
THE SIGNIFICANCE OF THE PSYCHOTHERAPEUTIC PROCESS: AN ANALYSIS OF CLIENTS' AND PSYCHOTHERAPISTS' PERSPECTIVES

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Abstract: *Studying the perceptions of the therapists and the clients on the meaning of psychotherapy is important because through them one can grasp some of the realities of therapy that cannot be studied through conventional quantitative research. Reintroducing a phenomenological perspective may further ease our understanding of psychotherapy in general. In this study, the action of giving significance to one's experience is used to describe the perceptions of the psychotherapists (N=137) and the clients (N=103). The analysis used in the study, a version of grounded theory research, revealed that when it comes to the significance given to therapy, psychotherapists and clients tend to have similar opinions. The categories found in the clients verbatim were self-knowledge, personal development, answer, help, healing and others and in therapists' responses were: self-knowledge, healing, solution, personal development, change and others. The different themes were help for the clients and change for therapists. The difference in the analysed categories is a conceptual one, psychotherapists tending to be more idealistic in their meaning giving process than clients.*

Keywords: *psychotherapeutic process; clients' perspective; therapists' perspective; psychotherapy meaning.*

Introduction

In this paper, I will analyse the perceptions of the clients and the therapists regarding various elements of the therapeutic process. The complexity of the psychotherapeutic process doesn't allow the researcher to reveal the process as a whole, but rather different elements of the perspectives of clients and psychotherapists. The action of granting significance to one's experience can be considered a sum of points of view, all integrated into a single one. Understanding the act of granting significance is similar to

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the understanding of the process of analogy and metaphor, which is widely used in the humanistic approach of psychotherapy, and in this paper, it is a research method. It is important for the psychological knowledge to understand to what degree psychotherapists and clients form a similar representation of the therapeutic process and where their opinions diverge. This study doesn't intend to present an analysis regarding different schools of psychotherapy from Romania, but an understanding of the view on psychotherapy regardless of one's studies, school of knowledge or other therapeutic factors. This applies to the clients as well, their diagnostic or motive for undergoing psychotherapy was questioned but was not used in the analysis. The main goal of this research was to have a larger understanding regarding how the psychotherapists and clients understand what is happening in the psychotherapy sessions.

When studying the perspectives on psychotherapies of clients and therapists in recent research, one will stumble upon elements of the therapeutic process such as: working alliance, therapy outcomes, changes brought by therapy and so on. One such study is *A meta analytical research of the perspectives of clients and therapists on the psychotherapeutic process* by Tyron, Blackwell and Hammel. The researchers made a comparison between the perspectives of both psychotherapists and clients regarding one component of the therapeutic process: *the working alliance*. The studies included in the analysis had a series of inclusion criteria such as: defining the alliance as working alliance, helping alliance, therapeutic alliance, working relation etc.; the study had to be published in a certain timeframe, between 1985 and 2006, the researcher had to include either a correlation between the working alliance viewed by therapists and clients or a comparison of the mean score, the design had to include at least 5 participants, the therapeutic process had to be an individual one, the research was based on the same assessment instrument for therapists and clients, the publishing language, English. The Working alliance was measured from the perspective of adult clients and researches which used particular instruments to measure alliance were excluded. From 300 articles found via PsychInfo, Medline, Google Academics, 53 fulfilled the inclusion criteria. To better understand the gathered data, the researchers categorised clients based on their claimed causes that lead them to psychotherapy: light dysfunction 37% (clients were recruited either by colleagues and had no known official diagnosis), medium dysfunction 44% (depression/ anxiety disorders, substance abuse etc.) and severe dysfunction 19% (clients were recruited from hospitals with various psychiatric diagnosis). The psychotherapists were: 17% psychotherapists under supervision, 52% experienced, and 29% of studies used psychotherapists from both categories. Other criteria used in the analysis were: number of sessions, type of psychotherapy and instruments used in the working alliance assessment (Tyron et al., 2007). The data provided by the selected studies analysis had two stages: in the first stage, researchers did a meta-analysis to obtain a correlation between clients and therapists assessment of the working alliance. From 2 331 therapist-client dyads the mean correlation between working alliance assessment was $r = 0.36$, $SD = 0.00$.

The other analysis included the difference between the assessments means of therapist and clients. The difference between the two means was 0.63, $SD = 0.42$. The possible mediators of these relationships were: the level of dysfunction of the client, the

therapists experience, therapy length, the assessment used and the type of treatment. They observed that the level of dysfunction the client had was a mediator for the evaluation of the working alliance: the discrepancy between the therapist and client regarding the working alliance was smaller when the client had a severe dysfunction than a moderate one ($Z=6.67, p<0.001$) or a lighter one ($Z=7.11, p<0.001$). From the perspective of the therapy length the discrepancies were larger in the short-term therapy (≤ 20 sessions) than in 21-39 sessions. The level of experience of the therapists had no influence on the assessments. When it comes to the types of therapies, Tyron et al. found that: behavioural therapy was a stronger mediator for the discrepancies than psychodynamic therapy ($Z=2.38, p<0.05$), but not than humanistic approaches ($Z=1.72, p>0.05$). This meta-analysis indicates that between the perceptions of clients and therapists regarding an element of the therapeutic process there can be convergence and divergence. The correlation between alliance assessments by the dyads was a moderate one, $r=0.36$; this relation was not mediated by any of the factors listed above. This means that the views of clients and psychotherapists are only moderately the same when it comes to the therapeutic alliance (Tyron et al., 2007). The manner that the authors chose their studies, based on what the therapeutic alliance is, can represent a weak point of the study. Even if the instruments used in the researches are not created for a specific type of therapy, the therapeutic alliance is defined in a different way, depending on the therapy orientation, specifically what a humanistic oriented therapists may find as an indicator for a well-established working alliance, a therapist from a different approach might find it a sign of weak alliance.

A more recent research, *Deconstructing the therapeutic alliance: Reflections on the underlying dimensions of the concept* analysed this difficulty to conceptualise the therapeutic alliance. M. Krause, C. Altimir, A. Horvath (2011) described different approaches to describe alliance, their inaccuracies and difficulties. The researchers choose not to describe the therapeutic alliance as a static concept but a rather fluid, complex one that evolves in time. To explore the differences and similarities between therapists and clients a systematic exploration was used to establish how each side experiments this aspect of the therapeutic process. The examples used in the research were extracts from 5 different studies: one from Germany (Krause, 1992 apud Krause et al., 2011) and four from Chile (Altimir et al., 2010; Krause, 2005; Krause, Cornejo, 1997; Winkler, Avendaño, Krause, Soto, 1993). In all the researches above, the participants had to respond to semi-structured questionnaires with open questions which explored their experiences regarding the therapeutic relationship, the changing process etc. The therapeutic alliance was segmented in different components:

- a) *Affective reciprocity and emotional expressions*: both clients and therapists considered that the emotional bond and its manifestation is a primordial ingredient for developing a therapeutic relationship. The clients expectations for the therapists were that the therapists were kind, emphatic etc. and the need to consider that the therapists can put themselves in their shoes. The therapists on the other hand emphasised the necessity of openness from their clients.
- b) *Acceptance, trust and understanding*: the acceptance capacity of the therapists was one of the precursors of a well-established therapeutic alliance from both clients and therapists point of view. The therapeutic alliance in this study is viewed as an

emotional manifestation of the therapeutic process, in which the two main actors have mostly convergent perspectives.

The most difficult part in Krauss's et al. analysis is to differentiate between facts and opinions of participants and their ideals, when it comes to the way they imagine a client-therapist relationship. The perspectives on this element of the therapeutic process are projected from different stances: most of the times from positions of authority-submission/collaboration and the perspective of the therapist must include not only his own, but both of them.

An ignored aspect by most researchers is the measure in which what therapists and clients say is actually what happens in the therapist's office. M. Blanchard and B.A. Faber¹ (2016) explored the process that the clients go through when they lie to their therapists. This research includes the whole spectrum of conscious dishonesty including moments where clients lied, minimised, exaggerated events, invented stories or hidden the truth. In this exploratory study, 93% of clients declared that they had lied to their therapist with a total of 1 616 lies reported to the 547 participants. The younger clients were more prone admitting to lying than older ones ($r=-.016$, $p < 0.001$). One of the authors' interpretations is that these lies can be a sign of weak therapeutic alliance, of lack of trust between therapist and client (Blanchard, Faber, 2016).

Blanchard and Faber's approach is one inspired from the social psychology science, where the accent is on the action and its social context, in this case on client and therapy process. I believe it is vital to include, when talking about psychotherapy, concepts as transference, countertransference and defence mechanisms. The negative reactions towards the therapist can be a manifestation of transference and the sheltering of the therapist may indicate that the roles in therapy were reversed. This distortion of the reality of therapy can be conscious or not, and the degree of consciousness of the distortion can be correlated with factors such as: diagnosis (if it exists), at what point in time the therapeutic process is, space and other aspects regarding the therapist as a person. In this research, I use the terms of sense and significance of the process because they imply a more thorough processing of psychotherapy and its effects as opposed to an open question where the therapist or client is asked to evaluate what technique and what type of therapy worked.

Convergent opinions on the same psychotherapy issue from the therapist and clients are sometimes hard to encounter, furthermore, therapists can sometime start the therapy process with a series of predetermined beliefs. Mick Cooper (2010) exposes these psychotherapist beliefs in one of his studies². One of these pre-established ideas that is criticised here is that the therapist know well how their client experiences psychotherapy. The author offers examples from the studies that researched this topic that reveal the divergence between clients and therapists in regards to therapy in general, but also in regard to the components of therapy (Cooper, 2008 apud Cooper 2010). He debates one study that shows that psychotherapists tend to overestimate the efficiency of the services that they offer, 90% of the questioned therapists placed their

¹ *Lying in psychotherapy: why and what clients don't tell their lying in psychotherapy*

² *The challenge of counselling and psychotherapy research*

expertise in the first 25% when it comes to evaluating the quality of their given services (Dew, Reimer, 2003, apud Cooper, 2010).

Some authors don't subscribe to the idea presented before, that for a well-established therapeutic alliance there has to be an overlap between the opinions of therapists and clients. Holmqvist and Philips (2016) reached the conclusion that there are other factors that predict a good collaboration between the two than an accordance in their views on the client's problems. The goal of their study was to explore to what extent the opinions of clients and therapist align when it comes to the clients' symptoms of anxiety and depression and if these concordances are related to therapy outcomes and the working alliance. The results showed that there was only a medium accordance between therapists and clients opinions regarding the symptoms and that this level of accordance was not correlated with the working alliance or therapy results. The authors conclude that one of the most notable result is that therapists identified symptoms of anxiety and depression in clients that didn't report these kind of problems; not only this, but a part of the clients had high scores in rating scales of depression and anxiety but the therapists didn't report that such problems existed. (Holmqvist et al., 2016). The results of this study are important for understanding the therapeutic process and its implications. The discordance between the perceptions of the symptoms may have a series of explanations that imply not only the complex problems that a client may face, but also the level of professionalism and experience a therapist has. It is common that a client, when commencing therapy to overestimate or underestimate his symptoms trying to protect himself. When facing such mechanisms, a therapist can only get close to the internal reality of the client, not to completely grasp it. Another aspect is represented by the level of professionalism of the therapist himself. Some of the therapists in Holmqvist and Philips's study only had some courses in psychotherapy, without following a degree in psychology and some of them had as a main profession nursing and social worker. The necessity of studying psychology, especially in a clinical practice is crucial.

Studying the perceptions of therapists and clients on the meaning of psychotherapy is important because through them one can grasp one of the realities of therapy that isn't studied anymore as a result of the grounded methods of research in this timeframe. Reintroducing a phenomenological perspective may further ease our understanding of psychotherapy in general. One study came close to this view, specifically trying to understand the relational depth in psychotherapy through recording one session of therapy. The term of relational depth was first used by Mearns in the 90' and it can be conceptualised as a "*state of profound contact and engagement between two people in which each is authentic with the other and is capable of understanding and valuing the other one's experience at a high level*" (Mearns, Cooper, 2005, apud J. Frzina, 2012, p.52). This particular conceptualisation is relevant for the present study as it describes the depth and the necessary contact for one to understand and to give meaning to psychotherapy. It is unclear however how one can measure depth through a simple evaluation minute by minute. One cannot achieve depth by fragmenting a relation through constant evaluation. What the study brings is the innovative idea of evaluating perceptions through the idea of depth, a rather abstract, hard to operationalize concept. Rather than depth, other

factors come into play when trying to understand how therapists or client view and give meaning to their therapeutic experience, one such factor is the socio-economic status. Dougall and Schwartz (2011) from the University of Arkon studied the influence of the socio-economic status of the client on the attribution biases of the therapist and countertransference. When talking about the attribution biases, the socio-economic status was not a mediating factor, the countertransference process however, was a different issue. Therapists who participated in the study declared that they felt that the clients were more dominant when the socio-economic status was high. This type of manifestation from therapists is not only an awareness of social attributes but an emotional reaction that can influence their answers in therapy (Dougall, Schwartz, 2011). Emotional reactions, both from the therapists and clients are at the core of the therapeutic process. Zeeck et al. (2012) studied the dimension of therapists' stress in psychotherapy. The study results indicated that there is no correlation between stress experienced in therapy and the level of severity of the clients' symptoms. What did correlate however was experienced stress and the working alliance: the ones evaluated as positive were correlated with a lower level of stress and the weaker ones were associated with a higher level of stress. Another interesting correlation was between negative emotions in sessions and experienced stress, and the most correlated emotion was "discouragement" (Zeeck et al, 2012). Multiple experiences of perceived failure in therapy may affect the therapist's whole vision on therapy and even the meaning they attribute to therapy.

Methodology

Objectives

The two main objectives of the research were:

- To explore the significances of the psychotherapeutic process from both clients and psychotherapists perspective;
- To interpret the significances through a comparative analysis to illustrate the similarities and differences in perception.

Method

The design used in this research is a model proposed by Charmaz (2006). In the classical Grounded theory approach, Glaser and Strauss state that through the collected data one can develop new theories regarding the studied issue. Charmaz has a different view in his design, the goal of this type of analysis is to further understand reality not only as a result of an actual phenomenon, but as a sum of the interpretations and perspectives of the researcher (Charmaz, 2006). From this point of view, Charmaz's approach is closer to interpretative phenomenological analysis by its acknowledgement of the presence of the researcher in the analysis process. This approach doesn't intend to realise a portrait of the studied phenomena, but rather a translation through the researchers' interpretations (Charmaz, 1995b, 2000; Guba & Lincoln, 1994; Schwandt, 1994 apud Charmaz, 2006).

The research questions are formulated in accordance with the questions proposed by Glasser (1978), fundamental to qualitative research ("What is happening here?", Which

are the social and psychological processes underneath?”) and those proposed by Charmaz (2006) “What significance do different participants give to the process?”, “What do they underline and what do they leave out?” (Glasser, 1978, apud Charmaz, 2006, p. 20).

Thus, the research questions of the current research are:

- In what terms do clients represent the significance of their psychotherapeutic process?
- In what terms do psychotherapists represent the significance of the psychotherapeutic process?
- Are there any similarities between the perspectives of the clients and of the psychotherapists regarding the significance of the psychotherapeutic process?

The participants in this study are part of a larger study that intends to further understand aspects of the psychotherapeutic process from both a qualitative and quantitative stance. They were asked to answer two questions. For the therapists the question was “From my point of view the significance of the psychotherapeutic process is” and for the clients: “For me the significance of the therapeutic process is”. The answers to these questions received a code and were included in categories based on their conceptual similarities. After this step, I explored the similarities and differences between them to better understand how each party views what is happening in the psychotherapeutic process. The action of coding is “*the categorisation of data segments via a short name that not only summarises but describes each information*” (Charmaz, 2006, p. 43). The codes assigned in this analysis provide an insight into the significances and perspectives given to the psychotherapeutic process.

The software used to analyse the verbatim was QDA Miner Lite. Through this program, the answers were assigned to a series of semantic categories and then analysed by their frequencies in the collected data.

Research limits

- The results should be interpreted with caution due to the low number of participants;
- The therapists and clients were not from the same group; the specialists here did not provide their service to the clients in this group;
- The degree of desirability in therapists’ answers: they gave answers that may describe a rather utopic psychotherapy process not their general opinion on the process;
- The answers of the clients were referring to the last therapeutic process they had; the undefined time period between the process and this study may distort the perception on the actual process.

Participants

The sample is composed by two distinct groups that participated in two different studies:

1. *“The sense and significance of the psychotherapeutic process from the beneficiaries perspective”*
N=103. This group was composed of people who benefited from psychotherapy with an average age of 32 years and with a varied level of education, from high school and to PhD. The declared reasons for which they had psychotherapy sessions were represented by: clinical aspects (anxiety, depression, phobias), N=57 and personal development/ optimisation N=46. The type of therapy undergone was: behavioural therapy, N=30, dynamic/ psychoanalysis, N=13, humanistic/existential, N=36 and the client didn’t know the type of therapy he had N=24. The participants were recruited via virtual platforms between 12.11.2017 and 3.02.2018.
2. *“The sense and significance of the psychotherapeutic process from the therapists perspective”*
N=137. This group was composed by psychotherapists, 19 male and 118 female. Other relevant characteristics for this analysis are: the form of practice (Romanian official ranking): under supervision N=47, autonomous N=46, specialist N=32, principal N=12; the schools of therapy in which they were formed, Adlerian N=10, transactional analysis N=2, emotion focused N=1, person centred N=2, behavioural N=33, Eriksonian N=12, experiential therapy of unification N=18, integrative N=29, positive N=2, psychoanalysis N=10, drama therapy N=4, , systemic N=9, short termed therapy N=3 and gestalt N=2. The last level of education was: bachelor N=15, masters N=110 and PhD N=12. Their experience in psychotherapy varied from 1 to 22 years, M=8.31. The participants were recruited via virtual platforms between 20.05.2018 and 12.06.2018

Results

The categories were analysed by adapting Charmaz’s method *line by line coding* to the coding of the main idea of the participants verbatim, therefore line by line coding became the analysis of the emerging ideas in each paragraph. This kind of analysis is closer to *incident to incident* coding (Charmaz, 2006, p.51).

The significance of the therapeutic process from the clients’ perspective

As mentioned above, the clients verbatim were analysed based on the underlying idea of each statement. For example, for the verbatim *“It was a way for me to see things differently, to access resources that I didn’t know I had”*, the assessed code was self-knowledge, therapy as a form of self-knowledge and for *“The solution for a situation that seemed to have no solution”*, the given code was *answer* etc. The advantage of this type of coding is the possibility to aggregate answers in larger main themes.

Figure 1. Client's verbatim distribution (N= 103)

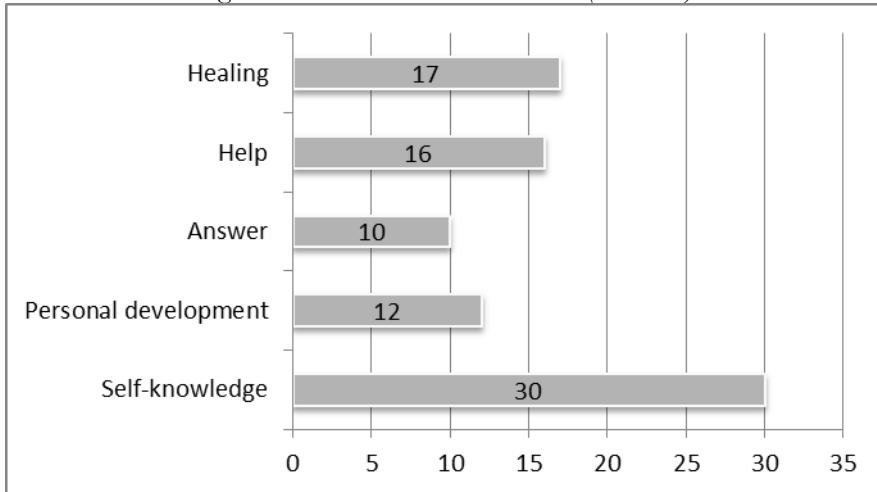


Table 1. Client's verbatim categories

Category	Code	Count	Codes %
Psychotherapy as a form of self-knowledge	Self-knowledge	30	29%
Psychotherapy as a chance for personal development	Personal development	12	12%
Psychotherapy as a solution for ones' problems	Answer	10	10%
Psychotherapy as a form of help	Help	16	16%
Psychotherapy as a form of treatment	Healing	17	17%
Other	Other	18	17%

The highest frequency was psychotherapy as a form of self-knowledge followed by healing, answer, personal development and help.

Self-knowledge

Knowledge and self-acceptance.

Developing a deeper perspective regarding introspection and revealing a different view (C26).

A way to know myself better and to accept myself (C36).

An occasion to explore myself and to know my weak points and to limit their effects on my personal and professional life (C39).

An opportunity to know myself (C53).

Psychotherapy differs from other methods of individual healing through the central role that the ego plays in the dialogue between therapist and client. All the psychotherapy systems and practices are based on implicit models of the ego that have a profound cultural dimension (Kirmayer, 2007).

Healing

Healing (C77).
Getting myself back on track (C82).
Treatment (C86).
Settling my stormy thoughts (C96).
I was able to cry for things I couldn't on their given time (C93).
 [...] *Abatement of my condition and a better state* (C33).

In these interpretations, it is best to underline the vast number of processes that play an important role in the results of therapy such as social context, social interaction models, mental models of the client and so on (Kirmayer, 2004 apud Kirmayer, 2007). In opposition to the *self-knowledge* theme, *healing* implies a rather immediate solution of a problem that an individual faced when he began therapy. This theme can be also considered a result of self-exploration in a secure space, the therapists' office.

Answer

Answers and an understanding of the stages [...] (C33).
Another answer to my questions and doubts in my attempt to break free from uncertainty (C32).
An answer to my question (C48).
A way to find answers myself (C71).

The idea of psychotherapy as an answer to the questions that one could have regarding oneself and others was a major theme in the clients discourse.

Personal development

Personal development (C84).
A respite to better understand my life story and to integrate and redefine certain aspects (C66).
 [...] *polishing for me to become my best version* (C57).
Emotional development (C5).

The **personal development** theme is complementary to healing and self-knowledge. These categories can be viewed not only as a series of different themes, but as a temporal process. To develop good characteristics one must go through self-knowledge and healing first.

Help

Help received in a difficult time (C57).
Help (C79).
A significant support [...] (C91).
A little support (C99).
Support (C29).
A help for healing (C25).
Something important for me to help my child (C24).
Help received at the right time (C15).

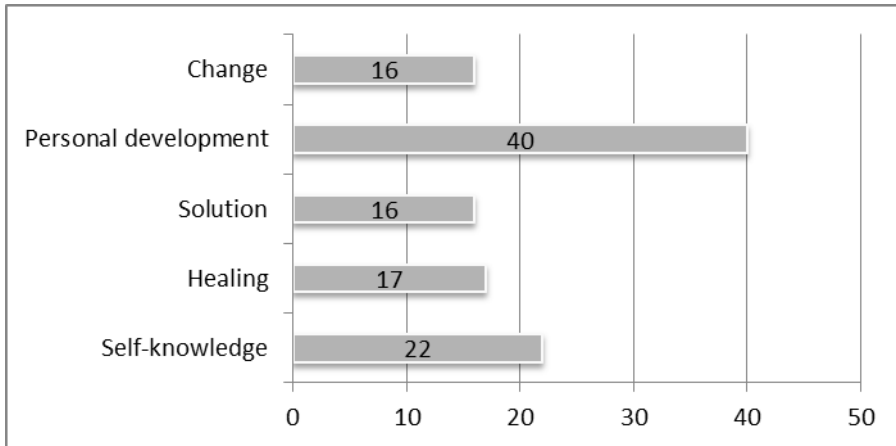
The *help* category received and sought in therapy is one of the themes that appeared from literally interpreting the verbatim, not by searching for the meaning of the discourse. While the other themes seem to illustrate an idealised vision of psychotherapy, healing of one’s wounds, personal development to reach your best self and so on, the *help* category is marked by pragmatism, maybe derived from the reasons that brought the client to the therapists office.

The significance of the therapeutic process from the therapist’s perspective

Table 2. Therapists answer categories

Category	Code	Count	Codes %
Psychotherapy as a form of self-knowledge	Self-knowledge	22	16%
Psychotherapy as a form of healing	Healing	17	12%
Psychotherapy as a form of problem solving	Solution	16	12%
Psychotherapy as a form of personal evolution	Personal development	40	29%
Psychotherapy as a form of change	Change	16	12%
Other	Others	26	19%

Figure 2. Therapists’ verbatim distribution (N=137)



Personal development

Different from client to client, but the general meaning I consider it to be that of traveling together from one perspective to new ones to help him be more conscious, present and more proactive (P50).
The way or the most efficient path to help yourself to evolve in order to “find joy” within yourself and all that is around you (P54).
To grow together (P61).
Growth and balance (P74).

Self-knowledge

Redefining one's self image, and the image of others in a safe environment (P5).
It is a journey to yourself [...] (P7).
Self-knowledge (P36).
Recovery, understanding of oneself and healthy settling on the inside (P58).
Introspection and change of the perception of oneself and the world (P65).

The idea of growth through psychotherapy and self-knowledge can be interpreted as the most general, yet most vague approaches to psychotherapy. That is because the *growing* process can be attributed to vast aspects of the client's life. Heinonen et al. (2012) identified in one of their study¹ a relation between the style of approach a therapist has regarding his practice and the results obtained in therapy: the therapists who were cautious, non-intrusive had better results on the long term and low self-esteem and a lack of enthusiasm were correlated with weaker results (Heinonen, Lindfors, Laaksonen, Knekt, 2012). An attitude marked by enthusiasm can be correlated in this case to the probability of describing therapy's significance in positive terms of growth and self-knowledge. Moran considers that self-knowledge must be treated identical to the way we treat other beliefs, through a reflection of reasoning and judgements of what we *must believe* of these reasoning (Moran, 2001 apud Strijbos, Jongepier, 2018). Self-knowledge can be considered a mechanism that can validate change.

Change

Change of behavioural patterns (P121).
A significant encounter between two people in which the client acquires faith that there is another way to be seen as a person and that he is deserving, and he acquires the strength to change in the direction that is comfortable for him (P107).
That the desired changes are produced and are maintained (P113).
The change of the life scenario and the creation of a new individual one (P92).
[...] the interpersonal relationship between client and psychotherapists through which the change of perceptions, attitudes, behaviour of the client are produced (P85).

Through the therapist discourse analysis regarding psychotherapy as a form of change it can be deduced that the result of the psychotherapeutic process implemented with success for the client is: *change*. What is not described is the way this change can be obtained. In actual practice you can only observe what the client describes as change without the possibility of validating it or further implementing it.

Solution

[...] The solution to frustrating life situations (P86).
Finding the adequate way (P112).
A conversation between two people about a topic proposed by the client that leads to the solution of the problem illustrated in that topic (P115).
Diminishing the functional deficit (P119).

¹ *Therapists' professional and personal characteristics as predictors of working alliance in short-term and long-term psychotherapies*

As a result of the therapeutic process the client can become more conscious of his own blockages and his ways of overcoming them or even resolve them completely [...] (P72).

Even if the response were not by therapists formed in the solution focused therapy, the theme of psychotherapy as a solution, as a form of disposal of one's conflicts was often found in therapists discourses. The standard manner of constructing the discourse was to identify a certain problem of a potential client and to address it through psychotherapy. Authors like Miller (1994) observed that in practice when the focus is on solutions and the reduction of symptomatology, the number of sittings tend to decrease in number (Miller, 1994).

Healing

Healing (P14).

An efficient way of work for processing various themes, life events and of healing emotional disorders. (P16).

Psyche repair (P18).

Of common effort by the therapist and client for healing and becoming (P37).

Healing relationship (P53).

The *healing* theme is complementary to the *change* category. The healing process, used typically in medicine work, the action of curing an individual, implies a previous state marked by illness that has been approached in psychotherapy. This category of answers can be considered a meta theme of which all the other themes are a part of.

Comparative analysis of psychotherapists and clients themes

Table 3. Answer themes of psychotherapists and clients

Clients	Psychotherapists
Self-knowledge	Personal development
Healing	Self-knowledge
Help	Healing
Personal development	Change
Answer	Solution

The answers provided by the clients and the psychotherapists were complex, and their assigned significances of the therapeutic process were vast with various meanings for each depending on a series of personal and professional factors. A number of answers could not be put into categories as a result of their unique nature. The only difference that can be observed between the categories listed in Table 3 is a conceptual one, the therapists aimed at an ideal process and the clients related to their own process of therapy that they had. This analysis can be considered a comparison between an ideal and a real personal process. The clients' representations are circumstantial whereas the representations of therapists are a sum of circumstances and ideals. The similarities

between these themes may indicate a homogenous psychotherapy practiced and experimented by both groups. The most important aspect that must be underlined here is that almost all of the categories identified in the clients verbatim have a correspondence in therapists' answers and this may indicate an efficient manner of developing the therapeutic relation with one's client. The only categories that are a slightly different are *help* (clients) and *change* (psychotherapists). This difference can be attributed to the position that each party has in the therapy process. If the therapists consider the finality of the therapeutic process as a changing experience for the client, the client seeks help in the therapists' office for various life issues. Some researches note that therapists tend to overestimate the number of clients that are able to heal or to reach their objectives through therapy (Parker, Waller, 2015). This kind of perceptions can also be found in the verbatim from this research project: "*Elucidation, evolution, increasing the trust in the good inside and outside*" (P9), "*To be the one that opens different horizons/ways that can help the client see things from different perspectives and that helps him sustain himself*" (P35). Here, and also in other answers, you can see that the therapists describe a sum of objectives that are not always fulfilled or even possible to fulfil in every therapy.

Conclusions

To offer significance to individual experiences is a human action that facilitates understanding and integration of different life situations that one encounters. In this research, I explored the concept of situational sense, operationalized as a manner through which individuals understand, build and give significance to particular life events (Park, George, 2013). The particular event in this research is the therapeutic process. It is a given that a series of factors that were not mentioned in this analysis can influence the meaning that someone gives to the therapeutic process, but the main objective of this study is to explore the similarities and differences of the significance given to this process. The manner in which these significances were created is unique for each individual, for example self-knowledge may have different meanings for different persons. In this study, these conceptual differences were not analysed as a result of the impossibility of exhaustively analysing the manner in which the meanings were created, therefore these answers were analysed as a whole. What clients and therapists described are nothing but symbolic representations of personal experiences regarding the therapeutic process. These personal prototypes of the therapeutic process found their correspondence in therapists and clients answers, in both categories. The most frequent categories identified in the clients group were *psychotherapy as a form of self-knowledge* followed by *healing, help, personal development and answers*. When interpreting emerging themes it is important to underline the number of processes that are at the base of the results obtained in therapy such as the social context, social interaction models, mental models of clients etc. (Kirmayer, 2004, apud Kirmayer, 2007).

The perceptions of the therapists on the therapeutic process are mediated by a series of factors that can include therapy orientation, personal beliefs, values and even their therapeutic experience. In a qualitative study the expectances of therapists in training were recorded. The participants were 24 psychotherapist participants at the beginning of their career, with both psychodynamic and behavioural approaches. Relevant for the present research is that the therapists with behavioural orientation focused on the

desire to learn new techniques of intervention adapted to what one may encounter in psychotherapy sessions and the therapists with psychodynamic orientation were prone to focus on the therapeutic relationship and elements like transference and countertransference (Nikendei, Bents, Dinger, Huber, Schmid, Montan, Ehrenthal, Herzog, Schauenburg, Safi, 2018). The therapists' orientation is the factor that modulates the beliefs about the process, but also their empirical practice. This study had the goal of identifying the similarities in the given significance to the therapeutic process regardless of the therapeutic orientation. In practice, therapists use multiple techniques and a differentiation based on orientation may be redundant.

References

- Blanchard, M., Faber, B. A. (2016). Lying in psychotherapy: Why and what clients don't tell their
Lying in psychotherapy: Why and what clients don't tell their. *Counselling Psychology Quarterly*, 29(1), 90–112. <http://dx.doi.org/10.1080/09515070.2015.1085365>
- Cooper, M. (2010). The challenge of counselling and psychotherapy research. *Counselling and Psychotherapy Research*, 10(3), 183-191. doi: 10.1080/14733140903518420
- Charmaz, K. (2006). *Constructing Grounded Theory: A practical guide through Qualitative Analysis*. London: Sage Publications Ltd.
- Dougall, J. L., & Schwartz, R. C. (2011). The Influence of Client Socioeconomic Status on Psychotherapists' Attributional Biases and Countertransference Reactions. *American Journal of Psychotherapy*, 65(3), 249-265. doi: 10.1176/appi.psychotherapy.2011.65.3.249
- Frzina, J. (2012). A case study exploring experience of relational depth between therapist and client in a single session recorded during a skills practice. *Counselling Psychology Review*, 27(2), 52-62. Retrieved from <http://search.ebscohost.com>
- Heinonen, E., Lindfors, O., Laaksonen, M.A., Knekt, P. (2012). Therapists' professional and personal characteristics as predictors of outcome in short- and long-term psychotherapy. *Journal of Affective Disorders*, 138, 301-312. doi: 10.1016/j.jad.2012.01.023
- Holmqvist, R., Philips, B., & Mellor-Clark, J. (2016). Client and therapist agreement about the client's problems-Associations with treatment alliance and outcome. *Psychotherapy Research*, 26(4), 399–409. doi: 10.1080/10503307.2015.1013160
- Kirmayer, L. (2007). Psychotherapy and the Cultural Concept of the Person. *Transcultural psychiatry*. 44. 232-57. doi: 10.1177/1363461506070794
- Krause, M., Altimir, C., & Horvath, A. (2011). Deconstructing the Therapeutic Alliance: Reflections on the Underlying Dimensions of the Concept. *Clinica y Salud*, 22(3), 267-283. doi: 10.5093/cl2011v22n3a7
- Miller, S. (1994) The Solution Conspiracy: A Mystery in Three Installments. *Journal of Systemic Therapies*, 13(1), 18-37. <https://doi.org/10.1521/jsyt.1994.13.1.18>
- Nikendei, C., Bents, H., Dinger, U., Huber, J., Schmid, C., Montan, I., Ehrenthal, J.C., Herzog, W., Schauenburg, H., Safi, A. (2018). Expectations of psychological psychotherapists at the beginning of training: Qualitative interview study with comparison of behavioral and depth psychology-based psychotherapy. *Psychotherapeut*, 63(6), 445-457. <https://doi.org/10.1007/s00278-018-0312-2>
- Park, C., L., Login S. G. (2013) Assessing meaning and meaning making in the context of stressful life events: Measurement tools and approaches, *The Journal of Positive Psychology: Dedicated to furthering research and promoting good practice*, 8:6, 483-504 doi: 10.1080/17439760.2013.830762

- Strijbos, D, Jongepier, F. (2018) *Self-Knowledge in Psychotherapy: Adopting a Dual Perspective on One's Own Mental States. Philosophy, Psychiatry & Psychology: PPP*, Baltimore, 25(1), 45-58. doi:10.1353/ppp.2018.0008
- Tryon, S. G., Blackwell, C. S., & Hammel, F. E. (2007). A meta-analytic examination of client therapist perspectives of the working alliance. *Psychotherapy Research*, 17(6), 629-642. doi: 10.1080/10503300701320611
- Zeeck, A., Orlinsky, D. E., Hermann, S., Joos, A., Wirsching, M., Weidmann, W., et al. (2012). Stressful involvement in psychotherapeutic work: Therapist, client and process correlates. *Psychotherapy Research*, 22(5), 543-555. doi: 10.1080/10503307.2012.683345