Nuša Kovačević Tojnko[1]

Kako klienti ocenjujejo dejavnike korektivnih izkušenj v individualni psihoanalitični terapiji

Client-Reported Factors of Corrective Experiences in Individual Psychoanalytic Psychotherapy[2]

Povzetek

V članku je predstavljen mednarodni projekt o korektivnih čustvenih izkušnjah v psihoterapiji in rezultati raziskave, ki je bila izvedena na slovenskem vzorcu. Raziskava je potekala po načelih kvalitativne metodologije utemeljene teorije. Analiziranih je bilo deset poglobljenih intervjujev s klienti z izkušnjo psihoanalitične psihoterapije. Glavni cilj raziskave je bil odgovoriti na vprašanje, kako klienti ocenjujejo, kaj se je v procesu terapije spremenilo pri njih in kaj so sami doprinesli k tej spremembi. Na podlagi opravljenega polstrukturiranega intervjuja, razvitega v okviru omenjenega mednarodnega projekta, so podrobneje opisane korektivne čustvene izkušnje klientov v procesu psihoanalitične psihoterapije, ki so jo že zaključili ali so še v njenem procesu. Raziskava je bil izvedena v štirih fazah ter supervidirana s strani raziskovalne skupine, z namenom izpolniti kriterije za doseganje veljavnosti in zanesljivosti. Klienti so najbolj zaznali naslednje korektivne spremembe: čustvene spremembe (n = 191), izražanje čustev (n = 56), zavedanje sebe (n = 88) in postavljanje mej v odnosu z drugimi ljudmi (n = 123). K zaznanim korektivnim izkušnjam so po njihovi oceni najbolj doprinesle: direktne intervencije terapevta (n = 121), intervencije, ki jih ni bilo mogoče umestiti v specifični psihoterapevtski pristop (n = 153) in bližina med terapevtom in klientom (n = 59), kjer numerusi predstavljajo skupno število kodov druge faze kodiranja. Čeprav so bili klienti deležni psihoanalitične obravnave, v ospredje niso postavili tistih dejavnikov terapevtske spremembe, ki naj

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bi bili korektivni v skladu s psihoanalitično teorijo. V zaključku so predstavljeni praktični predlogi za učinkovitejše delo psihoterapevtov.

Ključne besede: klientska izkušnja, čustvena korektivna izkušnja, psihoanalitična psihoterapija, kvalitativna raziskava, utemeljena teorija, skupni dejavniki, specifični dejavniki, psihoterapevtski proces in izid

Abstract

The article presents the international project on corrective emotional experiences in psychotherapy and the results of the research conducted on the Slovenian sample of clients. The research is based on the principles of qualitative research, specifically the principles of grounded theory. An analysis was done on ten in-depth interviews with clients who experienced psychoanalytical psychotherapy. The main purpose of the research was to answer the research question: how do clients estimate what has changed in them in the process of therapy and what led up to the change. The detailed corrective emotional experiences of clients in the process of psychoanalytical psychotherapy are described, based on semi-structured interviews that were developed within the international project. The interviews were conducted with clients who have already concluded their psychoanalytical psychotherapy or are still in the process. The research plan and research process were conducted in four phases. They were supervised by a research group in order to fulfil the criteria for achieving reliability and validity. The most noticeable corrective changes reported by clients were: emotional change (n = 191), expressing emotion (n = 56), awareness of self (n = 88) and setting limits in relationship with other people (n = 123). According to their estimation the following factors contributed most to the corrective experiences: direct intervention of the therapist (n = 121), interventions that could not be placed into a specific modality (n = 153) and closeness between the therapist and client (n = 59), where the numerus presents the joint number of codes of the 2nd phase. Suggestions for the effective practice of psychotherapists are presented in the Discussion.

Key words: client experience, corrective emotional experience, psychoanalytic psychotherapy, qualitative research, grounded theory, common factors, specific factors, psychotherapy process and outcome

1. Introduction

This study was conducted in order to scientifically examine and potentially reconcile the many currently existing theoretical conceptions of the curative elements of psychotherapy. As such, the research sought “to understand what constitutes

a client’s experience of a meaningful corrective shift in therapy, in addition to the more theoretical accounts or maps provided by therapists, [in order] to fully understand the territory of psychotherapeutic change” (Hadley & Strupp, 1977: 185). To further this scientific exploration, the study focuses in particular on the clients’ experience of psychotherapy to investigate and understand what clients themselves perceive as the important factors contributing to positive outcomes in psychoanalytic psychotherapy and the changes they themselves see that occurred within their thoughts, emotions or behaviour.

1.1. Corrective experiences in psychotherapy

The development of psychotherapy, both as practice and science, led to the emergence of several explanatory concepts for the reasons behind positive psychotherapeutic outcomes. This self-reflective analysis occurred throughout all psychotherapy modalities.

Within this context, the commonly accepted definition for the positive outcomes experienced in psychotherapy is “corrective emotional experience”. This term is attributed to American psychiatrists and psychotherapists Franz Alexander and Thomas Morton French who used it in their book *Psychoanalytic therapy* (Alexander & French, 1946). They stated that corrective experiences are those, which can undo the consequences of a prior injurious experience that happened in an interpersonal relationship in childhood. Such experiences occur either through therapeutic transference, or by some type of countervailing force in life, provided by new experiences.

The Pane State University organised three conferences in 2007, 2009 and 2011 (Castonguay & Hill, 2012), where researchers wanted to examine common factors across different theoretical orientations to further the understanding of the mechanisms of change in psychotherapy. They agreed that “Corrective experience is an experience in which a person comes to understand, or experience affectively, an event or relationship in a different and unexpected way” (Castonguay & Hill, 2012: 5). Clearly, this definition is different from that of Alexander and French (1946).

Within the context of psychotherapy, corrective experience is seen as being the difference between the perceived offending punitive action of an authoritative figure or hurtful situation from the past, and the understanding and soothing therapist’s reactions in the present. Corrective emotional experiences are defined as “re-experiencing the old unsettled conflict but with a new ending” (Alexander & French, 1946: 338). Another psychoanalyst who made a major contribution in the development of the concept of corrective experiences in psychoanalysis is H. Kohut (Kohut in Castonguay & Hill, 2012). He has, in the

same way as Alexander and French (1946), stated that the mechanisms of change begin "when a patient revisits old conflicts with a more mature psyche".

Within the safe context of the therapeutic relationship, a client gets the chance to face potentially unbearable emotional situations from the past in more favourable conditions created by the therapist's basic approach. Thus, within a therapeutic setting, corrective experiences occur through therapeutic modalities, which seek to generate client insight. They are, accordingly, generated only in therapies, which aim for a personality change or correction – as opposed to supportive therapies, which aim at providing ego support (Alexander & French, 1946).

In *Corrective Emotional Experiences from Psychodynamic Perspective* (Sharpless & Barber in Castonguay & Hill, 2012) the authors discuss, in practical terms, the meaning of the corrective experience within the therapeutic setting. Specifically, they state that corrective emotional experiences have five positive benefits for a client: symptom reduction, positive interpersonal changes, greater self-awareness, corrective emotional experiences, and possible removal of therapeutic stalemates and blockages.

Sharpless and Barber (in Castonguay & Hill, 2012) further develop the notion that there are distinct, but inter-related factors that assist with the development of corrective emotional experiences in psychodynamic therapies. In other words, a successful outcome generally depends on factors related to the client, the therapist, and the process itself. Specifically, they state that there are *five client factors*, *three therapist factors*, and *four process factors* which work together to increase the likelihood that a client will experience the desired results (all listed below).

The five client factors (Castonguay & Hill, 2012) are: (a) flexibility and openness to the possibility for novel experiences, (b) willingness to be action-oriented, experimental and take risks (interpersonal, emotional, etc.), (c) presence of a rich network of important people in client´s life, (d) client´s willingness to speak about their experiences and (e) client´s reflective functioning capacity.

The three therapist factors are (Castonguay & Hill, 2012): (a) an openness to both experience and experimentation within the session, (b) therapist´s own psychological health, emotional attunement and awareness, (c) therapist´s overall competence.

And the four process factors (Castonguay & Hill, 2012) are: a) alliance, b) transference, c) countertransference, and d) projective identification.

Other researchers do not see corrective experiences as one of the common factors, but as a main constituent of the psychotherapy process (Castonguay & Hill, 2012). These authors explain that corrective experiences are types of

transformative experiences, or some kind of triggers for change, when it comes to clients in psychotherapy. They suggested that corrective experience is a positive variable of psychotherapy outcome within the client's process, the therapist's process, as well as the process of therapeutic relationship itself. Corrective experiences can lead to behavioural changes and behavioural change can lead to significant shifts in cognition and emotions.

The three following variables contribute to corrective experiences:

1. client variable: what are the clients' factors that contribute to effective psychotherapy;
2. therapist variable: what are the exact therapists' factors that contribute to effective psychotherapy and
3. external variable: factors that influence the clients experience from the outside.

2. Method

This current research was focused on determining: (1) the exact factors, which the clients themselves categorized as corrective; (2) how these perceived corrective experiences are connected and (3) what are said by the clients to be the changes in their thoughts, emotions or behaviour. By taking a grounded theory approach (Bryant & Charmaz, 2012; Corbin & Strauss, 2015; Glaser & Strauss, 1967), the researcher kept an open mind while conducting the research. Expert evaluation was provided by the research group and external assessment, so that the data itself generated the theory independently of any biases the researcher might otherwise inject into the analysis.

2.1. Participants

2.1.1. Clients

The research was conducted with clients who were treated by their psychotherapists in private practices and outpatient clinics. A total of 10 participating clients took part in the presented study (N=10). The participants were selected by using the purposeful sampling strategy (Koerber & McMichael, 2008). Purposeful sampling is a strategy used when a researcher searches for participants possessing particular traits or characteristics.

Our purposeful naturalistic sampling included only clients who were in psychoanalytic psychotherapy for at least one year, 1-2 times per week, in a sitting or lying setting, and older than 18 years. The therapists were either people holding a European Certificate or students under Supervision. Eight psychotherapists contributed with their clients (N=8).

The following tables show particular characteristics of a sample.

Table 1
Sample description

	Sample description
Naturalistic Sample	Slovenian speaking clients (N=10; 4 male and 6 female)
Client's Marital Status	Married (n=4), Unmarried (n=2), single (N=4)
Client's Education	University degree (n=2), High school - finished Slovene matura (n=8)
Therapy Duration	2 cases still on-going, 8 cases concluded
Frequency	1-2 times per week
Setting	Sitting (n=5), lying on the couch (n=2), combination of both (n=3)
Average age	41.8 years old
Average Therapy duration	34.1 months
Psychotherapist's Modality	Psychoanalytic (N=8)
Psychotherapists Certificate	European certificate (n=6) or student under supervision (n=2)
Psychotherapist's Average Age	47 years old

2.1.2. **Exclusion criteria:**
For ethical and other self-evident reasons clients with a main or comorbid psychiatric diagnosis, a personality disorder as a primary diagnosis, as well as those who interrupted their treatment in order to be hospitalized, or underwent couples' therapies (to exclude other possible variable impact, such as partner's impact on corrective experiences etc.) were excluded from the research. Interviewees were not in a psychotherapeutic process with the researcher.

Furthermore, the characteristics of the expected sample were taken from a multi-site project research design, which was done in several other countries in Europe and America for different modalities (CBT, gestalt, systemic psychotherapy etc.).

2.1.3. **Researcher and multi-site project:**
The researcher, the author of this research, is a psychoanalytically oriented psychotherapist with seven years working experience. Following her theoretical orientation, the author was influenced by the psychoanalytical perspective of understanding corrective emotional experiences. This perspective served as a sensitizing concept (Charmaz, 2006) in this study, which provided a general framework for understanding the researcher's way of presenting and interpreting results. The researcher sees corrective emotional experience in the context of the

psychoanalytical modality as a contemporary concept which is integrated as one of the fundamental psychotherapeutic components of all modalities, not only of the psychoanalytic one (Kahn, 1997; Sharpless & Barber, 2012). The neutral psychoanalytical stance, psychoanalytical process and other psychoanalytical techniques, are on their own encouraging of corrective experiences, because they consist of various components that the client is not experiencing in daily life (Sharpless & Barber, 2012).

The researcher was part of a multi-site project, where the design for the research was already developed and has involved several inter-related studies done by other researchers in three different countries, and included different psychotherapeutic modalities:

1. Emotion Focused Therapy (York University of Toronto, led by Dr. Lynne Angus);
2. Cognitive-Behavior Therapy (University of Massachusetts at Amhest, led by Dr. Mike Constantino);
3. Corrective Emotional Experiences in Individual Psychoanalytic Psychotherapy (Sigmund Freud Private University, Vienna, led by Dr. Alla Kirsha) and
4. Corrective Experiences of Psychotherapists in Training (Sigmund Freud Private University, Vienna, led by Dr. Kathrin Moertl).

The first publication of the multi-site project was in 2016 (Khattra et al., 2016). The current sample was collected by a purposeful sampling strategy and the research specifically includes clients from Slovenian Outpatient clinics. Two researchers of the multi-site project were the evaluator and expert to teach the researcher how to conduct the entire research in Slovenia appropriately and to supervise data analysis. Data from this sample were analysed as autonomous research, based on the research design of the multi-site project.

2.1.4. **Ethical consideration**
The study was approved by the Ethics Commission of the Sigmund Freud Private University in Vienna, Austria. The clients were able to withdraw at any point of the research. All pertinent anonymity and confidentiality rules were strictly followed by the research team.

2.2. Research questions

The main research questions were: how do clients estimate what has changed in them in the process of therapy and what led up to the change. Which aspects of self, significant other, and significant relationships, did the clients consider as corrected?

The research was focused on both the outcome and process variables, which the clients themselves viewed as having been positively impacted through therapy. The researcher set out to collect as much meaningful information as

possible about the clients' perceptions of the causes of their own corrective experiences in psychoanalytical psychotherapy. This required the clients to reflect upon what they thought had changed as a result of their therapy. Within this context, the outcome variables were divided by their nature into cognitive, emotional and relational.

The researcher additionally asked the clients to reflect on the process variables that they deemed to have been helpful with their corrective experience. Within this context, process variables were defined as anything that was helpful for the clients and has triggered the process of change. This could have been significant things and/or events within or outside of therapy or interactions with the therapist and significant others.

2.3. Procedure

Data collection and data analysis through five phases.

2.3.1. 1st phase: Researcher's self-reflection

Elliott, Fischer and Rennie (1999) highlighted the importance of researchers stating their theoretical orientations, personal anticipations and experiences relevant to the study, lest unintentional biases are quietly hidden in the research. Using diary notes from before and during the study, helped the researcher to write about her views and preconceptions. Her written diary was also made available to experts from the research group and to the external assessor (while they gave remarks on the process of data analysis).

2.3.2. 2nd phase: Training with experts in conducting pilot interviews and interview transcription

In the interview procedure, the basic technique was to conduct a narrative interview, as explained by Schuetze (1997, in Bauer, 1996). As the label narrative suggests, by utilizing this technique clients are encouraged to tell a story about some significant event in their life. The influence of the interviewer must be kept to a minimum because the interviewer's role is to be an attentive listener (Bauer, 1996), the researcher having gone through intensive training with an expert, while conducting a pilot interview with a randomly-chosen candidate. In this way the researcher became familiar with the interview protocol and the correct way to formulate questions, so the client could understand and answer as fully as possible.

For the interviews themselves a semi-structured interview with initial prepared questions was used (Constantino, Angus, Friedlander, Messer & Moertl, 2014). In addition to the sets of questions to be answered, the interviewees also had some freedom and space to talk about what they found interesting or important (Hesse-Biber & Leavy, 2011). This allows the conversation to flow more naturally and can lead in unexpected directions. With the help of open-ended questions and related follow-up prompts, the clients were invited to supply data in connection with the two primary research questions. Table 2 shows an overview of the entire interview protocol, which is divided into four basic parts. The first part of the interview aimed to build a good rapport between the interviewer and the client. The second and the third parts provided the main material for the data collection process, as they explore in detail: *what was corrected and why*. Finally, the fourth part allowed the study interviewees to express their experiences of the interview and it offered them a chance to provide summary statements and/or to otherwise address the implications of their responses.

Table 2

Semi-structured Interview Protocol (Constantino et al, 2014)

Part of the Interview	Questions
Part I: Preliminary questions	1. What were your primary concerns that led you to seek this past therapy? 2. Please describe the reason or reasons for ending treatment at this time.
Part II: Questions related to what was corrected	3. Are you aware of any significant shifts or differences that have occurred in you, your outlook on yourself or on life, that you attribute to any experiences which have occurred since the beginning of this therapy? *Please provide one or more specific examples and describe as fully and vividly as possible.* 4. Are you aware of any significant shifts or differences in your relationships that have occurred since beginning this therapy? *Please provide one or more specific examples and describe as fully and vividly as possible.* 5. Did you become aware, at any time during this therapy, of a problematic pattern (or patterns) in your thoughts, feelings, behaviour, or relationships? *Please provide one or more specific examples and describe as fully and vividly as possible.* *If an example is provided: Have you become aware of any significant shifts, revisions, or differences in that (those) pattern(s) that seem particularly meaningful?* *Please provide one or more specific examples and describe as fully and vividly as possible.*

Part of the Interview	Questions
Part III: Questions related to corrective experiences	6. Can you point to any specific instances during this therapy or in your interactions with your therapist that led to meaningful differences in your thinking, feeling, behaviour, or relationships? *Please provide one or more specific examples and describe as fully and vividly as possible.* 7. Can you point to anything specific that occurred during this therapy or in your interactions with your therapist that you see as important and useful now upon reflection, that you may not have at the time? *Please provide one or more specific examples and describe as fully and vividly as possible.* 8. Can you point to anything specific that occurred in your relationship with your therapist that was unexpected? *Please provide one or more specific examples and describe as fully and vividly as possible.* *If an example is provided: Do you see this experience (or these experiences) as having caused any meaningful shifts or differences in your thinking, feeling, behaviour, or relationships? Please describe fully and vividly.*
Part IV: Conclusion	9. Do you have any final comments related to the topics that we discussed today? Is there anything that you neglected to discuss? 10. What was your experience of the interview today?

The pilot interview was transcribed and analysed in the computer program Atlas.ti (version 6). Data of the pilot interview was not used in main research. It was used only for researcher's learning process and to become autonomous in performing the research.

2.3.3. **3rd phase: Conducting interviews, transcribing and translating interviews and beginning the open coding**

The interviews were conducted in-person and were audio-recorded, rendered anonymous and lasted up to 1 hour and 15 minutes. All of the interviews were later transcribed and translated into English in order to accommodate the non-Slovenian speaking auditors. Then individual open coding in the Atlas.ti program (version 6) followed in accordance with the recommendations of Glaser and Strauss (1967 in Dourdouma & Moertl, 2012). The researcher's codes of the first interview were examined and a feedback was given by experts from the research group and external assessor. An individual style of open coding was encouraged, as well as creating a personal way to code the codes. To this end, experts in research were also asked to examine the codes from 1st and 2nd level coding and provide feedback. Ultimately, codes were assigned when there was a balance between the abstract, subjective and objective way of open coding (Mesec, 1998).

2.3.4. **4th phase: Grouping family codes, co-groupings and creating simple model**

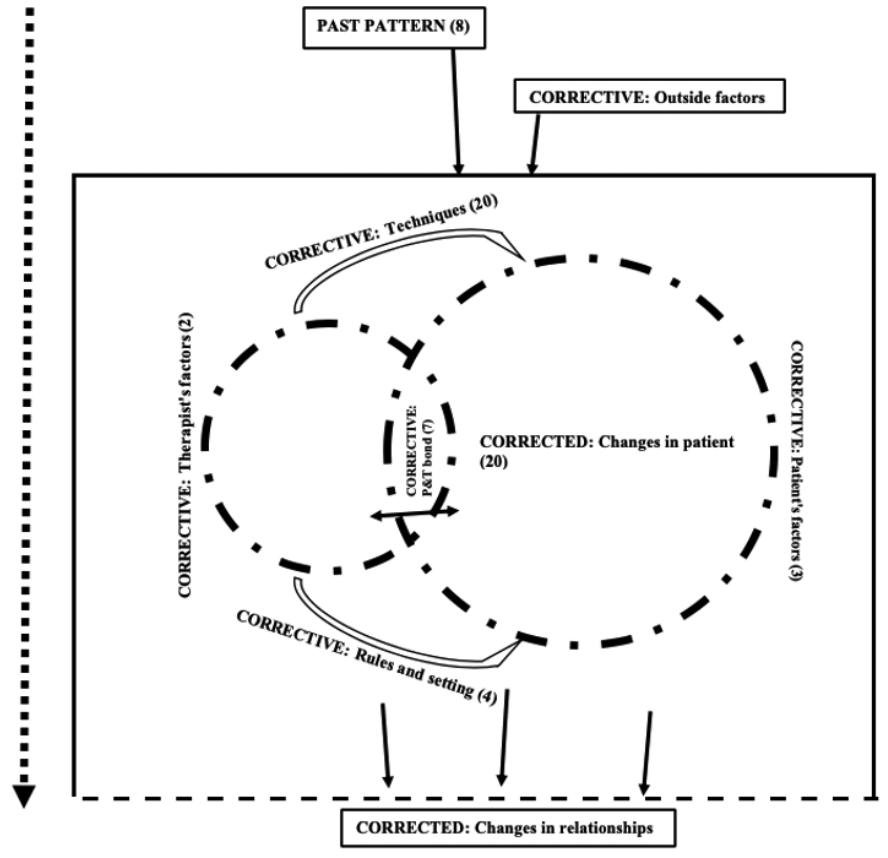
During the 1st level coding, each code was given a key word, which became a core code during the coding procedure (for example corrected, corrective, finding therapist, process of therapy, past pattern and feedback). To further the process of creating grounded theory only, codes with corrected and corrective main key word were used.

To generate the final grounded theory, 3rd level codes were organized on a higher abstract level (4th level coding) to clearly see the relationships between the codes. Abstraction level research was done with the help of an external assessor, who was not a part of the research group. This step was part of summarizing the main ideas (themes) for later formulation of the final theory.

In this 4th research phase a simple interim model was created (in figure 1). It helped to see preliminary connections between codes.

Figure 1

Abstract preliminary simple model with number of 3rd level codes



Within this graphic, the process of change is seen to be related to a very dynamic set of factors (or codes) that interact with each other. Thus, this abstract model can be seen as representing the first attempt to depict the inter-relationship of all codes intuitively before creating a final grounded theory out of all codes emerging from the 2nd, 3rd and 4th level coding. The most important part in creating a final theory was to develop a deeper understanding of what really contributes to inner change and how inner change is effectuated.

2.3.5. 5th phase: Building a final grounded theory linked with contemporary literature

The aim of the 5th research phase was to generate the final grounded theory about corrective and corrected experiences, and to link them with contemporary findings of other research. With the help of literature and research group experts, who are psychoanalytically oriented psychotherapists, final code hierarchy and classification was done (presented in chapter Results). The results revealed the importance of certain clients' corrective and corrected experiences and helped in creating concrete guidelines for psychotherapist practitioners (presented in chapter Discussion).

2.4. Credibility check

The concepts of reliability and validity have unique meanings in qualitative scientific inquiry. In that regard, client's and therapist's descriptive information (age, therapy modality, length of therapy, client's symptoms when starting therapy, treatment history, therapist experiences etc.) and semi-structured interviews with initially prepared questions and client feedback (Constantino et al., 2014) were applied. In addition, there was also utilised the researcher's follow up work making use of her diary notes to observe interesting phenomena which appeared and were not addressed within the prepared interview questions. To ensure investigator triangulation and inter-rater reliability (Cohen, Manion & Morrison, 2007), the researchers from the research group and outside assessor with the same theoretical background have evaluated the processes of pilot interview, process of data gathering, data analysis and at the end the formulation of the grounded theory.

The work of Elliott et al. (1999) is instructive in terms of how reliability and validity can be achieved in studies such as this one. Specifically, there are seven criteria which were considered in this present qualitative research in order to ensure reliability and validity (Elliott et al., 1999). These criteria are:

1. Owning one's perspective: the researcher was mindful of theoretical orientations, practical experiences, personal anticipations, ensuring her unconscious beliefs and biases would not have an impact on the research and the interpretation of data.
2. Situating the sample: the researcher provided basic relevant information about the sample in a comprehensible format. This is designed to help readers judge the value and generalizability of the research.
3. Grounding in examples: the researcher presents examples of the data in order to illustrate the analytic procedure and understanding of the data, when appropriate.
4. Credibility checks: by an outside assessor and researchers from a research group who are experts in doing similar research (same interview protocol), in order to ensure that the data and the conclusions drawn from it match the appropriate procedural requirements and that they make sense in this context.
5. Coherence: the researcher ensured this by providing data and conclusions, which are substantively coherent and the mutual relationships and interconnectedness among categories are pointed out using a verbal narrative and presentation appropriate figures.
6. Accomplishing general vs. specific research tasks: within research steps 3 - 5, when the researcher brought together her findings in a final coherent grounded theory, this requirement was respected.
7. Resonating with readers: according to this requirement, the material is presented in a way that the readers find data accurately representing it and that it expands their understanding of the phenomenon.

3. Results

The codes' hierarchy from 2nd to 4th phase coding represents the answers to the two main research questions: (1) what aspects of self, significant other, and significant relationships did the clients consider to have been corrected (Table 3) and (2) which process variables clients deemed to have been helpful with their corrective experience (Table 4). Within this context, process variables were defined as being anything that was helpful for the clients and triggered the process of change, such as significant things and/or events in and outside of therapy, interactions with the therapist and significant others.

Table 3

All codes sorted from 2nd and 3rd level coding for main category 'corrected'

4th level codes	3rd level codes	2nd level codes (n)
Changes in client		
Emotional change	Better emotional control Feeling of relief Feeling of joy, satisfaction, happiness, pride and spontaneity Improvement of self-image, feeling of worthiness At peace with oneself Less judgemental to oneself More reliable towards oneself and self-mature	191
Awareness	Introspection, awareness, acceptance, understanding of oneself Realization of inner change Unconscious becomes conscious	88
Behavioural change	Change seen physically (way of dressing etc.) Developing new interests, hobbies etc. Exposing oneself (to situation, objects etc.) Silence and loneliness become a friend Spontaneous change Stop taking medications Symptom reduction	29
Becoming therapist	Becoming psychoanalyst Building picture about psychotherapy Internalization of therapist in client	8
Changes in relationships		
Boundaries	Stop being dependent on my therapist Not needing approval of others Rejection resilience Selective trust Separation from things and people Setting boundaries (saying no, expressing own opinion etc.) Speaking openly	123
Expression of emotions	Acceptance, flexibility, compromise, understanding of others Less judgemental towards others More closeness, love, attachment, joy	56
Skillful	Better in upbringing of a child New friends Willingness to help	27

Table 4

All codes sorted from 2nd and 3rd level coding for main category 'corrective'

4th level codes	3rd level codes	2nd level codes (n)
Therapist's factors		
As human being	Seeing therapist as a normal human being	1
Presence	Therapist confidentiality, warmth, professionalism and how the therapist dressed	11
Client's factors		
Later insight	Later realization of therapist's reactions and words	10
Resistance and motivation	Despite resistance still staying in a process Motivation for therapy	5
Outside factors		
/	/	4
Client and therapist bond		
Closeness	Building a feeling of trust and love Having a special connection with therapist New experience – therapist really listens Therapist and client speak about their relationship	59
Role model	Having an experience of a good parent Relationship with therapist as a role model	14
Two-side work	Relationship of client and therapist is mutual work	1
Techniques - 1st classification		
Direct interventions	Art therapy as a method to heal Educating and analysing phenomena that arise in therapy Expressing feelings towards therapist Learning to interpret dreams Learning verbalisation of inner happening Linking present feelings and thoughts with past memories Non-judgemental therapist Practicing new knowledge in life Taking time for your needs Telling what comes to your mind Therapist's help to come to insights Therapist's help during acute life situations Therapist's humour as intervention Therapist still available after finish of therapy Unexpected reactions and thoughts from therapist	121
Indirect interventions	Coming together to conclusions Finding own answer Having cathartic experience Leading therapy on their own Necessity to talk and to listen to therapist to achieve change	55

4th level codes	3rd level codes	2nd level codes (n)
Techniques – 2nd classification		
Non-modality specific interventions	Coming together to conclusions Educating and analysing phenomena that arise in therapy Expressing feelings towards therapist Finding own answer Having cathartic experience Leading therapy on their own Learning verbalization of inner happening Non-judgemental therapist Practicing new knowledge in life Taking time for your needs Therapist's help to come to insights Therapist's help during acute life situations Therapist's humour as intervention Therapist still available after finish of therapy Unexpected reactions and thoughts from therapist Necessity to talk and to listen to therapist to achieve change	152
Psychoanalytic interventions	Learning to interpret dreams Linking present feelings and thoughts with past memories Telling what comes to your mind	22
Interventions from another modality	Art therapy as a method to heal	1
Rules and setting		
Setting	Always seeing expected setting when coming to therapy Lying on the couch helped to connect with my inner world Sitting in front of therapist helps to bond with the therapist	4
Rules	Therapist sets rules	3

3.1. What was corrected?

Clients described changes on all three levels – cognitive, behavioural and emotional levels.

The most often mentioned corrected factors were emotional change, expressing emotions, awareness of self and setting boundaries in relationships with other people.

Unexpected life events outside of therapy also helped clients to change relationships and feelings. It is not only the relationship with a therapist which helps clients to achieve a change on their cognitive, behavioural and emotional levels. Relationships with other people can also have a decisive impact on a client's change.

During psychotherapy spontaneous change can occur because of previous corrective and corrected experiences in the relationship with the therapist. Clients report that they later experienced changes also in other areas of life, although they had never spoken about them with their therapist. When clients successfully resolve one problem, it can have a spontaneous impact that solves other problems in similar areas of life: "Some patterns changed spontaneously during therapy, even though I did not work on them" (participant 8).

The client's words provided a rich and simple insight into changes during psychotherapy. Looking at the 1st level codes gave an impression of how clients see the world of psychotherapy, and how the perception of change can be very unique for each client, while also being quite common to all other clients:

1. "I feel more positive, and not so hateful towards myself as before" (participant 2),
2. "I am gentler with myself and strict enough, but not in a destructive way anymore..." (participant 7).

3.2. What was corrective?

This research was conducted among clients in psychoanalytic psychotherapy and it was found that several psychoanalytic and several non-specific modality techniques were used by their psychotherapists. 3rd level codes, from the category 'Techniques', were classified twice to bring multiple code understanding. The classification process was supervised by experts from the research group and was based on literature. The 1st classification addresses direct or in-direct interventions:

1. no hidden meaning for the client, interventions are easily understandable, could be confronting and are directly addressed;
2. hidden meaning for the client, who needs time to understand the meaning, can be used spontaneously by the therapist and is indirectly addressed.

The 2nd classification addresses three categories:

1. non-specific modality interventions: those we cannot fit into any specific psychotherapeutic modality, because they could be part of more than one modality, or can be spontaneously created by the therapist;
2. psychoanalytic specific interventions: based on the specific classification of psychoanalytic psychotherapy (Žvelc, Možina & Bohak, 2011) and based on classification of psychoanalytic phenomena (Reshetnikov & Pritz, 2016);
3. intervention from another modality: codes which present another modality (for example from art therapy).

Only clients treated by psychoanalytic psychotherapists were included in the sample. For this reason, identifying corrective psychoanalytic interventions out

of codes was done based on the phenomena summarized by Reshetnikov and Pritz (2016). Clients mentioned the following seven psychoanalytic concepts that were decisively corrective for them:

1. *Containment* – "I had bad feelings towards the therapist and he didn't tell me anything bad back. He just listened. That was something new for me" (participant 4).
2. *Transference* – "Quickly I took her for my second mother…" (participant 6).
3. *Resistance* – "I had difficult phases in therapy and didn't want to continue with it, but I persisted in going and then a real change and insights came" (participant 7).
4. *Interpretations* – "I learnt how to interpret my dreams and it was fascinating to discover that all symbols are parts of me and not real objects from my life" (participant 3).
5. *Neutrality principle* – "She, at our first session, saw the problem, but she let me find this out on my own and I think this is the most important thing because otherwise I wouldn't change it that way" (participant 1).
6. *Lying on the couch* – "Lying on the couch helped me to be more connected to my inner world and not concerned about the surroundings" (participant 10).
7. *Atmosphere of emotional safety* – "I always had a feeling of certainty, determination, knowing what was the most important thing I needed in my life from the therapist" (participant 2).

4. Discussion

While formulating the final grounded theory, the process of change has been revealed as a spiral process: clients enter therapy with symptoms and try to achieve changes by corrective factors. Next the new knowledge and experience is implemented in their private lives, and afterwards, when new problems arise, they are brought to future therapy sessions. A process of change is a long-term process, it happens spirally and could be termed as a "from life to life" process. Client´s change is an interactive process of corrective experiences happening in the outside world, in the therapy room and in relationships with other people.

The three factors that the clients most often described as being corrective factors (the highest number of 2nd level codes) in the therapy room are: (1) direct interventions from the therapist; (2) non-specific modality interventions and (3) the closeness between therapist and client.

The main challenge during data analysis was to categorise the codes into

appropriate modalities. To overcome a "right" classification, supervision was sought in the cases where the researcher decided to follow the classification from contemporary literature and consultation with experts from the research group consisting of psychoanalytic psychotherapists. The main conclusion that was reached after this consultation was to start focusing more on the content of the interventions and less on the classification of interventions into exact modalities. This opened a new interest in understanding the interventions developed by the therapists themselves in order to achieve a client's corrective experience. Such an approach has opened a new way of understanding emotional corrective interventions. The focus shifted from matching an intervention to a specific modality to understanding which interventions and what kind of relationship quality the therapist had created with their client (considering psychological structure and phase of a therapy): "…she interrupts me when I need help, to intervene about some perspectives…" (participant 5).

When the corrective factors inside the therapy room are fulfilled, emotional inner change and expressing emotions, awareness of oneself, setting boundaries in relationships with other people are established. The process of change is a spiral process. The client tries to implement the experiences gained with their therapist in the therapy room in real life situations. A "world" created by a client and a therapist in the therapy room helps the client to facilitate emotional change (for example better emotional control, feeling of joy, satisfaction, happiness, pride and spontaneity etc.) and setting boundaries in relationships with others (for example no need to seek approval of others, separation between things and people, saying no etc.).

To reach a corrective emotional experience, a change on all three levels should occur: cognitive, emotional and behavioural. We cannot speak only of emotional change ("Now I have my own territory in my relationship and don't feel threatened by others" - participant 10), without focusing also on behavioural and cognitive change ("I am more willing to express my opinion and I find it easier to define what behaviour from others is excusable and what is not" – participant 2). The process of data and theory synthesis shows that changes on all three levels should happen in a certain order, so that a successful corrective experience can be reached. To understand change in psychotherapy better, we can consider the 'Circular emotional reaction model' by Milivojević (2008). If there is a suitable stimulus (in therapy this is for example a suitable therapeutic intervention), the client will, for the first time, experience a stimulus different from the ones in the past. The consequence of this is a change in primary cognition, in emotions and finally a change in secondary cognition and in the client's behaviour.

To facilitate their clients' corrective experiences, it is important for the therapist to use any kind of interventions that directly affect their clients' awareness, emotions and behaviour in a new corrective way. In psychoanalysis, interventions which make the unconscious content conscious and connect affect with cognition, lead to insight. The core understanding of the mechanism of change in psychoanalysis is a shift from insight to action (Menninger, 1958).

4.1. Suggestions for the effective practice of psychotherapists

In order to help other practitioners, achieve these corrected factors with their clients, the researcher presents four suggestions regarding the research results, as well as other contemporary research results. In the words of a client: "... therapist showed me how to be my own decision maker in life." (participant 10) Compared to other research, which highlight the importance of a client's capacity to think and see an active role in order to achieve a change (Bohart, 2000; Seligman, 1995), similar results were discovered in this research.

4.1.1. Developing a specific and unique treatment for a client

Research shows that differences between modalities in successful treatment are almost negligible (Lambert, 1992). Therapists should offer a relationship to their clients that enables them to discover themselves and rebuild the experiences that were missing in past relationships. The result of this research shows that the therapist should 'fit the modality to a client'. The therapist should develop unique approaches and techniques adjusted to each client. In an article Sharpless and Barber (in Castonguay & Hill, 2012) wrote that "Corrective Emotional Experiences Are Not Analytic" and they put forward the same proposition as Howard (1991): "...Corrective Emotional Experiences, in effect, serve to take the 'analyst' out of psychoanalysis, as an emerging therapeutic element (e.g. resistance, transference) ...". In addition, psychoanalysis itself, as a process, is already a corrective emotional experience (Sharpless and Barber in Castonguay & Hill, 2012: 36). Each client's uniqueness and individuality should be taken into consideration when therapists formulate the right interventions.

Several researchers have investigated the impact of specific interventions and concluded that the non-specific or common interventions had the biggest impact (Lambert, 2005; Tschuschke et al., 2014). According to this finding, practitioners should be open to creating a long-lasting relationship with interventions that directly address the client's problematic psychological mechanisms. Interventions should occur spontaneously and develop in a creative way in the therapist's own style. It is not as important 'what' the therapist does (intervention from which modality), but 'how'.

4.1.2. Co-creating corrective stimuli (non-specific interventions, directly addressing a client's problem, created spontaneously by a therapist to achieve a desired change)

For developing better interventions, which are focused on a client's emotional and behavioural change, the therapist has to diagnose the exact nature of the client's problematic emotional patterns and co-create with the client the most appropriate corrective stimuli (intervention). Results show similar findings to other contemporary researchers (Grosse Holtforth & Flueckiger, 2012; Milivojević, 2008). A change should first happen in the client's apperception and valorisation, in order to reach a new desired emotion by the client. Only then should the therapist work on the client's decision-making process, choice of behaviour and adaptation, which will form the new corrective/corrected experience. It is important that the intervention helps the client to achieve emotional and behavioural change.

Rather than pathologizing the client's way of adaptation, the therapist should work on prevention and development of sufficient intervention to facilitate their client's corrective experiences. We should focus more on the mechanisms (what are the common and specific factors) which will heal a client and will contribute to the client's well-being (McWilliams, 2014). The psychotherapist should also consider that a single intervention can have a wider impact on the client's corrected experience and changes can happened also spontaneously in other areas of the client's life: "...change was like a domino effect..." (participant 1).

4.1.3. Co-creating strong, long-lasting relationship and repetition of corrective stimulus

The results of this research show the importance of a long-lasting relationship between the client and the therapist to establish an environment where the client can experience corrective interventions more easily: "I felt such closeness to her, real commitment" (participant 1).

A client needs to have a sufficient amount of time in which to experience a good and stable long-lasting therapeutic relationship (Alexander & French, 1946) to build a secure attachment style experience, which is then introjected in the client's psyche (Castonguay & Hill, 2012). In one client's words: "When I finished therapy, I started to realise that a therapist exists in me, also, and this was the best present I could get from any relationship until now" (participant 1). The length of the therapeutic process, of course, depends on the client's capacity. However, more time means more opportunity for the client and the therapist to establish such a therapeutic relationship. Several contemporary researchers have shown the beneficial effect of long-term psychodynamic therapies to reach corrective experiences (Barber & Sharpless, 2015; Heatherington, 2012; Leichsenring & Rabung, 2008; Weiner & Exner, 1991). In our

research, the average length of the therapeutic process was 34 months, with the longest being 60 months and the shortest being 12 months – with no pauses longer than 2 consecutive weeks. We can conclude, based on our sample that an average duration of 3 years of therapy is sufficient to reach the desired changes in a client.

The present research reveals that the process of therapy is a 'spiral process,' where the inter-connection between the corrective and corrected factors take place. The process of psychotherapy is continuous and becomes an ever more complex system of corrective experiences. The symbolic idea of the psychotherapeutic process as a spiral could be compared to the 'concept of cumulative communication' (Langs, 1999). Because of new and different corrective experiences, the client develops new expectations, which are then tried in real life with people from the client's surroundings. A client then receives new responses from the outside world and integrates them into the corrective and affective schemes to reach more stable and life-long corrective change, as new and stronger psychological structures (Constantino, 2012; McWilliams, 2014).

The results of the present research show that a longitudinal repetition in the course of therapy could contribute to a client's long-lasting change: "I got tools from my therapist how to walk alone further in life" (participant 2). Throughout therapy the clients begin to understand their own psychological mechanisms through insight: "The therapist helped me to gain insights which were important for later change" (participant 3). This, however, does not mean, the client was already equipped with behaviour and the capacity to improve and change the way of thinking, experiencing and behaving. The changes in the thinking process, experiencing and behaviour need a certain time and are conditioned by shaping new patterns and the application of new patterns into the client's life in relationship with other people.

The complex processes of practising, requires a repetition of newly established patterns of behaving, thinking and feeling. Psychotherapy supports a gradual change in patterns of thinking, experiencing and behaviour by placing the client into a new relationship context, where the therapist explicitly encourages testing changed activities and ensuring a positive response that motivates the client for further trials and maintenance of the change (Goldfried, 2012 in Castonquay & Hill, 2012). The repetition should be done to establish new permanent cognitive and emotional structures, to increase the 'immunity' to pathological relationships with other people and for the client to achieve constant feelings of love, safety and certainty in the therapeutic relationship and later in their own private life: "I always remember what we talk about and I try to do it the same in my private life" (participant 4). The spiral of corrective and corrected experiences should be repeated several times, so that the client's experience reaches a long-term change.

4.1.4. Considering the difference between teaching analysis and therapy of clients

A part of the multi-site project was a study of the corrective experiences of psychotherapists in training (Moertl, Giri, Angus & Constantino, 2016), which are similar to the factors found in the interviews in this research - therapist characteristics, therapist technical interventions, therapist's intersubjective interventions, intersubjective relationship experience, outcome experience. The present research pointed to two core corrective emotional experience factors:

1. the unexpected and unconditional support from the therapist and trusting their own therapists;
2. the unexpected confrontation and limitation with their therapist as well as the awareness of self-other boundaries.

In order to be able to truly focus on the clients' needs, and to offer oneself as a resonating counterpart in the intersubjective relationship, therapists in training need to develop a strong sense of their own self. Only then will they be able to experience a sufficient variety of emotions that they can re-evaluate in a relationship with their clients (Moertl et al., 2016).

By comparing both studies, the main differences between teaching analysis and the therapy of clients are: the confrontation interventions, experiencing limitation of the therapeutic relationships and as specific limitations of the therapist personally. In this research, the clients only described how the therapist has set the therapeutic setting and rules to directly confront their behaviour, giving the clients the feeling of stability and security. Even though clients talk less about confronting interventions, they reported developing a strong sense of one's self, behavioural changes, setting boundaries in relationships etc. "Good-enough" and "opening space" allowed clients to develop their own strong self, feeling of self-efficacy and feeling of personal borders.

Koenig (2006: 173) observes a prevalence of the depressive structure in professionals in the social field and this type of person tends to give too much and has difficulties in setting boundaries. That is why confrontation interventions should be more accurate to facilitate a successful treatment, namely, a strong self. On the other hand, the clients from this research should be diagnosed in detail, to see if a certain structure 'needs' a certain kind of intervention, which in both cases facilitates a stronger self.

4.2. 4.2 Limits and future research implications

This wide range of factors gathered from 10 interviewed clients are still

modest. The present research shows the most emphasized and frequently mentioned themes by clients. This still does not reveal the most influential ones. The next step for research could be a comparison to another kind of code classification, such as, classification of support factors, learning factors, action factors (Lambert & Ogles, 2004; Lambert, 2013). Future research could also be done in such a way to discover the style of each therapist for specific client's problems and personality structure, as well as what the therapist used as their background knowledge to explain the use of a certain chosen intervention. Another reasonable continuation of research would be the development of an interview protocol for discovering therapist's perception of corrective experiences for the clients. It would also be an interesting challenge to discover concrete interconnectivity among client personality structure, which could be done in future research, as well as determining certain therapist's interventions and certain corrected experiences that occur in clients.

This work is the first attempt to empirically show the process of change with the exact factors of change in psychoanalytic psychotherapy. It can be used at some subsequent point to further statistical research, where the frequency of the repetition of the core categories could be measured in order to determine which corrective experiences are more influential.

5. Conclusion

In the instant work, the researcher sought to develop a deeper understanding of the factors which lead to corrective experiences within psychoanalytic psychotherapy from the perspective of the clients themselves. Clients perceive the following factors as the most influential corrective factors: (1) a special, strong and long-lasting bond between the therapist and the client; (2) development of specific and unique interventions for a client from non-specific modality which directly address the client's problem. These two factors interactively contribute to emotional change and the establishment of boundaries in relationships, which are the two most perceived corrected factors by clients.

These empirical findings mainly correspond to the theoretical work of Sharpless and Barber (in Castonguay & Hill, 2012) as well as to the common factors described by Lambert (2013). In addition, even though the clients who participated in this research were in treatment with psychoanalytically oriented therapists, the results show that the most important corrective factors share a common approach. Although the present research answers the research questions with similar findings to other contemporary research, it invites further investigation into how exactly the changes themselves occur in clients

and therapists.

The research was conducted from the perspective of a client and opened a new way of looking at the process of therapy, not only theoretical, but in a more natural, simple and human way. It is beneficial to hear the client's own descriptions, how they see psychotherapy, and to discover their point of view about what really helped them to reach a life change. According to some research, a client's subjectivism influences the outcome of psychotherapy up to 40% (Asay & Lambert, 1999) or according to other research even up to 87% (Wampold, 2001). Although each of the interviews with Slovenian clients shows the uniqueness of each client's perception of change, the research results reveal that clients' ideas of change are similar between themselves and share common ideas about what is corrective and what is corrected during their treatment.

In conclusion a quote from an interviewed client, at the end of the therapeutic process, is most appropriate: "The first two years of therapy were the hardest and necessary, but now I wish to gain new experiences in my surroundings and in my life, where I will be able to experience what I have changed" (participant 7).

Literature

Alexander, F., & French, T. M. (1946). *Psychoanalytic therapy. Principles and application*. New York: The Ronald Press Company.

Asay, T. P., & Lambert, M. J. (1999). The empirical case for the common factors in therapy: Quantitative findings. In M. A. Hubble, B. L. Duncan, & S. D. Miller (Eds.), *The heart and soul of change: What works in therapy* (pp. 23–55). Washington: American Psychological Association.

Barber, J. P., & Sharpless, B. A. (2015). On the future of psychodynamic therapy research. *Psychotherapy Research, 25*(3), 309–320.

Bauer, M. (1996). *The narrative interview: Comments on a technique for a qualitative data collection.* Retrieved from: http://www2.lse.ac.uk/methodology/pdf/QualPapers/Bauer-NARRAT1SS.pdf.

Bohart, A. C. (2000). The client is the most important common factor: Clients' self- healing capacities and psychotherapy. *Journal of Psychotherapy Integration, 10*(2), 127–149.

Bryant, A., & Charmaz, K. (2012). *The SAGE handbook of Grounded Theory*. London: Sage Publications Ltd.

Castonguay, L. G., & Hill, C. (2012). *Transformation in psychotherapy: Corrective Experiences Across Cognitive, Humanistic, and Psychodynamic Approaches.* Washington, DC, US: American Psychological Association.

Charmaz, K. (2006). *Constructing Grounded Theory: A practical guide through qualitative analysis*. London: SAGE Publications Ltd.

Cohen, L., Manion, L., & Morrison, K. (2007). *Research Methods in Education (6th Ed)*. London and New York: Routledge Falmer.

Constantino, M., Angus, L., Friedlander, M., Messer, S., & Moertl, K. (2014). Multi-Site Post-Treatment Interview Study: Interviewer Manual and Interview Protocol Patients' Perceptions of Corrective Experiences in Individual Psychotherapy. (Unpublished Leaflet for research purposes).

Constantino, M. J. (2012). Believing is seeing: an evolving research program on patients' psychotherapy expectations. *Psychotherapy Research, 22*(2), 127–138.

Corbin, J., & Strauss, A. (2015). *Basics of Qualitative Research. Techniques and procedures for Developing Grounded Theory*. USA: Sage Publications Inc.

Dourdouma, A., & Moertl, K. (2012). The Creative Journey of Grounded Theory Analysis: A Guide to its Principles and Applications. *Research in Psychotherapy: Psychopathology, Process and Outcome, 15*(2), 96–106.

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*, 215–229.

Glaser, B. G., & Strauss, A. L. (1967). *The Discovery of Grounded Theory. Strategies for Qualitative Research*. Chicago: Aldine Publishing Company.

Goldfried, M. R. (2012). The corrective experience: a core principle for therapeutic change. In L. G. Castonguay, & C. E. Hill (Eds.), *Transformation in psychotherapy corrective experiences across cognitive behavioral, humanistic, and psychodynamic approaches* (pp. 13–30). Washington: American Psychological Association.

Grosse Holtforth, M., & Flückiger, C. (2012). The stream of corrective experiences in action: Big bang and constant dripping. In Castonguay, Louis G., & Hill, Clara E. (Eds.), *Transformation in psychotherapy: Corrective experiences across cognitive behavioral, humanistic, and psychodynamic approaches* (p. 317–333). Washington, DC, US: American Psychological Association.

Hadley, S. W., & Strupp, H. H. (1977). Evaluations of treatment in psychotherapy: Naiveté or necessity? *Professional Psychology, 8*(4), 478–490.

Heatherington, L., Constantino, M. J., Friedlander, M. L., Angus, L. E., & Messer, S. B. (2012). Clients ´perspectives on corrective experiences in psychotherapy. In L. G. Castonguay, & C. E. Hill (Eds.), *Transformation in Psychotherapy. Corrective Experiences Across Cognitive Behavioral, Humanistic and Psychodynamic Approaches* (pp. 161–190). Washington, DC, USA: American Psychological Association.

Hesse-Biber, S. N., & Leavy, P. (2011). *The Practice of Qualitative Research (2nd Ed.)*. Thousand Oaks: SAGE Publications, Inc.

Kahn, M. (1997). *Between therapist and client: The new relationship*. New York: Macmillan.

Khattra, J., Angus, L., Westra, H., Macaulay, C., Moertl, K., & Constantino, M. (2016). Client Perceptions of Corrective Experiences in Cognitve Behavioral Therapy and Motivational Interviewing for Generalized Anxiety Disorder: An Exploratory Pilot Study. *Journal of Psychotherapy Integration, 27*(1), 23–34. http://dx.doi.org/10.1037/int0000053

Koenig, K. (2006). Kleine Therapeuten-Charakterkunde, In O. F. Kernberg, B. Dulz, & J. Eckert (Eds.), *Wir: Psychotherapeuten. Ueber sich und ihren unmoeglichen Beruf* (pp. 173–180). Stuttgart: Schattauer.

Koerber, A., & McMichael, L. (2008). Qualitative Sampling Methods: A Primer for Technical Communicators. *Journal of Business and Technical Communication, 22*(4), 454–473.

Lambert, M. J., & Ogles B. M. (2004). The efficacy and effectiveness of psychotherapy. In M. J. Lambert (Ed.), *Bergin and Garfield's Handbook of psychotherapy and behaviour change* (pp. 139–193). New York: Wiley.

Lambert, M. J. (1992). Psychotherapy outcome research: implications for integrative and eclectic therapists. In J. C. Norcross, & M. R. Goldfried (Eds.), *Handbook of psychotherapy integration* (pp. 94–129). New York: Basic Books.

Lambert, M. J. (2005). Early response in psychotherapy: Further evidence for the importance of common factors rather than "placebo effects". *Journal of Clinical Psychology, 61*(7), 855–869.

Lambert M. J. (2013). *Handbook of psychotherapy and behavior change (6th Ed.)*. New Jersey: John Wiley and Sons, Inc.

Langs, R. (1999). *Psychotherapy and science*. London: Sage Publications.

Leichsenring, F., & Rabung, S. (2008). Effectiveness of long-term psychodynamic psychotherapy: a meta-analysis. *JAMA The Journal of the American Medical Association, 300*(13), 1551–1565.

McWilliams, N. (2014). *Nancy McWilliams Interview - on Life, Psychoanalysis and Spirituality.* Retrieved from: https://www.youtube.com/watch?v=FxcOngVq0yg (13.11.2018)

Menningner, K. A. (1958). *Theory of psychoanalytic technique*. New York, US: Basic.

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

Milivojević, Z. (2008). *Emocije: Razumevanje čustev v psihoterapiji*. Novi Sad: Psiholopis institute.

Moertl, K., Giri, H., Angus, L., & Constantion, M. J. (2016). Corrective Experiences Psychotherapists in Training. *Journal of Clinical Psychology, 73*(2), 182–191.

Reshetnikov, M., & Pritz, A. (2016). *Fundamentals of classical psychoanalysis*. Vienna: SFU University Press.

Seligman, M. E. (1995). The effectiveness of psychotherapy: The consumer reports study. *American Psychologist, 50*(12), 965-974.

Sharpless, B. A., & Barber, J. P. (2012). Corrective emotional experiences from a psychodynamic perspective. In L. G. Castonguay, & C. E. Hill (Eds.), *Transformation in psychotherapy corrective experiences across cognitive behavioral, humanistic, and psychodynamic approaches* (pp. 31–50). Washington: American Psychological Association.

Tschuschke, V., Crameri, A., Köhler, M., Berglar, J., Muth, K., Staczan, P., von Wyl, A., Schulthess, P., & Koemeda-Lutz, M. (2014). The role of therapists' treatment adherence, professional experience, therapeutic alliance, and clients' severity of psychological problems: Prediction of treatment outcome in eight different psychotherapy approaches. Preliminary results of a naturalistic study. *Psychotherapy research: Journal of the Society for Psychotherapy Research, 25*(4), 420–434.

Wampold, B. E. (2001). *The great psychotherapy debate.Models, methods, and findings*. Mahwah: Lawrence Erlbaum Associates.

Weiner, I. B., & Exner Jr., J. E. (1991). Rorschach Changes in Long-Term Short-Term Psychotherapy. *Journal of Personality Assessment, 56*(3), 453–465.

Žvelc, M., Možina, M., & Bohak, J. (2011). *Psihoterapija*. Ljubljana: Založba IPSA.