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Pivotal moments of change in Relational Family Therapy

Ključni trenutki sprememb v relacijski družinski terapiji

Abstract

The subject of the article is the study of pivotal moments in psychotherapy, defined as moments within the therapeutic process that trigger lasting change. The research is a case study of 10 participants involved in therapy based on the Relational Family Therapy (RFT) approach, exploring pivotal moments of therapeutic change, their existence, characteristics, conditions for their emergence, and the changes that follow these moments. Data were gathered through in-depth interviews and analysed using grounded theory. The results indicate that clients in RFT can identify one or more pivotal moments of therapeutic change, and that these moments may arise both within or beyond the therapeutic process. A sense of safety, the therapist's acceptance of the client, and the client's internal decision to change are significant factors in the emergence of these moments. As a consequence of pivotal moments, changes occur in many areas of the client's life. The findings are consistent with previous research and theoretical foundations, while also providing important new insights into psychotherapeutic treatment based on the RFT model.

Keywords: Psychotherapy, change in psychotherapy, Relational Family Therapy, pivotal moments of psychotherapeutic change

Povzetek

Prispevek obravnava ključne trenutke v psihoterapiji, ki so opredeljeni kot trenutki v terapevtskem procesu, ki sprožijo trajne spremembe. Raziskava je študija primera desetih udeležencev, vključenih v terapijo po relacijskem družinskem pristopu, in raziskuje ključne trenutke terapevtske spremembe, njihov obstoj, značilnosti, pogoje za njihov nastanek in spremembe, ki sledijo tem trenutkom. Podatki so bili zbrani s pomočjo poglobljenih intervjujev in

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analizirani z uporabo utemeljene teorije. Rezultati kažejo, da lahko klienti v relacijski družinski terapiji identificirajo enega ali več ključnih trenutkov terapevtske spremembe in da se ti trenutki lahko pojavijo tako znotraj kot zunaj terapevtskega procesa. Občutek varnosti, sprejemanje klienta s strani terapevta in notranja odločitev klienta za spremembo, so pomembni dejavniki za nastanek teh trenutkov. Kot posledica ključnih trenutkov pride do sprememb na mnogih področjih življenja klienta. Ugotovitve so skladne s prejšnjimi raziskavami in teoretičnimi predpostavkami, hkrati pa prinašajo pomembne nove vpoglede v psihoterapevtsko zdravljenje, ki temelji na relacijskem modelu družinske terapije.

Ključne besede: Psihoterapija, sprememba v psihoterapiji, relacijska družinska terapija, ključni trenutki psihoterapevtske spremembe

1. Introduction

During psychotherapy, changes in positive and negative affect contribute to subsequent changes in various symptoms in distinct and dynamic ways (Barnes-Horowitz et al., 2024). Change in psychotherapy has many aspects; the most obvious are changes in personality variables, which can serve as positive constructs defining mental health, such as playfulness and creativity (Yonatan–Leus et al., 2019). But how do these changes come about?

Kazdin (2007) introduced the term „mediator of change“ as a construct that reveals important statistical relationships between an intervention and an outcome, although it does not always explain the precise process through which change occurs. He also defined change mechanisms in processual terms as the steps through which therapy unfolds and produces change events. These events are responsible for the changes that occur in psychotherapy, constitute the reasons for these changes, and influence how changes take place. Change events concern the processes that explain how change actually unfolds.

Pivotal moments in psychotherapy are events within the therapeutic process that lead to long-term change, experienced by clients as significant improvements in their perception of life. A pivotal moment is, in the client‘s view, a moment that dramatically changed something for the better – a change experienced as overcoming a problem and making important progress from their perspective. A pivotal moment is not understood as a time segment; rather, it is a part of the whole process that cannot exist independently of the temporal flow, although it stands out from the overall process in some way (Giorgi, 2011).

Instead of pivotal moments, Natterson (1993) uses the term „turning points,“ defined as moments, or sequences of moments, in which there are shifts or changes in the patient‘s attitudes, feelings, or behaviour. These can result

from insight or from the patient‘s emotional or affective experience in therapy. Turning points may arise after weeks or months of psychotherapy or from a brief interchange. They can occur within or outside the session, as a result of work done in the session, and may be constructive or destructive.

Carlberg (1997), who studied therapeutic change in child psychotherapy, emphasised that research on the therapeutic process must focus intensely on smaller units of psychotherapy, because, in his opinion, by examining moments and episodes, we can understand something about the whole therapeutic process. However, it is very important *which* segments of the therapeutic process we study. That is why he defined turning points as encounters in which the therapist notices something qualitatively new in the client‘s behaviour (in his case, a child in psychotherapy) — a new way of expressing the client‘s internal world, or moments when something new enters the relationship between the client and the therapist (Carlberg, 1997). A safe therapeutic relationship is the basis of change (Jerebic & Jerebic, 2020).

A comprehensive study of pivotal moments in psychotherapy (Giorgi, 2011) revealed that such moments occur when clients finally allow themselves to face their own perceptions of themselves, others, and the world. According to Giorgi (2011), the constituents of the structure of pivotal moments are motivation and openness, trust and safety, emotional involvement, increased awareness and insight, changed assumptions and new understanding of relationships, increased tension and readiness, and a challenge to old assumptions (Giorgi, 2011).

Some pivotal moments can also be negative for the course of therapy and lead to premature termination. They may represent an experience of not mattering or being ignored at a moment of vulnerability, when clients expected and wished for acceptance and understanding from their therapist. This can cause a fundamental shift in the balance of the clients' attitude towards their therapist, as clients stop giving the therapist the benefit of the doubt, stop blaming themselves for any shortcomings in the therapy, and lose hope that things will improve. Following such a pivotal moment, the client's faith and trust in the therapist can be destroyed (Bowie et al., 2016)

Another important concept related to therapeutic change is insight, which, in its broader sense, implies the formation of definitions related to a person‘s self, others, and emotions, and is regarded as one of the pivotal processes in most psychotherapeutic approaches (McAleavy & Castonguay, 2014). Insight is usually conscious (not unconscious or implicit) and includes a sense of novelty, occurring when the client understands something in a new way, forms new connections, or realises links between past and present events, between the therapist and significant others, between cognitions and affect, and between

separate facts. Therefore, it is a conscious change in meaning that involves new associations. Insight can be an outcome of psychotherapy (a desired achievement) or a process (the way a person achieves a different unfolding of their story or a decrease in symptoms). The effectiveness of insight depends on the client's needs at a particular moment in the therapeutic process. At the beginning of therapy, it may manifest as a simple insight; later in the process, as the client addresses different topics, insight may become more complex (Hill et al., 2006).

One of the client's expectations in therapy is usually to receive an appropriate explanation for their problems, because, as humans, we are unable to tolerate the unexplained for long, especially when it causes fear. By naming and making sense of chaotic and threatening situations, we feel that we have more control over them (Yalom, 1995). The left hemisphere of the brain searches for logical meanings in the information that it receives from the right hemisphere and the body (Badenoch, 2008). Inadequate interpretation is demoralising because the client does not see how certain behaviours could lead to progress, so they feel stuck (Wampold, 2010).

The interpretation that leads to the client's insight promotes the therapeutic process, instils faith in improvement, changes expectations about therapeutic outcomes, improves or forms the therapeutic alliance, leads to action, and renews the feeling of control over the problem by increasing the client's self-efficacy in resolving their own problems (Wampold, 2010).

As mentioned earlier, insight alone is not sufficient for long-term change; it must be applied in new interpersonal experiences. The first to mention the term „corrective emotional experience" were Alexander and French (1946, as cited in Friedlander et al., 2012), who used it to describe a processe that leads to a client's emotional and intellectual understanding of the difference between early unresolved conflicting experiences and present circumstances and relationships. They proposed that, for a corrective emotional experience to occur, the analyst must re-expose the client to earlier, emotionally charged situations within a more positive relational context. The therapist does this by intentionally forming a transference that contradicts the client's early experiences. Contemporary analysts do not agree with the idea of deliberately contradicting a client's relational experiences through active influence on transference. They claim that the corrective emotional experience is promoted by empathic attunement between the therapist and the client, and that clients find their own corrective experience within the therapeutic alliance (Friedlander et al., 2012).

Relational Family Therapy (RFT) is based on the premise that repeated patterns of human relationships emerge and persist because of the basic need for preservation, continuity, and affiliation with the personal world of relationships, as

well as the familiarity of known forms of relationships. An individual's psychological structure is composed of primary, constitutive affective relationships, which are the object of the individual's quest and recreation throughout the lifespan (Gostečnik, 2004). RFT is a psychobiological model of therapy that places emphasis on the child's earliest experiences and their impact on the development of neural connections and, consequently, on the specific characteristics of the client's adult relationships (Gostečnik, 2013). At the core of RFT is the exploration and discovery of the roots of the client's problem[s] and the resolution of these at all three levels: intrapsychic, interpersonal, and systemic. The therapist therefore explores the interpersonal, intrapsychic, and systemic affective constructs that maintain specific patterns of relationships, which are often reflected in problematic behaviour (Gostečnik, 2004).

When reviewing the theory and research in the field of RFT, we found that although change and its characteristics are discussed, the dynamics of change – specifically how it occurs – have not yet been explored. The purpose of this study was to investigate whether change within psychotherapy based on the RFT model occurs gradually, without noticeable leaps, or whether clients can perceive pivotal moments in which a clearer and more noticeable shift towards the desired change occurs within the psychotherapeutic process.

2. Methodolgy

2.1. Participants

The study included 10 participants, nine women and one man, involved in a family therapy process with two female family therapists and one male family therapist. The first ten therapists invited to participate in the research were selected randomly, but all had to be RFT practitioners with at least five years of work experience. Three agreed to take part. These three therapists invited their own clients to take part in the study, and the clients agreed voluntarily.

2.2. Measuring tools

The therapists conducted a comprehensive interview with each participant after the final therapy session (after at least 12 sessions), about pivotal moments in the therapeutic process. If two participants were involved in marital or family therapy together, each partner was interviewed separately (this applied to two of the 10 participants). The therapists asked their clients if they could identify a key moment in therapy when a change in their thinking, behavior, functioning, or outlook occurred with further explanation, that there may be only one, several, or none of these moments. The clients were also asked to describe examples

of such pivotal moments, their feelings during the pivotal moments, where or when these moments occurred, what conditions made such moments possible, and what changes they had noticed after the pivotal moments. The interviews were conducted, audio-taped, and transcribed by the psychotherapists, and the transcripts were analyzed by the researcher (doctoral student).

In accordance with research ethics, participants signed an informed consent form for the recording of interviews and the subsequent use of transcripts for research purposes, in which the purpose, method of use, data storage, and rights of withdrawal were explained. The transcripts received by the researcher from the therapists were anonymised – names, places, and specific situations that could enable identification were removed or replaced. Only the therapists had access to the original audio recordings.

For identifying different pivotal moments and their characteristics, we used grounded theory, described in detail by Glaser and Strauss (1967), suitable for the inductive design of a theory of a phenomenon (the pivotal moment of change in our case), by systematic collection of data about the phenomenon and analysis of these data (Helmeke & Sprenkle, 2000). Collected data about the characteristics, conditions, and consequences of pivotal moments of change were categorised, sorted, and redistributed until we came to the point of saturation, and with that, to the final subcategories, which appropriately captured all answers from participants.

3. Results

3.1. Pivotal moments of change in Relational Family Therapy

10 participants were interviewed about pivotal moments in the therapeutic process after at least 12 sessions of therapy.

Based on the collected data, we were able to define pivotal moments of change with six codes or categories. Short findings of the qualitative study are captured in table 1.

Table 1

Pivotal Moments of Change in Relational Family Therapy

PIVOTAL MOMENTS OF CHANGE IN RELATIONAL FAMILY THERAPY	Characteristics	- Clients can define and describe multiple pivotal moments - Pivotal moments happen during the session or outside of it. - Emergence of different feelings (positive and negative) - Moment that triggers change	
	Conditions	In client	- Internal decision for change - Appropriate outside circumstances in client's life (context) - Maturity
		In the process of therapy	- Sense of safety and trust in therapist - Sense of acceptance and respect by the therapist - Professionalismof the therapist - Personality of the therapist - Continuity of the therapeutic process

PIVOTAL MOMENTS OF CHANGE IN RELATIONAL FAMILY THERAPY	Consequences	For client's experiencing of self and the world	- More appropriate attitude towards self and one's self-image - More acceptance of own body - More self-trust - More positive view of the world
		For client's close relationships	- Improvement of relationship with partner and significant others - More sovereignty in entering new relationships - Easier boundary setting in entering into relationships - More realistic view of relationships
		For client's relationship with therapist and therapy	- Increased trust in therapist and therapeutic process - Better commitment and motivation for future work in therapy - Therapist as a model for more appropriate responses in the future.

3.2. Ability for identification of pivotal moment or moments of change in therapy

We were first interested in whether participants in the study could identify a pivotal moment of change in therapy as a moment that triggered a change in their thinking, behaviour, actions, or worldview. All ten participants agreed that, during their therapeutic process, there was at least one such pivotal moment, and most reported that there was more than one.

3.3. Feelings during pivotal moments of change

Participants reported various feelings that can be roughly divided into two groups. One group consisted of unpleasant feelings experienced when the pivotal moment of change involved disclosure or conversations about difficult subjects, such as abuse, deceit, affairs, childhood traumas, and similar topics:

»When I talked about overeating and vomiting, I initially felt guilty and ashamed, and I could not look the therapist in the eye. Later, however, I felt relieved because, from that moment, someone was encouraging me to address my problems. I felt a weight lift from my heart, a weight that had been preventing me from living my life to the fullest.«

The other group consisted of pleasant feelings, experienced when people felt relief as they removed heavy emotional burdens from their shoulders and felt joy due to a new perspective on important topics in their lives:

»When we discussed self-harm during a therapy session and the therapist explained how the brain works, I felt as though I had experienced a great realisation. The fog in my mind cleared, and I felt free. Before that, I had judged myself for it, felt ashamed, and did not know why I was doing it.«

3.4. Where or when did the pivotal moment of change occur?

We were interested in whether a pivotal moment of change occurred during the therapy session or outside it, as a reflection of a specific therapy session. In some pivotal moments, the first insight occurred during the therapy session, and then a change took place in the context of everyday life and relationships:

»After several meetings in which we discussed family relationships, a key moment occurred at home during an argument with my parents over a trivial matter. I remained calm, realising there was nothing wrong with me for feeling as I did; I understood that I was not the only one affected. I felt compassion. For the first time, I did not see only myself, but all of us as a family; I could understand my parents and myself simultaneously.«

In some cases, a pivotal moment occurred during therapy when participants discussed certain subjects and received a different response from the therapist than they expected or were accustomed to experiencing in their lives:

»At that moment, I thought the therapist would judge me, as anyone else would have, but when this judgment did not come, and I saw these problems from a different perspective, I was able to relax enough to talk about them later when they came to light.«

3.5. Conditions for the pivotal moment of change to occur

We asked participants what enabled the pivotal moment and why it occurred at that time. They mentioned conditions and context on both sides – within themselves and in the therapist. For them, the most important condition was the decision to change, as well as the urgency of the change:*"At that moment, I decided to draw a line."*

»I had to endure so much that I had had enough. I could not take it any more.«

On the therapist's side, they demonstrated safety, acceptance and professionalism:

»I was ready to trust and open up, and at the same time, it helped me that the therapist knew how to assess my problems and give me a different response from the one I was used to.«

»I think therapists must also believe in their clients.«

»I felt safe, accepted, and understood with my therapist. I knew I could talk about difficult things and share all my feelings with her. I felt important and validated. I could express my deepest feelings. I felt there was someone who did not judge me, who accepted, understood, and, above all, listened to me. That helped me to speak up and made room for something new.«

3.6. Changes initiated by the pivotal moment of change

The changes that participants reported can be roughly divided into three categories. The first category is changes in the client's experiencing of self, the world, the body, or other aspects:

»My body is important, so I pay more attention to it and my physical sensations. I listen to what my body is telling me, such as any unpleasant feelings, without feeling guilty, and I remove myself from situations that make me feel bad.«

The second category is reported changes in the client's close relationships, such as with partners, family members, coworkers, and friends:

*»My relationship with my older daughter is much better. It is amazing how much easier it is for me to accept her now. Previously, I always had to make an effort and push myself, but now my relationship with her is completely spontaneous.«*The third category concerns changes related to the therapist or the therapeutic process:

»I already trusted my therapist, but after that moment I trusted her even more because I saw how quickly she understood what was happening and how accurately she identified the issue.«

»Before our first session, I viewed therapy from a ‚male perspective' – believing we did not need a third person to help solve our problems. After that experience and what followed, I realised it is not just about building a relationship, but something more: you can truly have a wall, and without a third person or therapy, you may never get past that wall.«

One conclusion of this study was that changes resulting from pivotal moments are not easily distinguished from changes arising from the overall therapy process, as they mostly overlap. Each pivotal moment of change contributes to and forms part of the therapy process outcome, and previous pivotal moments also influence the perception of future pivotal moments. The participants frequently mentioned that some more significant changes, attributed

to the therapeutic process as a whole, are consequences of pivotal moments that occurred during therapy.

The final result of the study is a theory based on the analysis of clients' statements, showing that there are pivotal moments of change (one or more) in the process of RFT that clients can identify. These moments may occur during or outside therapy sessions and act as triggers that can gradually or immediately bring about changes in the client's experience of themselves, the world, their body, and other aspects, as well as in their relationships with significant people in their life, the therapist, and therapy in general. For key moments to occur, certain conditions must be met both by the client and within the therapeutic process. The conditions on the client's side are the decision to change, maturity, and suitable external circumstances; those related to the therapeutic process are a sense of security and acceptance with the therapist, trust in the therapist, the therapist's personality and professionalism, and the continuity of the therapeutic process.

4. Discussion

According to the study, clients can identify one or more pivotal moments in their psychotherapeutic process. These moments can serve as initiators or triggers, that lead to long-lasting changes and positive outcomes in the therapeutic process. The study revealed that pivotal moments can occur during sessions, but also outside them, as part of involvement in the therapeutic process. For a pivotal moment to occur, certain conditions must be met. For most participants in our study, the most important conditions were a personal decision to change, the subsequent decision to join the psychotherapeutic process, a sense of safety and trust in the therapist, and the therapist's perceived personality and professionalism.

According to the study, pivotal moments can affect clients' personal perceptions of the world around them, as well as their relationships with important people in their lives. The change is also apparent in their attitude towards the therapist and therapeutic process. In relation to personal experience, participants in the study often reported changes such as improved self-image, a more positive view of life and the world, an increased sense of safety, greater relaxation, joy, satisfaction and a more appropriate view of their own body. Jerebic and Jerebic (2012) described this new change in the relational family paradigm as a new regulation of affects, a new way of experiencing oneself and a new way of establishing relationships.

Other positive consequences of pivotal moments of therapeutic change include general improvement in relationships, increased autonomy in entering relationships, easier boundary-setting, and a more realistic evaluation of relationships. Following pivotal moments, trust in the therapist and the therapeutic process increases, which can lead to better outcomes and significant positive changes for the client overall.

The findings of the study are consistent with those of the qualitative meta-analysis of insight events by Timulak and McElvaney (2013), which revealed that clients reported two distinct types of events according to their main impacts:

- *painful or poignant insight*, where clients realised something painful, often evoking feelings of sadness or hurt; and
- *self–asserting or empowering insight*, which led to an increased sense of self--assertion and empowerment for the client.

The present study also distinguished two types of pivotal moments:

- *painful or sad moments*, where the client gains awareness of something about themselves or someone important to them that is painful and evokes feelings of sadness or hurt; and
- *positive or empowering moments*, which lead clients towards realisations about their own needs and determination to fulfill those needs.

Timulak and McElvanley (2013) claim, that these events of insight, although very different at first glance, have much in common, as events with an empowering impact also contain painful elements, and conversely, painful or sad events of insight also include elements of empowerment.

The data obtained from interviews with participants confirm the recognition that psychotherapy is, at its core, the meeting of two people, and as such can only be prescribed to a certain extent. At the heart of all modalities of psychotherapy is the authentic commitment of two or more people in unstructured personal contact, which is an important element of therapeutic change. To engage in the therapeutic process in this way, therapists must develop their own authentic personal styles, which reflect their true selves. The client‘s perception of the therapist as authentic and diligent, as someone who genuinely cares, can contribute to a stronger connection and attachment between client and therapist (Pinsoff et al., 2011). The connection between a successful therapy outcome and positive affect between therapist and client has been demonstrated in many studies (Frank & Frank, 1993). Coyne et al. (2021) found that therapists who accurately track shifts in their patients‘ expectations and emotional states can enhance treatment effectiveness, thereby facilitating pivotal moments of change.

The therapist‘s empathic attunement (connection) and support for differentiation (separateness) help clients achieve new, corrective responses to patterns

of cognition, behaviour, and emotion that they experienced with important others and anticipate in present relationships. Change occurs when new ways of relating to the therapist broaden clients‘ cognitive schemas, alter their beliefs about themselves and their expectations of others, and give them permission to expand their interpersonal framework (Teyber, 2010, as cited in Teyber & McClure Tyber, 2014). The central role of such corrective experiences was also confirmed by our research. The main limitation of our study is the small number of participants (10). Furthermore, it would be very interesting to follow pivotal moments over time as the therapeutic process evolves.

Comer and Kendall‘s (2013) research on the therapeutic process has emphasised the „researcher-practitioner“ model, which provides an appropriate framework for the continuous improvement of clinical services offered to clients worldwide. Although, at the outset, research on the therapeutic model may not be as important as detailed observation or new theoretical findings, research is essential for a new therapeutic model to be considered effective and recommended. The purpose of the „researcher-practitioner“ model is to encourage the development of therapists who scientifically evaluate their interventions, as well as researchers who study applied questions. Empirically supported models of therapeutic treatments can be defined as effective when they are evaluated in randomised clinical trials with specific client populations.

In relation to RFT, we can observe that there are many evidence-supported studies (Cvetek, 2013; Ferčak, 2013; Jerebic & Jerebic, 2018; Pate, 2014; Poljak Lukek, 2011; Repič, 2007; Ropret, 2013; Rožič, 2004) and that the authors of these studies strive to apply empirical findings from research into practical use inside the therapeutic process.

Breunlin et al. (2011) propose that in modern times, psychotherapy must address four main challenges. The first is the need for a comprehensive and integrative psychotherapeutic perspective, which would help therapists make better use of the increasingly vast findings emerging from empirically supported treatments and new research on human functioning. The second challenge is the transition from an individual to a multisystemic perspective, integrating theory and research from family therapy with advanced knowledge in neuroscience. The third challenge concerns the inclusion of cultural characteristics (including social class, race, ethnicity, religion, and nationality) into practice and science, as scientific findings show that differences in various sociodemographic characteristics of clients are important to consider. The fourth challenge is for psychotherapy to bridge the gap between science and practice by integrating empirical data obtained through research into ongoing clinical decisions.

RFT considers the relevance of these findings and is successfully addressing the challenges. With numerous studies and the integration of findings into practice, a focus on multisystems, the application of new knowledge from neuroscience, consideration of demographic and other differences between clients, and growing empirical research on therapeutic interventions, it is increasingly recognised as a mature and contemporary clinical science that greatly contributes to clients‘ wellbeing and symptom reduction.

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