Karmen Urška **MODIC**, Gregor **ŽVELC**

Pomagajoči vidiki terapevtskega odnosa v integrativni psihoterapiji

POVZETEK

Članek opisuje kvalitativno analizo pomagajočih vidikov terapevtskega odnosa v integrativni psihoterapiji. V raziskavi je sodelovalo 16 klientov, ki so bili najmanj leto dni v procesu integrativne psihoterapije. Udeležence smo intervjuvali s prilagojeno obliko Intervjuja spremembe (Elliott, 1999) s katerim smo empatično raziskovali klientovo izkušnjo terapije. Analiza klientove izkušnje integrativne psihoterapije je pokazala šest kategorij pomagajočih vidikov terapevtskega odnosa: empatično uglašenost terapevta, terapevtovo sprejemanje, ujemanje med klientom in terapevtom, občutki zaupanja in varnosti, občutek povezanosti in nova odnosna izkušnja. Na podlagi rezultatov raziskave smo razvili model zdravilnega odnosa v integrativni psihoterapiji, ki opisuje medsebojno prepletenost pomagajočih vidikov terapevtskega odnosa. Kategoriji empatična uglašenost in sprejemanje sta se izkazali kot najbolj pomembni z vidika terapevtovega doprinosa k zdravilnemu terapevtskemu odnosu. Klienti so opisovali, da je terapevtovo empatično uglaševanje in sprejemanje vplivalo na razvoj varnosti in zaupanja, občutek povezanosti in na novo odnosno izkušnjo. V diskusiji smo rezultate raziskave povezali s teorijo integrativne psihoterapije in raziskavami terapevtskega odnosa v psihoterapiji.

KLJUČNE BESEDE

integrativna psihoterapija, terapevtski odnos, pomagajoči vidiki psihoterapije, pomembni dogodki v psihoterapiji, kvalitativno raziskovanje v psihoterapiji.

Članek je prevod članka, ki je bil prvotno objavljen v reviji International Journal of Integrativne Psychotherapy, Vol. 6., 2015, str. 1-25.

KARMEN URŠKA MODIC, UNIV. DIPL. PSIH., DOKTORANTKA APLIKATIVNIH PSIHOLOŠKIH ŠTUDIJ, MODICKARMEN@YAHOO.COM

IZR. PROF. DR. GREGOR ŽVELC, SPECIALIST KLINIČNE PSIHOLOGIJE, 1) UNIVERZA V LJUBLJANI, FILOZOFSKA FAKULTETA, ODDELEK ZA PSIHOLOGIJO, LJUBLJANA, 2) UNIVERZA NA PRIMORSKEM, FAKULTETA ZA MATEMATIKO, NARAVOSLOVJE IN INFORMACIJSKE TEHNOLOGIJE, ODDELEK ZA PSIHOLOGIJO, KOPER, GREGOR.ZVELC@GUEST.ARNES.SI

Uvod

Psihoterapevtska integracija predstavlja pomembno paradigmo v psihoterapiji in je razširjena med psihoterapevti po celem svetu. Obstaja več oblik integracije psihoterapije, v tem članku pa se bomo osredotočili na pristop integrativne psihoterapije, ki ga je v razvil Richard G. Erskine s sodelavci (Erskine in Trautmann, 1997; Erskine, Moursund, & Trautmann, 1999; Erskine & Moursund, 2011; Erskine, 2015). Pristop integrira teorije in metode iz psihoanalitskih, humanističnih in vedenjskih smeri v psihoterapiji in jih poveže v koherentno teoretsko ozadje, ki predstavlja podlago psihoterapevtskim intervencijam (Erskine in Moursund, 2011). Izraz »integrativna« se nanaša na proces integracije osebnosti oziroma na integracijo odcepljenih in nezavednih delov sebe v kohezivno celoto. Terapevt pomaga klientu na poti integracije kognitivne, vedenjske, čustvene in fiziološke dimenzije osebnosti z upoštevanjem socialnih in transpersonalnih aspektov. Integrativna psihoterapija sloni na treh med seboj povezanih teorijah: teoriji osebnosti, teoriji motivacije in teoriji metod (Erskine, 1997).

Odnos med terapevtom in klientom je v integrativni psihoterapiji osrednjega pomena. Ne predstavlja le osnove za terapevtske intervencije, ampak sam po sebi predstavlja pomemben zdravilni faktor. Cilj integrativne psihoterapije je vzpostavitev terapevtskega odnosa, ki omogoča klientu vzpostavitev kontakta s sabo in z drugimi. Integrativna psihoterapija opisuje tri glavne metode dela v terapevtskem odnosu: povpraševanje, uglaševanje in udeleženost (Erskine idr., 1999).

S *povpraševanjem* (angl. *inquiry*) (Erskine idr., 1999) terapevt pomaga klientu na njegovi poti raziskovanja sebe in zdravljenja. Povpraševanje vključuje spoštljivo raziskovanje klientove fenomenološke izkušnje. Povpraševanje izhaja iz predpostavke, da terapevt ne ve nič o klientovem subjektivnem doživljanju in vedenju. Namen je pomagati klientu odkriti načine, s katerimi se je naučil prekinjati kontakt, tako zunanji kot notranji. S prepoznavanjem in spreminjanjem takšnih vzorcev lahko klient razvije nove pristne odnose z ljudmi in s seboj, ki mu prinašajo več spontanosti, fleksibilnosti in zadovoljstva. Poudarek je na procesu, kjer terapevt vabi klienta k iskanju odgovorov, k drugačnemu razmišljanju in k raziskovanju novih nivojev zavedanja. Pri povpraševanju ni glavni cilj, da bi terapevt prišel do odgovorov, temveč je povpraševanje zdravilno samo po sebi, če se odvija v avtentičnem odnosu med terapevtom in klientom, kjer lahko klient varno odkriva sebe v novi luči in izkusi, kako je biti z nekom na načine, ki jih prej ni poznal.

Pri *uglaševanju* (angl. *attunement*) (Erskine idr., 1999) gre za kinestetično in emocionalno čutenje druge osebe, kar zajema poznavanje njenega ritma, čustev in doživljanja, ki ga spremlja rezonirajoč odziv in/ali recipročno čustvo. Terapevtovo rezoniranje s klientovim doživljanjem omogoča klientu ozavestiti vsebine in dele sebe, ki so bili odcepljeni in potlačeni. Omogoča potrditev preteklih in sedanjih potreb in čustev. Erskine s sodelavci (1999) opisuje naslednje vidike uglaševanja: kognitivno, čustveno, ritmično, razvojno in uglaševanje na relacijske potrebe.

Pri *kognitivnem uglaševanju* se terapevt uglašuje na klientove kognitivne procese in na njegov način razmišljanja. *Čustveno* uglaševanje vključuje odzivanje na klientova čustva z recipročnim čustvenim odzivom terapevta. Pri *ritmičnem* uglaševanju terapevt

prilagodi ritem povpraševanja in udeleženosti na klientov tempo predelave zunanjih in notranjih informacij. Pri *razvojnem uglaševanju* se terapevt uglasi na klientov razvojni nivo psihološkega funkcioniranja, ki se lahko v terapiji in med srečanji spreminja in ni nujno povezano s klientovo kronološko starostjo. Pomemben del uglaševanja zajema tudi prepoznavanje relacijskih potreb klienta in ustrezno recipročno odzivanje na potrebo po varnosti, po spoštovanju in potrditvi, po sprejemanju, po deljenju osebne izkušnje, po samodefiniciji, po vplivanju na drugega, po iniciativi druge osebe in po izražanju ljubezni. Uglaševanje vodi terapevtsko povpraševanje in oblikuje naravo terapevtske udeleženosti (Erskine idr., 1999).

Udeleženost (angl. *involvement*) (Erskine idr., 1999) pomeni, da je terapevt polno prisoten v terapevtskem odnosu in se odziva na klienta. Avtorji integrativne psihoterapije opišejo štiri glavne vidike udeleženosti: priznavanje, validacijo, normalizacijo in prisotnost. S *priznavanjem* terapevt izrazi, da se zaveda, kaj doživlja klient in kaj se z njim dogaja. *Validacija* je priznavanje pomembnosti klientovega doživljanja. *Normalizacija* omogoča, da klient spejme svoje doživljanje in mehanizme spoprijemanja kot normalne in ne patološke. *Prisotnost* pomeni, da je terapevt polno prisoten v stiku s klientom in da deluje za klientovo dobrobit.

Povpraševanje, uglaševanje in udeleženost so osrednje metode relacijske psihoterapije, ki omogočajo, da klient doživi novo relacijsko izkušnjo, ki ga vabi izven starih nefunkcionalnih vzorcev. Prikazane tri metode so močno prepletene med seboj in predstavljajo glavne sestavine zdravilnega terapevtskega odnosa v integrativni psihoterapiji.

Metode in teorije integrativne psihoterapije se ujemajo z raziskavami skupnih faktorjev v psihoterapiji, pri čemer je bilo ugotovljeno, da je terapevtski odnos eden najpomembnejših dejavnikov za uspešno terapijo (Lambert in Barley, 2001; Norcross in Lambert, 2011; Norcross in Wampold, 2011; Orlinsky, Ronnestad in Willutzki, 2004). Vendar do sedaj še ni bilo raziskave, ki bi sistematično preučevala značilnosti terapevtskega odnosa v integrativni psihoterapiji, ki so jo razvili Erskine in sodelavci. Zato smo se odločili narediti raziskavo, ki bi s klientovega vidika preučila doživljanje terapevtskega odnosa. Namen raziskave je bil preučiti klientovo izkustvo pomagajočih dejavnikov terapevtskega odnosa v procesu integrativne psihoterapije. V ta namen smo oblikovali raziskovalno vprašanje: »Kako klienti doživljajo pomagajoče vidike terapevtskega odnosa v procesu integrativne psihoterapije?«

Raziskovanje »pomembnih dogodkov« (Elliott, 1985) predstavlja poseben pristop k proučevanju specifičnih dogodkov v psihoterapiji, t. i. dogodkov, ki jih klient doživlja kot pomembne. Gre za vrsto raziskovanja psihoterapevtskega procesa, ki običajno uporablja transkript srečanja kot tudi klientovo in terapevtovo refleksijo na določen dogodek (Elliott, 1989). Elliott in Shapiro (1992) sta »pomemben dogodek« opredelila kot dogodek znotraj terapevtske seanse, ki ga klient doživi kot najbolj pomagajočega ali pomembnega. Metoda sistematičnega kvalitativnega raziskovanja pomembnih dogodkov (angl. *The Comprehensive Process Analysis method*) (Elliott, 1989; Elliott in Shapiro, 1992) se osredotoča na razumevanje konteksta, v katerem se pojavi pomemben dogodek, na pomembne vidike samega dogodka in na učinke dogodka. V naši raziskavi bomo uporabili klientov retrospektivni priklic pomembnih dogodkov terapije iz časovno nekoliko oddaljene perspektive (Rhodes, Hill, Thompson in Elliott, 1994). Raziskovanje pomembnih dogodkov poteka več kot petindvajset let, paradigmo pa so uporabili

pri raziskovanju različnih terapevtskih modalitet in za različne klientove težave (Cahill, Paley in Hardy, 2013; Elliott in Shapiro, 1992; Glass in Arnkoff, 2000; Levitt, Butler in Hill, 2006; Lietaer, 1992; Manthei, 2007; McVea, Gow in Lowe, 2011; Moertl in Wietersheim, 2008; Oliveira, Sousa in Pires, 2012; Rennie, 1992; Svanborg, Baarnhielm, Wistedt in Lutzen, 2008; Timulak, 2007, 2010).

Raziskava temelji na predpostavki, da so opisani figuralni trenutki s svojim pomagajočim učinkom najbolj rodovitno področje psihoterapevtskega procesa (Timulak, 2007). Raziskovanje takšnih dogodkov lahko dodatno osvetli razumevanje, kaj v psihoterapiji deluje in kako deluje (Bergin in Lambert, 1978) in kako lahko terapevt prispeva k njenemu zdravilnemu delovanju pri klientu. Zaradi opisne narave raziskovalnega vprašanja smo za analizo podatkov uporabili kvalitativno metodologijo. Raziskava je del širšega raziskovalnega projekta o učinkovitosti integrativne psihoterapije, ki poteka v okviru doktorskega študija Aplikativnih psiholoških ved (Filozofska fakulteta v Ljubljani, Oddelek za psihologijo). Raziskava je bila odobrena s strani etične komisije Filozofske fakultete.

Metoda

Udeleženci

V raziskavo smo povabili kliente, ki obiskujejo ali so že zaključili proces integrativne psihoterapije pri psihoterapevtih, ki so se izobraževali v okviru Inštituta za integrativno psihoterapijo in svetovanje in so vključeni v Slovensko društvo za integrativno psihoterapijo in transakcijsko analizo. Velikost vzorca ni bila vnaprej določena, temveč smo jo določili z vsebinsko nasičenostjo podatkov (Glaser in Strauss, 1967); vključevanje novih udeležencev smo zaključili, ko z nadaljnjim zbiranjem podatkov nismo več našli novih kategorij. Sodelovalo je 16 intervjuvancev, 11 udeleženk ženskega in 5 moškega spola, ki so bili v terapiji z enajstimi različnimi terapevti. Starostni razpon udeležencev je bil 25-52 let; M=33,4 let. Trinajst udeležencev je bilo zaposlenih, dva sta bila brezposelna in eden je bil študent. Udeleženci so se razlikovali tudi po stopnji dosežene izobrazbe; 9 jih je zaključilo srednješolsko izobraževanje, 5 univerzitetno izobraževanje in 2 sta imela opravljeno magistrsko ali doktorsko stopnjo izobrazbe. Težave, zaradi katerih so se udeleženci vključili v psihoterapevtski proces so zajemali naslednja problemska področja: anksioznost, stres, kognitivni/učni problemi, osebnostni problemi, motnje hranjenja, telesni simptomi, travma/zloraba, žalovanje/izguba, samozavest, medosebni/odnosni problemi, težave pri delu/učenju). Sodelujoči udeleženci so imeli izkušnjo vsaj enoletnega procesa integrativne psihoterapije (14 klientov je imelo izkušnjo 1-3 letnega procesa terapije, 2 klienta sta imela izkušnjo več kot 3 letnega procesa terapije).

Pripomočki

Udeležênčev demografski vprašalnik smo sestavili za potrebe raziskave. Z demografskim vprašalnikom smo od udeležencev pridobili podatke o: (1) vrsti terapije; (2) dolžini časa obiskovanja terapije; (3) spolu; (4) starosti; (5) doseženi stopnji izobrazbe; (6) zaposlitvenem statusu; (7) njihovih težavah/problemskih področjih; (8) aktualnem/preteklem iskanju in koriščenju pomoči zaradi psiholoških težav; (9) morebitni psihiatrični diagnozi; (10) predpisanih zdravilih zaradi psiholoških težav.

Intervju spremembe v terapiji (angl. *The Client Change Interview*) (Elliott, 1999; Elliott, Slatick in Urman, 2001) smo prilagodili za namene raziskave. Intervju je obsegal pol-strukturirano empatično raziskovanje klientove terapevtske izkušnje. Raziskovalec je postavljal odprta vprašanja s pomočjo katerih je pomagal klientu elaborirati njegovo izkušnjo in ga pri tem naprošal za čim več podrobnih informacij o dogajanju med terapijo. Med intervjuvanjem je raziskovalec spraševal klienta o ključnih področjih raziskave in vprašanja prilagajal individualnim posebnostim udeležencev in sledil njihovi pripovedi. Skladno s predpostavkami intervjuvanja (Fassinger, 2005) je protokol intervjuja dopuščal, da se je udeležančeva pripoved prosto razvijala in da je udeleženec na njemu lasten način pojasnil svojo doživeto izkušnjo. Primeri vprašanj: Katere spremembe opazite pri sebi, odkar ste v terapiji? Kaj je bil vzrok spremembam? Kaj vam je pomagalo k spremembam? V raziskavi smo se pri analizi osredotočili izključno na opise pomagajočih vidikov terapevtskega odnosa.

Postopek

Raziskovalca sva bila študentka doktorskega študija Aplikativnih psiholoških ved (raziskovalec A) ter klinični psiholog s 15 letno delovno prakso psihoterapevta (raziskovalec B). Povabilo za sodelovanje v raziskavi smo v obliki dopisa poslali preko elektronske pošte članom Slovenskega društva za integrativno psihoterapijo in transakcijsko analizo. Terapevti so svoje kliente povabili k sodelovanju in tisti, ki so želeli sodelovati, so nas kontaktirali. Udeleženci so bili seznanjeni z namenom naše raziskave in so pred pričetkom podpisali izjavo o prostovoljnem sodelovanju v raziskavi. Individualno opravljene intervjuje smo posneli na kraju kjer je bila zagotovljena zasebnost ter jih nato dobesedno prepisali. Z metodo teoretičnega vzorčenja (angl. *theoretical sampling*) (Glaser in Strauss, 1967) oziroma s triangulacijo podatkov (Flick, 2014) smo v raziskavo vključili različne udeležence z različnim naborom problemskih področij.

Z analizo rezultatov smo začeli po izvedbi prvih štirih intervjujev. Intervjuvanje in analiziranje sta bila medsebojno prepletena procesa (Corbin in Strauss, 1998, 2008). Pri tem smo si pomagali z računalniškim programom za kvalitativno analizo ATLAS.ti (Friese, 2014). Znotraj prve faze odprtega kodiranja (angl. *open coding*) (Corbin in Strauss, 1998) smo s premislekom brali vrstico za vrstico, proučevali zapisano, razčlenjevali in identificirali pojme oziroma pomenske enote. Pojme smo nato primerjali med seboj in tiste, ki so se nanašali na podobne pojave združili v širše kategorije. Odprtemu je sledilo aksialno kodiranje (angl. *axial coding*) pri katerem smo vzpostavljali odnose znotraj določene kategorije in med kategorijo in njenimi podkategorijami. Izmed velikega števila pojmov in kategorij smo izbrali tiste, ki so bili relevantni glede na problem in namen raziskave. V obliki definicij smo oblikovali bistvo pojmov in kategorij. Selektivno kodiranje (angl. *selective coding*) (Strauss in Corbin, 1998) nam je pomagalo podatke združevati okoli središčne (angl. *core*) kategorije. Ob izvedbi in analizi zadnjih treh intervjujev se je pokazalo, da se podobne teme ponavljajo. Saturacija podatkov se pojavi, ko nobeden na novo pridobljen podatek ne prispeva ničesar k dotedanjim lastnostim ugotovljenih kategorij (Glaser in Strauss, 1967). Po zaključenem šestnajstem intervjuju smo ugotovili, da so kategorije saturirane in raziskavo zaključili.

V časovnem obdobju zbiranja podatkov in njihovega analiziranja sva se raziskovalca tedensko srečevala in primerjala kode in kategorije, ki sva jih ločeno oblikovala v vsaki fazi analiziranja. S triangulacijo raziskovalcev (Flick, 2014) smo zmanjšali pristranosti,

ki so posledica raziskovalčeve subjektivnosti. Glede na najina teoretična izhodišča sva bila pod vplivom perspektive, ki jo zastopa smer integrativne psihoterapije. V kontekstu predstavljene raziskave je najin pogled na dogajanje v procesu psihoterapije služil kot senzitizirajoči koncept (angl. *sensitising concept*) (Charmaz, 2006), kar pomeni, da sva se najinih teoretičnih izhodišč zavedala in hkrati vzdrževala odprt pojmovni okvir ter dopuščala materialu govoriti samemu zase. Celoten potek raziskave lahko označimo kot iterativen proces (Mesec, 1998), saj smo se pri vsakem naslednjem koraku vračali in pregledovali vse prejšnje ugotovitve. Pisanje zaznamkov (angl. *memos*) za izpopolnjevanje kategorij, odnosov med kategorijami in ugotavljanje manjkajočih podatkov, refleksija s kolegom, izčrpnost nabora udeležencev in večkratno in kontinuirano preverjanje podatkov in zaključkov so bile strategije, ki so pripomogle k veljavnosti in zanesljivosti naše kvalitativne raziskave.

Rezultati

Analiza 16 intervjujev (približno 113 transkribiranih strani formata A4) je pokazala *130 kodiranih navedkov* (KN), ki se nanašajo na izhodiščni raziskovalni problem. V Tabeli 1 prikazujemo taksonomijo pomagajočih dejavnikov terapevtskega odnosa integrativne psihoterapije s celotnim številom kodiranih navedkov. Pomemben dogodek smo definirali kot dogodek ali izkušnjo, ki pomaga klientu spremeniti ali izboljšati problemsko situacijo (Elliott in Shapiro, 1992). Vsakokrat, ko klient opisuje nekaj kot pomagajoče ali kadar je iz navedbe očitno, da je dogodek pomagajoč, smo tekst kodirali z vsebinsko primerno kodo. Navedke smo pomensko združevali in prišli do šestih glavnih kategorij.

Tabela 1
Taksonomija pomagajočih dejavnikov terapevtskega odnosa integrativne psihoterapije

POMAGAJOČI DEJAVNIKI TERAPEVTSKEGA ODNOSA	KN	KT
1. Empatična uglašenost	44	14
1.1. Čustvena uglašenost terapevta 1.2. Razumevanje klientovega doživljanja 1.3. Uglaševanje na klientov proces 1.4. Izkušnja stika		
2. Sprejemanje	24	9
3. Varnost in zaupanje	19	10
4. Povezanost	19	8
5. Nova odnosna izkušnja	12	8
6. Ujemanje	12	4

Legenda. KN - število kodiranih navedkov; KT - število kodiranih transkriptov.

Pri opisovanju kategorij v Tabeli 1 navajamo tudi število pripadajočih kodiranih transkriptov (KT), kar pomeni število udeležencev, ki je posamezno kategorijo omenilo.

Pri interpretaciji navedenih števil je potrebno upoštevati, da je šlo za pol-strukturiran intervju. V tem okviru udeležencev nismo spraševali po enakih vsebinskih področjih, ampak so navajali vsebine, ki so izstopajoče znotraj njihove lastne izkušnje procesa terapije. Navedena števila je potrebno razumeti kot oceno, koliko udeležencev navaja določeno izkušnjo kot pomemben del njihove terapije.

Pomagajoče vidike terapevtskega odnosa so navedli vsi udeleženci raziskave; pri tem smo dobili 130 kodiranih navedkov, ki se nanašajo na empatično uglašenost terapevta, brezpogojno sprejemanje, varnost in zaupanje, povezanost, novo odnosno izkušnjo in ujemanje med klientom in terapevtom.

V nadaljevanju sprva podamo jedrnato definicijo, ki izraža vsebinsko bistvo posamezne kategorije, nato sledijo razširjeni opisi s primeri navedkov. Ob navedkih je naveden tako imenovan ID, ki prikazuje oznako intervjuja, dvopičje in oznako navedka (npr. 5:39 – devetintrideseti navedek v petem intervjuju). Poglavje o rezultatih je razdeljeno na dva dela. Prvi se nanaša na kategorije in navedke, povezane z raziskovalnim problemom, drugi pa predstavlja povzetek rezultatov v obliki modela.

1. Empatična uglašenost

Empatična uglašenost vključuje več podkategorij, ki se nanašajo na različne aspekte terapevtove empatične uglašenosti: a) čustveno uglašenost terapevta, b) razumevanje klientovega doživljanja, c) uglaševanje na klientov proces in d) klientovo izkušnjo stika.

1.1 Čustvena uglašenost terapevta

Iz navedkov sledi, da je klientom zelo pomembno, da je terapevt čustveno uglašen, empatičen in čuti njihovo stisko. Klienti izpostavijo senzitivnost in čustveno odzivnost terapevta, ki jo zaznajo preko terapevtove neverbalne govorice. Empatičnost terapevta so klienti opazili po terapevtovi obrazni mimiki kar nam prikazuje naslednji navedek:

»Empatija tudi, meni je ful pomenilo, jaz nisem pričakovala, da se bo kdo jokal z mano, ker to ni moja kolegica, je psihoterapevt. Sem pa opazila, da dostikrat jaz, ko sem bila resnično v stiski, sem čutila, da ona čuti to mojo stisko. Po njeni mimiki, po obrazu sem videla kot da bi ona trpela, en tak ful empatičen odnos. To mi je ful pomagalo.« 5:39

»Tudi včeraj, ko sva zaključila, sva pred tem odprla neko težko temo. Potem sem jaz zaznal, sem jo videl, da je malo zaskrbljena in mi je rekla, naj današnji dan poskrbim zase, ker zna biti to sedaj naporno. To, da ji nekaj pomenim, to mi ful pomeni.« 10:59

Veliko jim pomeni pristno zanimanje terapevta za klientovo doživljanje čustev in telesnih odzivov.

»Tudi ona mene po vsaki taki stvari, preden se posloviva, vpraša, kako se počutim in čas si vzame in tudi vidim, da ko se mi pospeši dihanje ... tako v izi.« 10:82

Zanimivi so tudi navedki, ki se nanašajo na pomen terapevtovega pristnega čustvenega odzivanja na klientova čustva. Klientom je pomembno, da je terapevt iskreno čustveno udeležen v odnosu.

»Pa tudi to, da je terapevtka vesela za vsak uspeh.« 13:36

1.2 Razumevanje klientovega doživljanja

Klienti poudarijo, da jim je bilo zelo pomembno, da je terapevt skušal razumeti njihov notranji svet, da je v to vložil nek trud in čas.

»Ja, ravno v teh stvareh, za katere sem mislil, da me ne razume, se je pač potrudil razumet. To so bile občutljive teme in nekako sem dosti truda in volje rabil, da sem se sploh lotil te teme in mi je veliko pomenilo, da je tudi on nek trud vložil, da je to razumel.« 11:12

»Že ona sama taka, kot je, njen način govora, stvari ki mi jih pove in dejanja, se mi zdi, da me zastopi. Ne daje mi občutka, da sem džanki, da sem številka, ampak da sem enakovreden.« 10:57

1.3 Uglaševanje na klientov proces

Klientom je pomembno terapevtovo uglaševanje na njihov proces, kar se kaže v navedkih, ki se nanašajo na terapevtovo senzitivnost za klientovo doživljanje in upoštevanje njihovega mnenja. Terapevt se prilagaja klientovim vsebinam na katerih je pripravljen delati in reagira iz trenutka v trenutek.

»Je pa res, da je še toliko tem. Da enkrat pridem tja in me nekaj matra, drugič pridem tja in me matra nekaj drugega. Ona poskrbi za to, da tisto, kar me najbolj matra, se skušava tistega najprej lotit.« 10:67

Kot pomembno nekateri klienti poudarijo prilagodljivost njihovemu tempu in doživljanju.

»Všeč mi je bilo, da sem jaz lahko določala tempo. Vedno sem si lahko izbrala temo. Ni bilo tako, da sem jaz tja prišla, pa je bilo rečeno, to bomo danes, ker je pač ostalo od zadnjič.« 8:48

»Se mi zdi, da ravno prav dozira, ker če bi bilo tega preveč, bi jaz rekla, da se tega ne morem iti, ker bi še bolj živčna hodila na terapije v stilu, kaj bo pa danes. Tako, da vsake toliko časa kaj takega naredi takrat, ko je primerno in izgleda, da oceni, kdaj je ok.« 12:58

Klientom je zelo pomembno, da niso imeli občutka, da bi jih terapevt v nekaj silil, česar sami ne bi želeli, jim polagal besed v usta ali kako drugače sugeriral.

»Nikoli ni silila ali mi polagala besed v usta ali pa mnenja svojega vsiljevala. Nekako vedno je pustila, da sem jaz prišla do nekakega zaključka. Včasih sem lahko imela cel mesec nekaj pred sabo, pa nisem videla. Je prav, da sem sama lahko to videla, da ni ona povedala, ker nekako nima iste teže, če ti nekdo nekaj pokaže ali pa, če ti to sam opaziš.« 8:39

»Tretje, da ti ne vsiljuje mnenja. Tega ful ne maram, kaj je prav, kaj je narobe. To mi je ful v redu. Ker sem sama zgradila osebnost, ne ona, ona je meni samo malo pomaga la. Ker potem bi spet verjela, da je ona zgradila. Spet ne bi bila jaz, jaz. Zato mi je ful pomembno, da mi ni postavljala tega.« 16:46

Klientom je tudi pomembno, da jih terapevt povpraša, kako je vplival nanje s svojim načinom reagiranja in s svojimi intervencijami, ter kaj menijo glede njunega odnosa.

»Če ona kaj naredi, na primer, ko sva imeli komunikacijo preko mailov in me je ona vprašala, kaj je meni to pomenilo, ko je ona tako odreagirala. Ravno to, ker nič ne ostane spregledano, to bomo pa že. Tisto kar je meni pomembno, je tudi njej pomembno. Prav ta občutek, da te res resno jemlje.« 12:53

»To, kar ona zares dobro dela, da je odnos res pomemben, da sprašuje za feedback. Da terapevt sprašuje, ali se ti zdi, da dobro delam in da ti poveš, da ali ne. In to lahko uporabi naprej.« 12:73

1.4 Izkušnja stika

Izkušnjo stika nekateri klienti opišejo kot kvalitativno spremembo odnosa, ki se je zgodila na podlagi terapevtove topline in čustvene udeleženosti. Izkušnjo stika klienti opisujejo kot nebesedno izkušnjo globokega stika s terapevtom, ki je za nekatere ključen trenutek v terapiji.

»Pa to brezpogojno sprejemanje, ta toplina zadaj, kar je čutit. Prav spomnim se, ko je prišlo do tega, v parih seansah, pozitiven topel stik se je zgodil, ki se mi zdi, ki je kvalitativno čisto spremenil, kaj se je dogajalo v terapiji prej in kaj po tem. Ne znam prav dobro ubesedit tega, kaj je to bilo. Nek nezaveden, neubeseden, prav klik je bil. Me je zelo presenetilo, ker v kakšnih eni, dveh terapijah se je to zgodilo. To je bilo pred kakšnim letom, po dveh, treh letih. Pred tem tega ni bilo, je bilo nekaj drugega, je bilo bolj na razumski ravni.« 6:38

2. Sprejemanje

Kategorija vsebuje dejavnike terapevtovega popolnega, brezpogojnega, absolutno pozitivnega sprejemanja brez obsojanja.

Klientom je bilo zelo pomembno, da jih je terapevt brezpogojno sprejemal in jih ni obsojal. To jim je omogočilo, da so govorili o stvareh o katerih bi jim bilo drugače neprijetno govoriti.

»Brez obsojanja, da sem se varno počutila, ni me bilo strah govorit o stvareh. Ni me bilo strah karkoli povedat. Ko sva vzpostavili odnos, sem zaupala, da v kakršnokoli stanje bom padla, da me bo ona spravila ven.« 5:40

V povezavi s tem klienti poročajo, da jim je pomagalo, da je terapevt sprejemal čustva, ki jih sami pri sebi niso mogli sprejeti, na primer čustva sramu in žalosti. To jim je pomagalo, da so jih potem tudi sami lahko sprejeli, kar jim je olajšalo počutje. Pozitiven in sprejemajoč terapevtov odnos je bil povezan tudi z normalizacijo. Klienti so se počutili, da je njihovo doživljanje normalno in človeško.

»Ko sem govoril o čem, kar je bilo povezano s sramom, ko sem podelil, in je sprejela mene in sem potem tudi sebe lažje sprejemal. Sem čutil, da bi bilo dobro o tem govoriti, je bilo pa težko.« 6:19

»Zadaj pa sem si in sem prvič spoznala žalovanje. Da je to dovoljeno, da je to pač nek proces, da je to čisto normalno. Je to šlo veliko hitreje, na začetku sicer pač ok - boleče, ampak veliko lažje, kar sem prej sama delala.« 8:47

Nekaj klientov je še posebej izpostavilo, da jim je terapevtovo absolutno pozitivno sprejemanje pomagalo normalizirati notranje doživljanje ter da so se pričeli zavedati lastne vrednosti in razvili samospoštovanje.

»Meni je bilo pomembno, da je nekdo rekel: aha, to je pa normalno, to je pa normalno, da tako čutiš, normalno je vse to, kar mi govoriš. To, da me je nekdo sprejemal brez da bi me obsojal, karkoli sem naredila, pa razumevanje.« 16:39

»Specifičen dogodek je najbolj to, da te razume, da te posluša, da ti da res vedeti, da je s teboj vse v redu.« 15:37

Nekaterim klientom je bilo pomembno, da jih je terapevt sprejemal kljub temu, če se z njimi ni strinjal oz. tudi če so imeli z njim občasen konflikt.

»Vseobsegajoče sprejemanje s strani terapevta. Da mi res da prostor, da pridem z različnimi stvarmi ven in me kljub temu sprejema. Kljub temu, da imava občasno kakšen konflikt, da v odnosu zdrži.« 6:31

Zanimivi so citati, ko so se klienti počutili svobodno, da lahko karkoli doživijo in da je to sprejeto; da je terapevt brezpogojno sprejel stvari, ki so delovale irelevantne ali navidezno neumne.

»Ker mi je on omogočil, da karkoli pride, je ok. Ni zdaj, da je to blazno. Ta svoboda, v tem smislu, da dopustiš, da pride kaj irelevantnega, potem pa vidiš, da ni irelevantno, potem pa pride neko čustvo, potem je pa kar nekaj.« 7:82

»Meni je ful v redu, da se tako zastopiva, da lahko marsikaj rečeš, da se lahko kaj pohecaš in da ni tako uradna, da je topla oseba. Da lahko kakšno traparijo rečeš kdaj, ko ti je težko in da malo presekaš vse skupaj in da ona to zastopi.« 9:38

3. Varnost in zaupanje

Kategorija vsebuje dejavnike varnosti in zaupanja, ki se gradi skozi ključne trenutke procesa ali pa se intuitivno vzpostavi. Občutek varnosti zmanjšuje klientovo distanco in nudi varen prostor, ki je temelj terapevtskega dela.

Nekaj klientov je izpostavilo, da se je zaupanje gradilo počasi in postopoma;

»Tako, kot ste brali, mali princ, ko reče lisica, pridi vsakič ob isti uri in vsakič bova malo bliže sedela. Tako se zaupanje gradi, počasi in počasi, pa malo, pa malo, pa je.« 4:37

»Pa tudi nek odnos zaupanja. Tako, da če tega ne bi bilo, zagotovo ne bi mogel delat. Absolutno odnos zaupanja. Tudi najin odnos se je gradil. Se spomnim nekaj takšnih ključnih točk, ob katerih je, to je bilo zelo na začetku, ko se je nek temeljni odnos vzpostavil. Tako, da zagotovo odnos.« 7:80

Pri nekaterih klientih pa se je zaupanje intuitivno in hipoma vzpostavilo.

»Občutek zaupanja - ga imaš ali pa nimaš. Jaz sem šla k njej s tem, da ji zaupam. Sem ji zaupala od začetka.« 15:50

V povezavi z zaupanjem so klienti poudarili občutek varnosti, ki so jo začutili ob terapevtu. Pomembno jim je bilo, da so imeli občutek, da jim terapevt lahko pomaga, da so ob njem varni in se mu lahko odprejo.

»On ni meni rekel, da bova v neki točki prišla do konca. Ampak to, da je bil on tam, tako kot je bil, da sem jaz vedela, da sem varna, da se lahko tako odprem, da je to moj prostor, ki je varen. Da je on tam, da on ve, da karkoli bi bilo, da je on tam, da bi znal reagirat. To šele sedaj razmišljam, da sem imela ta občutek varnosti ves čas. To je zelo važno, če bi mislila, da ne ve, kaj dela, ne bi šla takole notri.« 7:95

Zanimivi so citati, ki se nanašajo na klientove občutke varnosti, ki so povezani s strukturo, ki jo terapija zagotavlja in zaradi reda, ki je vezan tudi na kontinuiran časovni termin terapije.

»Zaupanja vreden odnos, podpora, razumevanje, določen red. Pomemben je red, določena ura, tempirano. To je pomembno, da veš kaj lahko pričakuješ, kaj pričakovati. Neka varnost je potem to.« 14:28

4. Povezanost

Kategorija vsebuje dejavnike povezanosti s terapevtom, ki je doživet kot stabilna, konstantna in zanesljiva oseba.

Polovici klientov je bilo pomembno, da so imeli občutek povezanosti s terapevtom in se nanj spomnili tudi izven seans. Pomemben jim je bil občutek, da jih nekdo nosi v mislih in jim je na razpolago.

»Ja imava stik. Tudi ko imam kakšno stisko pri sebi, se spomnim na njo, kaj sva skupaj predelovali. Nimam pa želje, da bi jo poklicala ali ji povedala.« 2:27

»Ampak ja, tudi to, ko je šla na dopust, je dala cifro od sodelavke, po mailu bila dosegljiva. To, da mi da vedeti, da jo imam na razpolago, kadarkoli bom želel.« 10:31

Veliko klientom je bilo tudi pomembno, da imajo nekoga, ki je dosegljiv, zanesljiv, konstanten in da se tudi po zaključenem terapevtskemu procesu lahko vrnejo k njemu.

»In to, da imaš nekoga, ki veš, da je pač tam.« 5:41

»Sem bila tako malo, ni bilo dokončno, tudi do zadnje terapije. Tudi zdaj v bistvu mi ni dokončno. Čutim, da imam še nek bekap, da tudi če se mi bo karkoli zgodilo, da bom čutila, da ne morem, da imam en bekap.« 8:63

5. Nova odnosna izkušnja

Kategorija vsebuje dejavnike novih odnosnih izkušenj, ki so se dogodili tekom procesa terapije in so pripomogli k željenim spremembam.

Osmim klientom je bilo zelo pomembno, da so v odnosu s terapevtom doživeli nekaj novega, do tedaj še nedoživetega. Citati se med drugim nanašajo na doživete občutke obojestranske naklonjenosti, kar potem klient lahko išče izven terapije, ker ima izkušnjo, da je to možno.

»Občutenje, da imaš nekoga rad, da te ima on rad. To pa ne vem, če bi se zgodilo brez terapije, ali pa. Včasih kakšne zelo intenzivne izkušnje dajejo preblisk tega ali odsev, da je to možno. Da občutiš, da se to da, potem pa to pač iščeš.« 4:7

Kot pomembno nekateri klienti poudarijo, da so imeli prvič v življenju občutek, da so bili enakovredni v odnosu in upoštevani. Prav tako so imeli prvič v življenju izkušnjo, da je nekdo vedel, kaj se z njimi dogaja.

»Terapevtka meni pomaga in me podpira, da nadaljujem. Zadovoljna je z mojim načinom razmišljanja in funkcioniranja in me tukaj podpira. Če ima ona kakršnokoli drugačno mišljenje kot jaz, mi to pove in jaz potem o tem razmišljam. Pomaga mi vzdrževat to in tudi to mi veliko pomeni, da ena oseba ve, kaj jaz delam. Moja mama tega ne ve, nihče ne ve.« 10:70

Čeprav klienti omenjajo novo odnosno izkušnjo kot pomemben pomagajoč dejavnik, je lahko nova izkušnja odnosa sprva doživeta kot neprijetna in težka.

»Mogoče je po eni strani pomagalo to, da ni bilo toliko vzajemnosti in da sem bila bolj jaz izpostavljena. To mi je sicer neprijetno, ampak je pa mogoče pomagalo, ker me je čez prag spravilo, potisnilo. Nisem bila več v zoni lastnega ugodja, ampak je šlo malo čez. Zame je bilo stresno priti tja in govorit in zaupat. To, da se je skozi fokusirala name in na moja čustva.« 1:6

Podobno opisuje svojo izkušnjo klientka, ki omenja, da je občutek stika sprva doživela kot zelo intenzivno izkušnjo, ki jo opisuje kot 'razpad sistema'.

»Prvič, ko je ona z mojim otrokom govorila, sem imela občutek, da se mi bo …, razpad sistema, totalen mi je bil. Sploh ne znam povedat, kako je to bilo. Ne vem, če se me je kdaj kakšna oseba na takšen način dotaknila. To je nekaj tako primarnega.« 13:43

6. Ujemanje

Kategorija vsebuje dejavnike osebnostnega ujemanja ter ujemanja glede delovnih nalog.

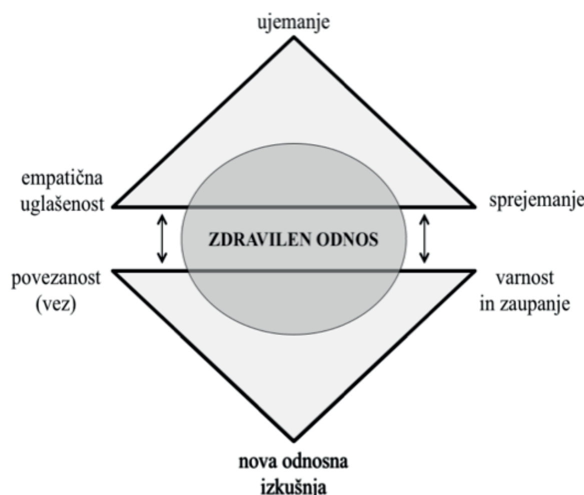
Štirje klienti so poudarili pomen dobrega osebnostnega oz. karakternega ujemanja s terapevtom in ujemanja glede načina dela.

»Tudi ona kot oseba mi je pasala. Če mi ona kot oseba ne bi pasala, mi njen način dela prav dosti ne bi prišel do živega. Tako sva pa že na začetku vzpostavili tak zelo prijeten odnos, da nisem v krču tja prišla, ampak tako odprto, sem se veselila.« 8:42

»Potem sva se sčasoma karakterno zelo dobro ujela. In to mi je zelo vredno.« 6:55

Model zdravilnega terapevtskega odnosa

Iz rezultatov je razvidno medsebojno vzajemno vplivanje vseh pomagajočih dejavnikov terapevtskega odnosa, kar smo želeli prikazati v modelu zdravilnega terapevtskega odnosa (Slika 1).



Slika 1. Model zdravilnega terapevtskega odnosa v integrativni psihoterapiji.

V modelu smo identificirali središčno kategorijo »Zdravilni terapevtski odnos«. Na podlagi klientovih opisov kategorij je bilo evidentno, da pomagajoči vidiki terapevtskega odnosa predstavljajo zdravilne vidike psihoterapije. Vseh šest kategorij opisuje različne vidike zdravilnega terapevtskega odnosa, ki so močno prepleteni med seboj, kar je ponazorjeno s krogom. Zgornji trikotnik opisuje temeljne dejavnike, ki prispevajo k razvoju zdravilnega odnosa. Empatična uglašenost in sprejemanje predstavljata vidike terapevtovega doprinosa k zdravilnemu odnosu, ujemanje pa vključuje tako terapevta kot klienta. Spodnji trikotnik pa se nanaša na klientovo doživljanje zdravilnega odnosa,

ki se kaže v povezanosti, varnosti in zaupanju ter novi odnosni izkušnji. Medsebojno prepletenost in sovplivanje obeh omenjenih vidikov ponazarjajo puščice med dvema trikotnikoma.

Kategoriji empatične uglašenosti in sprejemanja sta se izkazali kot bistveni kategoriji, ki se nanašata na psihoterapevtov doprinos k zdravilnemu terapevtskemu odnosu. Klienti opisujejo, da terapevtova empatična uglašenost in sprejemanje vplivata na razvoj varnosti in zaupanja, občutka povezanosti in nove odnosne izkušnje. V nadaljevanju prikazujemo nekaj takšnih povezovalnih citatov.

Empatična uglašenost terapevta je pomagala oblikovati novo odnosno izkušnjo in povezanost.

»Potem je bil prav stik. Ko je prišlo do tega, me je prav presenetilo. Zelo na hitro se je zgodilo. Kot bi nekdo vklopil. Po tem mi je terapija postala bolj konkreten oporni steber, tudi tako internaliziran.« 6:39

Brezpogojno sprejemanje je predstavljalo središče nove odnosne izkušnje.

»Neka nova izkušnja, čisto na odnosni ravni. Da lahko pridem z nekimi stvarmi ven in imam neko novo reakcijo s strani nekega drugega človeka, bolj sprejemajočo. Ljubezen zdravi na vseh nivojih.« 6:49

Brezpogojno sprejemanje ter varnost in zaupanje sta prav tako medsebojno prepletena:

»To, da nisem čutila nobenega obsojanja. Karkoli sem povedala, karkoli sem povedala, da razmišljam, sem imela občutek varnosti. Pri njej sem se počutila varno, nenormalno varno. Isto, kar iščem v odnosu z najboljšimi prijatelji, v odnosu s partnerjem, da iščem eno varnost. Jaz sem to morala z njo vzpostavit, ta občutek varnosti mi je dajala, to popolno sprejemanje, da me ne obsoja.« 5:43

Medsebojno vplivanje kategorij je razvidno tudi iz naslednjega navedka, kjer klient občutek povezanosti povezuje z varnostjo in zaupanjem.

»To, da ji nekaj pomenim, to mi ful pomeni. In da mi je na razpolago. In iz tega ji še bolj zaupam.« 10:76

Diskusija

Kvalitativna analiza klientove vsaj enoletne izkušnje procesa integrativne psihoterapije je pokazala šest za kliente bistvenih dejavnikov zdravilnega psihoterapevtskega odnosa: empatično uglašenost terapevta, terapevtovo sprejemanje, ujemanje med klientom in terapevtom, občutek varnosti in zaupanja, občutek povezanosti in novo odnosno izkušnjo. Odgovori klientov so pokazali, da empatično uglašen in sprejemajoč terapevt ter ujemanje med terapevtom in klientom vodi do klientovega doživljanja varnosti in

zaupanja v terapevtskem odnosu, do povezanosti oz. vezi s terapevtom in do nove odnosne izkušnje. Hkrati je vseh šest dejavnikov terapevtskega odnosa tesno medsebojno prepletenih in sovplivajo drug na drugega.

Dobljeni dejavniki zdravilnega terapevtskega odnosa so primerljivi z »modelom ključavnice« v integrativni psihoterapiji, ki se nanaša na metode povpraševanja, uglaševanja in udeleženosti (Erskine idr., 1999). Kategorija **empatična uglašenost**, ki vključuje dejavnike terapevtove čustvene uglašenosti in odzivnosti, terapevtove senzitivnosti za klientovo doživljanje iz trenutka v trenutek in prilagodljivost njegovemu tempu, je povezana s konceptom uglaševanja v integrativni psihoterapiji (Erskine idr., 1999; Erskine, 2015). Erskine s sodelavci (1999) govori o čustvenem, kognitivnem, ritmičnem in razvojnem uglaševanjem terapevta ter uglaševanju na klientove relacijske potrebe. Te aspekte uglaševanja je zaslediti tudi pri odgovorih udeležencev naše raziskave. Pomemben vidik empatične uglašenosti se je pokazala tudi izkušnja stika, ki so jo klienti doživeli v terapevtskem odnosu.

Kategorija **sprejemanje** vsebuje dejavnike terapevtovega popolnega, brezpogojnega in vseobsegajočega sprejemanja brez obsojanja. Klientom je terapevtovo razumevanje in absolutno pozitivno sprejemanje dalo občutek normalnosti njihovega doživljanja, občutek lastne vrednosti in samospoštovanja. V integrativni psihoterapiji dejavnikom sprejemanja ustreza koncept udeleženosti terapevta v odnosu, ki vključuje priznavanje, validacijo, normalizacijo in prisotnost terapevta (Erskine idr., 1999; Erskine, 2015). V povezavi s sprejemanjem so klienti poročali, da jim je pomagalo, da je terapevt sprejemal njihova čustva sramu in žalosti, ki jih sami pri sebi niso mogli sprejeti. To jim je omogočilo, da so se lahko pričeli sprejemati in ceniti.

S sprejemanjem se tesno povezuje tudi **nova odnosna izkušnja**. Klienti opisujejo, da so v odnosu s terapevtom doživeli nekaj novega, do tedaj še nedoživetega. Za nekatere je bila to izkušnja ljubezni in pristne skrbi ter izkušnja enakovrednosti in upoštevanja v odnosu. Nekateri klienti izpostavijo, da je bila nova odnosna izkušnja povezana z doživljanjem neugodja, bila je težka in začasno neprijetna, vendar jim je pomagala k spremembam. Erskine s sodelavci (1999) s tem v zvezi govori o mejni poziciji (angl. *juxtaposition response*), ki predstavlja reakcijo na razliko med trenutnim terapevtskim odnosom, v katerem so zadovoljene relacijske potrebe in med tem, po čemer je klient hrepenel in potreboval v preteklih odnosih. Nova odnosna izkušnja je lahko doživeta boleče, ker spodbudi zavedanje, česa klient v preteklosti ni bil deležen, čeprav je po tem hrepenel.

Kategorija **povezanost** se nanaša na dejavnike povezanosti in globoke vezi s terapevtom, ki je doživet kot stabilna, konstantna in zanesljiva oseba. Gre za čustveno in psihološko povezanost, ki klientu zagotavlja varnost in sprejetost. Dejavniki **varnosti in zaupanja** zmanjšujejo klientovo distanco in predstavljajo temelj terapevtskega dela. V integrativni psihoterapiji Erskine s sodelavci (1999) poudarja pomembnost bazičnih relacijskih potreb v terapevtskem odnosu med katerimi sta tudi potreba po varnosti in potreba po sprejemanju od stabilne, zanesljive in zaščitniške druge osebe.

Dobljeni opisi pomagajočih dejavnikov terapevtskega odnosa so primerljivi z ugotovitvami drugih avtorjev, ki so raziskovali pomembne dogodke in dejavnike učinkovite psihoterapije ter zdravilnega terapevtskega odnosa (Cahill idr., 2013; Elliott in Shapiro,

1992; Glass in Arnkoff, 2000; Levitt idr., 2006; Lietaer, 1992; Manthei, 2007; McVea idr., 2011; Moertl in Wietersheim, 2008; Oliveira idr., 2012; Rennie, 1992; Svanborg idr., 2008; Timulak, 2007, 2010). Omenjene raziskave so uporabljale bodisi kvalitativno in/ali kvantitativno metodologijo in so se osredotočale na pomagajoče dejavnike različnih psihoterapevtskih modalitet in za različne klientove težave. V naši raziskavi smo analizirali retrospektivni pogled na vsaj enoletni proces psihoterapije, naštete raziskave pa se lotevajo analiziranja psihoterapevtskega procesa in izida na različnih nivojih kar pomeni, da je časovni okvir opazovanja lahko manjši od sekunde pa vse do celotnega zaključenega terapevtskega procesa (Orlinsky idr. 2004).

Norcross in Lambert (2011) ugotavljata, da terapevtski odnos pomembno prispeva k rezultatom psihoterapije ne glede na terapevtsko modaliteto in klientove težave. Podoben učinek različnih psihoterapevtskih pristopov utemeljujeta s faktorji, ki so skupni vsem psihoterapevtskim pristopom (Norcross in Lambert, 2011). Na podlagi metaanaliz raziskav psihoterapije Norcross in Lambert (2011) navajata dokazano učinkovite aspekte terapevtskega odnosa, kot so terapevtska aliansa, empatija in zbiranje povratnih informacij od klientov. Rezultati naše kvalitativne raziskave podobno ugotavljajo, da je za kliente v integrativni psihoterapiji zelo pomembna empatična uglašenost, ki vključuje empatično odzivanje terapevta in povpraševanje o povratnih informacijah klienta. Kategorije povezanosti, varnosti in zaupanja in ujemanja med klientom in terapevtom pa se nanašajo na koncept delovne alianse.

Norcross in Wampold (2011) omenjata skladnost v ciljih, kolaborativni odnos in pozitivno sprejemanje kot najverjetneje učinkovite aspekte terapevtskega odnosa. To se kaže tudi v naši raziskavi, v kateri udeleženci še posebej poudarjajo pomembnost brezpogojnega sprejemanja s strani terapevta. Do podobnih ugotovitev je prišel že Rogers (1967), ko je izpostavil pomembnost terapevtove kongruentnosti, empatičnega razumevanja in brezpogojnega sprejemanja. Vse tri vidike kot pomagajoče navajajo tudi klienti v naši raziskavi.

Zaključki

Naša raziskava predstavlja prvo kvalitativno proučevanje pomagajočih dejavnikov odnosa v integrativni psihoterapiji, ki jo je razvil Erskine s sodelavci (Erskine idr., 1999; Erskine, 2015). Pri razumevanju rezultatov raziskave je potrebno upoštevati, da so se na povabilo za intervju verjetno odzvali tisti, ki imajo pozitivno izkušnjo v psihoterapevtskem odnosu in so si o tem upali spregovoriti. Ne vemo, koliko je takšnih, ki so zaradi negativne izkušnje prekinili s psihoterapevtskim procesom. Pomanjkljivost raziskave je tudi omejen vir podatkov, saj smo uporabili le transkribirane intervjuje. Za namene triangulacije in povečanje verodostojnosti zaključkov bi lahko za pridobivanje podatkov uporabili tudi vprašalnike. Prav tako bi v fazi zbiranja in analiziranja rezultatov lahko sodelovalo več neodvisnih raziskovalcev, tudi iz drugih psihoterapevtskih smeri, kar bi zmanjšalo pristranost raziskovalcev in povečalo kredibilnost raziskave.

Prednost izbrane metode raziskovanja je pridobitev vsebinsko bogatih podatkov, ki bi jih s klasičnimi vprašalniki le težko dobili. Poleg tega so zaključki utemeljeni v

konkretnih opisih udeležencev in predstavljajo raznolikost doživljanja znotraj skupine. Raziskava prispeva h globljemu razumevanju klientove izkušnje v psihoterapiji in podrobno prikaže klientovo doživljanje psihoterapevtskega odnosa.

Predstavljen model, ki je izšel iz analize omejenega dela podatkov, je del obsežnejše raziskave, v kateri bomo analizirali in razvijali celovitejšo utemeljeno teorijo, ki se bo nanašala na ostale dejavnike in spremembe v dolgotrajnejšem procesu integrativne psihoterapije. Pričakujemo vpogled v kompleksnost terapevtske situacije, ki jo oblikujejo klientovi in terapevtovi dejavniki, njun odnos, tehnike psihoterapevtskega dela in terapevtski procesi, kar v interakciji vodi do sprememb pri klientu.

Literatura

Bergin, A. E. in Lambert, M. J. (1978). *The evaluation of therapeutic outcomes*. V S. L. Garfield in A. E. Bergin (ur.), *Handbook of psychotherapy and behavior change: An empirical analysis* (str. 139-190). New York: Wiley.

Cahill, J., Paley, G. in Hardy, G. (2013). What do patients find helpful in psychotherapy? Implications for the therapeutic relationship in mental health nursing. *Journal of Psychiatric and Mental Health Nursing*, 20, 782-791.

Charmaz, K. (2006). *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. London: SAGE Publications.

Corbin, J. in Strauss, A. (2008). *Basics of Qualitative Research: Techiques and Procedures for Developing Grounded Theory* (3rd ed). Thousand Oaks: Sage Publications.

Elliott, R. (1985). Helpful and Nonhelpful Events in Brief Counseling Interviews: An Empirical Taxonomy. *Journal of Counseling Psychology,* 32(3), 307-322.

Elliott, R. (1989). Comprehensive Process Analysis: Understanding the Change Process in Significant Therapy Events. V M. J. Packer in R. B. Addison (ur.), *Entering the Circle. Hermeneutic Investigation in Psychology*. Albany: State University of New York Press.

Elliott, R. (1999). The Client Change Interview. Pridobljeno 1.5.2015 s spletne strani http://www.experiential-researchers.org/instruments/elliott/changei.html

Elliott, R., Slatick, E., & Urman, M. (2001). Qualitative change process research on psychotherapy: Alternative strategies. V J. Frommer & D. L. Rennie (ur.), *Qualitative psychotherapy research: Methods and methodology* (str. 69-111). Lengerich, Germany: Pabst Science.

Elliott, R. in Shapiro, D. A. (1992). Client and Therapist as Analysts of Significant Events. V S. G. Toukmanian in D. L. Rennie (ur.), *Psychotherapy Process Research: Paradigmatic and Narrative Approches* (str. 163-187). London: Sage Publications.

Erskine, R. G. (1997). The Therapeutic Relationship: Integrating Motivation and Personality Theories. V R. G. Erskine (ur.), *Theories and Methods of an Integrative Transactional Analysis* (str. 7-19). San Francisco: TA Press.

Erskine, R. G. in Moursund, J. P. (2011). *Integrative psychotherapy in action.* London: Karnac.

Erskine, R. G. (2015). Relational patterns, Therapeutic presence. *Concepts and Practice of Integrative Psychotherapy.* London: Karnac Books.

Erskine, R. G., Morsund, J. P. in Trautmann, R. L. (1999). *Beyond Empathy. A Therapy of Contact-in-Relationship*. Philadelphia: Brunner/Mazel.

Erskine, R. G. in Trautmann, R. L. (1997). Methods of an Integrative Psychotherapy.

V R. G. Erskine (ur.), *Theories and Methods of an Integrative Transactional Analysis* (str. 20-36). San Francisco: TA Press.

Erskine, R.G. in Trautmann, R. L. (1997). The Process of Integrative Psychotherapy. V R. G. Erskine (ur.), *Theories and Methods of an Integrative Transactional Analysis* (str. 79-95). San Francisco: TA Press.

Fassinger, R. E. (2005). Paradigms, Praxis, Problems, and Promise: Grounded Theory in Counseling Psychology Research. *Journal of Counseling Psychology*, 52(2), 156-166.

Flick, U. (2014). *An Introduction to Qualitative Research* (5th ed). London: Sage.

Friese, S. (2014). *Qualitative data analysis with ATLAS.ti* (2nd ed). Los Angeles: Sage.

Glass, C. R. in Arnkoff, D. B. (2000). Consumers´ Perspectives on Helpful and Hindering Factors in Mental Health Treatment. *Psychotherapy in Practice*, 56(11), 1467-1480.

Glaser, B. G. in Strauss, A. L. (1967). *The Discovery of Grounded Theory. Strategies for Qualitative Research*. New Jersey: Aldine-Transaction.

Lambert, M. J in Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice and Training*, 38(4), 357-361.

Levitt, H., Butler, M. in Hill, T. (2006). What Clients Find Helpful in Psychotherapy: Developing Principles for Facilitating Moment-to-Moment Change. *Journal of Counselling Psychology*, 53(3), 314-324.

Lietaer, G. (1992). Helping and hindering processes in client-centered/experiential psychotherapy: A content analysis of client and therapist postsession perceptions. V S. G. Toukmanian in D. L. Rennie (ur.), *Psychotherapy Process Research. Paradigmatic and Narrative Approaches* (str. 134-162). London: Sage Publications.

Manthei, R. J. (2007). Clients talk about their experience of the process of counselling. *Counselling Psychology Quarterly*, 20(1), 1-26.

McVea, C. S., Gow, K. in Lowe, R. (2011). Corrective interpersonal experience in psychodrama group therapy: A comprehensive process analysis of significant therapeutic events. *Psychotherapy Research*, 21(4), 416-429.

Mesec, B. (1998). *Uvod v kvalitativno raziskovanje v socialnem delu*. Ljubljana: Visoka šola za socialno delo.

Moertl, K. in Wietersheim, J. (2008). Client experience of helpful factors in a day treatment program: A qualitative approach. *Psychotherapy Research*, 18(3), 281-293.

Norcross, J. C. in Lambert, M. J. (2011). Evidence-Based Therapy Relationships. V J. C. Norcross (ur.), *Psychotherapy Relationships That Work: Evidence-Based Responsiveness* (2nd ed., str. 3-24). New York: Oxford University Press.

Norcross, J. C. in Wampold, B. E. (2011). Evidence-Based Therapy Relationships: Research Conclusions and Clinical Practices. *Psychotherapy*, 48(1), 98-102.

Oliveira, A., Sousa, D. in Pires, A. P. (2012). Significant Events in Existential Psychotherapy: The Client's Perspective. *Existential Analysis*, 23(2), 288-304.

Orlinsky, D. E., Ronnestad, M. H. In Willutzki, U. (2004). Fifty years of psychotherapy process-outcome research: Continuity and change. V M. J. Lambert (ur.), *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* (5th ed, str. 307-389). New York: Wiley.

Rennie, D. L. (1992). Qualitative Analysis of the Client's Experience of Psychotherapy: The Unfolding of Reflexivity. V S. G. Toukmanian in D. L. Rennie (ur.), *Psychotherapy Process Research. Paradigmatic and Narrative Approaches* (str. 134-162). Lon-

don: Sage Publications.

Rhodes, R. H., Hill, C. E., Thompson, B. J. in Elliott, R. (1994). Client Retrospective Recall of Resolved and Unresolved Misunderstanding Events. *Journal of Counseling Psychology*, 41(4), 473-483.

Rogers, C. R. (1976). The Interpersonal Relationship: The Core of Guidance. V C. R. Rogers in B. Stevens (ur.), *Person to Person. The Problem of Being Human* (str. 89-105). London: Souvenir Press.

Strauss, A. in Corbin, J. (1998). *Basics of Qualitative Research Techniques and Procedures for Developing Grounded Theory* (2nd ed). London: Sage Publications.

Svanborg, C., Baarnhielm S., Wistedt, A. A. in Lutzen, K. (2008). Helpful and hindering factors for remission in dysthymia and panic disorder at 9-year follow-up: A mixed methods study. *BMC Psychiatry*, 1-9.

Timulak, L. (2007). Identifying core categories of client-identified impact of helpful events in psychotherapy: A qualitative meta-analysis. *Psychotherapy Research*, 17(3), 310-320.

Timulak, L. (2010). Significant events in psychotherapy: An update of research findings. *Psychology and Psychotherapy: Theory, Research and Practice*, 83, 421-447

Karmen Urška **MODIC**, Gregor **ŽVELC**

Helpful aspects of the therapeutic relationship in Integrative psychotherapy

ABSTRACT

This article describes a qualitative study of helpful aspects of the therapeutic relationship in Integrative Psychotherapy. Participants of the study were sixteen clients who were in the process of Integrative Psychotherapy for at least a year. Participants were interviewed with the adapted version of the Change Interview (Elliott, 1999), which involves a semi-structured empathic exploration of the client's experience in therapy. The analysis of the clients' experience of Integrative Psychotherapy revealed six categories of helpful aspects of therapeutic relationship: the therapist's empathic attunement, the therapist's acceptance, the match between the client and the therapist, feelings of trust and safety, feeling of connection, and experience of a new relational experience. Based on results of the research, we developed a model of the healing relationship in integrative psychotherapy. This model describes the interrelatedness of these six helpful aspects of the therapeutic relationship. The categories of empathic attunement and acceptance proved to be the most important categories relating to the therapist's contribution to the healing therapeutic relationship. Clients described that the therapist's empathic attunement and acceptance influenced the development of safety and trust, feelings of connection and promotion of new relational experiences. The results of this study are discussed in relation to the theories of Integrative Psychotherapy and research regarding the therapeutic relationship in psychotherapy.

KEY WORDS

Integrative Psychotherapy, therapeutic relationship, helpful aspects of psychotherapy, significant events in psychotherapy, qualitative research in psychotherapy

Article was originally published in International Journal of Integrative Psychotheraoy, Vol. 6, 2015, pp. 1-25.

KARMEN URŠKA MODIC, PSYCHOLOGIST AND PHD CANDIDATE FOR APPLICATIVE PSYCHOLOGICAL STUDIES, MODICKARMEN@YAHOO.COM

ASSOC. PROF. GREGOR ŽVELC, PHD IS CLINICAL PSYCHOLOGIST AND ASSISTANT PROFESSOR AT DEPARTMENT FOR PSYCHOLOGY, LJUBLJANA (UNIVERSITY OF LJUBLJANA, FACULTY OF ARTS) AND DEPARTMENT FOR PSYCHOLOGY, KOPER (UNIVERSITY OF PRIMORSKA, UP FAMNIT), ADDRESS: 1) UNIVERSITY OF LJUBLJANA, FACULTY OF ARTS, DEPARTMENT FOR PSYCHOLOGY, AŠKERČEVA 2, 1000 LJUBLJANA, SLOVENIA., 2) UNIVERSITY OF PRIMORSKA, FACULTY OF MATHEMATICS, NATURAL SCIENCES AND INFORMATION TECHNOLOGIES, GLAGOLJAŠKA 8, 6000 KOPER, SLOVENIA, GREGOR.ZVELC@GUEST.ARNES.SI

Introduction

Psychotherapy integration has become a significant paradigm in psychotherapy and is increasingly used among mental health practitioners across the world. There are many different forms of psychotherapy integration. In this article we will focus on a particular approach – the theory and methodology of Integrative Psychotherapy - developed by Richard G. Erskine and his colleagues (Erskine & Trautmann, 1997; Erskine, Moursund & Trautmann, 1999; Erskine & Moursund, 2011; Erskine, 2015). This approach integrates theories and methods from psychoanalytic, humanistic and behavioural traditions in psychotherapy, forming a coherent theoretical background that serves as the basis of psychotherapeutic interventions (Erskine & Moursund, 2011). The term »integrative« also relates to the process of integration of the personality or rather, integration of the split and unconscious parts of self into a cohesive unit. The therapist's role is to help the clients towards the integration of cognitive, behavioural, emotional and physiological dimensions of their personality by considering social and transpersonal aspects. Integrative psychotherapy is based on three related theories: theory of personality, theory of motivation and theory of methods (Erskine, 1997).

The relationship between the therapist and the client is of central importance in Integrative Psychotherapy. It is not just the basis for therapeutic interventions but a healing factor on its own. The main aim of Integrative Psychotherapy is establishing a therapeutic relationship that enables the clients to establish contact with themselves and others. Integrative Psychotherapy describes three main methods of work within the therapeutic relationship: inquiry, attunement, and involvement (Erskine et al., 1999).

Through *inquiry* (Erskine et al., 1999), the therapist helps the clients on their path of self-discovery and healing. Inquiry involves a respectful exploration of the client's phenomenological experience. It is based on the assumption that the therapist does not know anything about the client’s subjective experience and behaviour. The aim is to help the clients see previous and current ways they interrupt both internal (intrapersonal) and external (interpersonal) contact. By recognising and changing such patterns, clients can strive to develop genuine contact with themselves and others, and access more spontaneity, flexibility and satisfaction. The emphasis is on the process whereby the therapist invites the client to look for answers, think differently and explore new levels of awareness. With inquiry, the main aim is not necessarily the answers per se, but rather the process of the inquiry. The inquiry is healing on its own if it takes place in an authentic relationship between the therapist and the client, whereby the clients can safely explore themselves in a new light and gain new ways of functioning in contact with another human being.

Attunement (Erskine et al., 1999) is the kinesthetic and emotional sensing of the other, knowing his or her rhythm, affect and experience accompanied by a resonating response and/or reciprocal emotion. The therapist's ability to resonate with the client's experience makes it possible for the client to bring back to awareness the experiences and components of the self that have been split off and suppressed, thus validating the past and present needs and emotions. Erskine et al. (1999) describe the following aspects of attunement: cognitive, affective, rhythmic, developmental as well as attunement to relational needs. In the case of *cognitive attunement*, the therapist attunes to the client's

cognitive processes and their way of thinking. Affective attunement involves responding to both the clients' internal affects and emotional expressions with a reciprocal emotional response from the therapist. *Rhythmic* attunement is the pacing of therapeutic inquiry and involvement at the natural and preferred tempo of the client, whereby s/he is able to best process external and internal information. With *developmental attunement*, the therapist attunes to the client's developmental level of psychological functioning, which may fluctuate during treatment and even within a session, and not necessarily correlate to the client's chronological age. An important part of attunement is the recognition of the relational needs of the client and an adequate reciprocal response from the therapist to the need for security, respect and validation, affirmation, confirmation of personal experience, self-definition, the need to have an impact on the other person, the need to have the other initiate and the need to express love. Attunement directs therapeutic inquiry and shapes the nature of therapeutic involvement (Erskine et al., 1999).

Involvement (Erskine et al., 1999) means that the therapist is willing to be affected by what happens in the relationship with the client. Integrative Psychotherapy authors describe four main aspects of involvement: acknowledgement, validation, normalisation and presence. With *acknowledgment*, the therapist demonstrates that he or she is aware of what the client is saying and experiencing. *Validation* is the acknowledgment of the significance of the client's experience. *Normalisation* de-pathologises the clients' definition of their internal experiences or their coping mechanisms. In this manner, therapists communicate to clients that their experiences are normal, and not a pathological or defensive reaction. *Presence* means that the therapist 'is there' for and with the client and that the therapist is committed to the client's welfare.

Inquiry, attunement and involvement, the central methods of relational psychotherapy, enable clients to gain a new relational experience that invites them out of their old repetitive patterns. The three methods described here are strongly intertwined and represent the main elements of a healing therapeutic relationship in Integrative Psychotherapy.

Methods and theories of Integrative Psychotherapy are congruent with the research of common factors in psychotherapy and the knowledge that the therapeutic relationship is one of the main factors of successful therapy (Lambert and Barley, 2001; Norcross and Lambert, 2011; Norcross and Wampold, 2011; Orlinsky, Ronnestad and Willutzki, 2004). However, the main characteristics of the therapeutic relationship in Integrative Psychotherapy, as developed by Erskine and colleagues, have not yet been studied systematically. Therefore, these authors decided to conduct a study that would examine the clients' experience of the therapeutic relationship. The aim of the study was to examine the clients' experience of helpful aspects of the therapeutic relationship in the process of Integrative Psychotherapy. We thus formulated the research question: »How do clients experience helpful aspects of the therapeutic relationship in the process of Integrative Psychotherapy?«

»*Significant Events*« research (Elliott, 1985) is a unique approach to studying specific events in psychotherapy - the events that the client experiences as significant. This kind of research usually analyses transcripts of sessions as well as the client's and the therapist's reflections on specific events (Elliot, 1989). Elliott and Shapiro (1992) define »significant event« as the part in the therapeutic session experienced by the client as

most helpful or important. The Comprehensive Process Analysis method (Elliot, 1989; Elliott and Shapiro, 1992) focuses on understanding the context in which a significant event occurs, significant aspects of the event itself and the impacts of the event. Our study examines the client's retrospective recall of significant events in therapy from a perspective with some time distance (Rhodes, Hill, Thompson & Elliott, 1994). Significant events research has been used in qualitative research for more than twenty-five years and this paradigm was used to study various therapeutic modalities and client problems (Cahill, Paley & Hardy, 2013; Elliott & Shapiro, 1992; Glass & Arnkoff, 2000; Levitt, Butler & Hill, 2006; Lietaer, 1992; Manthei, 2007; McVea, Gow & Lowe, 2011; Moertl & Wietersheim, 2008; Oliveira, Sousa & Pires, 2012; Rennie, 1992; Svanborg, Baarnhielm, Wistedt & Lutzen, 2008; Timulak, 2007, 2010).

Our study is based on the assumption that moments which clients identify as helpful may be the most fruitful instances of the psychotherapeutic process (Timulak, 2007). Studying such events can shed some additional light on understanding elements of psychotherapy that facilitate change, how they facilitate it (Bergin & Lambert, 1978) and how therapists can contribute to the healing effect of therapy. We resorted to qualitative methodology due to the descriptive nature of our research question. Our study is a part of a broader research project dealing with the efficiency of Integrative Psychotherapy, currently being conducted as part of the Doctoral Study of Applied Psychology within the Faculty of Arts at the University of Ljubljana, Slovenia, Department of Psychology. This study was approved by the ethical commission of the Faculty of Arts, University of Ljubljana.

Method

Participants

We invited clients who had either concluded or were still in the process of Integrative Psychotherapy with psychotherapists who were educated at the Institute for Integrative Psychotherapy and Counselling, Ljubljana, Slovenia, and were members of the Slovenian Association of Integrative Psychotherapy and Transactional Analysis. The size of the sample was not decided upon beforehand, but instead via the method of data saturation (Glaser & Strauss, 1967), participants were no longer added when gathering new data failed to produce new categories. The sample was comprised of 16 participants, 11 female and 5 male, who had been in therapy with 11 different therapists. The age range of the participants was 25-52 years; M=33.4 years.

Thirteen participants were employed, two were unemployed, and one was a student. The participants presented a variety of educational backgrounds; 9 completed secondary education, 5 completed a university degree, and 2 completed a postgraduate degree. Presenting psychotherapy issues included anxiety, stress, cognitive/learning disorders, personality disorders, eating disorders, physical symptoms, trauma/abuse, grieving/loss, poor self-esteem, interpersonal/relational problems and work/study problems.

All of the participants had been included in the process of Integrative Psychotherapy for at least a year (14 clients had completed 1-3 years of therapy, 2 clients had completed more than 3 years of therapy).

Instruments

For the purpose of this study, we created a Demographic Questionnaire for Participants. Our demographic questionnaire was used to obtain data regarding: (1) the style of therapy; (2) length of time in the process of therapy; (3) gender; (4) age; (5) level of education; (6) status of employment; (7) their problems/problem areas; (8) history of seeking help; (9) psychiatric diagnosis; (10) whether they were prescribed any medication relating to mental health issues.

We adapted the *Change Interview* (Elliot, 1999; Elliott, Slatick & Urman, 2001) for the purpose of this study. This »interview« is comprised of a semi-structured empathic exploration of the client's experience in therapy. The researchers posed open questions that helped the clients elaborate on their experience and asked the clients to provide as much detailed information about the events in therapy as they could. While interviewing the clients, they explored key research areas and adjusted questions in line with individual characteristics of participants, following their narration. In accordance with the main assumptions of the interview method (Fassinger, 2005), the interview protocol allowed the participants' narration to develop freely and the participants to explain their experience in their own way. Examples of questions are: *What change did you notice since starting therapy? What was the cause of change? What helped you in the process of change?* The study analysis focused exclusively on the description of helpful aspects of the therapeutic relationship.

Procedure

The study was conducted by a PhD student of Applied Psychological Sciences (researcher A) and a Clinical Psychologist with fifteen years experience as a psychotherapist (researcher B). The invitation to participate was sent through e-mail to members of the Slovenian Association for Integrative Psychotherapy and Transactional Analysis. Therapists asked their clients whether they wanted to participate and we were then contacted by the clients. We informed the participants about the purpose of our study and they signed a statement stating that their participation was voluntary. Individual interviews were recorded in a safe environment that allowed privacy and then transcribed word-by-word. We further employed the method of theoretical sampling (Glaser and Strauss, 1967), or rather triangulation of data (Flick, 2014), to include different participants and different problem areas.

We began the analysis after completing the first four interviews. Interviews were analysed according to Corbin and Strauss (1998, 2008) using the strategies of asking questions and constant comparisons. The interview process and the analysis were run simultaneously. We used a software programme for qualitative analysis ATLAS.ti to do this (Friese, 2014). In the first phase of open coding (Corbin and Strauss, 1998), we thoughtfully read line by line, studied the transcription, analysed it and identified concepts or units of meaning. We then compared concepts and formed broader categories with those that described similar phenomena. After we completed the open coding, we

continued with axial coding to establish relations within specific categories as well as the relation between a category and subcategories. We then selected those concepts and categories that were relevant with regards to the problem and purpose of our study. We formed definitions to capture the essence of concepts and categories. *Selective coding* (Strauss and Corbin, 1998) was used to unify data around a core category. Following the completion and analysis of the last three interviews, we found that some topics repeated themselves. Saturation of data occurs when newly acquired data no longer contribute to the existing characteristics of the already established categories (Glaser and Strauss, 1967). After we concluded the sixteenth interview, we found that categories were saturated and we concluded the study.

While obtaining and analysing data, we met weekly to compare codes and categories that we formed separately in each phase of the analysis. Triangulation of researchers (Flick, 2014) was used to reduce the bias likely to be present due to subjectivity of researchers. Based on our theoretical starting points, bias would likely be linked to the perspective represented by Integrative Psychotherapy. Within the context of the described study, our view of the underlying events in the process of psychotherapy served as the »sensitising concept« (Charmaz, 2006), meaning that we were aware of our theoretical background and at the same time maintained an open conceptual framework and let the material speak for itself. Our study entailed a process that could be described as iterative (Mesec, 1998), since every step was followed by reviewing and analysing previous findings. The main strategies used to maximise the validity and reliability of our qualitative study were: writing memos to complete the categories and relations between the categories, finding missing data, discussing results with a colleague, comprehensive selection of participants, as well as multiple and continuous verification of data and conclusions.

Results

The analysis of 16 interviews (approximately 113 transcribed pages in A4 format) revealed *130 coded citations* (CC) relating to the main question of our research. Table 1 shows the taxonomy of helpful factors in the process of Integrative Psychotherapy and the total number of coded citations. A significant event was defined as an event or experience that helped the client change or alleviate a problem situation (Elliott and Shapiro, 1992). Every time a client referred to something as helpful or the statement made it obvious an event was helpful, we marked the text with a code that was appropriate to the content. Statements were grouped into categories based on their meaning and we finally arrived at six main categories.

Table 1 contains descriptions of the categories in question as well as the number of coded transcripts (CT), i.e. the number of participants that mentioned a specific category. When interpreting the cited numbers, one should bear in mind that the interviews conducted were semi-structured. We thus did not ask the participants about specific areas; rather, the participants described parts of their experience within the process of therapy that they found especially memorable. The cited number is thus an estimate of the number of participants that mentioned a specific experience constituting a significant part of their therapy.

Table 1
Taxonomy of helpful aspects of the therapeutic relationship in integrative psychotherapy

HELPFUL ASPECTS OF THE THERAPEUTIC RELATIONSHIP	CC [a]	CT [b]
1. Empathic attunement	44	14
1.1. The therapist's emotional attunement 1.2. Understanding the client's experience 1.3. Attuning to the client's process 1.4. Experience of contact		
2. Acceptance	24	9
3. Safety and trust	19	10
4. Connection	19	8
5. A new relational experience	12	8
6. Match	12	4

Note. [a] Number of coded citations. [b] Number of coded transcripts.

Helpful aspects of the therapeutic relationship were cited by every one of the participants of our study; we collected 130 coded citations relating to the therapists' empathic attunement, unconditional acceptance, safety and trust, connection, a new relational experience and the therapist being a good match for the client.

The following descriptions provide concise definitions of categories and their essence, followed by a broader description and examples of citations. Statements are accompanied by their ID, i.e. the code assigned to the interview and code of the citation (e.g. 5:39 – 39th citation of the 5th interview). The section on results is comprised of two parts. The first one relates to categories and statements associated to the problem of our research and the second one is the sum of results represented as a model.

1. Empathic attunement

Empathic attunement consists of several subcategories linked to the therapist's empathic attunement: a) emotional attunement, b) understanding the client's experience, c) attunement to the client's process and d) the client's experience of contact.

1.1 Therapist's emotional attunement

The citations suggest that the clients found it very important for the therapist to be emotionally attuned to them, have empathy and feel their distress. The clients stressed the sensitivity and emotional responsiveness of the therapist transmitted by the therapist's body language. The citations below, taken from our client sample, illustrate this.

»And empathy as well, it meant a lot to me, I did not expect someone to cry with me, especially because it was not even a friend, but a psychotherapist. I did notice that, when things were really hard for me, she could feel my distress. I could tell by her mimics, her face, as if she were suffering, it was a very empathic relationship. That helped me a lot.« 5:39

»Yesterday as well, just before we finished, we touched on a difficult issue. I could tell, I saw that she was a bit concerned and she told me to look after myself the next day because it might be a bit hard. It means a lot to me that I mean something to her.« 10:59

Another aspect that seems to be very important to clients is the therapist's genuine interest in their feelings and physical responses.

»After anything like that, before we say goodbye, she always asks me how I feel and takes the time and I also see that when I start to breathe faster… like, she does.« 10:82

Moreover, statements relating to the significance of therapist's genuine emotional response to the clients' feelings are also very interesting. The clients find it important for the therapist to be genuinely emotionally engaged in the relationship.

»And also that she, the therapist, is happy every time you succeed.« 13:36

1.2 Understanding the client's experience

Clients further stressed as truly significant the therapist attempts to understand their inner world and investing some time and effort into it.

»Yes, precisely for those things that I thought he could not understand, he actually made an effort to understand. We talked about delicate issues and I somehow needed a lot of effort and will to even go into it - it meant a lot to me that he also invested some effort into understanding it.« 11:12

»Herself, just the way she is, the way she talks, the things she says and her actions, I feel like she gets it. She does not make me feel like I'm a junkie, a number, but that I am her equal.« 10:57

1.3 Attuning to the client's process

Clients find the therapist's attunement to their process important, which can be seen from the citations relating to the therapists being sensitive to the clients' experience and valuing their opinion. The therapist follows the client's willingness to work on specific topics and reacts from one moment to another.

»But it is true that there are so many other topics. I come there and need to talk about something and then the next time I might have to talk about something else. She makes sure that we talk about the things that bother me the most.« 10:67

Additionally, some clients find it important for the therapist to adapt to their own tempo and inner experience.

»I liked the fact that I could be the one setting the tempo. I could always choose the topic. It was not like me getting there and her saying, right, let's talk about whatever was left from previous session.« 8:48

»I think she sets the tempo just right, because if it was too much, I would probably say that I cannot go forward and would go to therapy even more nervous, thinking about what is going to happen at the session. So I feel like she does something like that only when it is appropriate – I guess she must assess when it is okay.« 12:58

Clients find it very important for the therapist not to pressure them into something they do not want, put words in their mouths or suggest what they should do.

»She never forced me to do anything, put words in my mouth or forced her own opinion. She somehow always let me reach my own conclusion. Sometimes I could have something in front of my nose for the whole month and I could not see it. It's good that I could see it on my own, that she did not just say it, because it's just different if you figure it out by yourself.« 8:39

»Thirdly, not imposing her opinion. I very much dislike that, someone telling you what's right and what's wrong. Because it was me who built my own personality, it was not her, she just helped a little. Because then I would again believe that she was the one who built it. It would not have been me. That's why it was so important that she did not do that.« 16:46

The clients further find it important for the therapist to ask about the way therapeutic interventions and reactions affected them and how the client felt about the relationship.

»If she does something, like when we communicated through e-mails and she asked how I felt about her reaction. Just that, the fact that nothing goes unnoticed, it's always important. If I find something important, she finds it important. The feeling that she is taking you seriously.« 12:53

»What she is really doing well, which gives you the feeling that this relationship is important, is that she asks for feedback. That as a therapist she asks if she is doing well and you can say yes or no. And she can use that in the future.« 12:73

1.4 The experience of contact

The experience of contact is described by some clients as a qualitative change in the relationship that occurred based on the therapist's warmth and emotional participation. The experience is described as an experience of deep contact with the therapist and some clients find it to be a key moment in therapy.

»And that unconditional acceptance, the warmth that can be felt. I remember when that happened, it was after a few sessions that we got to this positive warm contact that changed the quality of what was going on in therapy before and after. I am not sure I can describe it in words. It was just this subconscious, non-verbal click, yeah, a click. I was

really surprised by it, it happened in about one or two sessions. It was about a year ago, after two or three years. It was not like that before, it was different, on a more conscious level.« 6:38

2. Acceptance

The category of acceptance includes factors of the therapist's complete, unconditional, absolutely positive acceptance of the client devoid of judgement. The clients reported that therapist's acceptance and lack of judgement enabled them to talk about things they would otherwise find unpleasant to talk about.

»Without judgement, I felt safe and was not afraid to talk about things. I was not afraid to say anything. When we established the relationship, I was sure that no matter what state I might be in, she would be able to get me out of it.« 5:40

In relation to the above, the clients further reported a beneficial effect of the therapist's acceptance of feelings they struggled to accept themselves, such as shame and sadness. The therapist's acceptance helped them accept their feelings and get some relief. A positive accepting relationship with the therapist was further associated with normalisation. The clients felt that their experience was normal and human.

»Whenever I talked about anything that triggered shame, when I shared that and she was very accepting of me and made it easier for me to accept myself. I felt like it was something that would be good to discuss, but it was not easy.« 6:19

»But in the background I did and I learnt about grief for the first time. That it's allowed, that it's just a process, that it is quite normal. It went much faster, it hurt at first, but it was a lot easier because I worked through it on my own before.« 8:47

Some of the participants highlighted that the therapist's absolute positive acceptance helped normalise their inner experience, helped them become aware of their own value and develop self-respect.

»For me, it was important that somebody said: it is normal, it is normal that you feel that way and what you are saying is perfectly normal. The fact that somebody accepted me without judgement, no matter what I did and her understanding.« 16:39

»A specific event is mainly her understanding, that she listens and lets you know that nothing is wrong with you.« 15:37

Some clients found it important for the therapist to accept them even if he/she did not agree with the client or if they had a conflict.

»The therapist's all-encompassing acceptance. That he gives me the space to process things, but still accepts me. That he is able to stay in the relationship despite the occasional conflict.« 6:31

In the following paragraphs, we list some interesting quotes with clients recalling how they felt free to experience anything and it would be accepted; they felt that the

therapist provided them with unconditional acceptance, even with things that seemed irrelevant or silly on the surface.

»Because with him, it didn't matter what came out, it was always okay. I did not feel like it was crazy. That freedom in the sense of letting something seemingly irrelevant come and then seeing that it is not even really irrelevant, because it might trigger a feeling and then you see there is something more to it.« 7:82

»I really like it that we get along so well, that you can say a lot of things, you can make a joke and she is not really formal, that she is a warm person. You can say something funny sometimes when you are struggling to lift the spirit a bit and she understands.« 9:38

3. Safety and trust

This category consists of aspects of safety and trust established by the therapist in the key moments of the therapeutic process, sometimes purposely and other times intuitively. The feeling of safety minimises the client's distance and offers a safe space serving as the basis of therapeutic work.

Some clients reported that trust was built slowly and gradually;

»Just like you read, when the fox in the Little Prince tells the prince 'Come at the same hour every day and we will sit closer every time'. That is how trust is built, slowly, slowly, bit by bit.« 4:37

»And a trusting relationship. If that wasn't there, I surely would not be able to work. Absolutely a relation of trust. Our relationship was built like that as well. I remember some key moments, this was very early on, when our relationship was established. So, definitely, the relationship.« 7:80

With other clients, the trust was established intuitively.

»The feeling of trust – you either have it or you don't. I went to her because it felt like I could trust her. I trusted her from the very beginning.« 15:50

In relation to trust, participants talked about the feeling of safety they experienced with therapist. It seemed important for them to feel that the therapist was able to help, that they are safe and can open up.

»He did not tell me that we would reach the end at a certain point. But just the fact that he was there the way he was, so that I could open up to him and knew that it was my space and it was safe. That he was there, that he knows that no matter what happens, he is there and he would know how to react. I am only beginning to realise that I had that feeling of safety the whole time. It is very important, if I thought that he did not know what he was doing, I would not have entered it in the same way.« 7:95

Furthermore, other quotes indicated that clients' feelings of safety are often connected to the structure and order that therapy provides and in terms of a regular time scheduled for therapy.

»A relationship built on trust, support, understanding, a certain order. Order is important as well as meeting at a specific hour and keeping the timing. It is important, so you know what to expect. It brings about certain safety.« 14:28

4. Connection

This category includes factors of connection with a therapist who is perceived as a stable, constant and reliable person.

Half of the clients thought it to be important to feel a sense of connection with their therapists, and know that the therapist thinks of them outside of their sessions. They appreciated the feeling that they were in someone else's thoughts; a person who was willing to be there for them.

»Yes, we have a connection. When I am in distress, I think of her sometimes and the things we talked about. But I don't really have the wish to call her or let her know.« 2:27

»And also, when she went on vacation, she gave me her co-worker's number and was available through e-mail. She let me know that she is there for me whenever I need her.« 10:31

A number of clients found it to be important to know that they had someone who could be reached, was reliable, constant and who they could go back to after concluding the process of therapy.

»And knowing that you have someone who is just there.« 5:41

»I was a bit like, it did not feel like it was final, even on our last session. I still don't feel like it is final. I feel like I have a backup, that even if anything happened to me and I felt like I could not cope, I would have a backup.« 8:63

5. A new relational experience

This category includes aspects of a new relational experience that occurred in the process of therapy and contributed to the desired change.

Eight of the clients found it important to be able to experience a new, different quality in the relation with the therapist. Quotes also relate to the feelings of mutual affection that the clients can then look for outside of therapy, thus seeing mutual affection is possible.

»The feeling that you care for someone and they care for you. I don't know if that would happen without therapy, or maybe it would. Sometimes some intense experience gives us a sense of possibility. Feeling that it is possible and then you look for something like that.« 4:7

Some participants reported feeling for the first time they were equal and taken into account in the relationship. Similarly, they had the experience for the first time that somebody was aware of important events in their lives.

»My therapist helps me and encourages me to go on. She is happy with my way of thinking and functioning and supports me. If she disagrees with me, she tells me and then I think about it. She helps me maintain it and it means a lot that someone knows what I am doing. My mom doesn't know it, no one knows it.« 10:70

Despite the fact that clients mention new relational experiences as a significant beneficial aspect, the new experience can at first be unpleasant and hard.

»Perhaps it helped in a way that the sharing was not mutual and I was more exposed. It made me feel uncomfortable at first, but probably helped because it pushed me. It was out of my comfort zone, it crossed that boundary. It was stressful for me to come there and talk and confide in her. Because she was always focusing on me and my feelings.« 1:6

A similar description can be found in the words of a client who mentioned that the feeling of connection had been very intense for her and described it as 'collapse of the system'.

»The first time she talked to my Child, I felt like I was going... it was like a total collapse of the system. I can't even describe how I felt. I don't know if anyone else ever went that deep. It is such a primary experience.« 13:43

6. Match

This category includes aspects of the match between the personalities of the therapist and the client, as well as agreement on the tasks or contract of the therapy work.

Four of the clients mentioned the importance of a good personality match with the therapist and feeling of compatibility with the therapist's way of working with them.

»I liked her as a person as well. If I didn't like her as a person, we couldn't do much and her way of working would not matter. But we had a very nice relationship from the very beginning, so I didn't fear coming there, I was rather open, I was looking forward to it.« 8:42

»In time, we became a really good match. And that is really important to me.« 6:55

The model of a healing therapeutic relationship

Results reveal a mutual relationship between all of the factors of the therapeutic relationship. The model below serves to illustrate this type of a healing therapeutic relationship (Figure 1)

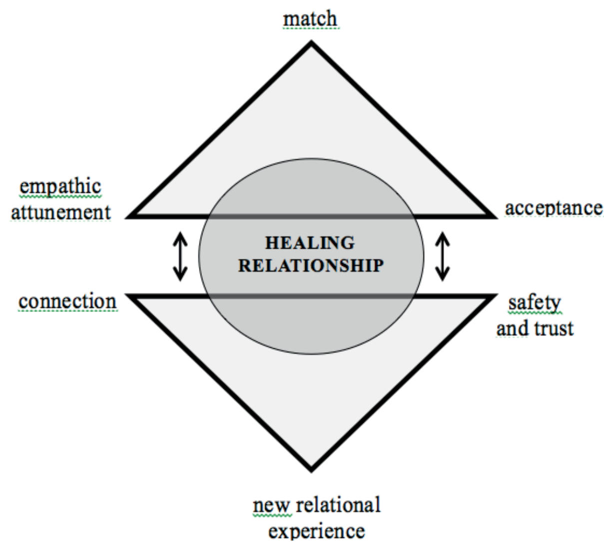


Figure 1. The model of a healing therapeutic relationship in Integrative Psychotherapy.

In this model we identified the core category »Healing Therapeutic Relationship.« Based on the client's description of categories, it was evident that helpful aspects of the therapeutic relationship represent aspects of healing in psychotherapy. The six categories describe different aspects of the healing therapeutic relationship, which are strongly interrelated, as illustrated by the circle in the model. The upper triangle describes the core aspects contributing to the development of a healing relationship. Empathic attunement and acceptance represent aspects of the therapist's contribution to the healing relationship, while the category of match relates both to the therapist and the client. The lower triangle, however, relates to the client's experience of the healing relationship, characterised by the connection, safety and a new relational experience. Arrows in the diagram illustrate the fact that the aspects are strongly interrelated and influence one--another.

The categories of empathic attunement and acceptance proved to be the most important categories and relate to the therapist's contribution to the healing therapeutic relationship. Clients related that the therapist's empathic attunement and acceptance influence the development of safety and trust, feeling of connection and new relational experiences. Some of the citations describing the above-mentioned influence are included below.

The therapist's empathic attunement helped create a new relational experience and connection.

»And then there was a real sense of connection. I was surprised when it happened. It happened very fast. As if someone turned on a switch. After that, therapy became a real pillar, a strong source of support that was internalised as well.« 6:39

It was unconditional acceptance that was at the core of the new relational experience.

»A brand new experience, on a purely relational level. That I can talk about things and get a different reaction from a new person, a more accepting one. Love heals on all levels.« 6:49

Unconditional acceptance, safety and trust are interrelated.

»That I didn't feel any judgement. Whatever I told her I always had a feeling of safety. She always made me feel safe, unusually safe. The same thing I am looking for in relation with my best friends, my partner, a certain feeling of safety. I had to establish that with her, she gave me this feeling of safety, of complete acceptance, that she does not judge me.«

The interrelation of categories is associated to feelings of connection, safety and trust.

»That I mean something to her, that means a lot to me. That she is there for me. And I trust her even more because of that.« 10:76

Discussion

The qualitative analysis of the clients' experience of Integrative Psychotherapy revealed six aspects of a healing therapeutic relationship the clients found to be crucial: empathic attunement of the therapist, the therapist's acceptance, the match between the client and the therapist, feelings of trust and safety, feeling of connection and a new relational experiences. The clients' answers showed that it was the empathically attuned and accepting therapist and the match between the therapist and the client that lead to the clients' feeling of trust and safety, as well as the connection with the therapist and a new relational experience. At the same time, the six aspects of the therapeutic relationship are strongly related and bear a strong influence on one-another.

Obtained aspects of the healing therapeutic relationship are comparable to the model of »the keyhole« in Integrative Psychotherapy, which illustrates the methods of *inquiry, attunement and involvement* (Erskine et al., 1999). The category of **empathic attunement** is linked to the concept of attunement in Integrative Psychotherapy and includes the therapist's affective attunement and responsiveness, sensitivity to the client's experience from one moment to another, and ability to adjust to the clients' tempo (Erskine et al., 1999; Erskine, 2015). Erskine et al. (1999) talks about the affective, cognitive, rhythmic and developmental attunement of the therapist and the attunement to the client's relational needs. These aspects of attunement are demonstrated in the comments made by participants in our study, and their mention of their experience of contact in the therapeutic relationship.

Our category of **acceptance** contains factors of the therapist's complete, unconditional and all-encompassing acceptance, devoid of any judgement. The clients felt that the therapist's understanding and absolute positive acceptance provided them with a sense that what they were feeling is normal, as well as providing a feeling of one's worth and

self-respect. In Integrative Psychotherapy, factors of acceptance can be related to the concept of involvement which includes acknowledgement, validation, normalisation and the presence of the therapist (Erskine et al., 1999; Erskine, 2015). In relation to acceptance, clients reported that the therapist's acceptance of their feelings of shame and sadness, which they struggled to accept themselves, was also helpful and enabled them to start to accept and value themselves.

Closely related to acceptance is the category of **new relational experience**. Some participants described that they experienced something new in the relationship with the therapist that they had not experienced before in their life. For some, this was an experience of affection and genuine concern as well as being taken into account, and seen as an equal. Some participants said the new relational experience at first made them feel uncomfortable and ill at ease, while at the same time helped them on their path to change. Erskine et al. (1999) has named this a juxtaposition response that occurs as a reaction to the discrepancy between the involved and responsive therapeutic relationship and the emotional memories of previous miss-attunements. The new relational experience can be painful since it triggers an awareness of what the clients yearned for but did not receive in the past relationships.

Our category **connection** relates to factors of connection and the deep bond with the therapist who is experienced as a stable, constant and reliable person. The category encompasses the emotional and psychological sense of connection that provides the client with a feeling of safety and acceptance. The factors of **safety and trust** minimise the client's distance and form the basis of therapeutic work. In Integrative Psychotherapy Erskine et al. (1999) stress the importance of responding to basic relational needs in the therapeutic relationship, including the need for safety, and the need to be accepted by a stable, reliable and protective person.

Our obtained descriptions of helpful factors in therapeutic relationship are comparable to the findings of other authors who explored significant events, factors of effective psychotherapy and the healing therapeutic relationship (Cahill et al., 2013; Elliott & Shapiro, 1992; Glass & Arnkoff, 2000; Levitt et al., 2006; Lietaer, 1992; Manthei, 2007; McVea et al., 2011; Moertl & Wietersheim, 2008; Oliveira et al. (2012); Rennie, 1992; Svanborg et al., 2008; Timulak, 2007, 2010). The above-mentioned studies utilized qualitative and/or quantitative methodology and focused on helpful aspects of various modes of psychotherapy and different problem areas approached by clients. In our study, we decided to analyse the clients' retrospective view of at least one year of therapy, while the studies cited above analysed the process of psychotherapy and its outcome on different levels, which means the timeframe of observation could be anything ranging from a fraction of a second to an entire concluded process of therapy (Orlinsky et al., 2004).

Norcross and Lambert (2011) found that the therapeutic relationship significantly contributed to the results of psychotherapy regardless of the therapeutic modality and the client's problems. They explain the similar effect of different therapeutic modalities with factors that are common to all therapeutic approaches (Norcross and Lambert, 2011). Based on a meta-analysis of research in psychotherapy, Norcross and Lambert (2011) talk about aspects of the therapeutic relationship that were proven to be effective, such as therapeutic alliance, empathy and getting feedback from the clients. Results of

our qualitative study similarly show that empathic attunement is of high importance in Integrative Psychotherapy and is comprised of the therapist's empathic response and inquiring about the feedback from the client. Categories of connection, safety, trust and match between the client and the therapist, on the other hand, relate to the concept of therapeutic alliance.

Norcross and Wampold (2011) mention goal congruence, collaborative relationship and positive acceptance as the aspects of therapeutic relationship most likely to be effective. This is reflected also in our research, in which participants stressed the importance of the therapist's unconditional acceptance. Rogers (1967) already reached similar conclusions, emphasizing the importance of the therapist's congruence, empathic understanding and unconditional acceptance; elements which our participants also cited as beneficial.

Conclusion

Our study is the first qualitative study examining helpful factors of the relationship in Integrative Psychotherapy, as developed by Erskine and colleagues (Erskine et al., 1999; Erskine, 2015). When interpreting the results of our study, it needs to be taken into account that our participants were most likely those who had a positive experience in therapy and were willing to discuss it. We cannot be sure about the number of clients who had a negative experience and therefore ended the process of psychotherapy. A further limitation of our study lies in the limited source of data, since we only analysed transcribed interviews. An alternative to our approach would be using questionnaires in order to obtain data. Additionally, gathering and analysing results could include more independent researchers from other modalities as well, minimising researcher bias and adding to the credibility of our study.

An advantage of using the chosen method of research is that we gathered data that is rich in content and would be otherwise difficult to obtain by using classic questionnaires. In addition to this, our conclusions are based on participants' own descriptions and illustrate a variety of client experiences. Our study contributes to a deeper understanding of the client's experience in psychotherapy and thoroughly examines the client's experience of the therapeutic relationship. This research is part of a larger study aimed to develop a comprehensive theory relating to important factors and change in the long-term process of Integrative Psychotherapy. We expect to gain insight into the complexity of the therapeutic encounter, as created by various contributing factors from the client and the therapist, and the relationship, techniques used in therapy and therapeutic processes which interact and lead to the client's change.

References

Bergin, A. E. in Lambert, M. J. (1978). *The evaluation of therapeutic outcomes*. V S. L. Garfield in A. E. Bergin (ur.), *Handbook of psychotherapy and behavior change: An empirical analysis* (str. 139-190). New York: Wiley.

Cahill, J., Paley, G. in Hardy, G. (2013). What do patients find helpful in psychotherapy? Implications for the therapeutic relationship in mental health nursing.

Journal of Psychiatric and Mental Health Nursing, 20, 782-791.

Charmaz, K. (2006). *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. London: SAGE Publications.

Corbin, J. in Strauss, A. (2008). *Basics of Qualitative Research: Techiques and Procedures for Developing Grounded Theory* (3rd ed). Thousand Oaks: Sage Publications.

Elliott, R. (1985). Helpful and Nonhelpful Events in Brief Counseling Interviews: An Empirical Taxonomy. *Journal of Counseling Psychology,* 32(3), 307-322.

Elliott, R. (1989). Comprehensive Process Analysis: Understanding the Change Process in Significant Therapy Events. V M. J. Packer in R. B. Addison (ur.), *Entering the Circle. Hermeneutic Investigation in Psychology*. Albany: State University of New York Press.

Elliott, R. (1999). The Client Change Interview. Pridobljeno 1.5.2015 s spletne strani http://www.experiential-researchers.org/instruments/elliott/changei.html

Elliott, R., Slatick, E., & Urman, M. (2001). Qualitative change process research on psychotherapy: Alternative strategies. V J. Frommer & D. L. Rennie (ur.), *Qualitative psychotherapy research: Methods and methodology* (str. 69-111). Lengerich, Germany: Pabst Science.

Elliott, R. in Shapiro, D. A. (1992). Client and Therapist as Analysts of Significant Events. V S. G. Toukmanian in D. L. Rennie (ur.), *Psychotherapy Process Research: Paradigmatic and Narrative Approches* (str. 163-187). London: Sage Publications.

Erskine, R. G. (1997). The Therapeutic Relationship: Integrating Motivation and Personality Theories. V R. G. Erskine (ur.), *Theories and Methods of an Integrative Transactional Analysis* (str. 7-19). San Francisco: TA Press.

Erskine, R. G. in Moursund, J. P. (2011). *Integrative psychotherapy in action.* London: Karnac.

Erskine, R. G. (2015). Relational patterns, Therapeutic presence. *Concepts and Practice of Integrative Psychotherapy.* London: Karnac Books.

Erskine, R. G., Morsund, J. P. in Trautmann, R. L. (1999). *Beyond Empathy. A Therapy of Contact-in-Relationship*. Philadelphia: Brunner/Mazel.

Erskine, R. G. in Trautmann, R. L. (1997). Methods of an Integrative Psychotherapy. V R. G. Erskine (ur.), *Theories and Methods of an Integrative Transactional Analysis* (str. 20-36). San Francisco: TA Press.

Erskine, R.G. in Trautmann, R. L. (1997). The Process of Integrative Psychotherapy. V R. G. Erskine (ur.), *Theories and Methods of an Integrative Transactional Analysis* (str. 79-95). San Francisco: TA Press.

Fassinger, R. E. (2005). Paradigms, Praxis, Problems, and Promise: Grounded Theory in Counseling Psychology Research. *Journal of Counseling Psychology*, 52(2), 156-166.

Flick, U. (2014). *An Introduction to Qualitative Research* (5th ed). London: Sage.

Friese, S. (2014). *Qualitative data analysis with ATLAS.ti* (2nd ed). Los Angeles: Sage.

Glass, C. R. in Arnkoff, D. B. (2000). Consumers´ Perspectives on Helpful and Hindering Factors in Mental Health Treatment. *Psychotherapy in Practice*, 56(11), 1467-1480.

Glaser, B. G. in Strauss, A. L. (1967). *The Discovery of Grounded Theory. Strategies for Qualitative Research*. New Jersey: Aldine-Transaction.

Lambert, M. J in Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice*

and Training, 38(4), 357-361.

Levitt, H., Butler, M. in Hill, T. (2006). What Clients Find Helpful in Psychotherapy: Developing Principles for Facilitating Moment-to-Moment Change. *Journal of Counselling Psychology*, 53(3), 314-324.

Lietaer, G. (1992). Helping and hindering processes in client-centered/experiential psychotherapy: A content analysis of client and therapist postsession perceptions. V S. G. Toukmanian in D. L. Rennie (ur.), *Psychotherapy Process Research. Paradigmatic and Narrative Approaches* (str. 134-162). London: Sage Publications.

Manthei, R. J. (2007). Clients talk about their experience of the process of counselling. *Counselling Psychology Quarterly*, 20(1), 1-26.

McVea, C. S., Gow, K. in Lowe, R. (2011). Corrective interpersonal experience in psychodrama group therapy: A comprehensive process analysis of significant therapeutic events. *Psychotherapy Research*, 21(4), 416-429.

Mesec, B. (1998). *Uvod v kvalitativno raziskovanje v socialnem delu*. Ljubljana: Visoka šola za socialno delo.

Moertl, K. in Wietersheim, J. (2008). Client experience of helpful factors in a day treatment program: A qualitative approach. *Psychotherapy Research*, 18(3), 281-293.

Norcross, J. C. in Lambert, M. J. (2011). Evidence-Based Therapy Relationships. V J. C. Norcross (ur.), *Psychotherapy Relationships That Work: Evidence-Based Responsiveness* (2nd ed., str. 3-24). New York: Oxford University Press.

Norcross, J. C. in Wampold, B. E. (2011). Evidence-Based Therapy Relationships: Research Conclusions and Clinical Practices. *Psychotherapy*, 48(1), 98-102.

Oliveira, A., Sousa, D. in Pires, A. P. (2012). Significant Events in Existential Psychotherapy: The Client's Perspective. *Existential Analysis*, 23(2), 288-304.

Orlinsky, D. E., Ronnestad, M. H. In Willutzki, U. (2004). Fifty years of psychotherapy process-outcome research: Continuity and change. V M. J. Lambert (ur.), *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* (5th ed, str. 307-389). New York: Wiley.

Rennie, D. L. (1992). Qualitative Analysis of the Client's Experience of Psychotherapy: The Unfolding of Reflexivity. V S. G. Toukmanian in D. L. Rennie (ur.), *Psychotherapy Process Research. Paradigmatic and Narrative Approaches* (str. 134-162). London: Sage Publications.

Rhodes, R. H., Hill, C. E., Thompson, B. J. in Elliott, R. (1994). Client Retrospective Recall of Resolved and Unresolved Misunderstanding Events. *Journal of Counseling Psychology*, 41(4), 473-483.

Rogers, C. R. (1976). The Interpersonal Relationship: The Core of Guidance. V C. R. Rogers in B. Stevens (ur.), *Person to Person. The Problem of Being Human* (str. 89-105). London: Souvenir Press.

Strauss, A. in Corbin, J. (1998). *Basics of Qualitative Research Techniques and Procedures for Developing Grounded Theory* (2nd ed). London: Sage Publications.

Svanborg, C., Baarnhielm S., Wistedt, A. A. in Lutzen, K. (2008). Helpful and hindering factors for remission in dysthymia and panic disorder at 9-year follow-up: A mixed methods study. *BMC Psychiatry*, 1-9.

Timulak, L. (2007). Identifying core categories of client-identified impact of helpful events in psychotherapy: A qualitative meta-analysis. *Psychotherapy Research*, 17(3), 310-320.

Timulak, L. (2010). Significant events in psychotherapy: An update of research findings. *Psychology and Psychotherapy: Theory, Research and Practice*, 83, 421-447.