowledge comes from our experience of how the world presents itself to us. Intuition is the transcendental capacity to understand things. Husserl (2012/1931) does not use this term '*intuition*' to refer to something elusive and implicit. Instead, he uses it technically to refer to experience and how any object is given to consciousness. He acknowledges that experience has a spontaneity. Phenomenology is a movement that operates in, through and by reflection. Reflection is the process of thinking about something which is differentiated from recollection which involves the recalling of information. Concepts of interest are the natural attitude, phenomenological attitude, phenomenological reduction, kinaesthetic consciousness and intentionality.

**Natural attitude.** Husserl (1962) suggests we start our investigations with our experience of the world through the natural attitude. The natural attitude is the first-person singular experience. "*I am conscious of a world endlessly spread out in space, endlessly becoming and having, endlessly become in time. I am conscious of it: that signifies, above all, that intuitively I find it immediately, that I experience it*" (Husserl, 1962, p.48). Things are found directly in the field of perception. Objects are not only available to consciousness but hold value-characteristics. This social world is value-

laden and interpreted from a first-person perspective. Husserl (2012/1931) argues that objects are presented in the field of intuition rather than cognition. He privileges the eyes as they give us so much with limited effort. For example, when I see a glass of water, I intuitively perceive it rather than having to actively think about it. Thus, the glass of water is acknowledged at the perceptual level rather than actively through consciousness. We perceive millions of items in a day but only give our conscious attention to a few. Expectations are when we fill in the gaps between our perception and our intentionality.

In consciousness, experience is not limited to the sensation of experience but includes the activity of intuitive possibilities along the horizon of experience which Husserl (1962) refers to as the “*two-sided infinite temporal horizon*.” For Husserl (1962) ‘*the other*’ grounds us in a relationship that cannot be reduced. In the natural attitude, we see ‘*the other*’ as being like ourselves and assume ‘*the other*’ exists in a commonly shared world while acknowledging that it is experienced in a different mode. Husserl (1970) argues that we relate to ‘*the other*,’ such as a psychotherapist, by analysing the phenomena of empathy, expressivity, and communication. A person’s standpoint in the natural attitude is not fixed as it can change. Thus, we can change perspective. Cognition includes mental acts such as perception. Husserl (1962) contends that how a phenomenon is experienced (*cogitatio*) plays as much a role as the content of what is experienced (*cogitation*).

**Phenomenological attitude.** Phenomenological attitude is the application of pure phenomenology which creates a bridge between phenomenological theory and how it is operationalised as a method (Kvale & Brinkmann, 2009). The researcher traverses



this bridge throughout the research process as the methodology guides the research experience. Choosing this bridge to cross is influenced by the researcher's epistemology position which is a philosophical belief about who can be a knower and what can be known (Creswell, 2003; Guba & Lincoln, 2005; Hesse-Biber & Leavy, 2004; Kvale & Birkmann, 2009). This alignment of the methodology with the researcher's epistemological position brings trustworthiness and credibility to the project. While it is acknowledged that individual researchers "*hold explicit beliefs*" (Mouton & Marais, 1990, p. 12) in pure phenomenology Husserl (1977) demands that the researcher adopts the phenomenological attitude.

Husserl (1977) interprets judgement as a form of positing that comes with the natural attitude and he postulates that it is a pre-predictive judgement about the world. The phenomenological attitude is refraining from judgement, from positing. Husserl (1977) distinguishes his inquiry from a purely formal theory of judgement and indicates from the outset that judgement is to be interrogated in relation to what is being judged. The role of the phenomenological attitude is to delay a rush to judgement in relation to the meaning of a piece of data (McLeod, 2011). This involves phenomenological reduction and free variation to avoid any premature analysis or explanatory constructs. "*Phenomenology requires a kind of withdrawal from the world and a willingness to lay aside existing theories and beliefs*" (McLeod, 2011, p.24). According to McLeod (2011), this can be a risky process, and it requires an act of courage on behalf of the researcher. The journey across the bridge requires leaving behind familiar places only to return later to see these places in a fresh light. The phenomenological attitude is a kind of dance between the phenomenological reduction

and reflexivity (Finlay, 2011). Husserl (1912/1931) describes the phenomenological reduction in a variety of ways such as epoché or bracketing or transcendental subjectivity. For convenience, the term epoché is used in this project. This phenomenological attitude requires a way of being rather than just the application of a method. It is concerned with phenomenological reduction, kinaesthetic consciousness and intentionality which has both directionality and time consciousness. It is equally important to retain a focus on maintaining a phenomenological attitude during the interviews (Englander, 2012) and when analysing the data (Giorgi, 2009).

**Phenomenological reduction.** Husserl refers to the process of phenomenological reduction as “*Zu den Sachen Selbst*” or “*back to the things themselves*” as epoché or bracketing (Eagleton, 1983, p. 56; Finlay, 2011, p.3; Kruger, 1988, p. 28; Moustakas, 1994, p. 26). This process frees us from our usual way of seeing the world and reduces it back to the essence (Warnock, 1970) that constitutes meaning. Epoché is a transcendental reduction that is effective when it arrives at consciousness itself of which there are three elements: the “*I*” who thinks, the mental act of thinking and the intentional objects of these mental acts. Epoché is not a complete exclusion from the world as we cannot exclude everything, but it is a phenomenological activity that involves setting aside all assumptions and prior knowledge about the phenomenon. Husserl (1912/1931) sees epoché as a preliminary act in the phenomenological analysis. His famous position statement clarifies the role of epoché in the transcendental ego which is quoted from Cairns’ translation (1960, p.26):

*The objective world, the world that exists for me, that always has and always will exist for me, the only world that ever can exist for me—this world, with all its objects, I said, derives its whole sense and its existential status, which it has for me, from me myself, from me as the*

*transcendental Ego, the Ego who comes to the fore only with the transcendental phenomenological epoché.*

**Kinaesthetic consciousness.** Husserl's (2012/1931) phenomenological investigations led him to the concept of kinaesthetic consciousness, which is not a consciousness 'of' a movement, but consciousness or subjectivity that is itself characterised regarding motility, that is, the very ability to move freely and responsively. The '*lived body*' is a lived centre of experience, and both its movement capabilities and its distinctive registration of sensations play a key role in how we encounter concepts. Kinaesthetic consciousness elaborates on how we encounter other embodied agents in the shared space of a coherent and ever-explorable world. Merleau-Ponty (1964) emphasises this embodied sense as a key structure of human existence that he refers to as the '*lifeworld*'. He argues that '*radical reflection*' consists of self-understanding that recovers our unreflective experience (Merleau-Ponty, 2006/1945, 1964). Reflexivity is a partial attempt to overcome subject-object dualism and to focus on intentional conscious lived experience in a self-aware way. The important point is that physical sensing provides evidence of reflexivity in the body (Merleau-Ponty, 2006/1945). Husserl (1962) and Merleau-Ponty (2006/1945) argue that we all have a self which is always about others, while our consciousness is shared with others through language, discourse, culture and history. Lived relations is our experience of others, such as when we can feel ashamed by another's critical gaze or how we can blossom under a loving gaze. Lived space is the way a place or a particular space, such as the therapeutic space, is experienced. For example, how a dark alley may seem threatening, or the psychotherapist's room warm and inviting. Lived body is the way we experience our body such as when we are sluggish or energised. This has

parallels with the “*moments of eternity*” which are the opening of a sacred space and time with a genuine connection between psychotherapist and client that enables self-healing to occur (O’Hara, 1999, p.67).

Husserl (2012/1931) postulates that a face-to-face interaction between the self and ‘*the other*’ is initially a bodily comportment such as the other’s way of moving, gesturing, and posturing. He explains “*for everything that exhibits itself in the life-world as a concrete thing obviously has a bodily character, even if it is not a mere body, as, for example, an animal*” (Moran, & Mooney, 2002, p.153). Thus, Husserl (1962) prioritises a visual ideation. The visible or perceptual gestalt of the person is not originally an outer sign or a signal of his or her existence or the existence of some inner states or processes but is ‘the *other*’s’ very appearance and composition in space, that is, a necessary aspect of his or her very being.

**Intentionality.** Intentionality, in Husserlian terms, refers to the power of the mind to direct our attitude. In a broad sense, intentionality can be defined as the ‘*directionality*’ of one’s mental states or acts. For example, when I turn my consciousness inwards, I turn to different sorts of worlds as in different worlds of intentionality. Intentionality concerns the relationship between the content and the subjective act of thinking (Butchart, 2017). The content of consciousness is not necessarily real. For example, I can think about Santa Claus or the Easter Bunny which are not real. Husserl (1970) contends that consciousness of a wide range of phenomena from perception to judgement and to aesthetic experiences are all intentional. For him, intentionality is the correlation between knowledge and being. A thought is always a ‘*thought of*’ something, and emotion is always an ‘*emotion of*’ something, for example,

the perception of judgement or feelings of anger. The directedness of experience toward things in the world is the property of consciousness as we are always '*going somewhere*', we are always pointed in a direction (Cooper, 2017). Thus, intentionality always has directionality. Husserl contends that it also has a time consciousness quality. Lived time is subjective time rather than clock time which is linear. For example, a boring meeting can subjectively feel slow to pass while an enjoyable film can flash by quickly even though they are the same duration in linear time. Time consciousness also offers an explanation for the way meanings of past experiences can become superimposed on present and future experiences and vice versa. For example, in sharing an experience a client may re-experience the event as if no time has passed since its occurrence. Pure phenomenology postulates that consciousness has intentionality which possesses the qualities of directionality and time consciousness.

**Pure phenomenological research.** There is a purity to Husserl's (1962) interest in finding out how things appear to us directly rather than through culture or symbolic structures. Husserl's (1962) invitation to look beyond the details of the everyday to the essence underlying them cannot be ignored as it explains how meaning is structured in consciousness. It advances an approach for unearthing the client's "*internal experience of being conscious of something*" (Holloway, 1997, p. 117), for instance, a revealing of how a significant moment of change in psychotherapy is constructed in consciousness and ultimately given meaning. There is something very appealing about the focus on exploration, reflexivity and the engagement with divergent thinking that seeks insights into a phenomenon (Vagle, 2014). Husserl (1962) contends that the central structure of

an experience is its intentionality, with its directionality and time consciousness, as well as being kinaesthetically experienced.

The application of phenomenology fits well with psychotherapy as at some point in treatment a psychotherapist may invite a client (in Husserlian terms) to epoché or bracket off assumptions about the presenting problem and to describe their actual lived experience in detail. The invitation is to reflect and to express their sense of the experience in a fresh language that uncovers the ‘*essence*’ of the problem, before guiding the client to illuminate the solution. Thus, it can be extrapolated that a psychotherapist is enabling a client to adopt a phenomenological attitude and to engage in the self-application of phenomenological principles (McLeod, 2006).

### **Method**

The method section outlines the participants’ profiles and how they were recruited. It outlines how the data were collected, the steps involved in descriptive phenomenological analysis, and ethical issues related to the study.

### **Participants**

Although Giorgi (1997) postulates that a minimum of three participants is sufficient to identify the essence of a phenomenon this study targeted a sample of 8-12 information-rich adults to add depth, breadth and rigour to the findings. A sample of twelve is postulated to be adequate to reach saturation (Boddy, 2016) and to accommodate publication (Guest, Bunce, & Johnson, 2006). The sample also needed to be sufficiently large and varied to accommodate the study’s aim and objectives (Patton, 2015) and to meet the standard requirements for a doctorate level study. A greater emphasis was placed on “*information power*” (Malterud, Siersma & Guassora, 2016)

and reaching a point of redundancy (Patton, 2015) rather than the number of participants. It was imperative that the participants had experienced a significant moment in psychotherapy. Furthermore, information power contributed to internal validity that complemented the quality of the interviews (Malterud, Siersma & Guassora, 2016).

Ethical approval was gained to pursue adult volunteers who had experienced a significant moment in psychotherapy and the Healthy Living Centre at Dublin City University was consulted regarding the purpose of the research. The centre agreed to participate in the recruitment of participants. To facilitate clients' self-agency, a poster was displayed in the reception area advertising the research (Appendix B) together with a more detailed leaflet (Appendix C) in the waiting area of the premises. Participants were requested not to engage in the research if they thought or felt that an interview would be a challenging or stressful experience. No exclusion was placed on participants regarding sexual orientation, gender, age once over 18-years, social status, and level of stress or therapeutic model applied in psychotherapy. Volunteers made direct contact with the researcher at which time the aim and rationale for the study were explained as well as the details regarding their participation (Appendix D). Arrangements were made to conduct two qualitative interviews with each participant at the Healthy Living Centre.

Participants were treated with the greatest of respect and seriousness (Robinson, 1998). Each interview lasted approximately one hour, and participants were invited to attend a second interview. The foundation for the second interview was established at the first interview (Gillham, 2000). The second interview concentrated on the issues

that had been raised in the first one and allowed the participants the opportunity to reflect, elaborate and clarify their experiences of the phenomena in substantial detail. Also, more contact between the researcher and each participant established a stronger relationship, to facilitate greater and deeper participant disclosure. However, Haverkamp (2005) warns that extended contact may also lead to blurred boundaries between researcher and participant, especially if the researcher is herself a psychotherapist.

The purpose of the phenomenological interview “*is to gather descriptions of the life-world of the interviewee concerning interpretation of the meaning of the described phenomena*” (Kvale, 1983, p.174). At the commencement of an interview, each participant was provided with an information leaflet that explained the research details and invited to ask questions. Participants were requested to give written consent (Appendix E), and it was explained that they could withdraw at any stage up to the submission date of the project. Only four participants responded to a poster and an invitation to engage in this study (Appendices B & C). Thereafter, further ethical approval was gained to extend the advertisement to psychotherapists who were registered with recognised professional bodies namely:

- Irish Council for Psychotherapy (ICP; see [www.psychotherapy-ireland.com](http://www.psychotherapy-ireland.com))
- Irish Association of Humanistic and Integrative Psychotherapy (IAHIP; <http://iahip.org>)
- National Association of Cognitive Behavioural Therapy Ireland ([www.cbt.ie](http://www.cbt.ie))
- Irish Federation of Psychoanalytic Psychotherapy (IFPP; [www.ifpp.org](http://www.ifpp.org))
- Psychological Society of Ireland (PSI; [www.psihq.ie](http://www.psihq.ie)).



A purposeful sample of 14 participants, five males and nine females, provided fertile descriptions of significant moments in psychotherapy. Their ages ranged from 25 to 61 with the average age being 54. The participants' psychotherapy experience ranged from 12 sessions for an anxiety issue to 450 sessions for a mental health issue. They all had a gap of four or more weeks between the first and the second interview to give them time to reflect on the experience of a significant moment. As would be expected for a qualitative investigation the phenomenological interviews had a high response rate. Only one participant did not attend the second interview for personal reasons.

The participants generally perceived psychotherapy as being about “*going back into the past into childhood*” (Declan), “*stuff I suppose that you couldn’t talk about to anybody*” (Roseanne) and “*a safe place to go*” (Daniel) because “*if I don’t work on myself properly I am not going to be here in a year’s time*” (Roseanne). In general, the participants gained many realisations from psychotherapy that were well summarised by Roseanne when she explained that “*therapy is my time for myself, to express how I feel. It gives me time, and it gives me space to be myself and just to talk it out.*” Of importance to the participants was a personal fit with the psychotherapist. For example, Jane explained: “*from the minute I saw her (psychotherapist) I knew I would deal with her. There was something about her face. Her kindness was important*”. Lucy elaborated, “*helpful when you find the right person. Just a match where I felt heard*”.

The participants engaged in psychotherapy for a variety of reasons varying from distress related to mental health problems such as concerns relating to nervous breakdowns, alcoholism, self-harming, depression, generalised anxiety and social anxiety (Declan, Roseanne Peter, Marion & Louise), to when seeking support in coping

with life such as a personal crisis or a relationship challenge (Kevin, Vivian, Ruth, Ann & Jake) to self-exploration (Daniel, Bernie, Sarah & Lucy). Prior to the experience of a significant moment, they were discussing a variety of concerns related to childhood, relationships, perfectionism, sharing vulnerabilities, being open, feeling down, and avoidance. No pattern emerged that might identify a trigger topic or trigger technique prior to the experience of a significant moment.

### **Data Collection**

Interviewing is an appropriate method for data gathering when the research is concerned with the exploration of in-depth rich subjective and idiographic experiences (Gillham 2000; Ritchie & Lewis 2003; Smith, 1995). The purpose of the interviewing, in this study, was to gather information that could not be obtained through observation and to facilitate the researcher to enter into the participant's perspective. Given the psychotherapy context, it was important to be cognisant that the purpose of the interviews was to gather data and not to engage in psychotherapy (Quinn Patton, 2002). It is frequently assumed that the perspective of a participant is meaningful, knowledgeable and can be made explicit (Quinn Patton, 2002). However, this may not always be the case as some participants may lack the linguistic ability to describe an experience in detail.

As Gomm (2004, p. 87) phrases it “*in an effective interview, both researcher and respondent feel good, rewarded and satisfied by the process and the outcomes.*” Thus, the phenomenological attitude called on the researcher to relinquish control and to be open (epoché) and to allow the participant's voice to emerge (Kruger, 2007). The researcher's interviewing skills and code of ethics played a crucial role in preventing

possible participant distress. The relationship was based on respect for the rights, dignity and generosity of the participant.

While much has been written about qualitative interviewing in general (Kvale, 1996; Mishler, 1986) little attention has been given to phenomenological interviewing (Bevan, 2014). Giorgi (2009, p.122) postulates that there is a “*certain spontaneous quality to a good interview that cannot be completely prescribed.*” The researcher focused on effective interview skills that included attentive listening (Clough & Nutbrown, 2007); pausing, probing or prompting appropriately (Ritchie & Lewis, 2003, p.141); managing the verbal exchange by urging the participant to talk freely (Ritchie & Lewis, 2003; Gillham, 2000) and making “*it easy for interviewees to respond*” (Clough & Nutbrown, 2007, p.134). Semi-structured interviews orientated the researcher to topics that should be covered during the interview while at the same time providing flexibility to accommodate the interview process. It was planned that questions would elicit responses relevant to the study of the phenomenon (Van Kaam, 1966).

The “*interviewer effect*” indicates that the researcher’s sex, age, and ethnic origins can all impact on the “*amount of information people are willing to divulge and their honesty about what they reveal*” (Denscombe, 2007, p.184). Some participants may be influenced by what s/he thinks the situation requires (Gomm, 2004). While it may be impossible to fully evaluate these effects (Glesne & Peshkin, 1992), it is important to be aware of the factors that can impact on an interview.

Bevan (2014) argues for holding the phenomenological attitude and integrating imaginative variation to fully explore an experience of the phenomenon. A rigorous application of free imaginative variation, which Husserl (1962) also refers to as eidetic

variation, involves freely removing or changing aspects of the phenomenon in order to distinguish essential features from particular or incidental ones. This facilitated listening while remaining aware of the process as well as the content. Thus, it was important to be sensitive to the participant's energy levels such as the ebb and flow as well as their nonverbal cues. There was a need to listen intently to continuously assess the progress of the interview and to stay alert for cues about how to move the interview forward as necessary. This also facilitated accessing the participant's "*inner voice*," as opposed to an outer, more public voice (Steiner, 1978). Recording the interviews permitted the researcher to be more attentive to the participants (Quinn Patton, 2002). The in-depth interviewing surprised some of the participants because they rarely have the opportunity to talk at length to someone about their experience in psychotherapy. As a result, they become so engrossed in the first interview that they shared information that later surprised them (Spradley, 1979; Kirsch, 1999). This is one of the benefits of a qualitative researcher who "*does not merely apply a method but works from within an approach*" (McLeod, 2006, p. 54) such as the phenomenological attitude. However, nobody can fully disengage from culture and language. McLeod's (2006) solution is that descriptive phenomenology engages in an '*in-dwelling*' or immersion in the phenomenon until the essential features reveal themselves. This '*in-dwelling*' is also referred to as mining (Kvale (2007). The researcher allows the data to emerge as "*doing phenomenology*." This means capturing "*rich descriptions of phenomena and their settings*" (Bentz and Shapiro, 1998 in Kensit, 2000, p. 104).

**Interview schedule.** The interview schedule incorporated nine guiding questions related to the experience of a significant moment in psychotherapy (Appendix A). Some

of the questions contained prompts to facilitate the participants to expand on their experience and to accommodate a participant who might struggle with a broad question (Lavery, 2003; Polit & Beck, 2017). “*Qualitative data is heavily dependent upon linguistic ability, both that of the participants and that of the research analyst*” (Giorgi, 2009, p.121). Bearing this in mind one question sought to elicit a metaphor or image for the significant moment in case any of the participants struggled to articulate a precise and detailed description of the experience (Edward & Welch, 2011). The idea of inviting participants to write about their experience was rejected because “*most people do not write as extensively as they talk*” (Giorgi, 2009, p. 122). The first question was designed to build rapport (Giorgi, 2009, 2014). The final question was structured to allow the participants to reflect and to elaborate or to share something of relevance that had not been considered. The interview schedule was piloted to ensure that there was a flow to the sequence of the questions and that the questions were well structured (Cohen, Manion & Morrison, 2007). No changes were made to the schedule following the piloting (Appendix A). If a participant wandered off topic, it was considered “*legitimate to try to steer the subject back*” to describing the experience of a significant moment (Giorgi, 2009, p. 122). It was considered important not to lead a participant as this would bias the data. The complex nature of the relationship between experience and expression indicates that there will always be embedded parts of the lived-through experience that do not get portrayed (Merleau-Ponty 1964).

### **Descriptive Phenomenological Analysis**

Pure phenomenology is concerned with a systematic analysis of how meaning is constructed through the structures of consciousness from the experience of the

phenomenon. Giorgi's (1990) descriptive phenomenology method stays true to pure phenomenology while operationalising it to the study of psychological phenomena. This method elucidates the overall structure of what appears to consciousness and how it appears (Giorgi, 1970). Some researchers refer to this method as descriptive empirical phenomenology to add to the empirical nature of the approach (Finlay, 2009). The complexity and constraints of Husserl's pure phenomenological approach are evident in the descriptive phenomenological method which offers a first-person perspective. This approach enables the researcher to take an empathic position while accessing the participants' lived-experience of the phenomenon.

This form of analysis seeks to reveal the meaning of a significant moment as structured in consciousness and to expose the essence of a significant moment. The interview data were analysed using Giorgi's (2009) five steps method as outlined in figure 3. While a step by step method acts as a useful guide, there was a need to dwell within the data while ensuring maintenance of the phenomenological attitude (Crabtree & Miller 1999; McLeod, 2011; Pope, Ziebland & Mays 2000). In this study, there was a dance between intuiting and epoché that was an all-consuming cognitive task for the researcher. A sample of the analysis process is provided in Appendix H and G. The last step, the synthesis of the phenomenon was strengthened by focusing on the constituents experienced by all the participants. These key constituents formed clusters or structures that constructed the meaning of a significant moment. Elements that are constructed by some participants, but not all, pointed to possible outliers that may hold relevant and interesting descriptions but are not a key structure of the meaning of the phenomenon.

In this study, it was decided to implement Giorgi's method rather than employ some of the adaptations developed by other researchers because it is the most accurate operationalisation of Husserl's (2012/1931) pure phenomenology. For example, Colaizzi (1978) and Hycner's (1985) attempt to advance Giorgi's method by engaging the participants in analysing the data already analysed by the researcher. However, this fails to differentiate between the '*natural attitude*' of the participants and the '*phenomenological attitude*' of the researcher. Colaizzi (1978) constructs the formulation of meanings using creative insights while Giorgi (2006a) uses eidetic or imagined variations as identified by pure phenomenology which provides greater rigour to the data analysis. Colaizzi (1978) and Hycner (1985) tend to decontextualise the statements while Giorgi (2006a) claims that the context contained within a description is highly important for determining meaning. As this study was interested in the context of psychotherapy Giorgi's approach was deemed more appropriate. In comparison to Colaizzi, Giorgi (2006a) aims at a more clear-cut focus that is designed to cull out the essential, general structure of the phenomenon, an aim that Colaizzi (1973) considers unattainable.

Giorgi (2006a) indicates that Hycner's (1985) idea of the researcher listing all their biases may provide a false sense of security and misinterpret the phenomenological reduction. Colaizzi's students Edward, Welch and Chater (2009) and Edward and Welch (2011) suggest that participants could express their experiences through art, music, poetry and metaphor as symbolic representations. However, such symbolic representations would require interpretation, and, in this study, I was keen to retain a focus on description. Other methods based on pure phenomenology include those listed

by Hycner (1985), Moustakas (1994), van Manen (1990), and Karlsson (1993). Moustakas (1994) integrates the researcher into the process by creating a heuristic research model. Van Manen (1990) refers to his adaptation as a hermeneutic phenomenology because he integrates Heidegger's philosophy. While there may be merits to the various modifications to Giorgi's (2009) method they were not included in this study in order to validate the findings by remaining grounded in a pure phenomenology perspective. Furthermore, such adaptations may be moving into the realm of method-slurring (Baker, Wuest & Stern, 1992) by moving away from the description into the realm of interpretation and theorising. While it is heartening to see researchers using some version of the phenomenological method, it is also disappointing that in the field of social sciences and nursing very often some of the steps employed do not follow phenomenological logic (Giorgi, 2006b; McNamara, 2005). In this study, every effort was made to follow Giorgi's approach and to implement each step as outlined (see Figure 3).



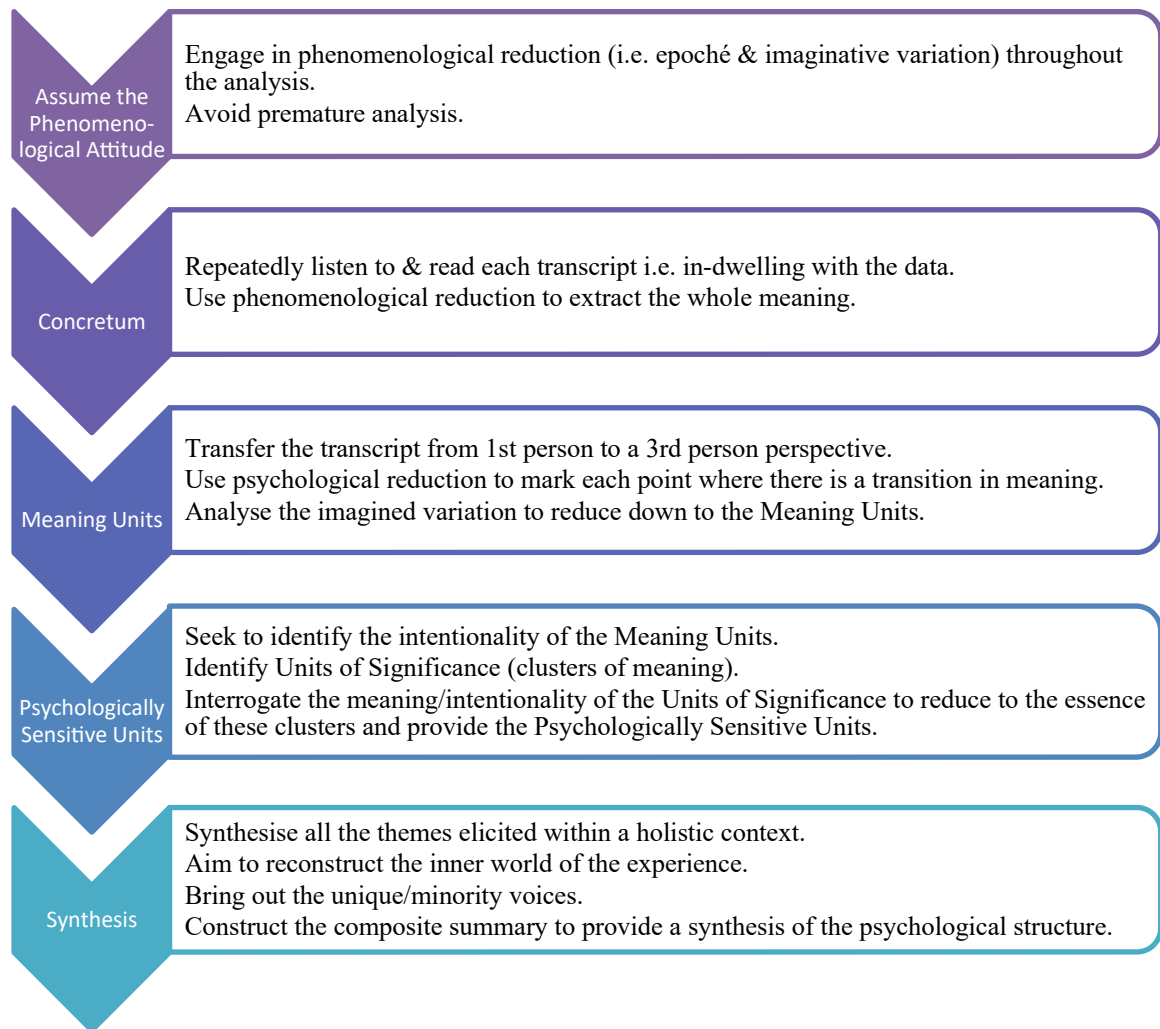


Figure 3: Five Steps in Giorgi's (2009) Descriptive Phenomenological Analysis.

Step one in the method involves assuming the phenomenological attitude which is a key aspect of conducting such research that involves maintaining and engaging in the phenomenological reduction of epoché (bracketing). This process has attracted much debate, especially among phenomenologists (Finlay, 2002a). Although the technique of bracketing is often regarded as a way of indicating scientific rigour a precise description of how it is achieved and why it is appropriate in individual studies has sometimes been overlooked. It typically refers to two aspects namely the putting to one side of sensory experience to tune in with the others' sense-making, or to 'see'

directly, and the putting aside of preconceptions to engage in the sense-making (Tufford & Newman, 2010). Some phenomenologists argue that to see directly and also put aside prior knowledge is not possible (Giorgi, 2010, 2011). In contrast, this study contended that epoché (bracketing) facilitates deeper levels of reflection for the researcher during the collection and analysis of the data (Tufford & Newman, 2010). This deep reflection on the others' experience is epoché in operation for when the focus of attention is on the experience of the other it is not involved in theorising or using prior knowledge to interpret. Clarification of bracketing and the way in which it is being used is a measure of the quality and validity of this study.

Step two, concretum, involves an in-dwelling in the data by repeatedly listening to and reading each transcript numerous times prior to using phenomenological reduction to extract the whole meaning. Step three has a practical element that requires transferring each transcript from the 1<sup>st</sup> person to the 3<sup>rd</sup> person perspective. The purpose of this is to start to distance the researcher from the participant's experience so that it can be analysed.

At this stage, a psychological reduction marks each point where a transition in meaning is experienced. The imagined variation is then applied which further reduces the transcript down to the level of the meaning units. The imagined variation requires the removal of a meaning unit to see if the meaning of the phenomenon holds. If it holds this unit is disregarded as it does not form the essence of the experience. If the meaning collapses then that the meaning unit is retained as it is essential for the construction of meaning-making.

Step four involves the identification of the psychologically sensitive units which focus on the identification of the intentionality of the meaning units. This is achieved by targeting units of significance that are clusters of meaning. It also requires interrogating the meaning associated with the intentionality of the units of significance. This leads to reducing the meaning to the essence of these clusters and provides the psychologically sensitive units. Step five is the final step and it is concerned with constructing the composite summary to provide a synthesis of the psychological structure of a significant moment within a holistic context. The plan is to reconstruct the inner world of the experience and bring out unique voices. Each step in the process contributes to the descriptive analyses using the phenomenological reduction to uncover how the participants consciously construct the meaning of a significant moment.

### **Ethical Considerations**

Ethics can be thought of as the study of good conduct and of the protocols for making good judgements when needed (Trusted, 1987; Birch & Miller, 2002). Because professional organisations operate a scientist-practitioner model, psychotherapists tend to be trained in research ethics and consequently are well grounded in codes of ethics and best practice guidelines, for example, the Code of Ethics and Practice for Counsellors/ Psychotherapists of the Irish Association for Counselling and Psychotherapy (IACP, 1998, 2013). This study adhered to the the Code of Professional Ethics of the Psychological Society of Ireland (PSI, 2011) and the Irish Association of Humanistic and Integrative Psychotherapy which focus on the respect for the rights and dignity of the participant, the practitioner's competency level and a practitioner's responsibility and integrity when dealing with others. Biomedical ethics are similar but

place a greater emphasis on non-maleficence, autonomy, beneficence and justice (Beauchamp & Childress, 2001). *“Because ethical issues are complex, the best decisions will be based on systematic consideration of all the relevant factors”* (PSI, 2011 p.3).

The collection of data commenced once ethical approval was granted by the DCU Research Ethics Committee (Appendix F). Confidentiality and respect for the participants were safeguarded by establishing clear procedures for data storage, access and deletion. The signed consent forms were stored in a locked filing cabinet. The face-to-face interviews were recorded on a digital device and destroyed as soon as they were saved onto a computer that was password protected. An encrypted USB device was used for backup. The detailed descriptions were transcribed verbatim.

**Researcher’s responsibilities.** It can be argued that responsibility is individually owned as opposed to being apportioned by professional organisations or ethical frameworks (Van Deurzen & Young, 2009). It is the researcher’s responsibility to treat all participants and other persons associated with this study with intrinsic worth, dignity and respect. Phenomenological research, by its very nature, tends to involve sensitive and personal material and in some instances, may be considered invasive (Usher, & Holmes, 1997) and challenging (Ellis, 2007; Finlay, 2009). The researcher assured the participants that all information was treated as confidential and that raw data was only seen by the supervisors who needed to do so to ensure the research quality (Thomas & Hersen, 2003). Scrupulous monitoring of the interviews ensured reliability and validity (King, 1994; Thomas & Hersen, 2003).

Procedures implemented to assure confidentiality included keeping names separate from assigned numbers, using pseudonyms when needed and storing data with strict confidential protocols. Care was taken not to intrude inappropriately on a participant's privacy. If a participant becomes overwhelmed during an interview, the researcher would pause and allow the person time to compose himself or herself. A protocol was put in place that if a person looked as if they needed more time, they would be invited to stop the interview or to finalise it or to reschedule. However, this did not arise during this project. In the event that a participant became very upset and was not willing to engage with the researcher s/he would have been invited to let the researcher inform their psychotherapist or arrange a session in the Healthy Living Centre with a psychotherapist. Again, this did not arise in this study.

Details regarding informed consent were explained orally at the time of initial contact and again before commencing the interview (Appendix E). Each participant was given a copy of the informed consent form, and the interviews were conducted in a professional space. Confidentiality was assured with the exception of cases where the law demands otherwise such as a potential danger or injury to oneself or another person. Each participant was assigned a number that was used during the analysis phase, and a pseudonym was used in the dissemination of the information to protect each person's privacy and anonymity. The goal was to *"strike for a reasoned balance between protecting participants and recognising their agency and capacity"* (BPS, Code of Human Research Ethics, 2010, p. 9). The researcher's competency was managed through the supervision process. The requirements of the data protection amendment act (2018) states that information on individuals should not be kept any longer than is

necessary and thus the researcher will dispose of the data by deleting information held on computer and the shredding of the transcripts five years after completion of the study.

**Phenomenological Research Quality.** In a phenomenological study, the quality may be accurately measured by considering rigour, relevance, resonance and the extent that reflexivity is demonstrated (Finlay, 2006; Finlay & Evans, 2009; Figure 4).

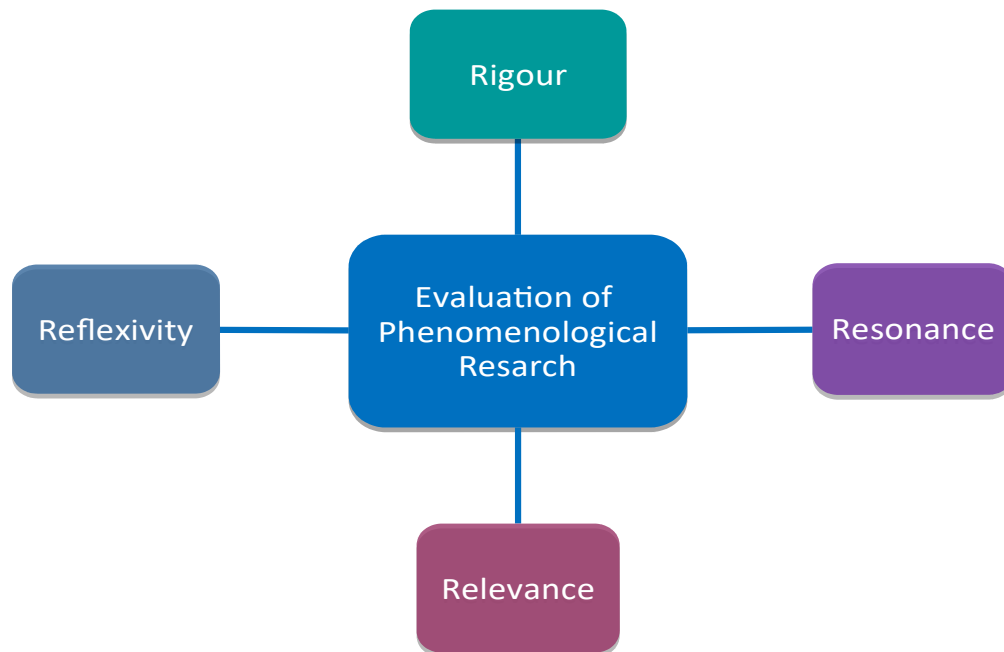


Figure 4: Framework for the Evaluation of a Phenomenological Study.

According to Yardley (2000), rigour can be demonstrated by a commitment to analysis. Giorgi (2008b, p. 42) argues that criteria associated with scientific rigour need to be completely respected while accepting a “*certain openness and flexibility*.” He insists that meaning emerges from applying the phenomenological psychological reduction rather than the transcendental reduction of philosophy. In this type of research, the intuition and imagination of the researcher can be much more important than any

formalised analytic procedures (Cooper & Stephenson, 1996). The evaluation of the study is considered in detail in chapter 6, the conclusion.

### **Summary**

Chapter three has dealt with the benefits of a pure phenomenological approach as opposed to other research methodologies to answer the research question. It emphasises the use of a descriptive phenomenological method as both an effective philosophical approach to psychotherapy and as a research method for investigating significant moments in psychotherapy. It contends that a descriptive phenomenological method was the most acceptable approach to answer the research question and it held a strong alignment with the researcher's perspective as well as being a suitable fit with psychotherapy. It contends that Giorgi's (2011) step by step method of data analysis was more relevant to pure phenomenological research than adaptations by other researchers. It argues for strong ethical standards and analysis of the quality of the project based not only on qualitative criteria but on criteria established to evaluate phenomenological investigations. Every effort was made to have a good fit between the methodology, the method, the researcher's epistemology and the research aim and objectives to aid the quality of the investigation.

## **Chapter 4: Findings**

*No one else has access to the world  
you carry around within yourself;  
You are its custodian and entrance.  
No one else can see the world the way you see it.  
No one else can feel your life the way you feel it.*

*John O 'Donohue, 1997*

### **Introduction**

This chapter describes the participants' experiences of consciously constructing the meaning of a significant moment in psychotherapy. Each participant's account illustrated a real authentic experience of the phenomenon that demonstrated a process of change within psychotherapy. The descriptions were grouped to provide a sample of the participants whose problems related to distress regarding mental health issues, participants whose problems related to coping with life and participants who attended psychotherapy as part of a journey of self-exploration. The fertile descriptions in the participants' own words provided depth and breadth to the understanding of the phenomenon. The process of analysis illuminated the identification of the core constituents of a significant moment and the structures that formed the essence of the lived experience for all the participants in this study. The key findings are summarised at the end of the chapter.

### **Experiencing a Significant Moment When Mentally Distressed**

The participants Declan, Roseanne, and Marion, shared concerns regarding their mental well-being and accepted a need to attend psychotherapy. Their descriptions of experiencing a significant moment within psychotherapy followed a similar path that captured the experiences that pre-empted the phenomenon's occurrence, the essence of



the phenomenon and the influence the phenomenon had on their personal and social lives.

**Declan's experience of a significant moment: "Taking stock."** Declan presented as a married man in his early 50's who had attended psychotherapy continuously for over 25 years due to his concerns about his mental health. During the two phenomenological interviews, he divulged that he attended psychotherapy for "*mental health issues related to nervous breakdowns, binge drinking and work stress.*" Declan found that "*the prodding and probing of psychotherapy, going back into the past... (he paused to reflect) threw up a lot of issues that I am now comfortable dealing with.*" From his wealth of psychotherapy experience, he disclosed that "*the safety of the relationship (with the psychotherapist) was crucial really*" to his experience of a significant moment. He indicated that the psychotherapist "*worked very hard with me*" especially when he was "*extremely stressed. In a crisis situation. Frightened and fear of losing control*". Declan described his significant moment as occurring when he was experiencing suicidal thoughts and he reached out to his psychotherapist who made herself available at short notice. Declan valued connecting with his psychotherapist who calmed him down and enabled him to gain a better perspective on his concerns. This connecting with the psychotherapist provided a context for his experiences of the significant moment. Declan agitatedly explained that during his significant moment:

*I have to say it was one of the worst days in my life. I really got a shock, and I felt very much cornered, and I went into a huge spin. (His speech rate increases as he moved in an agitated unsettled way in the chair). To the point that I was considering just driving off, switching off my phone and running away as a cry for help. And the alternative was to take a pile of pills, and I didn't ... You know I could sit here in the cold light of day and say I wouldn't want to do that to my wife or family and I certainly don't want to end up in a hospital having my*

*stomach pumped out. But while I went into a panic initially, something somewhere deep down inside me made me try and continue... I think it most important that I learnt from the experience, that I asked for help and, second of all, I suppose in asking for help I then was able to try and get my concerns into a better perspective is probably the best way I can describe it. I learnt that it's important to ask for help rather than run away. She (psychotherapist) worked very hard with me. Her biggest problem initially was I was so, so highly strung... She had to get me to calm down first. Psychotherapist made herself available at short notice.*

In the intensity of this significant moment, Declan reflected his view of a solution as being “*if I could just turn off the light switch and wake up in 3 years*”. He elaborated, “*I wished I could collapse so that it would be taken out of my hands.*” During the experience of the phenomenon, Declan revealed “*I felt she (psychotherapist) was judgemental and I said I was not going back. I was so highly strung I shut down.*” He judged the psychotherapist who offered him: “*cognitive and mindfulness (that) were an insult to my intelligence as my problems ran deeper than that.*” Declan’s description of the physical sensing of the significant moment was agitation and anxiety which mirrored his participation in the interviews. He stated that he felt “*very, very anxious, fearful of exposure. Panic and tension*” while also perceiving judgement by the psychotherapist.

At the core of Declan’s experiences of a significant moment, he described a revealing of key delicate issues. He explained, “*my childhood threw up a lot of issues... I had a lost childhood.*” As he spoke, Declan became agitated, rose from the chair and paced the floor before returning to the seat to reveal “*I do not have a good sexual relationship with my wife as I brought baggage to the relationship.*” Declan also felt “*disconnected from the real world.*” Having revealed these personal details about the significant moment, Declan became visually calm as his breathing returned to normal. As he settled, he illuminated the uncovering of an acceptable hidden part of himself

when he captured a self-realisation that *“the only person who was going to get me out of the situation I was in was me.”* Feeling empowered he stated how he generalised his self-realisation into everyday life, *“I started to get into more daily routines, and I got myself back”* from the crises. In the significant moment, he realised *“I lived a double life for a very long time on different levels, and now I have the opportunity of being myself more”*. Thus, Declan revealed unspoken concerns and a level of self-acceptance. The essence of his experience of the phenomenon of a significant moment was a self-realisation. This self-realisation arose from his realisation that the revealing of his vulnerability about his unspoken concerns informed his reluctant acceptance of his hidden self, his hidden ability to cope. However, Declan illuminated that the *“significant moment made me take stock, but often it’s only been for a temporary period.”* He indicated that *“I went off alcohol for a couple of weeks”* but he did not describe any intent to make it a permanent abstinence. Declan described his establishment of a routine to his day which was an enduring change while his abstinence from alcohol presented as a temporary change.

**Roseanne’s experience of a significant moment: *“Getting to know myself.”***

Roseanne, a woman in her 40’s, attended approximately 70 sessions of psychotherapy over a period of several years due to self-harming, depression, general anxiety and social anxiety. At the first interview, she presented as an anxious woman who kept watching the door. Roseanne responded tentatively with short replies, and she frequently fell silent. Although she had volunteered, she seemed uncomfortable engaging in the research interview. At the second interview, Roseanne was more articulate, and her voice was stronger as she elaborated on her experience of a

significant moment. Roseanne described her experience of psychotherapy as *“I’m finding it quite helpful this time...I went through a breakup in May, and I found that very hard, with everything else that was going on, I have a lot of health problems as well and financial issues, so I ended up going to (named the service she attends).*

Roseanne described connecting with her psychotherapist as:

*Really connected with her, which was great, because sometimes you don't really connect with the counsellor and that's probably why it hasn't worked in the past...It's good to get feedback because I think a lot of the counsellors would just sit there and listen to you whereas this time round I'm actually getting feedback.*

Roseanne reflected on the negative significant moment that followed. This occurred when she proudly recounted to her psychotherapist about enjoying watching a movie in her bed with her daughter. However, Roseanne perceived judgement from the psychotherapist, rather than the expected warmth. This occurred when the psychotherapist questioned why she has watched the movie in bed with her daughter. As this was happening Roseanne described a feeling of panic in her body that she considered overwhelming, *“just literally just, kind of numb. I actually couldn’t talk for a good while. I just sat there and just sobbed for a while.”* She engaged in self-judgement when she recounted *“I’ve lived all my life in fear, and I’ve suffered phobias and panic attacks, and I still do very much so. Never really quite dealing with anything.”* On reflecting Roseanne engaged in judging the psychotherapist when she stated:

*Because I was like, how can she say that? That can't be right. I should have ... I should have reported her. I should have said something. It made me feel like I was doing something wrong. Now I'm an adult like, you know what I mean, but I felt like a child in that room at that time... I was an adult but for a long time, you know, I was made to feel like a child really, you know that way so...*

Roseanne clarified:

*then all of a sudden, I was just like yeah. I said I actually feel like a child. I can see myself as a nine-year-old child with real long slick dark hair wearing jeans, top and runner. I'm still a child in some respects.*

She paused to reflect and revealed the unspoken feeling that “*being judged made me feel dirty and childlike and stayed with me.*” She realised that in revealing this unspoken feeling of being dirty that it related to how her father made her feel like when she was a child and how she related, in a childlike way, to the men in her life. Roseanne explained that she tended to engage with partners who were abusive and made her feel ‘dirty.’ She indicated that she was always trying to change and to be what the other person wanted her to be rather than being herself. She also realised that her father was abusive, “*the realisation that like obviously all the relationships that I’ve had and the reason why I couldn’t go home was because of him*” meaning her father. Within the significant moment she uncovered “*I’d still be looking for praise from my dad, and I realised then I’ve actually looked-for praise from every single partner I’ve ever been with.*” Roseanne moved towards acceptance of herself as she expanded, “*I realised I am much happier on my own. I am getting to know myself.*” She shared her self-realisation, “*you must be willing to change. Realised I am happy. Not that I can be happy.*” In a gentle voice, Roseanne described the self-realisation she has gained specifically from the experience of the significant moment as:

*A big change was that I felt stronger and calmer that I am a good person and not a doormat. I have changed, grown up. I am not looking for a relationship. I can turn somebody down which I have done.*

She also explained that *“I feel more confident and my friends see that I am more confident. I am not so in myself all the time. A release of all the tension.”* Roseanne’s acceptance of herself rippled out to her acceptance of other people. *“I accept people for who they are and that if I don’t look after myself, I am not going to be good for anybody else.”* She also reported changes in how she related to men including her old partners. The essence of her significant moment was a self-realisation that was processed *“like a light switch. It just felt like, it was just a real, as I said, a light bulb moment.”* When Roseanne reflected on the first interview she articulated her anxiety as:

*In the last session, I felt very, very anxious, and I kept looking at the door, and I was OK. I can get out the door. I was feeling really panicky. It’s like I’m losing my mind. I can’t control it. There’s no coming down from the panic. I literally freak out. Or I run. I just run.*

Although Roseanne reported that her significant moment was negative on reflection, she felt that it became positive as she realised my *“psychotherapist is helping me understand who I am as a person.”*

**Marion’s experience of a significant moment: “Know who I am.”** Marion made a self-referral for psychotherapy because, *“I knew I needed professional help, I just always had an intuition that I needed somebody to bare my soul to.”* She had a personal sense that she was not authentic which she explained as, *“my persona outside wasn’t always the persona that was going on inside.”* Indeed, she presented as a lively jolly woman in her early 50’s, seemingly without a care in the world. As the interviews progressed, Marion became more sensitive, and her emotional concerns were exposed. From her experience of 40 sessions of psychotherapy, initially for an alcohol addiction, she richly described and clarified the importance of connecting with the psychotherapist:

*I think you should be open and I think you have to be very aware, and maybe people should be made aware, that the first person they go to and see might not be the person that they would like and that was my experience. I had been to a couple of people before I found the person*

*that I ...I just knew that ... I knew she was a kind woman and that she followed up. I knew that there was a kindness to her... She's very gentle, and that's what I like about her.*

Marion further explained *"her kindness was important. She was very gentle with me, and that's how it worked."* In the same way, she stated *"the very fact of there being somebody or a place you could talk"* was helpful. Marion tended to use a lot of visual words to express her experience such as when describing her connecting with the psychotherapist she elaborated *"From the minute I saw her, I knew I would deal with her. There was something about her face."* Initially, Marion described her experiencing of the significant moment as emotional which she expressed as *"it's just emotional stuff."* She was visibly shaking and upset as she repeated, *"It's a feeling. It's a feeling I get, you know."* She reprimanded herself stating, *"I get upset about how long I have tortured myself. I get upset about what I've done to myself and my life."* She paused and continued, *"it takes an awful lot of energy. And my self-loathing as well."*

Marion illuminated a negative significant moment when her psychotherapist self-disclosed that she (the psychotherapist) had experienced a sexual assault. She reflected that her psychotherapist's disclosure had a devastating effect on her and led her to become disconnected from the psychotherapist. Her judgement of the psychotherapist was disclosed, *"because I saw the vulnerability in her. So, I no longer felt that she was my go-to woman. And I went to a few sessions with her after that and then I stopped."* Marion's experience suggests that the psychotherapist's self-disclosure led to her terminating psychotherapy. She divulged *"You know; I tried not to let her see*

*that it had affected me.”* Marion revealed her unspoken concern as she unexpectedly stated,

*A very dark room. And I’m in a room, I’m in a room, and I’m on my own, I’m standing on my own. I’m very dark. I’m very dark. And I think I know where it happened in the house. I think I know where it happened in the house. I think it happened in the back room in the house.*

Marion gently cried as if releasing something she had been holding tightly for a very long time. Her chosen words had a strong sensing quality. She expanded on her experience as *“just get a sick feeling. My stomach takes a turn. In my body, I just felt like ...”* Her voice trailed off with the intended words lost forever. Marion’s reflection on this negative significant moment revealed that it

*helped me talk about that, that I’d never spoken to anybody about. I never told that to anybody. I’ve never said to anybody. It was a relief when my mother passed away. It was like, it was freedom.*

Marion spoke about *“the image of her (mother) sitting there when I was 18.”* Marion realised, *“because I never felt good enough. I immediately thought it was my fault...”* Her voice trailed off, and she repeated as she began to accept herself, *“It had never been my fault.”*

Marion constructed the meaning of a significant moment in what appeared to her as a *“lightbulb”* realisation that in revealing her unspoken concern that had been buried for a long time she found her voice to uncover her acceptable self. Thus, Marion’s experience of the significant moment was a self-realisation that had both a revealing and uncovering quality. She found the significant moment to be *“very powerful”*. Marion declared, *“I actually had full compassion for myself.”* She illuminated that the significant moment impacted on her *“massively. Hugely. Hugely. Drastically changed*



*my life. Know who I am. I know there is compassion in me. I learnt that for myself. Well, I've learnt how to love myself.*" Marion's negative significant moment related to her psychotherapist's self-disclosure of an abuse experience which led Marion to recall a traumatic experience at home from her own youth. In revealing this concern, she uncovered her acceptable self. This acceptable part of herself rippled into her social life as she explained, *"I started to get involved in other things and started to hang on a second, maybe this route."* Like Roseanne, Marion indicated that her negative significant moment became a more positive experience with reflection.

### **Experiencing a Significant Moment When Coping with Life's Challenges**

Kevin, Vivian, and Ruth were selected to represent the participants who attend psychotherapy due to distress coping with life rather than any mental health issues. Their descriptions of experiencing a significant moment echoed a similar pattern to those of the previous participants who were concerned about their mental well-being. Kevin's, Vivian's and Ruth's experiencing of a significant moment are outlined below.

**Kevin's experience of a significant moment: "*Confident in myself.*"** Kevin presents as a man in his early 50's who entered psychotherapy because *"I hit a kind of personal crisis. Now, what was going on with me, I thought was serious enough."* Over his 63 psychotherapy sessions, he found that *"therapy can be good and bad. Chalk and cheese. Overall I think it's good when it's done well."* Kevin described experiencing a positive significant moment in which he commenced by connecting with his psychotherapist. He unfolded,

*I was in a place with somebody I'd never met, and when I left, I felt I could talk. Just the space itself. The very fact of there being somebody or a place you could talk was significant. And it never left me. That has never left me, and I suppose it's informed a lot of other*

*things in my life since. So that in of itself, just to sit there with somebody who I knew was attentive.*

Kevin portrayed his processing of the significant moment as a multi-sensory experience. He stated, *“it (significant moment) was an experience; it was a thought, it was a feeling, it was everything.”* He highlights his emotional awareness as *“I felt bad about myself. I think there was a moment where there was a sense of feeling more isolated.”* Kevin also had an image, *“it's almost like him and me looking at something and his arm on me going, 'Yeah, you can do this'.* A visual symbol of the significant moment for Kevin was a

*jigsaw. With a piece that doesn't fit. Literally doesn't fit, has too many bits on it, or the bit that should be there. Also, I think about the jigsaw itself as bright, and this piece is dark. It's the forming of a jigsaw, things falling into place. I didn't fit. And there was something wrong with me.*

His awareness of the therapeutic space was expressed as, *“I remember the room; the room seemed calm and safe.”* He was also aware of his thinking as he stated, *“I remember checking myself and saying, no this is OK. This is grand. I'm glad I'm doing this, is something I said in my head.”* Kevin's self-judgement was evident in his criticism of himself as being the piece of the jigsaw that was dark and did not fit. His conclusion as stated above *“there was something wrong with me.”* Although outwardly Kevin presented as a strong person, he shared that he was *“worried about being judged”* by the psychotherapist. His judgement of the psychotherapist emerged when he became *“frustrated and I felt we weren't getting anywhere”* which he interpreted as the responsibility of the psychotherapist. The core of Kevin's significant moment related to the therapeutic support he received that enabled him to reveal his unspoken issue. He recounted that the psychotherapist

*asked me to break down something and talk me through an entire minute. It created hope, and it created somewhere that helped to steady my life because I was in quite a chaotic situation. I was in a crisis, and there was a steadiness.*

He elaborated,

*I think I felt safe and I realised I felt safe... That was also a big insight to me. Then suddenly, I realised, holy crap. I learned more about myself, about so much stuff I was contending with. I suddenly realised I was getting more involved in solving my own problems because I understood the problems much better.*

Kevin also uncovered his acceptable self as he stated, *“I felt I could be myself and that it was OK to be myself. Opened up is maybe trying to get what I’m looking for.”* Kevin spoke in a clear voice when he highlighted the potential influence of a significant moment that contributed to his therapeutic change. He powerfully stated that the significant moment

*Changed it (my life) I’m not overstating; it did change things...sense of accomplishment, increasing my confidence in myself, getting experiences of success. I felt more hopeful, and the hope didn’t change. Feeling different and being different.*

His change extended out into his outer social world. Kevin explained this as, *“Just more outgoing, found myself engaged to people, doing things, taking things on, those sort of things. I started to get involved in other things.”*

**Vivian’s experience of a significant moment: *“I’ve more self-compassion.”***

Vivian initially attended psychotherapy because *“I just felt down, and I didn’t know why.”* This led to 96 psychotherapy sessions. She was a woman in her early 40’s who was insightful and articulate about her experience of a significant moment. She described connecting quickly with her psychotherapist which she explained as:

*I think I was very lucky with my therapist. We had a good fit from the beginning. She used to have a really nice room. The room was*

*important, it was just, it was cosy and she just kind of radiated a kind of calm and peace and she just seemed very accepting. We just had a very nice relationship. And that I think was really important to me. She would actually feel my emotion. I felt it was genuine. I felt like she cared. She actually did care. I felt a deep connection. She just seemed very accepting.*

Vivian's connecting with her psychotherapist was important to her, and like Marion, she described the importance of the psychotherapist's gaze. She voiced, *"I suppose seeing her reaction in her face. Like a compassion. I was shocked. I was shocked and sad."* She further elaborated, *"in that moment, because I could see it in her face, I trusted her. I could see her experiencing my pain. It was something in my therapist, in her face."*

Vivian processed the positive significant moment on an emotional level. She explained: *"I spent a lot of time crying, it was exhausting because it was so intense. So, it's emotion, it's very strong emotional part (of the significant moment). It's without words really. No, it wasn't a nice feeling, but it was ..."* Her voice trailed off as she paused to reflect. Vivian depicted a visual image of the significant moment as *"just standing in a field with a fence around me. And maybe allowing myself to open the gate, to allow it to go out or allow somebody to come in... I'm able to control the gate. If I didn't feel safe, I wouldn't open the gate."* Vivian also illuminated a physical sensing as *"I think it was in the stomach. It just made me really curious that it's still there, talking about it."* She demonstrated self-judgement which she described as, *"I felt guilty."* She further clarified, *"there's part of me that hated myself. And I was quite destructive with myself. I was very surprised at the release of emotion."* Vivian illuminated the power of revealing her unspoken issue:

*There were something that I told my therapist that I kept hidden, that I was ashamed about, something that had happened that I had kind of blamed myself about that. I felt guilty. I think there was some kind of*

*a resistance. That I always had a difficult relationship with my dad. I didn't really realise how much that was affecting my current relationship. And how I was in the world.*

Having revealed this issue, Vivian uncovered her self-acceptance. She recalled, *"Yeah, just being more the experience of speaking and saying how I feel as well, out loud, rather than the thoughts just being in my head. Personally, it made me feel more OK about myself."* Vivian explained that in the significant moment *"something changed for me. It was through her (psychotherapist) that I learnt to be more compassionate to myself."* She expounded:

*I've more compassion for myself. Totally changed really. I'd say it (significant moment) definitely changed my self-esteem and how I feel about myself. I'm happier. Before I had the experience ... I used to have bouts of just feeling depressed, for no reason. I think I'm a happier person now.*

Vivian's experience of self-compassion and self-acceptance flowed out into social situations as *"me being maybe more brave in my relationships outside of the therapy room, it then had an impact on the way I began to see the world and see myself."*

**Ruth's experience of a significant moment: "*I can do attitude.*"** Ruth presented as a soft-spoken 25-year-old. She commenced psychotherapy four years ago due to concerns about a personal issue that was playing heavily on her mind. Overall, she thought that her psychotherapy was unfinished as she stated, *"it's been positive overall but more to do I would say."* Ruth reported experiencing a positive significant moment. She described connecting with the psychotherapist as *"therapist showed a lot of empathy, compassion, kindness and concern. I realised that I didn't have a shred of that for myself."* She elaborated that it, *"felt like a significant moment to me because I knew she (psychotherapist) fully understood me."* Of interest was Ruth's sharing at the

second interview, her self-realisation that *“reflecting on the experience of the therapeutic relationship mirrored my relationships in my life which led to insight and a new understanding.”*

Ruth described experiencing her significant moment as a multisensory experience that was dominated by a visual image. She voiced this as *“I saw a happy little girl. I thought that was really important to see.”* She also perceived the psychotherapist’s gaze: *“in that (significant) moment, because I could see it in her face, I trusted her.”* She expanded, *“I could see her experiencing my pain. It was something in my therapist, in her face.”* Ruth’s emotions were aroused which also revealed her self-judgement as she recounted *“I supposed it just goes back to that panic. The embarrassment of it, the shame. Strong emotional sensations of panic, shame, embarrassment, irritations.”* She clarified *“feeling of disgust. I felt very ashamed and just disgusted in myself.”* Ruth also processed a significant moment by being aware of the physical space. She articulated this as,

*Perceived the therapist leaning in that created a closeness with the therapist. It’s as if we were sitting a lot closer than we were. And that she was quite leaned in, but I know in reality she was not sitting that close because you know, it was a normal therapy room. There was a decent bit of space between the chairs, but in my mind, we were almost sitting as close as you and I are sitting.*

At the core of Ruth’s significant moment was her struggle to reveal her unspoken issue.

She powerfully described this as:

*So, I would have been seeing her (psychotherapist) for about six months, and I was very aware that I hadn’t actually spoken about what I had wanted to talk about. It became a kind of pressure I put on myself. So, I remember either the night before or maybe two nights before, being in bed and thinking about it, and just thinking I have to do this now. I was going to have to say it. I didn’t really manage to*

*get the words out exactly. I kind of danced around it, but she (psychotherapist) got my meaning.*

As Ruth processed this aspect of her significant moment, she uncovered her self-compassion. She described this as developing an “*emerging internal voice saying; ‘It is OK’.*” Ruth expounded that the impact of the significant moment on her personally was the development of a “*caring, energised (person) and a sense of an ‘I can do’ attitude.*” She felt that for her “*insight is not enough to impact on life changes.*” However, she was optimistic that “*behavioural change can take place in one session.*” Ruth expressed that her self-realisation gave her confidence in her everyday life.

### **Experiencing a Significant Moment When Self-Exploring**

Daniel and Bernie were selected to represent the participants who attended psychotherapy as a journey of self-exploration to create well-being. They expressed a pattern of constituents like the participants whose problems related to mental health issues and those participants who experienced the significant moment when seeking support to cope with life. Daniel’s and Bernie’s experiences are described below.

#### **Daniel’s experience of a significant moment: “*Understanding myself.*”**

Daniel presented as an intuitive man in his early 40’s. His general experience, from 100 sessions of psychotherapy, was that:

*You share your vulnerabilities with others or allow yourself to just be vulnerable... I think people can really see you, rather than your persona. In terms of my own personal development and personal awareness and working through my own kind of stuff that I was bringing. I found it helpful. It was a safe place to go. It was very useful.*

Daniel reflected on a significant moment that was initially negative and became positive when he processed it with his psychotherapist. He described connecting with the psychotherapist as:

*Warmth. Warmth. Connection. So, I think the safety of the relationship was crucial really. That you feel the other person gets you. That doesn't mean that they're agreeing with everything you say, but they're willing you on by virtue of showing they're interested, helping you process things. They want you to be the person you can be, and you want to be. Acceptance. To feel that you kind of trust the other person and they won't react too much to what you say, that they'll actually listen and hold, process it with you. That you're OK as you are. Acceptance. After experience of acceptance by the therapist learn that you know... you're all right and it doesn't really matter a whole lot what other people think of you.*

Daniel processed his significant moment mainly on an emotional level. He communicated, *"I suppose I was feeling annoyed, feeling irritated. Actually, expressed it. It quite quickly softened into the upset really that was underneath it. Exhausting. I could feel it ... (he gently placed his hands over his heart) you nearly feel in your heart."* He referred to the *"symbol, or the other thing was a big tree with ... (his voice trailed off). That can hold you, that you can nearly sit in its trunk and it envelops you, and it's there for you, it's solid."* Daniel expressed his judgement of the psychotherapist as an awareness of the psychotherapist's gaze as boredom which he experienced as *"well I can see the (psychotherapist) yawn"* and he actually fell asleep.

Daniel expressed self-judgement when he stated, *"I was feeling annoyed, feeling irritated. Anger. Frustration."* He expressed judgement of the psychotherapist as:

*Was kind of a positive and a negative. I suppose the negative part of it was; I noticed that my therapist used to yawn a lot. Now I totally get it now. He was probably just very tired, but at the time, I remember sitting there going, and the clock as well, he would be looking at the clock, there'd be a bit of a yawn, and*



*he'd be stifling the yawn, but I was there in my head, I'd be thinking you know, am I just boring you?*

However, Daniel clarified that most of the time in psychotherapy he felt that he was *"not judged, don't feel judged."*

Daniel found that revealing his unspoken issue was scary. He stated, *"this is hard to express. Well, it was scary..."* (He paused to look at the researcher before continuing) *and then I suppose I discovered in it that it's OK to say what you need to say, and it's important in fact and that the world isn't going to fall apart."* Daniel faced his fear by challenging his psychotherapist about his yawning in the session. Having revealed his scary issue and processed it with his psychotherapist he uncovered a hidden part of himself which he articulates as:

*It was a big learning point for me and not to be scared of saying what I think. Not to be guilty about it. So that was the revelation for me. It was like wow! Allowed me to maybe access that part of myself and to self-reflect and see where I am at. Understanding myself a bit more so that I can be more the person that I'd like to be, rather than being scared of it maybe. Or running away from it.*

Daniel felt that the significant moment had *"increased (his) confidence."* He also articulated, *"understanding myself a little bit more so that I'm a little bit more self-accepting."* He further elaborated, *"I think it helps you grow by ...* (he paused to think and continued with) *I suppose, that personal learning."* Daniel clarified that his new self-realisation, that revealing his concern uncovered a self-acceptance that expanded out into his relationships. He generalised his realisation into his daily life which he conveyed:

*I think it's about that piece of the relationship and learning that saying how you really feel in a relationship, whether it be therapeutic or otherwise, is really important and helps relationships grow and*

*also helps you grow as a person, I think the relationship will hold that, and you can move forward.*

Daniel's description of a significant moment contained both negative and positive elements.

**Bernie's experience of a significant moment: "*Being a better person.*"** Bernie just turned 40, and she has attended psychotherapy over a period of five-years. In general, her experience of psychotherapy was that "*you can be yourself. Stuff I suppose that you couldn't talk about to anybody, deep stuff.*" She depicted, "*connecting with the psychotherapist*" who made her feel that "*none of it was my fault. You don't feel you're getting judged. Nobody judges you. You can be yourself.*" Bernie processed her significant moment on an intense emotional and physical level. She expressed it as a "*positive feeling*" and "*I find when I get sick, it's horrendous. Horrible.*" This physical sensing was also evident in her reported meltdown which she experienced in her stomach.

Bernie described perceiving judgement by the psychotherapist when she stated, "*I did find he (psychotherapist) was blaming a lot of it on me.*" As Bernie was processing the experience of a significant moment, she was revealing her unspoken loneliness that she felt in her marriage which she found challenging to stomach. She realised that she was:

*"Lonely in my marriage... It's horrendous. Horrible. I had a meltdown, and I had a headache for two days. (As if in shock and needing to hear her voice again she repeated). I had a meltdown, and I had a headache for two days. My neck would kind of break out a bit, and I feel a little bit, like my stomach. (Bernie gently placed her hand on her stomach as if re-experiencing the pain). I do feel a bit sick."*

Resolution within the significant moment came for Bernie when she commenced uncovering her acceptable self. She stated, *“I just mind myself a little bit more. I’ve matured. I’m very attractive, and I have a lot going for me.”* Because of the significant moment, Bernie indicated that she was ready to change as she stated, *“I’m not taking this anymore. I know where I’m at and I don’t get told what I want to hear... (she paused). I say I’ll be OK. I’ve changed.”* She reiterated her mantra, *“I just mind myself a little bit more.”* She took responsibility for herself when she described, *“like relief. It’s up to me to get strong. And to realise that ... I didn’t know any better. So, it was a great feeling knowing, no, I’m not taking this anymore. And not be bitter, to be a better person from it.”* As Bernie accepted herself, she realised how she pushed her husband away. *“So, I’ve kind of pushed him back a bit. I think I’ve done it to protect myself because I don’t want to get hurt again.”* Through the experiencing of the significant moment in psychotherapy, she found herself *“to be a better person from it.”* This flowed out into her relationship with her husband. *“It was great because it kind of felt like we were together on it. I’ve noticed as well the last couple of weeks he’s given me a kiss going out the door whereas before we weren’t doing that.”*

### **Synthesis of a Significant Moment**

A synthesis of the findings was the final step in the descriptive phenomenology method as it elicited a holistic perspective of the common descriptions. The purpose of the synthesis was to cluster the constituents that created the meaning of the phenomenon in order to understand the common lived experience of a significant moment. This is discussed in detail in the next chapter.

## **Summary**

This chapter describes the participants' experience of a significant moment in psychotherapy with a strong emphasis on the participants' voices to describe the phenomenon. The participants who reported concern that their problems related to mental distress (mental health issues), those who entered psychotherapy when seeking support with coping with life (e.g. relationship issues) and those who engaged in psychotherapy as a self-exploration, all illuminated a similar structure to a significant moment. This consciously constructed meaning of a significant moment illuminated a self-realisation that revealing an unspoken issue uncovered the hidden acceptable self. The processing occurs as physical sensing and perceiving judgement that informed intuition which in turn constructed the self-realisation. The experience of a significant moment led to both personal and social change. The next chapter focuses on synthesising the findings and discussing them in relation to the relevant literature.

## **Chapter 5: Discussion**

*A little below your heart  
There houses in you an unknown self.*

John O'Donohue, 1997

## **Introduction**

The aim of this study was to capture the participants' experience of a significant moment in psychotherapy. In this chapter, the impact of the psychotherapy context is considered with respect to its influence on the experience of a significant moment. The conscious construction of the meaning of a significant moment is illuminated by identifying the key constituents and demonstrating how they were structured to explain the meaning of the phenomenon. The participants' vulnerability and self-acceptance are

considered along with the essence of a significant moment. A definition and the influence of experiencing a significant moment are outlined. Unexpected elements in the findings are explored.

### Synthesis of a Significant Moment

A synthesis of the findings was the final step in the descriptive phenomenology method as it elicited a holistic perspective of the common descriptions. The purpose of the synthesis was to cluster the constituents that created the meaning of the phenomenon in order to understand the common lived experience of a significant moment (Figure 5).

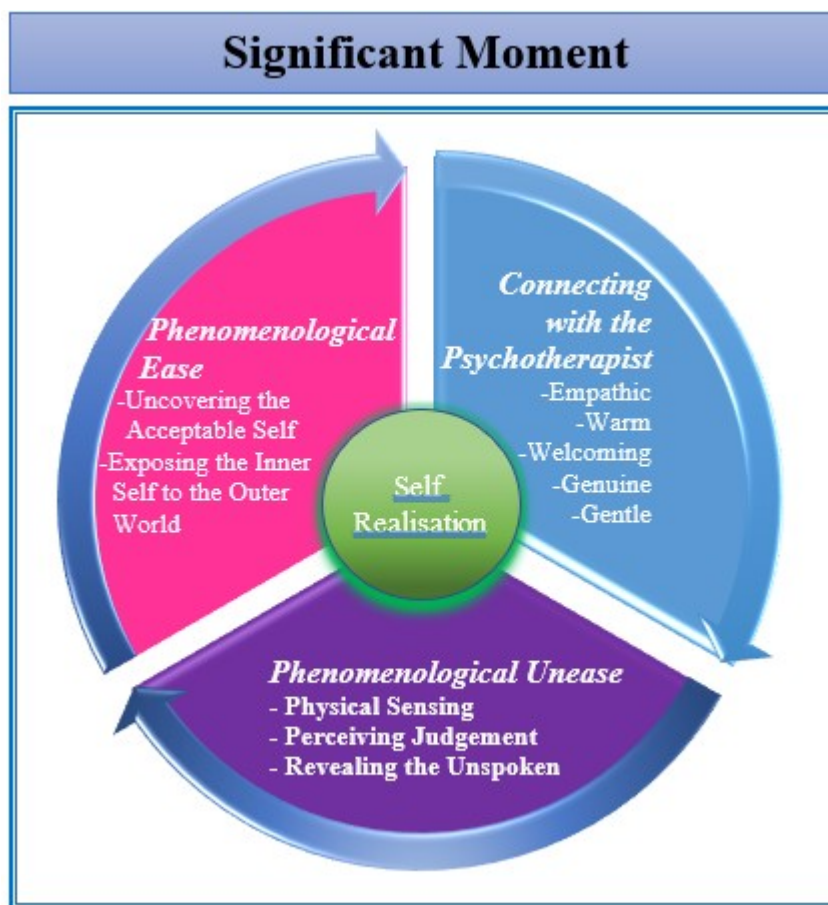


Figure 5: Constituents of a Significant Moment.

This fusion of the constituents clustered around three core structures. The first cluster related to the therapeutic context in which the significant moment was experienced. This lived experience of the phenomenon was contained within a therapeutic relationship that was described as empathic, warm, welcoming, genuine, and gentle (Figure 5). This created a space that was non-threatening and a safe space in which to process the experience of a significant moment. However, for some participants, the relationship was challenged by an experience of judgement.

The constituents that related directly to the construction of the meaning of a significant moment illuminated two core structures namely a revealing of a perceived negative aspect of the self or '*the other*' that uncovered another structure namely an acceptable aspect of the self. These two structures of meaning exposed a process of revealing and uncovering that created a self-realisation which formed the essence of a significant moment (Figure 5). This self-realisation was a '*lightbulb*' moment and was of particular importance because it led to therapeutic change.

Furthermore, the revealing to the psychotherapist followed a common structure that commenced with an increased self-awareness of physical sensing followed by an experience of judgement. This physical sensing revealed '*panic, embarrassment, irritation, cathartic release, resistance and anxiety*'. It was dominated by a visual experience which illuminated images and symbols related to a '*jigsaw, a tree, a stop sign, a diamond, a bridge, a heart in hands, a fenced-in field with a gate, a warrior and a box*.' These images can be seen as symbols of healing and transformation (Minulescu, 2015; Sarnoff, 2002). Signs can accumulate meanings to the participants voices (Stiles, 1999). The '*perceiving of judgement*' depicted three directions namely

judgement of the self, judgement of the psychotherapist and perceiving judgement by the psychotherapist. This culminated in the participants' articulation of and revealing of an unspoken concern to '*the other*' namely the psychotherapist.

The final structure of the constituents, that constructed the meaning of the phenomenon, related to an uncovering of the acceptable self (Figure 5). The participants described this uncovering as being in two directions namely inner changes and changes in the outer social world. The inner changes referred to an inner calm and strength, increased self-confidence and self-compassion such as developing a caring inner voice. The outer social changes related to a greater engagement in relationships and in life events such as taking on roles of responsibility at work. Thus, the descriptive phenomenological analysis illuminated the construction of the meaning of a significant moment as a self-realisation that exposed the change process.

### **Connecting with the Psychotherapist: Seeing the Other.**

The participants described psychotherapy as being "*good and bad*" (Kevin) as it was both "*challenging*" (Louise) and "*enlightening*" (Lucy). They explained that "*it can awaken you to maybe looking at yourself in a different way*" (Ann) by allowing yourself to be vulnerable and to talk about core issues. Overall, the participants portrayed their experience of psychotherapy as positive and felt that they had more personal work to do. In general, clients enter psychotherapy with their own ideas about what they need (Philips, Werbart, Werbart, & Schubert, 2007), and these ideas influence how they interpret and use what the psychotherapist offers (Hubble, et al., 1999).

'*Connecting with the psychotherapist*' was an important constituent as the "*safety of the relationship was crucial really*" (Daniel) to the experience of a significant

moment. Given the voluntary nature of the participants' attendance at psychotherapy, it is not too surprising that they all experienced this connection even though for some participants the relationship was also challenging. They described the psychotherapist as being empathic which embraced being "*gentle, kind,*" (Roseanne), "*warm*" (Louise), "*genuine*" (Sarah), "*authentic*" (Jake) and "*welcoming*" (Kevin). Notably, the participants felt "*heard*" (Roseanne), "*understood... validated... supported*" (Sarah) and "*accepted*" (Bernie) in a "*calm and safe*" (Kevin) environment that allowed them to take the time "*to express it in words*" (Lucy). '*It*' referring to a deep personal concern. Empathic listening aided the processing of emotions which had a positive impact on the outcome of psychotherapy (Greenberg, 2004). Even though feeling heard can be a positive event (Swift, et al., 2017) in psychotherapy it may be a forgotten issue (Altabef, Meier, Reynolds, Delucia, & Friedling, 2017). This "*connecting with the psychotherapist*" achieved what Strauss (2010, p.220) refers to as a client's need to "*be soothed through the loving container of relationship.*"



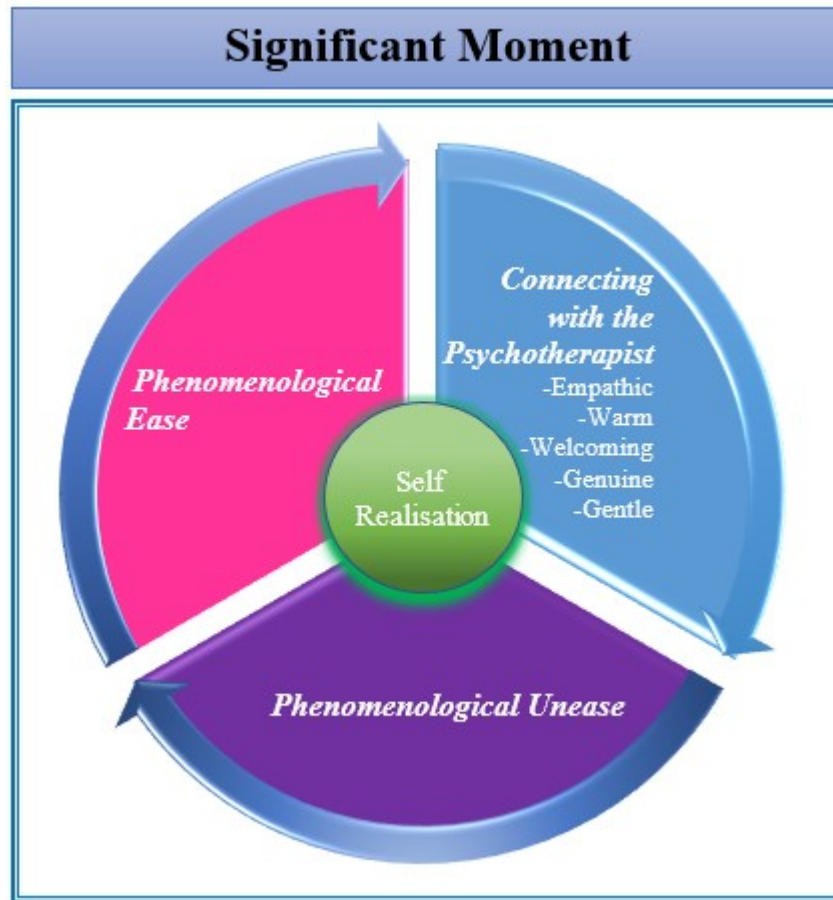


Figure 6: Structure of the Meaning of Significant Moment with a Focus on Connecting with the Psychotherapist.

*‘Connecting with the psychotherapist’* was important because it demonstrated intersubjectivity, a basic human need to connect with *‘the other’*. Husserl and Rogers are both concerned with selfhood and with the relationship to other-selves as well as *‘the other’* (Heinamaa, 2012; Tudor & Worrall, 2006). Pure phenomenology postulates that a person makes sense of self (what it means to be me), of others (what it means to be another), and of the world from a position of self-projection. This is because every *‘outside’* is understood from the *‘inside’* (Moran, 2008). This inner projection revealed through phenomenological reduction (Giorgi, 1985; Husserl, 1962; Smith, 2010), disclosed *‘the other’* by way of empathy (Moran, 2005). This connecting with the

psychotherapist implies that effective communication took place between the participant and the psychotherapist. According to Miller (2018), Husserl failed to show that communication is possible. Admittedly, if we project meaning onto '*the other*' that is not valid, then we create miscommunication rather than no communication. Indeed, miscommunication may appear as an impasse or rupture in the therapeutic relationship. This may relate to the experience of a negative significant moment which will be discussed later.

The phenomenon of intersubjectivity, a '*connecting with the psychotherapist*' is structured through empathy, expressivity, and communication (Heinamaa, 2012; Moran, 2005). This dualistic '*inner-outer*' connection is grounded in empathy which is required for the development of self-awareness (Moran, 2005), self-understanding (Butchart, 2017) and insight (Angus & Hardtke, 2007; Castonguay & Hill, 2007). It enables a client to achieve newer, more positive views of themselves (Goldfried, 2003; Kagan, 2007) such as accessing '*other selves*'. Interestingly, empathy has an emerging embodied communication dimension (Bruttomesso, 2016), a form of '*embodied empathy*' (Cooper, 2001; Elliot, Bohart, Watson, & Greenberg, 2011) that was demonstrated in the participants' '*physical sensing*'. For example, several of the participants reported observing the psychotherapist's empathy in seeing their pain in the psychotherapist's face.

Empathy, by its very nature, is intersubjective and therapeutically it has been investigated for its role in explaining or understanding change in psychotherapy (Tudor, 2011b). For example, existential psychotherapists emphasise accurate understanding of a client's inner world (Mearns & Cooper, 2017). According to Sanders (2012), the

tribes of the person-centred and experiential psychotherapies are based on Rogers' (1959) original key facets of genuineness, empathy and positive regard as predictors of client change (Lambert, 2011; Tudor & Worrall, 2006). Empathy is a key ingredient in the effective therapeutic relationship (Carr, 2007; Norcross & Wampold, 2011; Tudor, 2011b; Wampold & Imel, 2015). Although only a third of psychotherapists (31%) claim to be humanistic, most successful psychotherapists' (90%) embrace varying levels of Rogers's core conditions (Cook, et al., 2010; Wampold and Imel, 2015). The therapeutic relationship predicts effective psychotherapy outcome (American Psychological Association, 2012; Carr, 2007; Grencavage & Norcross, 1990; McAleavey & Castonguay 2015; Orlinsky, et al., 2004; Tschacher, Junghan, & Pfammatter, 2014; Wampold & Imel, 2015). It plays an extremely important role in the processing of change (Elliott, 1985; Norcross, Freedhein & Vandenbos, 2011; Timulak & Lietaer, 2001) and the common factor model claims that it accounts for approximately 30% of psychotherapy effectiveness (Wampold, et al., 2007). The importance of the participants' '*connecting with the psychotherapist*' to create the context for the revealing of the unspoken to occur, adds credence to the therapeutic relationship as a fundamental healing source (Ziv-Beiman, 2013).

However, reviews of the common factor model do not adequately consider psychodynamic and systematic models of psychotherapy. For example, psychodynamics may refer to elements of the therapeutic relationship as transference. Positive transference describes the therapeutic relationship as a "*friendly affectionate feeling*" (Freud, 1912b, p.105). Therefore, it can be argued that the participants in this study outlined transference related to a coded feature such as the warm welcoming room

and an expression of emotion such as the ability to see their own concern reflected in the psychotherapist's face (Fink, 2007).

Therapeutically, '*connecting with the psychotherapist*' provided evidence of the participants' active engagement in psychotherapy (Coleman & Neimeyer, 2014). Although connecting with the psychotherapist provided a context for meaning-making and for the emergence of the significant moment it was not in itself sufficient to create change (Coleman & Neimeyer, 2014). However, the empathic connection, experienced by the participants, provided evidence of a person to person connection that enhanced the participants' awareness of empathy as well as demonstrating their inner capacity to experience empathy. The participants' experience of a deep '*connecting with the psychotherapist*' has echoes from the literature of an "*invisible embrace*" (O'Donoghue, 2008) that calls on the imagination and awakens all that is gallant in the human heart.

### **Phenomenological Unease: Being Vulnerable**

In the present study, it is postulated that the embodied empathy of '*connecting with the psychotherapist*' awakened awareness of '*physical sensing*' within a participant that commenced the structured layering of the phenomenological unease. This unease was clustered around a structure of three constituents that were evident in all the participants' descriptions of a significant moment namely a physical sensing, a perceiving of judgment and a revealing of a personal concern (Figure 7).

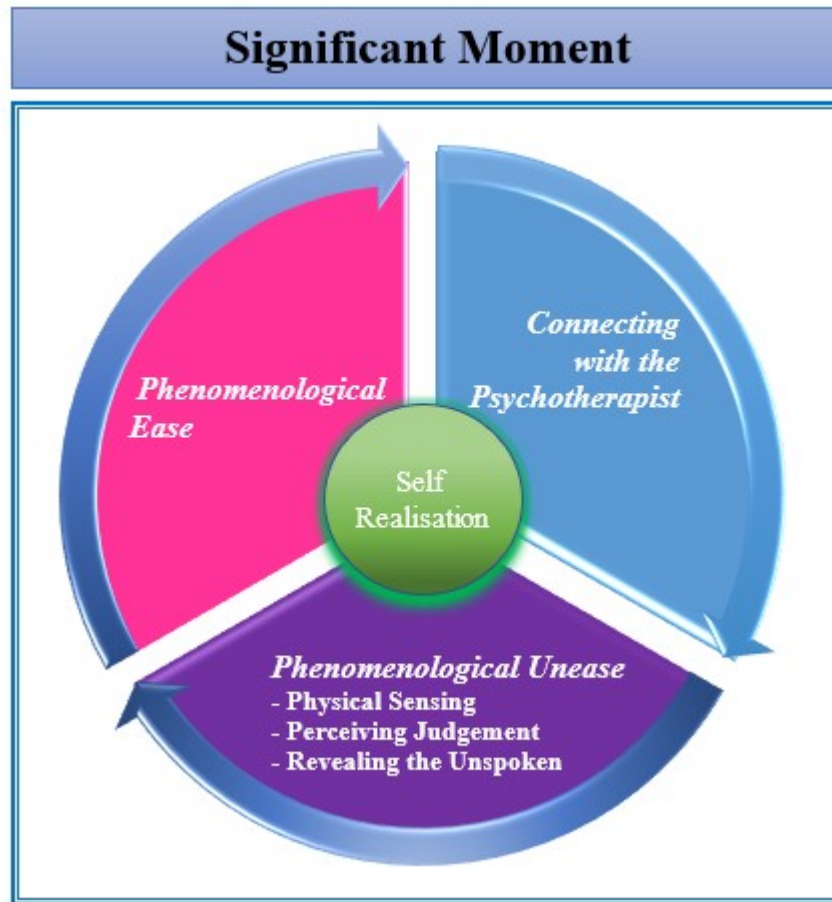


Figure 7: Structure of the Meaning of Significant Moment with a Focus on Constituents of Phenomenological Unease.

The phenomenological unease was important because it identified an emergent self-consciousness before articulating an issue of personal concern. This emergent phase involved a ‘*physical sensing*’ that formed a kinaesthetic consciousness (Husserl, 2012/1931) and a ‘*perceiving judgement*’ that was a pre-reflective self-consciousness (Husserl, 2012/1931; Figure 7 & 8). Thus, an unspoken concern was brought into consciousness and revealed to the psychotherapist. This phenomenological unease was a key structure in the construction of the meaning of a significant moment.

**Physical sensing.** The participants’ physical sensing was dominated by a “powerful” (Sarah) “full body knowing” (Lucy), “a feeling in my body...in my gut”

(Louise) that was “*without words*” (Ruth & Vivian). In general, the participants’ ‘*physical sensing*’ of a significant moment revealed an upset stomach, a pain in the chest, panic, embarrassment, irritation, cathartic release, resistance and anxiety. From the research findings, it is suggested that ‘*physical sensing*’ reflected the lived body, a pre-reflective self-awareness as a form of ‘*kinaesthetic consciousness*’ that facilitated the construction of meaning (Merleau-Ponty, 1964, p.246; Husserl, 2012/1931). Husserl (2012/1931) reminds us that “*reflexivity must be understood by the body*”, and he privileges objects presented to intuition before cognition. Psychotherapy views physical sensing as a reflexive awareness and spontaneous process that contributes to psychosomatic integration as an ‘*in-dwelling*’ of the psyche in the soma (Winnicott, Shepherd & Davis, 1984). The strength of the integration points to a strong ego or the “*I’m OK*” position of Transactional Analysis (Berne, 1964; Harris, 1997). In contrast, a weak ego demonstrates a feeble establishment of ‘*in-dwelling*’ (Winnicott, et al., 1984). In a similar vein, Gendlin’s (1996) focusing draws attention to the body’s language and its innate wisdom. He advocates dwelling in bodily meanings to establish a ‘*felt sense*’ that contributes to insight. Some forms of psychotherapy specialise in physical sensing such as Emotional-Kinaesthetic Psychotherapy (Ginslov, 2016) or Ahsen’s (1973, p.25) eidetic psychotherapy which interprets visual images as a function of intentionality and an indication of “*the underneath sense of being*”.

This inner ‘*physical sensing*’ was also evident in a visual sensing that referred to the psychotherapist's gaze and illuminated visual images and symbols. The psychotherapist’s gaze referred to the participants’ perception of the psychotherapist feelings such as “*I could see her experiencing my pain*” (Vivian) and “*she looked sad*

*for me*” (Ruth). Thus, for some participants, the inner unease was experienced through a visual sensing such as being aware of the psychotherapist reflecting their psychological pain or awareness of the psychotherapist watching a clock. While a psychotherapist who can “*gaze with adoring eyes*” is reputed to have healing powers (Straus, 2010, p.220), Fink (2007) may interpret such gazes as transference at the perceptual level. Notably, Kevin’s unease related to a negative interpretation of the psychotherapist’s gaze as an “*angry, disappointed face*” which contributed to his experience of a negative significant moment.

The ‘*physical sensing*’ was supported by the context of ‘*connecting with the psychotherapist*’ in several ways. For example, the ‘*outer*’ connecting with the psychotherapist previously discussed mirrored an ‘*inner*’ connecting with the self in the form of an ‘*embodied empathy*’ (Cooper, 2001; Levitt, Pomerville & Surace, 2016; Ramseyer & Tschacher, 2011) such as seeing the psychotherapist empathy on his or her face. The participants’ ‘*physical sensing*’ brought attention to the dominant role nonverbal communication plays in effective communication (APA, 2016; Argyle, 1975; Jacobs, 1994). Furthermore, a pre-reflective self-consciousness can occur when the participant has a sense of his or her visibility to ‘*the other*’ (Gallagher and Zahavi 2008; Husserl, 2012/1931; Zahavi 2003a). Also, Gallagher and Zahavi (2008) argue that the inception of an eidetic consciousness comes with any impactful experience which contributes to an understanding of the depth of the phenomenological unease. The ‘*physical sensing*’ informed the perception of judgement as another constituent in the construction of the phenomenological unease (Figure 8).

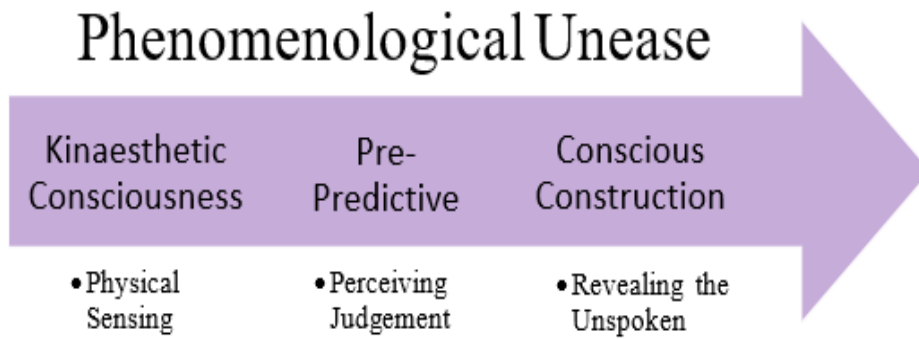


Figure 8: Structure of Phenomenological Unease.

**Perceiving judgement.** Unique to this study was the participants’ description of perceiving judgement as an intense emotional experience, before revealing an unspoken concern. Three directions were depicted, namely self-judgement, judgement of the psychotherapist and the perception of being judged by the psychotherapist. Some participants were very self-judgemental such as Roseanne who explained, *“I’ve lived all my life in fear, and I’ve suffered phobias and panic attacks, and I still do very much so. Never really quite dealing with anything”*, or Marion who pronounced *“I get upset about how long I have tortured myself.”* Ruth was concerned about her *“fear of judgement and the impact on the therapeutic relationship.”*

Other participants directed their *‘perception of judgement’* on to the psychotherapist. For example, Louise referred to her psychotherapist as being *“a little cold”*. Lucy was more judgemental when she described that her psychotherapist *“fell asleep in the middle of the session”*. Further descriptions of the participants’ judgement of the psychotherapist included the psychotherapist clock watching (Sarah & Daniel), *“being tired...bored”* (Daniel), and non-engaging (Sarah).



Interestingly, some participants perceived the psychotherapist as “*being judgemental*” of them. For example, Declan expressed that the psychotherapist was “*being judgemental and I said I was not going back.*” Paul stated, “*the therapist thought there was a want there in me... always wanting to help people. I thought I was generous and the therapist was judgemental.*” The ‘*perceiving of judgment*’ by the psychotherapist was experienced as a phenomenological unease that led to a negative significant movement which terminated the psychotherapy for some participants. The ‘*perceiving of judgment*’ highlighted the complexity of a phenomenological study which can incorporate ambiguity and contradictions (Finlay, 2011). For example, we see the participants needing care from ‘*the other*’ by ‘*connecting with the psychotherapist*’ while at the same time engaging in victimisation by rejecting the self or the psychotherapist through judgement.

The psychotherapy literature predominantly focuses on the psychotherapist's clinical judgement (Tanner, 2010; Wampold, 2001; Yasky, King, & O'Brien, 2015) to the neglect of the client's perception of judgement within the therapeutic space. Humanistic theories suggest that psychotherapists should be non-judgemental (Cooper & McLeod, 2011a & b) yet the research literature fails to consider how this might be perceived by a client in practice. Previous client reports and research studies converge on advising psychotherapists to avoid comments or behaviours that are hostile, pejorative, critical, rejecting, or blaming (Binder & Strupp, 1997; Lambert & Barley, 2002).

From a theoretical perspective, the perception of self-judgement may relate to the development of an internal saboteur (Firestone, 1988), a punitive superego or self-

critic (Smith, 2014). In Transactional Analysis, the self-judgement may be referred to as intrapsychic punishment or the internalised punishing parent (Tudor, 2016). Self-judgement can also be conceived as a reflective process (Blatt, 1974) that is concerned with a lack of emotional well-being. For example, Marion explained her self-judgement as “*I never felt good enough. I immediately thought it was my fault.*” Self-judgement has been associated with depression, perfectionism, anxiety, trauma, personality disorders, stress and suicide (Campos, Besser, Abreu, Parreira, & Blatt, 2013; Cox, MacPherson, Enns, & McWilliams, 2004; James, Verplanken, & Rimes, 2015; Zuroff, Koestner, & Moskowitz, 2012).

‘*Perceiving judgement*’ of and by the psychotherapist may be a projection because, as previously stated, every ‘*outside*’ is understood from the ‘*inside*’ (Moran, 2005). Psychoanalysis indicates that in projection, thoughts, motivations, desires, and feelings that cannot be accepted by oneself are dealt with by being placed in the outside world (Freud, 1946) and, in this instance, attributed to the psychotherapist. This can occur when a person is unable to own or manage more unacceptable qualities because of fear, guilt, envy, retaliation, abandonment, loneliness or fear of harming someone important to them (O’Connell, 2011). For example, Declan judged the psychotherapist who offered him “*mindfulness*” because he considered it to be “*an insult to my intelligence as my problems ran deeper than that.*” Thus, the perceiving judgement may be interpreted from a psychodynamic perspective as an ego ‘*defence mechanism*’ (Freud, 1946) or as Klein’s “*projective identification*” (Laing, 1969) or Foucault’s (1989) moment of resistance against the power of the psychotherapist. In some instances, the ‘*perceiving judgement*’ directed at the psychotherapist seemed justified.

However, when these judgements were unvoiced and unspoken in the therapeutic space they contributed to phenomenological unease. For example, Lucy never spoke to her psychotherapist about him falling asleep during the session or how it impacted on her, yet she experienced a negative significant moment that was unprocessed. In contrast, when Daniel had a similar experience, he shared his frustration with his psychotherapist and when he processed it he transitioned the experience from a negative significant moment to a positive significant moment.

It is reasonable that a strong '*connecting with the psychotherapist*' would create a space for a client's challenges to unfold. Perceiving judgement challenged the therapeutic relationship that for some participants led to termination. For example, unresolved judgements can lead to early termination of treatment (Kramer & Stiles, 2015). When the connection with the psychotherapist was strong enough, it led to the courage to reveal the unspoken. Psychotherapy is not about eliminating challenges but about developing a tolerance for them (Bromberg, 2006; Kerman, 2010). The participants' perception of judgement, be it directed at the self or projected onto the other, posed as a pre-predictive experience (Sallis, 1967) for revealing the unspoken personal concern. The '*physical sensing*' formed a kinaesthetic consciousness (Husserl, 2012/1931) that opened a connection to the next constituent. From the research findings, it is proposed that the '*perceiving judgement*' constituent related to intentionality. This was a '*pre-predictive*' experience that formed a layer of the structure of the phenomenological unease. It facilitated the revealing of the unspoken and contributed to the construction of meaning. Both the '*physical sensing*' and the '*perceiving judgement*' formed an emergent part of the phenomenological unease that

enabled the articulation or conscious construction of the unspoken concern to be shared with the psychotherapist (Figure 9).

Phenomenological consciousness indicated that the participants were aware of, conscious of judgement as a clearly established self-given evidence that was beyond dispute and contributed to the individual's perception of reality (Husserl, 2012/1931). Being in the '*natural attitude*' the participants' accepted their judgement as a fact and directed it toward '*the self*' or '*the other*.' This '*perceiving judgement*' was a general feature, a way of being in the world that revealed and influenced the participants' sense of phenomenological unease. For Husserl (1960, 2012/1931) perceiving judgement is pre-predictive because it marks a passive belief in being which pre-supposes every cognitive operation. In self-judgement, the person pre-supposes a belief about lived experiences that is directed at the self. When the awareness of judgement was directed on to the psychotherapist the directionality was outward, and the pre-prediction was '*the other*' orientated pointing to a belief about '*the other*.' For example, Lucy's judgement of her psychotherapist when he "*fell asleep in the middle of the session*" pointed to her belief that he did not care about her even though she was telling him she felt unable to cope. Her pre-predictive judgement experience meant that she came to a negative conclusion about her psychotherapist. According to Husserl (2012/1931), a '*phenomenological attitude*' rather than a '*natural attitude*' is required to suspend judgement.

The participants' '*perceiving judgement*' is well documented in the general literature as a common human experience. In Harper Lee's (2010) '*To Kill a Mocking Bird*' Atticus Finch doles out his fatherly wisdom to Scout, "*you never really*

*understand a person until you consider things from his point of view ... until you climb into his skin and walk around in it"* (p.85-87). A similar message is conveyed in the idiom *'before you judge a man, walk a mile in his shoes'*. Putting a non-judgemental stance into practice calls on us to live with empathy and understanding, and to accept that people have different viewpoints and life experiences.

**Revealing the Unspoken.** Each participant recalled a vulnerability that related to a paradoxical intention to reveal and, at the same time, a reluctance to reveal a core issue of personal concern. This phenomenological unease, concerning paradoxical intentionality, is a hallmark of phenomenological research. It aids an understanding of the participants' struggle to create meaning from their experience of a significant moment. In the research findings, Ruth explained this well when she experienced many sleepless nights thinking about sharing her concern with her psychotherapist. Ruth elaborated, *"so, I would have been seeing her (psychotherapist) for about six months, and I was very aware that I hadn't actually spoken about what I had wanted to talk about."* Eventually *"it became a kind of pressure I put on myself."* Ruth recalled, *"either the night before or maybe two nights before, being in bed and thinking about it, and just thinking I have to do this now. I was going to have to say it."* She reflected that despite her best effort, *"I didn't really manage to get the words out exactly. I kind of danced around it, but she (psychotherapist) got my meaning."* In a similar vein, Vivian reflected, *"there was something that I told my therapist that I kept hidden, that I was ashamed about, something that had happened that I had kind of blamed myself about that."* This ability to reveal an aspect of the self that was considered unacceptable and kept hidden was a challenge for all the participants.

In the context of psychotherapy and, in particular, a strong connection with the psychotherapist, the space for the unfolding and revealing was created. Frequently the revealing involved saying something that a participant held “*very protected for a long time*” (Marion), and hadn’t revealed to another person. The unspoken was an issue that “*was one of the biggest struggles*” (Ann) and “*I don’t always use my voice* (Ann). For some participants “*there was a piece in it about loss*” (Sarah). For others ‘*revealing of the unspoken*’ related to self-harm, sexual concerns, relationship issues, loss of control in life, fear, wanting to collapse, to give up, suicidal ideation, extreme stress/feeling highly strung, feelings of inadequacy and emotional distress.

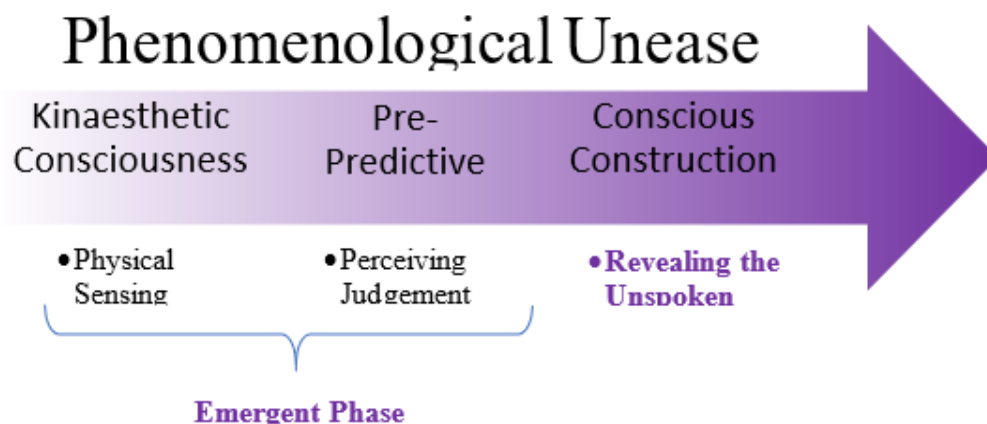


Figure 9: Constituents of the Phenomenological Unease

Focusing on Revealing the Unspoken Constituent.

Each participant described that the conscious construction and articulation of the unspoken concern had an emergent process, a coming into being phase. This emergent process concerned the two constituents previously discussed namely a ‘*physical sensing*’ and a ‘*perceiving judgement*’. The ‘*physical sensing*’ was a phenomenological unease experienced in the lived body that created a kinaesthetic consciousness (Husserl, 2012/1931). This was described by all the participants as a form of physical unease.

The next structure in the construction of meaning was the '*perceiving judgement*' and, regardless of whether it was directed at the self or the psychotherapist, it formed a pre-predictive form of the phenomenological unease that pointed to the participants' beliefs. For example, when a participant engaged in self-judgement it pre-predicted an intentionality that focused on self and when it focused on '*the other*' the intentionality was directed at the outer world. The challenge of '*perceiving judgment*' was a form of dress rehearsal or testing of the waters before revealing the deeply held unspoken concern.

The participants described finding a voice to reveal the unspoken as a powerful experience that gave meaning and depth to a significant moment. It was at this stage in the construction of meaning that each participant articulated and put language on to a personal concern that exposed the phenomenological unease. Revealing the unspoken was like finding a voice to be oneself which revealed feelings of inadequacy and emotional distress, depression, anxiety, self-harm, sexuality issues, personal loss, relationship issues and concern about well-being. In the current study, the revealing of the unspoken concern displayed an intentionality to be rid of the phenomenological pain, of the discomfort and the sense of unease within the self. This is supported by the uniqueness of Husserl's (2012/1931) philosophical argument that meaning lies in the analysis of the intentional act. The revealing of the unspoken is likened to self-disclosure which is linked to openness and intimacy (Audet, 2011).

Theoretically, nearly every school of thought in psychotherapy agrees that a client's self-disclosure, as the revealing of uncomfortable material, is a necessary element of therapeutic practice (Farber, 2006). Self-healing is nurtured by the effects of

self-expression or self-disclosure (Bohart, & Tallman, 1999). Indeed, the essence of Freud's (2009) '*fundamental rule*' is for the client to reveal all by saying whatever comes to mind without censorship. In humanistic terms, the participant was verbalising an experience that was '*incongruent*' with the self and displaying conditional self-regard that was evident in the lack of self-empathy (Tudor, 2011b). At this stage, the lack of self-empathy was evident in the participants' reluctance and struggle to reveal the deeply held and hidden concern. A sense of self-judgement and a lack of self-empathy kept the concern buried deep and hidden from '*the other*'.

### **Phenomenological Ease: Coming Home to the Real Self**

The phenomenological ease was a coming home to the real self by uncovering or recognising the acceptable self and by exposing the inner self to the outer world (Figure 10). Bernie described her acceptable self as "*understanding myself a little bit more so that I'm a little bit more self-accepting*" and Roseanne reflected, "*I am getting to know myself.*" Bernie and Roseanne voice how this '*acceptable self*' was initially tentative and grew stronger as it was exposed to the outer world by being brought into everyday life. Marion was stronger in uncovering her acceptable self as she reflected "*know who I am...I know there is compassion in me. I learnt that for myself. Well, I've learned now to love myself.*" Soft-spoken Lucy correspondingly phrased it as "*I think there was a sense of trusting myself that I hadn't had this far.*" Kevin dramatically exclaimed "*changed it (my life) I'm not overstating, it did change things... increasing my confidence in myself, getting experiences of success.*" In the same vein, Vivian explained "*totally changed really...I think I'm a happier person now.*"



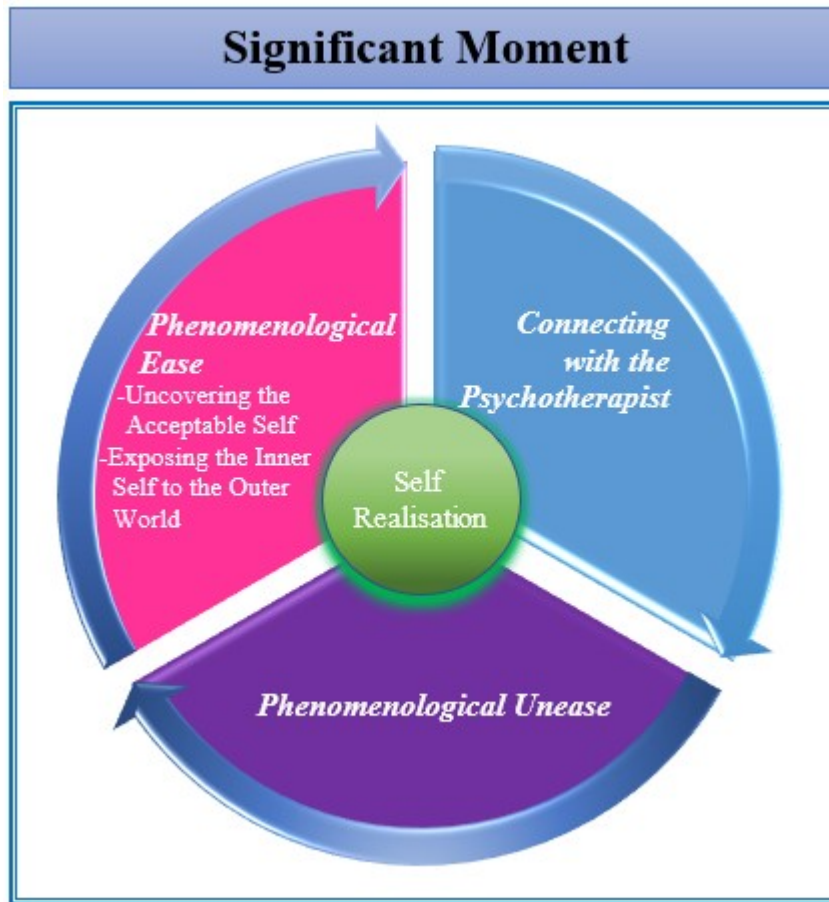


Figure 10: Phenomenological Ease as a Structure of a Significant Moment.

The internal acceptance of the self led to more engagement with other people and more engagement in a wider outer life. Sarah summarised this well for all the participants when she stated, *“the spin-off effect would have been that I was more content into the real world, into my working life and into my personal life”*. Lucy found herself *“taking up greater positions of responsibility in lots of areas”*. The participants described phenomenological ease that illuminated an inner calm and strength, increased confidence, becoming self-compassionate and the development of an inner voice that was positive towards the self. One of the exciting findings of this study was the participants uncovering the acceptable self and generalising it into everyday life. Thus,

the inner life or personal change affected the person's way of relating to the outer social world.

Interestingly, all the participants described personal inner changes that generalised into changes in everyday life. According to Levitt and colleagues (2016) the psychotherapy context supports the participants to identify and change behaviours outside of psychotherapy. Previous studies indicate that clients specifically value new behaviours and strategies that psychotherapy helped them to develop (Clarke, Rees, & Hardy, 2004). The research literature suggests that clients across psychotherapies are disappointed when a practical component to psychotherapy is missing and they were left unsure about how to make changes in their lives outside of psychotherapy. However, Giorgi (2011) reports that clients experienced new insights as constituting a “*demand for concrete action challenging old assumptions*” (p. 76). These actions created a basis for new understandings and future patterns.

Only one participant (Declan) felt that some of the changes were only temporary. Declan reflected that the “*significant moment made me take stock, but often it's only been for a temporary period.*” Declan only recently “*realised a lost childhood*” and he continued to find it “*difficult to talk about sexual problems.*” This afforded him some self-acceptance that influenced some change in his life. However, his continued vulnerability and challenge with revealing further core concerns about his inner self (e.g. his sexual difficulties) prevented him from maintaining the acceptable self. The other participants’ depth of ‘*revealing the unspoken*’ was stronger than Declan’s description. He may require continued psychotherapy to facilitate him to

reveal his core concerns so that he can find a stronger phenomenological ease within himself.

*The day came when the risk to remain tight in a bud was more painful than the risk it took to blossom.*

*Anais Nin, 1966*

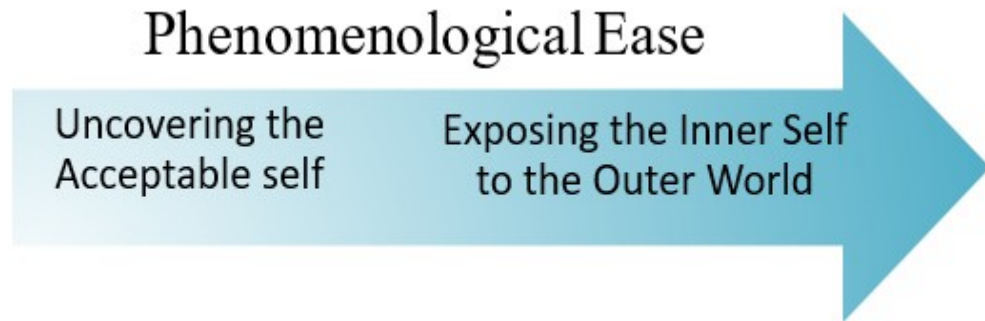


Figure 11: Structure of Phenomenological Ease.

Again, this finding about the structure of phenomenological ease is supported by Husserl's (2012/1931) philosophical postulations that meaning lies in the analysis of the intentional act. Humanistic therapies focus on the intentional act of facilitating clients to achieve self-actualisation, a realisation of the fulfilment of one's potential. The findings are supported by the assumption that clients enter psychotherapy to find self-acceptance and a better way to be in the world, in humanistic terms to gain congruence by integrating the various selves (Rogers, 1951). As stated by Marion she knew she needed professional help as *"my persona outside wasn't always the persona that was going on inside."* However, experiencing the phenomenological unease and the phenomenological ease led her to accept herself and to be more comfortable with herself in her outer world.

Revealing the phenomenological unease facilitated the participants becoming known to the psychotherapist and this supported them in recognising their destructive patterns of behaviour (Levitt, et al., 2016). Such revealing can lead to the generation of

new options and possibilities which opens the door to the phenomenological ease. Psychotherapy studies report that clients find it helpful to analyse their patterns of thinking and their assumptions (Fitzpatrick., Janzen, Chamodraka, Gamberg, & Blake, 2009). In particular, the studies found that clients benefited when the psychotherapist encouraged and co-constructed with the client a new and more affirming sense of self (Levitt, et al., (2016). When participants internalise positive messages, they enter the change process by developing a self-awareness that leads to self-acceptance (Levitt & Williams, 2010; Levitt, et al., 2016).

Interestingly, the participants described benefiting from the holistic process of being reflective about a significant moment. This process of describing a significant moment in detail engaged them in observing themselves and this exposed the self-acceptance that suggested an integrated understanding of the self. This led to a self-acceptance, a deepening of their sense of themselves, that encapsulated new forms of self-understanding contributed to the developed meaning and forged new ways of being in the world.

Self-acceptance is the pinnacle of Rogers' (1951) fully functioning person who exhibits unconditional positive regard. This refers to a person who is in touch with his or her deepest and innermost feelings and desires. These individuals understand their own emotions and place a deep trust in their instincts and urges. The humanistic model postulates that anxiety translates into an unwillingness to let others know the true self. Alternatively, uncovering the acceptable self leads to a revealing of the self to the outer world. A key structure in the construction of the meaning of a significant moment was the phenomenological ease. This had two constituents namely uncovering the

acceptable self and then exposing it to the outer world. Thus, providing evidence for how the participants transitioned inner self change into changes in everyday life. Exposing the inner acceptable self to the outer world leads to a greater engagement in relationships and in life events.

### **Essence of a Significant Moment: Self-Realisation**

The essence of a significant moment was a synchronic movement from phenomenological unease to phenomenological ease that captured a ‘*self-realisation*’ (Figure 12). The essence illuminated the inner world of the participants’ experiences of how they constructed the meaning of a significant moment. For example, Roseanne reflected on her self-realisation when she stated, “*the realisation that, like obviously all the relationships that I’ve had and, the reason why I couldn’t go home was because of him (father). I’d still be looking for praise from my dad, and I realised then. Actually, I’ve actually looked for praise from every single partner I’ve ever been with.*” It was especially evident in Roseanne’s ‘*self-realisation*’ that she accepted herself and took responsibility for her own being in the world. She no longer felt that she needed to be a victim or to be a chameleon changing herself to accommodate or please other people. Her self-realisation was that she could please herself, be herself rather than what other people wanted her to be. This pointed to a good outcome for Roseanne as acceptance of the self is considered to be a good outcome for a client (Binder, Holgersen & Nielsen, 2010).

Paul’s self-realisation related to his new understanding regarding exposing his vulnerability when he explained, “*it’s the best thing I ever did... I had to show my vulnerability.*” Ruth described her “*emerging internal voice saying it is OK*” to be

herself which was like Vivian's "*feel more OK about myself.*" Both these reflections called attention to the transactional position of "*I'm OK*" (Berne, 1964; Harris, 1997). As the inner personal changes were exposed to the outer world, the participants took up a position of "*I'm OK, You're OK*" (Berne, 1964; Harris, 1997).

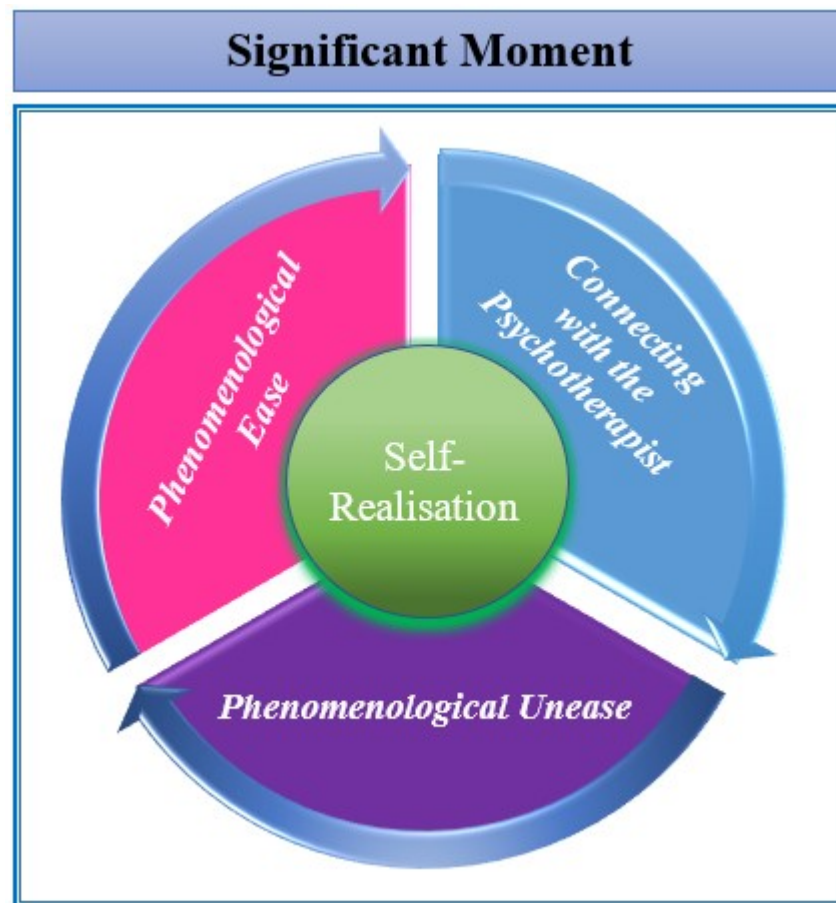


Figure 12: Self-Realisation as the Essence of a Significant Moment.

The participants described the '*self-realisation*' as occurring in a "*lightbulb moment*" (Lucy and Ann) or "*a big insight,*" "*a realisation*" (Jim). Marion reflected that her '*self-realisation*', "*hit me, it hit me like a lead balloon in the face.*" This finding is supported by Husserl's (1970) philosophical postulations that an immediate '*seeing*' of a self-realisation is the ultimate legitimising source of all rational assertions. He refers to '*seeing*' as the original presentative consciousness such as seeing in the mind's eye

(West, 2009) rather than the physical act of seeing an object. For Husserl (1970) self-realisation is a self-awareness. However, based on the findings of the present study it is claimed that this inner seeing, this '*self-realisation*' had an incubation period that was marked by two conscious structures namely a phenomenological unease and phenomenological ease. The phenomenological unease, as described before, had an emergent phase concerning '*physical sensing*' (kinaesthetic consciousness) and a '*perceiving judgement*' (pre-predictive) before an unspoken concern was revealed.

Self-realisation is an elusive construct that is often referred to as insight (Castonguay & Hill, 2007) or self-understanding (Crits-Christoph, 1984) or self-actualisation (Rogers, 1961, 1980). Interpretations share an understanding that '*insight*' is about consciously making connections and a sense of newness (Castonguay, & Hill, 2007). In the present study the connections were both between past and present experiences, and between thoughts, feelings, and behaviours in a significant moment. For example, Vivian made a connection between her current relationships and her previous relationship with a parent. What is not clear from the literature is if insight can emerge over several months of psychotherapy or be a positive impact on symptoms in a matter of minutes, hours or days (Kuncewicz, Lachowicz-Tabaczek, & Załuski, 2014). The participants in this study established that '*self-realisation*' occurred at a significant moment in psychotherapy. It is contended that in this study the participants consciously constructed the meaning of a significant moment as a '*self-realisation*' that arose from revealing an unspoken concern and uncovering the acceptable self.

In the present study, the '*self-realisation*' was more closely related to a self-actualising tendency, as outlined by Rogers (1961), with meaningful shifts in thinking,



feeling, and behaving in the significant moment. It is reasonable to assume that the participants entered psychotherapy to achieve a sense of ease with oneself. They all described a deep personal concern that was unspoken which indicated an intention to deal with the unspoken concern in psychotherapy. According to Philips, and colleagues (2007) clients generally enter psychotherapy with their own ideas about what they need. Despite this intentionality, the participants struggled to reveal the unspoken concern, and when they did, they unexpectedly uncovered the acceptable self which led to the '*self-realisation*.'

All the participants provided deeply personal and elaborate descriptions that identified the achievement of a new '*self-realisation*'. Keeping the unspoken hidden was a phenomenological unease that when revealed to the psychotherapist, exposed the acceptable self. This intentional shift was possible due to the '*natural attitude*'. As expounded by Cooper (2017) we need to be able to face up to the challenges of life in order to live a full life. Thus, the participants gained a '*self-realisation*' as a new intentionality for living a good life. It is argued that a significant moment was a marker of a good outcome for a participant because the '*self-realisation*' influenced inner personal changes as well as outer changes in daily life.

### **Defining a Significant Moment: What is it?**

The research literature has neglected to define a significant moment in psychotherapy. However, capturing the participants' experiences of a significant moment meant it could be defined. This research project commenced with a working definition of a significant moment as '*an experience that leads to meaning-making and to personal change*.' Following an analysis of the findings in the present study, a

significant moment within psychotherapy is defined as a ‘*self-realisation*.’ This self-realisation emerged by transitioning from a phenomenological unease to a position of phenomenological ease (Figure 12). This occurred because a significant moment, in Husserlian (1962) terms, is marked by a shift in directionality which results from a versatile ‘*natural attitude*.’ While the significant event literature categorises the outcome of significant events in psychotherapy it does not define a significant event (Linden & Schemuly-Haupt, 2014; Timulak, 2010). In the current study a definition of a significant moment defines and differentiates it from other events in psychotherapy.

### **Influence of a Significant Moment: Constructing Change**

The participants voiced the experience of a significant moment in psychotherapy as a ‘*self-realisation*’ constructed by revealing the phenomenological unease and uncovering the phenomenological ease (Figure 12). The influence for the participants related to two constituents namely inner personal changes and exposing the inner self to the outer world of everyday life. Thus, the impact was in two directions namely the inner personal change and an impact on changes in the outer social world of everyday life.

All the participants reflected that the impact of the significant moment held considerable personal importance “*that was huge*” (Marion). Roseanne experienced the influence as, “*a big change was that I felt stronger and calmer that I am a good person and not a doormat. I have changed, grown up.*” Kevin found that the experience of the significant moment, “*changed it (my life) I’m not overstating, it did change things... sense of accomplishment, increasing my confidence in myself, getting experiences of success. I felt more hopeful, and the hope didn’t change.*” The inner personal changes

described by the participants, as a result of experiencing the significant moment, were an inner calm, personal strength, contentment, trusting myself more, increased self-confidence, hope, reduced anxiety, calmer, sense of accomplishment, happier, and self-compassion such as developing a caring inner voice.

Notably, Marion stated, “*there will always be a little different story inside of me.*” This brings our attention to the significant moment’s ability to make a connection between the inner perception and the outer perception. The conscious construction of the meaning of a significant moment exposed the intentionality of the participants’ engagement in psychotherapy to become well within themselves. The impact of the significant moment was the achievement of this intentionality.

All the participants noted that the experience of a significant moment influenced their outer social world. Sarah articulated that as “*the spin on effect would have been that I was more content into the real world, into my working life and into my personal life.*” Vivian explained that the impact on her related to “*then me being maybe more brave in my relationships outside of the therapy room, it then had an impact on the way I began to see the world and see myself.*” Kevin indicated that he was “*just more outgoing, found myself engaged to people, doing things, taking things on, those sorts of things. I started to get involved in other things.*” Marion also found herself “*involved in other things and started to hang on a second, maybe this route.*” All the participants reported greater engagement in relationships and life events.

The only other published research on significant moments was a small-scale study with four participants that used interpretative phenomenological analysis (Westland, 2018). In this study on body psychotherapy, Westland (2018) found the

significant moment influenced improved relationships within psychotherapy and in daily life. The strength of the impact of the experience of a significant moment may relate to a dose-effect relationship in psychotherapy. For example, in adult outpatient psychotherapy 20-45 sessions are necessary for 50-75% of psychotherapy clients to recover (Carr, 2007). In the present study, the participants experienced an average of 134 sessions of psychotherapy ranging from 12 - 450 sessions of psychotherapy. Furthermore, the participants were mature adults ranging in age from 25 – 61 years and they generally had the wisdom of life experience. According to Carr (2007), psychotherapy can have a positive influence when clients are provided with support and encouragement to express emotions by facilitating new ways of viewing problems and new ways of behaving adaptively. A review of clients' perception of a positive outcome in psychotherapy clustered around four themes, namely improved relationships, reduced distress, better self-understanding and insight, and accepting and valuing oneself (Binder, Holgersen & Nielsen, 2010). All these positive outcomes reported by the participants in this study indicate that a significant moment was a marker for positive outcome in psychotherapy.

### **Positive or Negative Significant Moments**

The categorisation of a significant moment as either a positive or negative experience exposed three directions. Some significant moments were categorised as positive while others were categorised as negative. An interesting finding of the present study was that a third category emerged, namely the transitioning of a negative significant moment into a positive significant moment through reflectivity. For example, Daniel commenced describing a negative significant moment when his

psychotherapist was yawning, yet again, in a session. On describing in detail his experience of the phenomenon, Daniel reflected that it became a positive significant moment. He explained that this transformation occurred because in speaking up and revealing his previously unspoken frustration at the psychotherapist's behaviour, he learnt about expressing himself in relationships which were generalised to other relationships in his life. This learning about himself and accepting that he could honestly express himself in relationships transformed the negative significant moment into a positive significant moment. This was an unusual finding because the literature on significant events tends to categorise such events into a positive or negative dichotomy (Koerner & Castonguay, 2015; McElvaney & Timulak, 2013; Swift, et al., 2017; Timulak, 2010; Timulak, & Lietaer, 2001). This led to an expectation that significant moments may follow a similar pattern. However, there are no agreed definitions of a negative event or a positive event in psychotherapy or how to measure such events.

From a philosophical position Husserl (1962) argues that because a person's perspective is in the '*natural attitude*,' which is not fixed, a person can change perspective. A participant's shift in directionality from a negative to a positive perspective provides a marker of intentional change that contributes to the transformation. Furthermore, such a transformation points to the complexity and ambiguity expected in a phenomenological study.

From a therapeutic perspective, the transformation from a negative significant moment into a positive significant moment was a reappraisal related to reflectivity and suggested that a significant moment, as described by the participants, was fluid. This

transformation in the categorisation of a significant moment indicated that the participants were capable of taking something positive from a negative experience. Although this change in directionality was not experienced by all the participants, it does provide us with an indication that perceptions of a significant moment can change. For example, Roseanne was initially reporting a negative significant moment when her psychotherapist questioned why she watched a movie in bed with her daughter. Upon reflection, she realised that her psychotherapist was helping her to get to know herself.

Ruptures in psychotherapy appear to be common and of themselves are not a concern. However, the unrepaired rupture is a concern (McLaughlin, Keller, Feeny, Youngstrom & Zoellner, 2014). Furthermore, psychotherapists are called upon to attend to failure rates which can be as high as 50% (Lampropoulos, 2011; Wampold & Imel, 2015). Three participants in this study experienced a negative significant moment due to perceiving judgement by the psychotherapist. For these three participants, this negative significant moment led to the termination of psychotherapy with the psychotherapist.

The findings of this study suggest that the labelling of a significant moment as positive or negative may deny the complexity of the phenomenon and limit our understanding of significant moments. Interestingly, none of the participants reported a positive significant moment becoming a negative significant moment. Rather than focusing on a dichotomy, researchers and practitioners are called to attend to the transformational process and view a significant moment as fluid and flexible because it occurs in the '*natural attitude*.'

### **Elements of a Significant Moment: Psychotherapist Insensitivity**

Part of a descriptive phenomenological study is to bring out the unique or minority voices which are revealed by elements which are experienced by some of the participants but not all. Although not the focus of this project the findings point to several behaviours by psychotherapists that the participants found insensitive such as the psychotherapist falling asleep in a session, being inattentive or ambivalent, looking bored, clock watching, and inappropriate self-disclosure. These insensitivities by the psychotherapist contributed to the phenomenological unease experienced by the participants. Such behaviours imply therapist-centricity (Duncan, et al., 2014; Norcross, Koocher, & Garofalo, 2006) and show little regard for the client who is the dominant person in the change process. Unfortunately, ruptures in psychotherapy are common, rarely addressed and predict premature termination and poor outcomes (Duncan et al., 2014). Repairing ruptures in the therapeutic relationship may be a challenging but effective tool in psychotherapy. Research has called for psychotherapists to be sensitive to clients' experiences in order to expand psychotherapists' attunement and intentionality when working with clients (Levitt, et al., 2016). Ideally, psychotherapists' insensitivities are managed by engagement in supervision and continuous professional development.

### **Summary**

Despite the extensive literature in psychotherapy little is known about how exactly clients change in psychotherapy. The present study makes a unique contribution to change process research by capturing the participants' experiences of a significant moment of change in psychotherapy. The findings confirmed the presence of significant

moments in psychotherapy and gave a voice to the participants who described the essence of a significant moment as a '*self-realisation*.' This '*self-realisation*' was constructed by experiencing a phenomenological unease and phenomenological ease. The phenomenological unease was constructed in layers that revealed a kinaesthetic consciousness in the form of '*physical sensing*', a pre-predictive consciousness of '*perceiving judgement*' and a revealing of an unspoken concern. The phenomenological ease was constructed by two layers namely uncovering the acceptable self and exposing the inner self, the inner personal changes to the outer world that positively impacted on everyday life. The significant moment occurred within the context of psychotherapy that was described by the participants as a both good and bad. '*Connecting with the psychotherapist*' supported the emergence of the significant moment. Of interest is the unique role played by '*perceiving judgement*' in the experience of phenomenological unease and the transitioning from a negative significant moment to a positive significant moment through reflectivity. The present study confirmed the importance of the participants unburdening the self and revealing an issue of deep personal concern in order to come to a place of self-realisation that impacted on inner personal change and outer change in everyday life. In this way, a significant moment encapsulated the therapeutic process. More importantly, the participants in this study provided evidence that a significant moment was a marker for change and positive outcome in psychotherapy.



## **Chapter 6: Conclusion**

*Knowing yourself is the beginning of all wisdom*

Aristotle

### **Introduction**

In this chapter, the focus is on reviewing the quality of the study against accepted criteria for evaluating phenomenological research. To this end, a range of popularised assessment methods is elaborated upon to facilitate the reader to come to a conclusion. This chapter elaborates on the contribution of the study to the field of psychotherapy arising from the analysis of the data and the discussion. It highlights the discovery of the power of a significant moment to consciously construct meaning that is a self-realisation. It pinpoints the unique finding regarding the role of the client's perception of judgement and how it contributes to the construction of a significant moment. This chapter summarises the contribution of the study to the common factor model, change process research and the significant event paradigm. Recommendations are specified for psychotherapy practice, future psychotherapy research and professional development including the training and education of psychotherapists.

### **Research Review**

According to Finlay (2011), a phenomenological study captures the ambiguity, ambivalences and paradoxes of human experience. Rarely, if ever, is an experience simple or straightforward. Emotions are regularly mixed, and experience is encrusted in layers of complexity. This layering and complexity were evident in the data analysis and the discussion of the conscious construction of a significant moment. For example, the 'self-realisation,' the essence of a significant moment, required a paradoxical

phenomenological unease and phenomenological ease. The four-pillared framework of rigour, relevance, resonance and reflexivity, devised by Finlay (2011), is beneficial because it provides a structure as well as an approach for evaluating this study (Finlay, 2006; Finlay & Evans, 2009; Finlay & Gough, 2003; Figure 13). Active and consistent engagement with the supervisors of this study both challenged and supported adherence to the framework (Finlay, 2011). Each pillar of the framework plays a role in contributing to the evaluation process. I found that attention was focused on rigour and reflectivity during data collection and analysis while the focus was more on resonance and relevance during the writing up stage (Finlay, 2011).

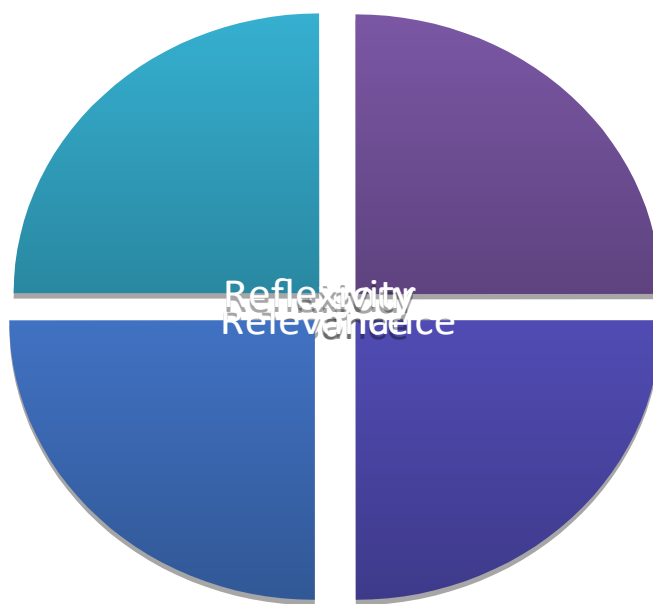


Figure 13: Pillars of Finlay's (2011) Evaluation

Framework for a Phenomenological Study.

**Research rigour.** In designing and implementing this study the researcher prioritised rigour because it attests to the quality of the study (Given, 2008) and combats any accusation of the study being too subjective or difficult to replicate (Bradley, Curry & Devers, 2007; Finlay, 2011; Lincoln & Guba, 1985; Yardley, 2000). For example,

the rigour is evident in the '*free imaginative variation*' procedure that validates the analysis (Husserl, 1962; Finlay, 2006; Giorgi, 1970). As explained in the methodology section this procedure involved freely changing aspects of the phenomenon to distinguish essential features from accidental or incidental ones. If a segment of a description was removed and the meaning collapsed, then that segment was essential to the meaning. The '*free imagined variation*' ensured that each constituent was rigorously identified. Paley's (2017) critique that meaning is distilled from a text by just trivial adjustments to syntax implies an empirical criterion that is inappropriate for a descriptive phenomenology and displays a lack of understanding of the methodology and method employed.

Adhering to pure phenomenology (Husserl, 2012/1931) and descriptive phenomenology (Giorgi, 2009) benefited the present study by illuminating the essence of a significant moment rather than seeking to build theories or generate interpretations (Hoshmand & Martin, 1994; Meyrick, 2006; Potter, 1996). The methodology and method illuminated a common aspect of a phenomenon that was not completely conceptualised in prior research (Beck, 1992; Lopez & Willis, 2004; Swanson-Kauffman & Schonwald, 1988). Thus, the aim of this study, to capture the participant's experience of a significant moment in psychotherapy, was achieved by awakening the phenomenological characteristics of the descriptions of a significant moment. Answering the research question built the rigour (Yardley, 2000) and the credibility of the study (Bitner, 2017).

Giorgi's method is considered by some to be overly committed to scientific rigour to the point that descriptions can be too systematic with seemingly '*soul-less*'

constituents (Finlay, 2011). There are also concerns about how it is applied in practice especially in a nursing context (McNamara, 2005). These accusations were counteracted by integrating the textural aspects of the participants' evocative descriptions with a systematic and structural approach (Todres, 2007; Wertz, 2005/2010). In addition, the participants' personal descriptions of a significant moment achieved the objective of giving them a voice. Their experiences were linked to the broad literature to draw attention to the effectiveness of the method at identifying constituents that are core common human experiences. The constituents illuminated Husserl's often quoted catchphrase "*back to the things themselves!*" ("*Zu den Sachen selbst!*") (Husserl 1964/1911, p. 116). This depth of analysis enabled the researcher to embrace Giorgi's (2009, p. 181) view that "*descriptions reveal more than what the describer is aware of and that is one reason the method works*". This achieved the objective of gaining access to the participants' lived experiences of the phenomenon.

In addition, pure phenomenology relates to a holistic psychotherapy perspective (Heinamaa, 2012) that married with Giorgi's (2009) view that psychotherapy is a realm of psychology, a position held by the researcher. For example, both pure phenomenological and humanistic psychotherapy focus on the 1<sup>st</sup> person perspective that accepts the client's perspective as his or her '*truth*' and no judgement was applied (Finlay 2014) which has similarities with Rogers (1951) non-judgemental stance. It has been shown that the majority of psychotherapists (90%) hold the humanistic values of empathy, genuineness and positive regard in practice (Cook, et al., 2010). The rigour of the research married well with the psychotherapy context.

**Research resonance.** In qualitative research, resonance refers to a researcher's posture of openness and receptivity toward potential meanings embedded in the data. The participants' vivid, rich and expansive descriptions resounded with their experience (Polkinghorne, 1988) of a significant moment. Attention was paid to the participants' language to ensure that the power, resonance and poignancy of their experience were expressed. This is evident in the structuring of the phenomenological unease that resonates in the '*physical sensing*' of the unease, the discomfort of '*perceiving judgement*' and the unease with which the participants revealed an unspoken concern. The emphasis placed on the structure of meaning contributed to the resonance (Dahlberg, 2006; Todres & Galvin, 2006) as each participant reported a similar structure of constituents to the construction of the meaning of the phenomenon. The study complies with Dahlberg (2006) and Todres and Galvin (2006) argument that texture contributes resonance to the structure of a phenomenon. The participant's outer connecting with the psychotherapist resonated with the inner connecting with the self that illuminated the '*self-realisation*,' the essence of the significant moment. The phenomenological ease resonates with the uncovering of the acceptable self that was reverberated in the outer world by increased engagement in social and work events. Thus, as explained by Husserl (2012/1931), the inner world is projected onto the outer world. The detailed and liberal use of quotations from the participants substantiated the synthesised description of a significant moment to ensure both resonance and rigour. Only constituents described by all the participants were synthesised to shed light on the structure of the meaning of a significant moment.

Resonance can evoke new ways of looking at a topic. For example, some participants realised that what initially presented as a negative significant moment, upon reflection was a positive significant moment, thus, creating a new way of looking at the experience. Interestingly, in this study, the participants' fertile descriptions of a significant moment were echoed on a '*physical sensing*' level during the interviews. For example, Ruth commented that her psychotherapist's leaning-in during the significant moment reflected her sense of leaning-in with the interviewer. The participants' experiences evoked an embodied world which contributed to a communicative resonance (Polkinghorne, 1983) and to a kinaesthetic consciousness (Husserl, 2012/1931). The researcher strove for a balanced emotional tone so as not to be over emotional while being sensitive to resonating the participants' full experience (Finlay, 2011). The participants' depth of personal introspection, that held deep personal significance, ensured the study's evocative resonance. This strong phenomenological account captured the ambiguity and paradoxes of human experience such as the phenomenological unease and the phenomenological ease. This complexity of the experience of a significant moment demonstrated a resonance found in the analysis. The challenge to the researcher was to express resonance in the findings in ways that were graceful, poignant and elegant in order to contribute to the trustworthiness of the study (Polkinghorne, 1983). This was achieved by focusing on the participants' resonant descriptions that tapped into emotional, artistic and/or spiritual dimensions.

**Research relevance.** For research to be relevant, it needs to be interesting, applicable and current to the needs of practitioners. However, relevance without rigour is meaningless, potentially misleading, and some would say useless (Bitner, 2017). The

topic of this research was relevant to both practising psychotherapists and other researchers in the field. The applicability and contribution of this study were evident in the impact of the significant moment on the participants' illumination of a '*self-realisation*' that led to both inner and outer changes. The constituent of '*connecting with the psychotherapist*' means the psychotherapy context provided relevance as the findings were sensitive to the psychotherapy environment.

The constituent of '*perceiving judgement*' is valuable because it is a unique finding that informs psychotherapists about the need to manage judgement effectively. This includes the participants' self-judgement and the participants' perception of being judged by the psychotherapist as well as the judgement of the psychotherapist. Interestingly, this '*perceiving judgement*' constituent is a pre-prediction of the participants' beliefs and the directionality of their intentions. I discovered that in some instances the participants' perception of being judged by the psychotherapist posed a risk to them prematurely terminating psychotherapy. I learnt about the importance of psychotherapists regularly requesting feedback from clients about their experience in psychotherapy and not being dependent on a questionnaire at the end of a session. A client's ability to voice what is happening internally during a session cannot be observed and may not be picked up by a questionnaire at the end of a session or by a video of the session. This study is of direct relevance to psychotherapists and offers an approach that can facilitate researchers to investigate clinical practice.

Engaging in a phenomenological interview was a transformational experience for some of the participants that enabled them to make fuller sense of their experience of the phenomenon. They also valued the opportunity to give '*voice*' to their experience

and to have it witnessed. For example, by reflecting on a significant moment, some of the participants explained that a negative significant moment became a positive one.

This study also informs psychotherapists that clients may experience a phenomenological unease before the phenomenological ease emerges. This is relevant because psychotherapists need to be prepared to facilitate clients' processing of deep personal concerns that allows the expression of the phenomenological unease rather than avoiding it. Giving voice to the participants experiences of the phenomenon makes this study accessible to a general audience. For example, the deep descriptions of the participants' evocative experience are easy to follow and to comprehend. In contrast, some studies are steeped in philosophical ideas making them dense and difficult to grasp (Giorgi, 1997; Halling, 2002). This research demonstrates clarity and accessibility as highlighted in the findings and the discussion. Transparency and coherence were provided by disclosing all the relevant research processes and providing a clear presentation of the study (Yardley, 2000). Phenomenological research is '*animated by the desire to do justice to human existence*' (Halling, 2002, p.20) that resonated with me as it has relevance to everyday life.

**Research reflexivity.** Reflection can be defined as '*thinking about*' something in general whereas reflexivity involves a more immediate, critical self-awareness (see Finlay & Gough, 2003). In this study, the participants' rich descriptions outlined in the findings chapter provides evidence of their reflexivity. Their critical self-awareness is outlined in the experience of the phenomenological unease and the complex layers of experience that they described. Reflexivity has only recently become associated with the phenomenological method although it has been a defining feature of qualitative



research for decades (Banister, Burman, Parker, Taylor & Tindall, 1994; Finlay, 2002a, 2002b). Contemporary phenomenologists maintain the need for researchers to explicitly and reflexively engage their subjectivity through both the phenomenological reduction of epoché and reflexivity (Finlay, 2002a, 2002b; Langdridge, 2007; Rennie, 1992; Walsh, 2004). As stated by Kunz (1998, p. 24) *“the task of phenomenology is to make explicit by the use of rigorous reflection on that which is lived out at the more implicit level.”* He calls on phenomenological researchers to hold back prejudice and bias, including cultural habits and customs, theoretical and scientific concepts, in order to reflect on the essence of a phenomenon as clearly as possible and to describe it in general and understandable terms (Kunz, 1998). Epoché or bracketing can be misunderstood or misused as in some social science and nursing studies (Giorgi, 2006b; McNamara, 2005). In this study, I considered reflexivity to be the process of continually reflecting upon and maintaining the phenomenological attitude. The epoché (bracketing) was regularly reflected upon to ensure that it was applied accounting to Husserl’s interpretation of the term as a holding back of experience and knowledge to let the phenomenon reveal itself in its pure form (Kunz,1998). The phenomenological attitude was a form of dance between the phenomenological reduction and reflexivity (Finlay, 2011).

Reflexivity and epoché (bracketing; Husserl, 1962; Giorgi, 1970) were consistent topics during regular supervision that provided a transparent and sensitive account of each step in the research process. For example, during Roseanne’s second interview I was emotionally moved by her life experiences. Supervision played a key role in facilitating me to be reflective, to identify the issues that were resonating with me

and to preserve the phenomenological attitude. Initially, practising bracketing (Giorgi, 1970) required constant awareness. However, as the interviews progressed it became easier to clear my mind and to be open to the unfolding of the participants lived experience of a significant moment.

Van Manen (1990), rather than Giorgi (2009), urges qualitative researchers to keep in mind that poetry, literature, music, painting, and other art forms can provide a wealth of experiences that can be used to increase insight into the reflection process. This, Van Manen (1990) argues aids the phenomenologist to grasp the essential meaning of the experience being studied. I personally found it very helpful and insightful to reflect on literature and poetry to capture the resonance of the participant's experience of a significant moment. For example, the author John O'Donoghue (1997, p.72) has a line in his book *Anam cara: A book of Celtic wisdom* that states, *"no one else has access to the world you carry around within yourself."* It is this inner world, where meaning is constructed, that pure phenomenology and descriptive phenomenology are concerned with accessing. O'Donoghue (1997, p.72) further states, *"you are its custodian and entrance. No one else can see the world the way you see it. No one else can feel your life the way you feel it."* Here he reminds us of the importance of the 1<sup>st</sup> person perspective that is a focus of Husserl's (1962) and Giorgi's (1970) work. This study is concerned with articulating the client's inner voice that illuminates the construction of meaning. This linking with literature provided confidence that the essence of the experience of the phenomenon was reflected in core human experiences. It also facilitates me to reflect on the transcripts from a different perspective and added greater depth to the analysis, This is evident throughout the discussion chapter.

From my psychotherapy training and as a researcher, I have a critical and embodied self-awareness of my own (inter-) subjectivity, processes, and assumptions. I enacted careful epoché and sensitive reflexivity to enhance my own self-awareness in order to be loyal to the methodological underpinnings of the project (Finlay, 2011; Giorgi, 1990; Holstein & Gubrium, 1994). For example, I took notes during the interviews of my own inner reactions to the participants' responses and after each interview I recorded my experience which I reflected on at a later stage. Reflectivity demands a focus on intentional, conscious lived experience in a self-aware way which was challenged in supervision as it provided a transparent and sensitive account of each step in the research process.

I maintained the phenomenological attitude which included the phenomenological reduction of epoché (bracketing) by meditating, keeping a journal, actively engaging with my academic supervisors, through workshops and other training opportunities and I also had the support of my therapeutic supervisor. Initially, I needed to attend to and be aware of creating the phenomenological attitude. When working on the research I would commence with a short meditation to let go of whatever was in my thoughts at the time and to adopt an open attitude to whatever would be revealed. This process quickly became part of commencing the work and did not require as much attention from me. I used the journal to track my own processing at each step in the research process and also in order not to lose any insights or ideas that might occur to me especially when not actively engaged in the research. For example, when out walking a thought or an idea would occur to me and I would record it for later reflection. During the interview process, I recorded my reactions. For example, when interviewing

Ruth, I noticed that I started to lean my shoulders in towards her as she revealed her lived experience of a significant moment. At the second interview Ruth commented on this and explained that she experienced a similar situation while experiencing the significant moment with her psychotherapist. Although Ruth was aware that her psychotherapist had not physically moved towards her she experienced a feeling of closeness. Every so often I would sit down and read through the notes and integrate the information or abandon the information as irrelevant. I was very moved by Roseanne's bravery in engaging in the interview process and her account of her significant moment. I reviewed whether I had lost the phenomenological attitude and had drifted into the natural attitude. Academic supervision facilitated me to process Roseanne's account and to ensure the phenomenological attitude was applied to her interview.

As a research interviewer, I have no control over the "*interviewer effect*" which has demonstrated that my gender, age, and ethnic origins could have impacted on the amount of information people were willing to divulge and their level of honesty about what they revealed (Denscombe, 2007, p.184). My experience as a psychotherapist may have impacted positively or negatively on the amount of sensitive information that the participants divulged. I was cognisant of the need to maintain my role as a researcher and not drift into being a psychotherapist during the interviews (Haverkamp, 2005). Yet, because our bodies act and re-act like a kind of somatic compass (Milloy, 2010) I may have unintentionally reacted or self-disclosed in ways that impacted on the participants. For example, when Lucy described the depth of her phenomenological unease and her challenges with revealing it to her psychotherapist whose reaction was to fall asleep, I felt a strong empathy for her.

As the participants volunteered to engage in the study it was reasonable to assume they desired to be helpful (Gomm, 2004) which may have influenced their “*dance of expectation*” (Dingwall, 1997a, p. 56). Indeed, the phrase ‘*expectation is the root of all heartaches,*’ from an unknown source but frequently misquoted to Shakespeare, supports the influence of expectation. According to Dingwall (1997a), reflexive researchers can demonstrate how participants step out of the “*dance of expectation*”. For example, the findings demonstrate that the participants’ experience of ‘*perceiving judgement*’ was stepping outside expectation based on the research literature. Moreover, the necessity for informed consent limited the study’s population to individuals who were willing to participate (Thomas & Hersen, 2003) and, like all research, this study may not have accessed the perspective of those who do not wish to engage in research.

In summary, I tracked reflexivity on four levels. During the actual interviews, I made notes on a sheet containing the interview questions regarding my own experience of the interview. These notes were frequently single words or prompts for me. After each interview, I spent twenty minutes writing in a reflective journal about my experience of the interview. These reflections mainly related to my awareness of the participants’ nonverbal communication and my own reactions as each question was asked. The third level of reflexivity was recording in the same reflective journal the thoughts and ideas that occurred to me as I analysed each transcript. I would frequently read over these journal notes to recapture ideas that had been temporarily lost. The final approach to reflexivity was the reflexive nature of the supervision process. Keeping a reflexive journal is traditionally more associated with grounded theory (Charmaz, 2014)

and is not part of Giorgi's operationalisation of descriptive phenomenology. However, in this study, it aided the reflexive process.

Qualitative interviews can be reflexive in two directions namely the researcher's influence on a participant but also a participant's influence on the researcher. Given my many years of training and practice as a psychotherapist, it is reasonable to assume that this training influenced the depth and extensiveness that the participants revealed regarding their real-world experience. The participant that most influenced me was Roseanne. Initially, this was because at the first interview, she revealed very little and this contrasted significantly with the other first round of interviews. I found myself being aware of the need to maintain the phenomenological attitude and to remain open to her limited revelations. This contrasted greatly with her second interview where she illuminated in great detail her experience of a significant moment. My reflexive feelings formed part of my field notes that were both useful and important. They created a triangulation that involved corroboration with or challenged other data.

Because of this study, I have a greater awareness of the sensitivities of the participants to connection and judgement. I have an increased understanding that psychotherapists have an ethical and moral responsibility to provide appropriate levels of care and to '*do no harm*'. Academia tends to use a linear concept of time that establishes deadlines which make time a continual hot topic. "*We crave punctuality, but we loathe deadlines... We used to have time to think, but now instant communication barely gives us time to react*" (Garefield, 2016, p. 21). Marrying an adventurer's position (Willig, 2001) with a miner's position (Kvale, 1996) enabled me to find a balance between applying a phenomenological approach that allowed me to dwell

within the data and to cope with the time-impatience of academic requirements. It is likely that significant moments do not occur within a linear concept of time but in phenomenological time. In this study, the participants described re-experiencing the phenomenological unease and the phenomenological ease. For example, Ruth spoke about sensing the psychotherapist leaning-in during the phenomenological unease even though she was aware that this did not physically happen, and she described re-experiencing this leaning-in sense during the interview. At the analysis stage, the phenomenological attitude became a synchronic dance between phenomenological reduction and reflexivity. Indeed, some claim that the researcher's intuition and imagination play a more important role than any formalised analytic procedure (Cooper & Stephenson, 1996). The in-dwelling with the data and the construction of the structures required intuition based on the emic experience of the interviews.

I was humbled by the depth and breadth of the participants' descriptions. The participants' reflection was evident in their pauses to think back to the experience of a significant moment. There was no sense of a prepared brief or pre-prepared response. Although some of the interviews were intense I never felt psychologically overloaded or anxious (Etherington, 1996). Rather I admired the participants' courage and resilience in the face of life's challenges and their strength and passion for healing. They accepted me as a fellow traveller (Kvale, 2007) for a moment of their life's journey which was quite an adventure. The detailed descriptions of this shared moment gave me a glimpse into an experience of '*the other*.' I believe I have done justice to it and provided a voice for the participants.

I feel strongly that descriptive phenomenology offered and continues to offer me a bridge between psychotherapy practice and being a researcher. Etherington (2004, p. 231) articulates “*I suppose the greatest gift I have gained from reflexivity is a healing of the split between research and practice.*” I learned to engage in epoché, to park myself, to park intellectualism and theorising and to just be with a participant. Pure phenomenology and descriptive phenomenology provided a way to give voice to the participants and to acknowledge their weighty contribution to the study.

**Participants’ reflections.** The quality of a piece of research may be measured by the benefits to the recipients (Burman & Parker, 1993; van Dijk, 1997; Yardley, 1997). This was especially evident in the reflections of the eight participants who provided feedback and reflected on the experience of the first research interview which they found to be a positive and influential experience. Daniel summed it up well when he expounded:

*I think I was quite thorough. We went through it quite well. I remember afterwards kind of thinking, that was really good actually, to even think back to therapy and the useful moments, most significant and most helpful and even the bad moments you might have seen, were even quite helpful.*

As argued by Gomm (2004, p. 87) an effective interview is satisfying and rewarding for both researcher and participant. Vivian described:

*The last interview that we did, when I came away from that, I was just quite surprised at how powerful it had been with you that it had seemed to have stirred up a lot of processes that surprised me. I guess it was just because it felt powerful.*

For Lucy “*it was only after I thought of it, after meeting you, I thought about it (significant moment). Just that they were very significant and very powerful.*” Jane felt “*I will take two to three days to get over this (first interview). And I will not discuss this*



*with anybody else. It's very deep.*" In-depth interviewing may surprise a participant because they have seldom had the opportunity to talk at length to someone about their experience in psychotherapy. As a result, they may become so engrossed in the interview that they say things that they may normally not share (Spradley, 1979; Kirsch, 1999). The participants' reflexivity was evident in their '*self-realisation*,' the essence of the significant moment. Furthermore, the '*physical sensing*' formed a '*kinaesthetic consciousness*' (Husserl, 1962) that reflected an "*indwelling*" of the psyche in the soma (Winnicott, et al., 1989). Philosophically the participants' '*physical sensing*' provided evidence of reflexivity in the body (Merleau-Ponty, 1964) which Finlay (1998, 2011) terms "*embodied reflexivity*".

Both the researcher's reflexivity and the participants' reflections added depth to the study. Reflexivity acknowledges the researcher and the participant's influence on the study's findings. In summary, the transparency, reflexivity and synthesis contributed to the rigour of the study and enabled the study to be both useful and credible (Given, 2008). In my view, rigour is the most important part of the framework because it incorporates both reflexivity and transparency.

### **Research Strengths and Limitations**

The ultimate evaluation of any study lies with the reader. Some issues may be interpreted as either a limitation or a strength. For example, a limitation of this study could be a lack of cultural diversity among the participants, yet, the homogeneity of the participants' Irish culture added depth to the meaning of the phenomenon from a single cultural perspective. No restriction was placed on potential participants regarding cultural background and the profile of the volunteers emerged as all being Irish of

mature years (average age 54 years) with a range of psychotherapy experience from 12 - 450 sessions.

The key strength of this study was that the methodology and the method applied enabled the aim and the objectives to be actualised. It offered an innovative research practice (Giorgi, 2017) that built on Husserl's novel way of studying the phenomenon of consciousness (Giorgi & Morley, 2017). This approach unearthed previously unfamiliar aspects of the participants' experience of a significant moment in psychotherapy such as capturing and crafting the participants' hitherto concealed phenomenological unease, phenomenological ease and '*self-realisation*.' This informs the field of psychotherapy about how a significant moment is structured from the client's perspective. The essence of a significant moment contributes to the field of psychotherapy by demonstrating how clients consciously construct meaning that informs change in both their inner world and the outer social world. It informs the psychotherapist about a way to be successful in practice as psychotherapy aims "*to assist people to modify their behaviours, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable*" (Norcross, 1990, p. 218).

Every study must live with limitations be it in the research questions, methodology, method or unexpected barriers to writing it up. The descriptive phenomenology method by its very eidetic nature limited the number of participants. Husserl (2008/1931) revised his views as he discovered limitations in his earlier writings and so critics often attribute to him positions that he outgrew. Detmer (2013) provides a good overview of Husserl's early, middle and later period while Moran (2000, 2005,

2008) provides great accuracy and depth to Husserl's position. This study focused on Husserl's later period when he integrated the various forms of phenomenological reduction. Husserl uses the terms bracketing, epoché, switching off, disconnection and suspension all to refer to the notion of phenomenological reduction (Moran, 2008; Moran & Cohen, 2012). Furthermore, in the translation of his work from the original German accuracy and quality may be lost. Phenomenology is complex and offers a variety of research approaches which allow for obfuscation and methodological criticisms (Bevan, 2014).

Giorgi (1990) proposes transforming original descriptions from first-person statements into third-person statements because there is far less danger of the researcher projecting herself into the situation being described. While this was initially helpful with the first transcription, at times, it became a tedious task. However, it had the benefit of distancing the researcher from the participant's description that facilitated maintenance of the phenomenological attitude. The descriptive phenomenological method may have influenced the findings as it is concerned with the persistent experience of a phenomenon (Giorgi, 2009; Englander, 2016). Method slurring (Baker et al., 1992) was avoided by remaining true to Husserl's (1962) pure phenomenology and using Giorgi's (1970) operationalisation which complemented Rogers' holistic approach to psychotherapy. The therapeutic orientation of the participants or the researcher may impact on the findings. For example, a psychotherapist who focuses on emotion-focused therapy (Greenberg, 2002) may be better at reading significant moments based on emotion than a psychotherapist who uses a cognitive orientation who might be more focused on cognitions (Riggs, et al., 2012).

Elements that were described by some participants but not all, related to the psychotherapists' insensitivities such as the psychotherapist power dynamic, self-disclosure, clock watching, inattention, yawning or falling asleep. Roseanne experienced the psychotherapist's inattention as a thought that she was "*taking up their (psychotherapist's) time rather than I am there as their client and I was paying them for their services.*" Clients may have expectations that their psychotherapist is an expert (Patterson, et al., 2013) and a professional while forgetting their humanness. However, insensitivity and inappropriate self-disclosure by a psychotherapist may shatter a client's expectation and impact on the experience such as a reluctance to engage fully in the therapeutic process (McElvaney & Timulak, 2013).

### **Contribution to the Field**

This study contributes to both the research and the practice of psychotherapy. It gives voice to the client's experience of a significant moment as meaning-making that can influence therapeutic change. This project contributes to the field of psychotherapy by illuminating the essence of a significant moment as a '*self-realisation*' and self-realisation can be perceived as the basis of psychotherapy (Besley, 2005; Herron, 2011; Simon, 1982; Stewart, 1974). Although previous research has been conducted into significant events (Timulak, 2010) using a combined descriptive and interpretative method this study has been the first to focus on significant moments and a purely descriptive method. In so doing the findings offer an original contribution to the field of psychotherapy. It offers a current understanding that can prompt discussion on significant moments and the importance of the client's construction of meaning to create

therapeutic change in psychotherapy. The significant moment phenomenon is a possible marker of therapeutic change.

Each constituent makes an important contribution to scholarship in the field. A key unique finding was the '*perception of judgement*' constituent that formed a phenomenological unease. This perception of judgement is a pre-predictive constituent of a significant moment that is generally neglected in the literature. The literature abounds with an emphasis on the psychotherapist's non-judgemental approach and the importance of the client's perception of judgement has been neglected but is now highlighted by this study. It was Rogers (1962) who initially articulated most eloquently the importance for psychotherapists being non-judgemental (Winslade, 2013). He saw withholding personal judgement as a "*necessary and sufficient condition*" that was more an ethical attitude to be assumed rather than a technical skill of the psychotherapist (Rogers, 1951, p. 223). He emphasises its contribution to the therapeutic relationship and the majority of psychotherapists (90%) in North America, regardless of their model of psychotherapy, embrace varying elements of empathy, genuineness or congruence and positive regard (Cook, et al., 2010).

Arising from this study psychotherapists' attention is brought to the participants positive experience of entering psychotherapy and connecting with the psychotherapist. The importance of this connection is pivotal when the client is '*perceiving judgement*' which can be processed within psychotherapy or may influence premature termination of treatment. This contextual embeddedness of meaning-making has implications for practice. A psychotherapist's insensitivities towards a client or defensive response to the client's perception of judgement may influence a negative significant moment or

early termination of treatment. This study brings insight and attention to the possible role of a client's '*perception of judgement*' as a pre-predictive marker for revealing the unspoken concern that creates meaning which facilitates therapeutic change.

From the findings in this study the structure of the significant moment was revealed in the phenomenological unease and the phenomenological ease. The phenomenological unease was important because it identified an emergent self-consciousness that related to a kinaesthetic consciousness in the form of a physical sensing and a pre-predictive phase that involves the perception of judgement prior to the revealing of an unspoken experience. The phenomenological ease encompassed an uncovering of the acceptable self that nurtured an exposing of the inner self to the outer social world. The illumination of this process highlights for psychotherapists the importance of moving into the phenomenological unease in order to emerge into the phenomenological ease so that the self-realisation can occur and inform therapeutic change.

This study contributes to the common factors approach because it provides evidence that the client's construction of the meaning of a significant moment in psychotherapy creates therapeutic change. The client's role in the therapeutic process is a common factor. The findings emphasise and give voice to the participant's lived experience of a significant moment .

Change process research is concerned with how psychotherapy produces change. This study's illumination of the '*phenomenological unease*' highlights the importance of dealing with and revealing emotional and psychological pain in order to experience phenomenological ease that can lead to the acceptance of the true self and real

therapeutic change. Attention is brought to the participants' depth, sensitivity and the significance of the experience related to revealing an unspoken experience. It is important that psychotherapists facilitate this process as it forms a key contribution to change processes.

This study has uncovered that an unspoken experience requires an emergent phase before being articulated that manifests as the participant's paradoxical experience of connecting with the psychotherapist while also engaging with the judgement of the psychotherapist. This revealing plays a vital role in uncovering the acceptable self and in achieving a '*self-realisation*', the essence of a significant moment. Significant moments are identifiable points of change in psychotherapy as the participant's descriptions of a significant moment illuminated how such a moment is consciously constructed to create meaning. The constructed meaning was a '*self-realisation*' that the participants experienced in psychotherapy that led to personal and social changes.

This study further contributes to change process research by illuminating the power of a phenomenological interview to benefit the participants. The process of revealing the conscious construction of meaning informed participants about how their experience of a significant moment contributed to the changes they made in their lives. Psychotherapists and researchers can benefit from this study as it demonstrates an approach that can bridge the divide between the science of psychotherapy research and the art of psychotherapy. It demonstrates how the client's engagement with psychotherapy in practice can be studied using a rigorous scientific method that can be beneficial to clients. Husserlian phenomenology provides a defensible framework in which to examine experiences that occur in psychotherapy practice. Engaging a client in

reflection on their experience of psychotherapy may reveal an experience and an understanding that cannot be picked up by a questionnaire at the end of a session. Psychotherapist's awareness of being open, of adopting the '*phenomenological attitude*' is important to facilitating understanding and insight about the emergence of a significant moment.

Proponents of the significant event paradigm, that advocates for a descriptive and interpretative paradigm, may argue for a researcher to interpret the participant's construction of the meaning of a significant moment. However, this study focused on providing the participants with a voice which necessitated the researcher maintaining a Husserlian phenomenological attitude rather than practising a Hermeneutic interpretative approach. The participant's voice was important because the common factor model (Wampold, 2015) purports that clients make a considerable contribution to effective therapeutic outcomes. This study expands the significant event paradigm by targeting one method, namely the descriptive aspect, and eliminating the interpretative element. This refines the paradigm and allows for the identification of the essence of the phenomenon. By paying attention to and identifying the client's experience of change as a significant moment, psychotherapists can gain insight into how clients experience effective therapeutic outcomes. The client's perspective is important because psychotherapists and clients can have varying experiences of significant events (Timulak, 2010).

This study's originality contributes to the significant event paradigm by postulating that significant moments are on a continuum rather than opposite poles. The present study captured how, upon reflection, the participants' recategorized or



transitioned a negative significant moment as a positive significant moment. A skilfully conducted psychotherapy enables the sequence of transitions from negative to positive significant moments. Each moment like a wave is unique. However each moment is also part of a greater movement that is affected by a range of factors such as the tide and prevailing weather. As Shakespeare wrote in sonnet 60;

*Like as the waves make towards the pebb'l'd shore,  
So do our minutes hasten to their end;  
Each changing place with that which goes before,  
In sequent toil all forwards do contend.*

The significant events paradigm categorises significant events as a dichotomy of either positive or negative experiences. However, in this study, the phenomenological interview revealed that the conscious construction of meaning-making aided the process of recategorizing the significant moment. From the findings in this research study it is proposed that significant moments are not a dichotomy of positive or negative moments but exist on a continuum.

The contribution of this study to the field has implications for professional development that extends to supervision, professional organisations, and the education and training of the psychotherapist. This study raises issues regarding the maintenance of best practice which falls under the realm of supervision and professional organisations. The research findings add weight to the call for psychotherapists to embrace their failures by engaging in deliberated practice and focusing on becoming an expert psychotherapist (Ericsson, 2006; Rousmaniere, 2017). For example, in this study some participants experienced the psychotherapist being insensitive to their needs such as the psychotherapist falling asleep as a crucial time, being inattentive, and engaging in inappropriate self-disclosure. The humanity of the psychotherapist indicates that

mistakes will be made (Swift, et al., 2017) and clients may differ on what they perceive as insensitive. Supervisors may experience responsibility (Glover, 2014) and supervision has a role to play in encouraging disclosures from psychotherapists about negative events and interactions. Professional bodies can influence ethical frameworks that can positively guide practice.

This approach also formed a bridge between psychotherapy practice and research. Another strength is that it answers the call for psychotherapists to engage in research (Castonguay, Nelson, Boutsellis, Chiswick, Damer, Hemmelstein, Jackson, Morford, Ragusea, Roper, Spayd, Weiszer, & Borkovec, 2010). It has the advantage of bringing reflection to bear on psychotherapy practice and bringing reflection into the therapeutic space by engaging research participants in reflecting on a psychotherapy experience. It offers the added benefit of valuing the client's contribution as emphasised in the common factor model (Wampold, 2015).

Interestingly, expected issues implied by the research literature that did not emerge were gratification (Gelso, 1979), hope (Duncan, et al., 2014; Lambert, 1992b), treatment techniques and the concept of time. Hope may be buried in the experience of the phenomenon as a psychotherapist who actively listens creates hope (Rowe & Halling, 1998; Scheel, Davis, & Henderson, 2012). Only one participant mentioned hope (Kevin) that was created by the experience of a significant moment.

This study offers an in-depth description of how clients consciously constructed the meaning of a significant moment within a psychotherapy context. It addresses a gap in the literature by providing a subjectively based and qualitative account of this complex phenomenon. While there is a glut of qualitative research on psychotherapy,

there is little that explores what actually happens in psychotherapy and the client's construction of the meaning of a significant moment from an emic perspective.

### **Future Directions**

The future directions arising from this study have implications for psychotherapy research and practice. The unique findings of this study are worthy of further consideration especially the '*perception of judgement*' which is an emergent pre-predictive feature of an unspoken concern that contributions to therapeutic change. A replication study can add weight to the current findings. Of further interest is the exploration of gender differences, and cultural differences. Of particular interest is a matched pairs study that would investigate the client's and psychotherapist's experience of significant moments over the course of treatment which could contribute to a different perspective and the transitioning nature of significant moments from a negative to a positive experience.

Based on the experiences of the participants in this study it is recommended that investigations be conducted on supervisors' and professional bodies' contribution to effective ways to support psychotherapists to engage in best practice. This may include identifying the type of training or continual professional development that can provide the most effective techniques for seeking feedback from clients about their experience of psychotherapy. This may incorporate the maintenance of best practice and effective ways to process judgement.

All too often research is seen as the remit of academics and full-time researchers. Accusations are raised regarding practising psychotherapists' lack of engagement in research (Castonguay, et al., 2010). This study, conducted by a part time researcher

who is a practising psychotherapist, calls to practising psychotherapists to engage in practice-oriented research by integrating a descriptive phenomenological analysis into practice. They are also called to engage in psychotherapy practice research networks (Tasca, Sylvestre, Balfour, Chyurlia, Evans, et al., 2015).

### **Summary**

The evaluation of this study focused on rigour, resonance, relevance, reflexivity, (Finlay, 2011) and on thire strengths and limitations. This research needs to be reviewed within the framework set out as viewing phenomenology with an empirical lens “*seriously misunderstands phenomenology*” (Giorgi, 2008a, p.57). A clear limitation of this type of study was the self-report and reflective nature of the exploration. I aimed to allow the descriptive world of the participant's experiences of significant moments in psychotherapy to enlighten others and thereby enhance our sensitivities toward a potential process of change from the client’s perspective. Ultimately, the evaluation of this study is the remit of the reader (Finlay, 2011). This study created a window to grasp a momentary experience in psychotherapy whose beauty and sublimity reaches us initially indirectly through kinaesthetic consciousness before being consciously constructed to provide meaning that leads to therapeutic change.

### **Conclusion of the Study**

In conclusion, the meaning of a significant moment illuminated a ‘*self-realisation*’ that was consciously constructed by revealing a phenomenological unease and a phenomenological ease. It occurred in the context of psychotherapy and was facilitated by connecting with a psychotherapist. Knowledge comes from experience

(Husserl, 2012/1931) and the experience of a significant moment provides us with knowledge about ourselves that informs inner and outer changes. For example, Sarah's experience of a significant moment meant that she was "*more content into the real world, into my working life and into my personal life.*". Ann confidently exclaimed that the influence of the significant moment meant "*anything I wanted to focus on, and want, I can really make happen*" while Ruth experienced an "*internal voice saying it is OK*" to be me. Pure phenomenology provided a lens that illuminated what may initially have appeared ordinary and routine in psychotherapy to be exceptional. Many philosophers, researchers and psychotherapists have devoted much time to understanding the process of human change. This study demonstrates that a significant moment is a marker of client change in psychotherapy. In every life, there are moments that are remembered long after they occur, moments that touch our hearts and our minds, moments that shape our lives and inform our being. A significant moment in psychotherapy is an intense experience of meaning-making that influences therapeutic change.

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## Appendix A: Interview Schedule

Reference No.: \_\_\_\_\_

### Interview 1

#### **Section 1: Introductions**

- ⌚ Welcome participant
- ⌚ Plain Language Statement
- ⌚ Informed Consent Form

#### **Section 2: Demographic Information & Inclusion Criteria**

1. Interview date: \_\_\_\_\_ Interview commenced at \_\_\_\_\_ terminated at \_\_\_\_\_
2. Female participant ☐ or Male participant ☐
3. Date of Birth: \_\_\_\_\_
4. How long have you attended therapy? \_\_\_\_\_ No. of sessions: \_\_\_\_\_

#### **Section 3: Interview Schedule**

1. You have been in therapy for a number of sessions, can you tell me briefly about how you are finding it?
2. Have you ever experienced a significant moment in therapy, and if yes, can you tell me about it in as much detail as possible?
3. Would you say the significant moment was a positive or a negative experience and can you elaborate on why?
4. Is there an image, a metaphor, a sensation or a word that comes to mind when you consider your experience of this significant moment?
5. Let's take a moment to imagine that it is possible to change your experience of the significant moment. What could you change and still hold onto the personal meaning of the significant moment?
6. How has the significant moment affected you and impacted on your life, if at all?
7. Have you noticed any personal change related to your experience of the significant moment, and if yes, can you describe it in as much detail as possible?
8. Is there anything that we have not covered that you think is important to say about significant moments in therapy or is there anything that we have touched on that you would like to go back to talk about further?

Thank you for engaging in the interview. Before we finish I would like to arrange a provisional time to meet for the second interview which will be after you have attended four more sessions of therapy.

## **Interview 2**

### **Section 1: Introductions**

- ⌚ Welcome the participant back
- ⌚ Confirm and recap the Plain Language Statement
- ⌚ Confirm and recap on Informed Consent Form which has been completed

### **Section 2: Inclusion Criteria**

1. Confirm a minimum of four-sessions of therapy have been completed since the last meeting.

- ⌚ Yes      ⌚ No

2. Interview date: \_\_\_\_\_ Interview commenced at \_\_\_\_\_ terminated at \_\_\_\_\_

### **Section 3: Interview Schedule**

1. At our last meeting, we spoke of significant moments that you experienced in therapy. Do you have anything that you would like to add to our previous conversation?
2. Can you tell me if and how the significant moments that we spoke about before have impacted on you and your life?
3. Have you experienced a significant moment in therapy since we last spoke, and if yes, can you describe it in as much detail as possible?
4. Would you say the significant moment was a positive or a negative experience and can you elaborate on why?
5. Is there an image, a metaphor, a sensation or a word that comes to mind when you consider your experience of this significant moment?
6. Let's take a moment to imagine that it is possible to change your experience of the significant moment. What could you change and still hold onto the personal meaning for you?
7. How has the significant moment affected you and impacted on your life, if at all?
8. Have you noticed any personal change related to your experience of the significant moment, and if yes, can you describe it in as much detail as possible?
9. Is there anything that we have not covered that you think is important to say about significant moments or is there anything that we have touched on that you would like to go back to talk about further?

Thank you for participating in this study.

## **Appendix B: Recruitment Poster**

### **Can you help?**

My name is Nicky O’Leary, and I am a qualified psychologist and psychotherapist. I am doing a research project to find out if clients experience significant moments in therapy and how such moments may impact on them. I would like to talk to people who have attended at least four sessions of counselling/psychotherapy. You are invited to participate in two interviews of up to one-hour duration and about four-weeks apart. Kindly do not volunteer if you currently feel vulnerable or anxious.

### **What to do next?**

If you wish to take part in this study or you want more information, please contact me by phone at ##### or email at [nicky.oleary7@mail.dcu.ie](mailto:nicky.oleary7@mail.dcu.ie).

Your participation will be confidential.

Thank you.

Researcher: Nicky O’Leary Contact number: ##### Email:  
[nicky.oleary7@mail.dcu.ie](mailto:nicky.oleary7@mail.dcu.ie)

This research project is in part fulfilment for a Doctorate in Psychotherapy, and it is being supervised by Dr Rita Glover at the School of Nursing and Human Sciences, email: [rita.glover@dcu.ie](mailto:rita.glover@dcu.ie) & Dr Gerry Moore at the School of Nursing and Human Sciences, email: [gerry.moore@dcu.ie](mailto:gerry.moore@dcu.ie).

## **Appendix C: Invitation to Participate in the Research**

Title: Capturing the participant's experience of significant moments in psychotherapy.

Dear Volunteer,

My name is Nicky O'Leary, and I am a qualified psychologist and psychotherapist. I am doing a research project to capture a client's experience significant moments in therapy and how such moments may impact on them. The research project is in part fulfilment for a Doctorate in Psychotherapy, and it is being supervised by Dr Rita Glover and Dr Gerry Moore. You are warmly invited to participate. To participate, you need to have experienced at least four sessions of counselling/therapy. Kindly do not volunteer if you currently feel vulnerable or anxious.

You will be invited to give informed consent to attend two interviews about your experience of significant moments in therapy. The interviews will be held about four weeks apart. Your anonymity and confidentiality of the interview material will be safeguarded. However, the information provided can only be protected within the limitations of the law. The only case where confidentiality cannot be kept is in the case of risk of harm to you or others. Each interview, lasting up to one hour, will be held at the Healthy Living Centre. The interviews will be audio recorded and transcribed. Strict confidentiality guidelines will be adhered to, and you will be assigned a number and a pseudonym. This study will contribute to our understanding of how significant moments may impact on personal change in counselling/therapy. If you have any questions, please do not hesitate to contact me.

Thank you for considering this research project, and I do hope you will contribute.

Nicky O'Leary

Researcher: Nicky O'Leary      Contact number: #####      Email:  
nicky.oleary7@mail.dcu.ie

Supervisors: Dr Rita Glover at the School of Nursing and Human Sciences, email: rita.glover@dcu.ie & Dr Gerry Moore at the School of Nursing and Human Sciences, email: [gerry.moore@dcu.ie](mailto:gerry.moore@dcu.ie). (This researcher is a candidate for the Doctorate in Psychotherapy within the School of Nursing and Human Sciences at Dublin City University).



## **Appendix D: Plain Language Statement**

**Title:** Capturing the participant's experience of significant moments in psychotherapy.

My name is Nicky O'Leary, and I am a qualified psychologist and psychotherapist. I am doing a research project to find out if clients experience significant moments in therapy and how such moments may impact on them. The project is in part fulfilment for a Doctorate in Psychotherapy at the School of Nursing and Human Sciences in Dublin City University. The research project is being supervised by Dr Rita Glover (email: [rita.glover@dcu.ie](mailto:rita.glover@dcu.ie)) & Dr Gerry Moore (email: [gerry.moore@dcu.ie](mailto:gerry.moore@dcu.ie)) at the School of Nursing and Human Sciences, Dublin City University.

**The study:** The purpose of this study is to gather information on how clients experience significant moments within psychotherapy and how such moments may contribute to personal change.

**How you can contribute?** You can contribute by volunteering to discuss your experience of significant moments in therapy at two interviews approximate four-weeks apart. Each interview will be up to one hour in duration and will be held at the Healthy Living Centre, School of Nursing and Human Sciences, Dublin City University, Glasnevin, Dublin 9. I will ask you for permission to record our discussion so that I can concentrate on what you are telling me, rather than having to concentrate on writing everything down. You can decide to withdraw at any time during the study, without explanation, before the submission for accreditation. I will not be informing anyone at your counselling/psychotherapy service whether or not you participated. Kindly do not volunteer to participate if you currently feel vulnerable.

### **What are the benefits and risks of participating?**

Possible benefits of participating in this research project include:

- Identifying a significant moment for yourself and sharing your experience.
- Being active in your own well-being by volunteering to contribute to psychotherapy research.

- Contributing to bringing therapists awareness to the client's understanding of significant moments in psychotherapy.

Possible risks include:

- Sometimes people get upset during an interview, for a variety of different reasons, and if this happens, we will discuss what you would like to do. This might involve taking a break from the interview or opting out of the study.

**Who will have access to the information that you share?** Any identifying information you provide will remain confidential to the researcher and supervisors. No identifying information will appear in any of the research materials. All documents will be identified by a code number and/or a pseudonym. The information provided can only be protected within the limitations of the law. The only cases where confidentiality cannot be kept is in the case of risk of harm to you or to others, in which case this will have to be managed in accordance with professional guidelines. It is important for you to know that the limits of confidentiality apply even if you withdraw from the study after disclosing such information. The findings will be published as part of my Doctoral Thesis and will be put forward for publication in relevant academic journals, workshops and conferences to contribute to the knowledge about change in psychotherapy. However, your anonymity and confidentiality will be protected. If you have any concerns about this study and wish to contact an independent person kindly get in touch with The Secretary, Dublin City University Research Ethics Committee, c/o Research and Innovation Support, Dublin City University, Dublin 9. Tel: 01-7008000.

**What to do next?** If you think you would like to take part in this research or you would like more information, please contact me directly at ##### or email me at [nicky.oleary7@mail.dcu.ie](mailto:nicky.oleary7@mail.dcu.ie). If you choose not to participate, you do not need to do anything.

Thank you for considering this research project, and I do hope you will contribute.

Nicky O'Leary

**Researcher:** Nicky O'Leary

Contact

Number:###

Email:

[nicky.oleary7@mail.dcu.ie](mailto:nicky.oleary7@mail.dcu.ie)

## Appendix E: Informed Consent Form

**Research Title:** Capturing the participant's experience of significant moments in psychotherapy.

**Study Purpose:** The purpose of the study is to explore the participant's experience of significant moments in psychotherapy, and this study is being conducted by Nicky O'Leary, a candidate on the Doctorate in Psychotherapy, and supervised by Dr Rita Glover and Dr Gerry Moore at the School of Nursing and Human Sciences, Dublin City University.

If you agree to participate in this study, you will be interviewed on two separate occasions for up to one hour each time. You will be asked a series of questions about your experiences of significant moments in psychotherapy and how such moments may impact on meaning-making and personal change. The first interview will be after you have attended four or more counselling/psychotherapy sessions. The second interview will be after you have attended a further four sessions.

If you consent to be part of this research, please complete the following by circling Yes or No to each question):

<i>I have read the Plain Language Statement (or had it read to me)</i>	<i>Yes/No</i>
<i>I understand the information provided</i>	<i>Yes/No</i>
<i>I have had an opportunity to ask questions and discussed this study</i>	<i>Yes/No</i>
<i>I have received satisfactory answers to all my questions</i>	<i>Yes/No</i>
<i>I am aware that my interview will be audio recorded</i>	<i>Yes/No</i>

I am aware that my participation in this study is completely voluntary and that I am free to withdraw for any reason from this study without prejudice up to the submission date. My data will be kept secure at all times, and my name will not be divulged to anyone. My name will be anonymised to protect my identity. However, given the relatively small number of participants and the interview process, I am aware that anonymity cannot be fully guaranteed. Furthermore, this study will be subjected to legal limitations, which have been explained to me. It is also my understanding that all information gathered during the research will be destroyed and shredded five years after the completion of the research project in accordance with DCU guidelines.

I have read and understood the information in this form. My questions and concerns have been answered by the researcher, and I have a copy of this consent form. Therefore, I consent to take part in this research project.

Signature of Participant: \_\_\_\_\_  
Participant (Print Name): \_\_\_\_\_  
Signature of Researcher: \_\_\_\_\_  
Date: \_\_\_\_\_

## Appendix F Ethics Approval

Ollscoil Chathair Bhaile Átha Cliath  
Dublin City University



Mr Nicky O'Leary  
School of Nursing and Human Sciences

2 November 2016

REC Reference: DCUREC/2016/162  
Proposal Title: Capturing the participant's experience of significant moments in psychotherapy  
Applicant(s): Nicky O'Leary

Dear Nicky,

Further to a full committee review, the DCU Research Ethics Committee approves this research proposal.

Materials used to recruit participants should note that ethical approval for this project has been obtained from the Dublin City University Research Ethics Committee.

Should substantial modifications to the research protocol be required at a later stage, a further amendment submission should be made to the REC.

Yours sincerely,

A handwritten signature in blue ink that reads 'Dónal O'Gorman'.

Dr Dónal O'Gorman  
Chairperson  
DCU Research Ethics Committee



Taighde & Nuálaíocht Tacaíocht  
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## Appendix G: Section of Transcript for Participant 12

- Note: P = Participant; R = Researcher
- P: *Yeah. Well the one that springs to mind first is from the therapist which I worked with most recently.*
- R: *Ok.*
- P: *So, I would have been seeing her for about six months and I was very aware that I hadn't actually spoken about what I had wanted to talk about. And it stands out as a significant moment because I finally kind of said it.*
- R: *Ok.*
- P: *And I think that would have been a real turning point in that.*
- R: *Ok. So, saying what you wanted to say. Just getting it out.*
- P: *Yeah.*
- R: *Ok. Can you remember how it happened?*
- P: *I knew I had a sense that was why I was going to therapy in the first place. Then it became a kind of pressure I put on myself. You know, you're going to have to say this if you're going to get anything out of the work.*
- R: *Ok.*
- P: *But it was very difficult and there was weeks and weeks going past where every week I was saying this is going to be the week. And I couldn't, I couldn't.*
- R: *Ok. So, can you tell me about that experience then when you actually got it out. Can you think back to that day and that time?*
- P: *Yeah. So, I remember either the night before or maybe two nights before, I'd been in bed and thinking about it, and just thinking I have to do this now. I'm going to have to say it.*
- R: *Ok.*
- P: *And in the therapy room, I remember that ... It was funny because I remember thinking, you know, as a therapist, you might not pick up on it because I've a very calm exterior. (long pause) But on the inside, I remember my heart was pounding, and I was so panicked to say it, to just get it out there.*
- R: *Ok.*
- P: *But it was funny because in hindsight then, my therapist kind of said that she didn't realise it was such a big deal when I said it.*
- R: *How did you experience that at the time?*
- P: *Yeah. And her response was something a little bit flippant, not in a negative way, kind of just a jokey comment back. And I think ... (long pause). Yeah. I remember leaving therapy and going across the road to go and get the bus,*

*and at that stage, I was still shaking. So, it did have a big physical reaction for me.*

R: Okay. And so, tell me a bit about that panicking. What was going on for you before you said it?

P: *Yeah. It was just judgement I was worried about. I was just worried, and I was worried that because I hadn't said it yet, that I was going to come across like a liar.*

R: Right. What was it worried you about being coming across as a liar?

P: *I think it was because we had kind of built up a relationship, there was a bit of a rapport there. I had spoken about a few things and hadn't mentioned this.*

R: Ok.

P: *And also, I was worried that it would change the dynamic of our relationship.*

R: Ok. So, you had concerns about that and what was it like for you?

P: What she said, my reaction was disgust. Just at myself.

R: At yourself?

P: *Yeah. (long pause). So, but I think quite quickly she realised that this was more of a deal for me.*

R: So, go back and tell me a little bit about what that was like for you. And you're still shaking?

P: *Yeah. I didn't really manage to get the words out exactly. I kind of danced around it, but she got my meaning.... (pause). It was just the words she used herself that brought up a disgust for me.*

R: Right. Ok. Tell me how did you experience disgust?

P: *I felt very ashamed and just disgusted in myself.*

R: Ashamed with yourself. Ok.

P: *I think it was because she used a word that had never been used for me before. What I was trying to speak to her about was to do with sexuality and she used a word that I had never ... Had never been directed at me.*

R: Ok.

P: *So that's what brought up that ...(pause). Feeling of disgust, was that word she used, the term. So, it wasn't so much her reaction, it was what she said?*

P: Yeah.

R: Yeah. Ok, so you heard the word. Can you say a little bit more about how it affected you?

P: *Sure yeah. So, she ... (pause). You know I had kind of danced around the topic a lot and then she kind of said, trying to think exactly what she said. (Long pause). It was just such a shock to hear it said out.*

R: To hear it said out was a shock.

P: *Yeah. And I think a big part of it was that it was directed at me. Because it's a word I had heard growing up for other people.*

## Appendix H: Sample Analysis for Participant 12

**Participant Profile:** Code in analysis: P12      Gender: Female      Age: 25 Years 2 Months      Therapy Experience: 60 sessions

*Question 2: Have you ever experienced a significant moment in therapy, and if yes, can you tell me about it in as much detail as possible?*

Tran-script	Meaning of Whole	Meaning Units	Psychologically Sensitive Units	Constituents	Synthesis
See Appendix G in previous pages.	Significant moment occurred 6 months into psychotherapy when P12 finally hinted at what had brought her into psychotherapy. Psychotherapist didn't realise it was such a big deal. P12 was aware she was calm on the outside with heart pounding and panicked and fearful inside.	<i>So, she would have been seeing her (psychotherapist) for about six months and she was very aware that she hadn't actually spoken about what she had wanted to talk about. But it was very difficult and there was weeks and weeks going past where every week she was saying this is going to be the week. And P12 couldn't, she couldn't. And she thought that would have been a real turning point in that. Then it became a kind of pressure she put on herself. She knew she was going to have to say this if she is going to get anything out of the work. So, she remembers either the night before or maybe two nights before, being in bed and thinking about it, and just thinking she have to do this now. She was going to have to say it. She didn't really manage to get the words out exactly. She kind of danced around it, but she (psychotherapist) got her meaning. What she was trying to speak to her (psychotherapist) about was to do with sexuality and she used a word that she had never ... Had never been directed at her (client). With sexuality and things and she didn't want her (psychotherapist) to think she had an issue with other people. It was funny now to her because she remembers thinking a therapist might not pick up on it because she was very calm on the exterior. But on the inside, her heart was pounding, and she was so panicked to say it, to just get it out there. But it was funny because in hindsight then, my therapist kind of said that she didn't realise it was such a big deal when she said it. She remembers leaving therapy and going across the road to go and get the bus, and at that stage, she was still shaking. So, it did have a big physical reaction for her. It was just judgement she was worried about. P12 was just worried and she was worried that because she hadn't said it yet, that she was going to come across like a liar. She thought it was because they had kind of built up a relationship, there was a bit of a rapport there. She had spoken about a few things and hadn't mentioned this. And also, she was worried that it would change the dynamic of our relationship. Her reaction was disgust. . Just at herself. It was just the words she (therapist) used herself that brought up a disgust for her (client). She felt very ashamed and just disgusted in herself. She though it was because she used a word that had never been used for her before. Feeling of disgust...). And she thought a big part of it was that it was directed at her (client). Because it's a word she had heard growing up for other people... She had such a fear around the whole thing that it was never going to be resolved in one session. She thought the only thing that comes back up is just the embarrassment of it, the shame and P12 thought just that she is going to have to talk about</i>	P12 created self-pressure to engage with an issue but unable to name it and danced around it for six-months. Therapist interpreted the issue for P12 unaware that it was such a big issue for P12. P12 felt her exterior she was calm while underneath she was having a big physical reaction relating to being panicked, shocked, heart pounding, shaking, feeling embarrassed, ashamed and self-disgusted. P12 was concerned about judgement and the potential change to the rapport dynamic of the client-therapist relationship.	P12 struggles to say what is most important to her in therapy. Once said P12 worried that it has to be discussed or faced. P12 feels that therapists can underestimate the depth of physical and emotional reaction to a core issue as a client may have a facade of appearing calm on the surface. P12 concerned about being judged which could change the good rapport in the client-therapist relationship.	Phenomenological Unease (perceiving judgement)



		<i>this again now.</i>			
--	--	------------------------	--	--	--