UNIVERSIDADE DE LISBOA

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CLIENTS' PERSPECTIVE OF CHANGE PROCESSES AND MECHANISMS

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Dissertação orientada pelo Prof. Doutor Nuno Miguel Silva Conceição

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ABSTRACT

Once Psychotherapy's efficacy is widely demonstrated, Psychotherapy research has shifted its focus to better understand how therapy brings about change in clients, focusing on the study of active ingredients of therapies. Lately, such studies have taken a qualitative approach, from clients' perspective, in their own voice.

The goal of the present dissertation is first to qualitatively verify the effectiveness of Zoltan Gross' personality oriented integrative therapeutic approach. Then one aims at identifying actual in-session change processes performed by clients and therapists, as well as out-session changes that might reflect potential change mechanisms underlying this approach.

A sample of 13 clients, 12 of which currently in process, responded to the Change Processes and Mechanisms Interview. Grounded theory analysis of data resulted in 7 categories of in-session change processes (*Awareness and Challenge of Patterns and Traits; Meaning Making, Links; Shift, Interruption, Baseline Communication; Fluent in Feelings: Awareness, Experiencing and Communication of Feelings; Safe Attachment; No Directions, No Advice; and A Dash of Humor*) and in 6 categories of out-session changes (*Pattern Awareness and Change; Improved Interactions; Awareness, Experiencing and Regulation of Feelings; Self-acceptance, Confidence and Presence; Empowerment and Resourcefulness in Daily Life and Work;* and *Better at work*).

Zoltan Gross' approach to psychotherapy is reported by their clients to be an effective model of therapy. Some of its in-session processes are common to other approaches, yet some may be distinctive. The same happens regarding the achievements that clients report. Some of these achievements can hint at potential changes mechanisms, even when grasped via qualitative means. Results are discussed in terms of their relative position to recent qualitative meta-analysis using client's perspective, and distinctive aspects are highlighted that can shed light on clinical practice aiming at structural personality change.

Keywords: client's perspective; change processes; change mechanisms; personality; experiential

RESUMO

Uma vez largamente demonstrada a eficácia da Psicoterapia, a Investigação em Psicoterapia, redirecionou a sua atenção no sentido de compreender como ocorre a mudança nos pacientes, focando-se no estudo dos ingredientes activos das terapias. Recentemente, estes estudos têm adoptado uma abordagem qualitativa, segundo a perspectiva do cliente, pela sua própria voz.

O objectivo da presente dissertação é, em primeiro lugar, verificar a eficácia da abordagem terapêutica integrativa, orientada para a personalidade, de Zoltan Gross. Em seguida, procura-se identificar processos de mudança presentes em sessão desempenhados pelos clientes e terapeutas, assim como mudanças fora das sessões que possam reflectir potenciais mecanismos presentes nesta abordagem.

Uma amostra de 13 participantes, 12 dos quais em processo terapêutico, respondeu ao questionário Processos e Mecanismos de Mudança. A análise dos dados, realizada através da metodologia grounded theory, deu origem a 7 categorias de processos de mudança em sessão (*Promoção da Consciência e Desafio de Padrões e de Traços;*

Criação de Significado; Links; Shift, Interrupção; Comunicação ao nível da Baseline; Fluente em Sentimentos: Consciência, Experiência e Comunicação de Sentimentos; Vinculação Segura; Sem indicações, Sem conselhos; e Uma pitada de Humor) e a 6 categorias de mecanismos de mudança, fora das sessões, (*Consciencialização e Mudança de Padrões; Melhores Relações; Consciência, Experiência e Regulação de Sentimentos; Auto-aceitação, Confiança e Presença; Capacitação e Desenvoltura na vida diária e no trabalho* e *Melhor no trabalho*).

A abordagem de Zoltan Gross à psicoterapia é reportada pelos seus pacientes como um modelo de terapia eficaz. Alguns processos em sessão são comuns a outras abordagens, enquanto outros podem ser distintivos. Verifica-se a mesma situação em relação às conquistas que os pacientes relatam. Algumas destas conquistas podem sugerir potenciais mecanismos de mudança, mesmo quando são captadas através de métodos qualitativos. Os resultados são discutidos em termos da sua posição relativa face a meta-análises segundo a perspectiva dos pacientes, e são destacados aspectos distintivos que podem clarificar elucidar a prática clínica visando a mudança estrutural da personalidade.

Keywords: perspectiva do cliente; processos de mudança; mecanismos de mudança; personalidade; experiencial

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THEORETICAL FRAMEWORK

THE CLIENT'S VOICE IN PSYCHOTHERAPY RESEARCH

Psychotherapy research has been concerned with the study of the efficacy of Psychotherapy for the past 50 years, proven itself not only as effective (Wampold, 2013), but also better than no treatment at all, and demonstrating results immediately after a few sessions of therapy (Anderson & Lambert, 2001; Lambert, 2013).

As Bohart and Wade (2013) and Levitt, Pomerville, and Surace (2016) review, in the race to prove the effectiveness of various therapeutic modalities, many, if not most, research studies have been concerned with the models and techniques that could be applied to clients, leading to therapeutic success, measured as the final outcomes of therapy. Within this framework, it was the expert, the therapist, in combination with specific techniques *applied to the client*, that was considered responsible for therapeutic success (Bohart & Tallman, 2010).

The discovery in line with the Dodo Verdict (Luborsky et al.,1975), that is, that different orientations do not seem to account for different outcomes, and the conclusion that all bona fide therapeutic approaches seem to work about equally well (Wampold, Mondin, Moody, Stich, Benson & Ahn,1997; Wampold, 2001) suggested the existence of common mechanisms, responsible for similar outcomes (Johansson & Høglend, 2007). With such discoveries the attention shifts towards the client, dubbed the neglected common factor by Bohart and Tallman (2010).

In fact, it appears that it is the patient who implements the process of change in therapy, contributing more than any other factor to it (Bergin & Garfield, 1994). This idea is corroborated by Lambert (1992) and Wampold's (2001) estimations of variation explained by client's factors, supporting the idea, as stressed by Bohart and Tallman (2010) that the client offers the best explanation for the Dodo Verdict.

Since the client and client's life factors are responsible for a greater variation than any other therapeutic factor in the therapeutic outcome, he or she can be considered as an active contributor to the process and outcome of therapy (Bohart & Wade, 2013). Supporting this idea, Hoener, Stiles, Luka, and Gordon (2012) found clients to be actively making choices regarding their therapy and Rennie (2001, 2010) found that clients are

endowed with reflexivity or self-awareness, which gives rise to intentionality and therefore agency. Levitt (2004) and Levitt and Rennie's qualitative studies (2004) have successfully demonstrated that clients can be highly active during therapy sessions, even if their activity takes place at a covert level. As they mention, clients appear to enter the therapeutic process with a plan to rudder the sessions as they perceive beneficial, and they even redirect the therapist in their efforts if they find it needed

The conclusions that the client is an important factor and contributor to outcome led researchers to consider client's active contribution beyond the therapeutic process, including him or her in psychotherapy research. Already back in 1973, Horenstein, Houston, and Holmes alluded to the fact that the client is in the best position to access his progress and whether the reasons that brought him or her to therapy have been successfully addressed. This inclusion goes beyond asking the participant to fulfill pre-establish close-ended questionnaires on what the researcher would like to hear from him (such as the comparison of symptoms). This implies providing him with a voice and collecting information about his experiences as a client in therapy.

According to Rennie (2010), once patients have reflexivity, awareness about their self-awareness, and that they are agents in the process, one must consider the value of patients' reports about their inner experiences (self-conscious memories and constructions, the therapist and the interaction), and therapists can rely on their client's report of therapeutic progress.

CLIENT'S ASSIMILATION OF THERAPY ACTIVITIES AS IN-SESSION CHANGE PROCESSES

A new agenda was indeed suggested for psychotherapy research, seeking to increase therapists' understanding of clients and recognizing them as agents of change within sessions, supporting the paradigm of the client as a self-healer (Bohart & Tallman 2010; Hill, Chui, & Baumann, 2013; Levitt, et al., 2016). This allows the collaboration between psychotherapy theory and practice, creating an advantage position in which each client is himself or herself an expert in the process. As research shifted its focus towards the understanding of change, a myriad of qualitative research methods emerged as the main tools to analyze different sources of complex data. As Olivera, Braun, Penedo, and Roussos (2013) stress, the client's perspective is valuable for the understanding of the therapeutic process and originates hypotheses for future research. Given that patient's

perceptions may hold in them the clues to explore the active ingredients that stimulate change, investigating client's experiences of therapy may not only help to inform the debate of "what works for whom", accessing models from different psychotherapy schools, but it may also contribute to the debate on the role played by specific and non-specific factors in therapy. As Clarke, Rees, and Hardy (2004) remind us such research may provide some answers regarding the nature of change in psychotherapy and about the necessary and sufficient factors that may be crucial to the change process as it is promoted in sessions of that same approach.

One example of revisions that capture what comes out as essential significant components of good process, was Timulak's meta-analysis of seven qualitative studies (2007), where he identifies nine categories of helpful in-session events in psychotherapy: 1) awareness/insight/self-understanding; 2) behavioral change/problem solution; 3) empowerment; 4) relief; 5) exploring feelings/ emotional experiencing; 6) feeling understood; 7) client involvement; 8) reassurance/support/safety; and 9) personal contact.

Similarly, and more recently Levitt, et al. (2016) reviewed 109 qualitative studies, identifying a core category of critical psychotherapy experiences – Being Known and Cared for Supports Client's Ability to Agentically Recognize Obstructive Experiential Patterns and Adress Unmet Vulnerable Needs. Then the authors still found five clusters identified within this core category that were: 1) Therapy is a Process of Change through Structuring Curiosity and Deep Engagement in Pattern Identification and Narrative Reconstruction; 2) Caring, Understanding, and Accepting Therapists Allow Clients to Internalize Positive Messages and Enter the Change Process of Developing Self Awareness; 3) Professional Structure Creates Credibility and Clarity but Casts Suspicion on Care in the Therapeutic Relationship; 4)Therapy Progress as a Collaborative Effort with Discussion of Differences and 5)Recognition of the Client's Agency Allows for Responsive Interventions that Fit the Client's Needs.

When one comes across reviews like these, it is clear that this type of qualitative research constitutes important sources of knowledge for both researchers and practitioners, as they generate process-focused principles for practice which can enhance the therapists' understanding of their patients in key clinical decision-making moments. As highlighted by Levitt and collaborators (e.g. Levitt, Butler &Hill, 2006; Levitt, 2015a; Levitt et al., 2016), it has the potential of aiding in the identification of principles for practice, which can produce guidelines for both trainees and experienced therapists, not

only enhancing the transferability of findings to clinical practice as well as contributing to theory building.

Curiously, qualitative studies in these revisions tend to focus on the in-session aspects of therapy, on the one hand, or eventually still on outcomes from completed therapeutic processes as assessed retrospectively. Somehow there appears to be a disregard of the impact of therapy in client's daily lives as therapeutic gains are accumulating along the process.

Recently, qualitative psychotherapy research has dedicated some effort to the understanding of the connection between process and outcome, paying more attention to questions regarding how and why psychotherapy works (Johansson and Høglend, 2007), in an effort to identify mechanisms of change in psychotherapy. This puts what happens in session in close relationship to what is happening in client's daily lives as intermediate changes accumulate before final outcomes.

OUT-SESSION CHANGES AS POTENTIAL CHANGE MECHANISMS?

Despite proving psychotherapy's efficacy, research has yet failed to understand, and therefore explain, how these models produce therapeutic change (Kazdin, 2007), that is to understand the ways through which therapy brings about change.

In order to overcome methodological difficulties and clarify the concepts under study, in his conceptual and methodological model, Doss (2004) contemplates both the exploration of change processes (aspects of therapy that occur in sessions, e.g., therapist techniques, leading to improvements in patient's change mechanisms), and of change mechanisms (intermediate changes in patient characteristics or competences, outside of the control of the therapist, e.g., change in cognitions, which are expected to lead to improvements in therapy outcome). Research often addresses them as if they were interchangeable, focusing essentially on the processes that occur within the session and in the final outcomes of therapy, neglecting the intermediate results (the mechanisms).
Back in 1986 Greenberg had already stressed that, in order to fully comprehend the process of change, researchers should fist measure the outcomes of therapy and proceed to subsequent investigation to identify the processes of change responsible for them. He identified three types of outcome that need to be simultaneously related to one another. Immediate outcomes – also described as immediate impacts, refer to the changes originated by specific therapist interventions or from the overall interaction, and take

place within therapy sessions – need to be linked to intermediate outcomes – extrasessional intermediate changes that can be measured by targeting specific attitudes and behaviors – which are, in turn, related to the final or ultimate outcomes of therapy – results measured at the end of treatment and at follow-up studies, representing ultimate change. Only then, should one proceed to the rigorous study of the process of change, by focusing on specifying immediate outcomes in the session and by measuring the in-session processes that lead to this change.

Although the nature of change may represent an exciting agenda for research, the conceptual undifferentiation in the literature is bewildering. While Doss (2004) distinguishes in session change processes from out session change mechanisms, Crits-Christoph, Gibbons, and Mukherjee (2013), when reviewing studies of the theoretical "mechanisms" of action of specific therapies, treat them as interchangeable, referring to both process and patient life's aspects as "mechanisms" of therapeutic change.

In fact, many researchers refer to the processes within therapy and the therapy sessions, that may be responsible for producing change within the client as "mechanisms". For example, Johansson and Høglend (2007) note that by uncovering "mechanisms of action" (within the sessions) we might enhance our understanding of differential responses to treatment and also help to maximize improvement in patients. In order to avoid conceptual confusion (and facilitate future research on this topic) this dissertation will refer to in-session factors responsible for therapeutic change as change processes and to the out-session aspects of change as change mechanisms, following Doss' conceptual definition (2004).

In their review of studies on the theoretical processes of action of specific therapies (2013), Crits-Christoph et al. point out five methodological concerns, highlighting how the study of change factors can be an intimidating effort. With the coming of age of the study of the active ingredients of change, there seems to be a shift in emphasis from factors that are common to different psychotherapy models to factors specific to a particular model of therapy, which, according to Crits-Christoph et al. (2013), could bring advances in clinical and scientific fields regarding the understanding and applications of psychotherapies. Doss (2004) also reflected that if different therapies (or combination of components from different therapies) create improvements by targeting common mechanisms, then combinations of therapy components may represent little impact beyond that of the original treatments.

Although the value of their proposal sets the stage for better studies in the future, it is suggested here that qualitative surveys should not be left out of the equation if we are to increase understanding of mechanisms of change.

Some qualitative studies on this matter have been successfully identifying categories of factors potentially responsible for therapeutic change. For example, Clarke et al. (2004) investigated client's perspectives of change processes in cognitive therapy for depression, using Elliott's Change Interview Schedule, and obtained ten categories of change processes, gathered by the researchers in three clusters. Two of the clusters referred to client's experiences of the active ingredients of therapy or the therapeutic interventions. "The listening therapist", the first cluster, comprise a myriad of general or non-specific factors of treatment and included the categories of resistance and fear, excited and absorbed and safety, whereas "the big idea", the cluster giving its name to the study, focused on specific ingredients of CT, such as dealing with thoughts, the model, testing things out and Understanding/patterns/core beliefs. The remaining cluster, "feeling more comfortable with self", gathered themes of therapeutic outcome or consequences of treatment and containing the categories confident and comfortable, responsibility and positive feedback.

Carey, Carey, Stalker, Mullan, Murray, and Spratt (2007) interviewed patients at the end of treatment regarding their experiences of change within therapy, concluding that the experience of change occurred in similar ways, irrespective of therapeutic approach. A framework approach analysis revealed change occurred across the domains of feelings, thoughts and actions. Change was described by patients both as a gradual process and an identifiable moment. Six themes emerged on how change takes place: motivation and readiness, perceived aspects of self, tools and strategies, learning, interaction with the therapist and the relief of talking.

Binder, Holgersen, and Nielsen (2009) investigated specific experiences and reflections of former psychotherapy clients, who described their previous therapy as successful. Four main themes emerged from the interviews, regarding the meaning clients attributed to change processes and events: 1) Having a relationship to a wise, warm and competent professional; 2) Having a relationship with continuity, safety and hope when feeling inner discontinuity; 3) Having beliefs about oneself and one's relational world corrected; and 4) Creating new meaning and see new connections in life patterns. Results underline the importance of therapist being perceived as a person,

and that his or her interpersonal and communicative competence, is a strong predictor of therapeutic outcome, whereas their orientation did not seem to relevant to the clients.

If such a qualitative inquiry is to prove fruitful, then the clarified differentiation between the active ingredients of therapies (in-session change processes) and the competences acquired by the client into his daily life (out-session change mechanisms) should be worth pursuing.

ZOLTAN GROSS' APPROACH TO PERSONALITY CHANGE

After all the achievements of the Psychotherapy Integration movement as being conveyed through international organizations like SEPI, research has turned more pronouncedly to focus on the study of integrative approaches to psychotherapy in recent decades. Yet still few approaches seem to have gained empirical support. Zoltan Gross developed an integrative approach to psychotherapy that works at the interface of the restructuring of emotional states and the restructuring of personality traits or habits, integrating two approaches that more often than not tend to stay traditionally not so well integrated. Yet, this approach (Gross 1992; in press) is one of those still to be somehow validated. This approach was designed to influence personality through highly experiential means, with its intervention principles based on a theory of personality that integrates neurobiology and psychology in a way that does not currently exist.

In his most recent book, Coping with Your Brain (in press), the author approaches personality dynamics and the restructuring of personality traits and emotion through the dyadic interaction in sessions. According to him, personality change results from breaking up old emotional habits and patterns. In order to do so, the therapist brings habituated ways of interacting of the client into awareness. The interruption of an automatized pattern, practiced so many times that it has rendered itself automatic and unconscious, is done by using the person of the therapist, which by bringing the pattern into light causes its automaticity to break. Then, the therapist helps the patient to learn an alternative - a way of dealing with his emotional process (that no longer steams from a childhood learned survival pattern and consists in a more age appropriate response), facilitating the brain restructuring itself.

This restructuration of personality patterns can be accomplished through what Gross (1992; in press) defines as baseline communication, an emotional dialogue that

occurs when both members of the dyad are focused in one another and are communicating about how there are experiencing the other element of the dyad. Inspired by Hellmuth Kaiser's "I and Thou" interaction, the author designed a model for explaining in session therapeutic communication – The Dyadic Triangle- where there are two possible ways of communicating: the baseline dialogue and the apical dialogue. Baseline dialogue is the form of communication established between the vertices at the base of the triangle, correspondent to the "I" and the "Thou" and apical dialogue, represented at the apex of the triangle, represents "the subject", the content of the dialogue being establish. It refers to *what* is being said (the text), whereas the baseline communication implies addressing the *how* (the subtext). The author relates the duality of these two dialogues with the duality of the brain, classifying baseline communication as a right-brained information processing system (right hemisphere is known to be associate with emotional expression) and the apical communication as a left-brained one (left hemisphere is known to associated with language processing). In this way the author integrates two traditionally distinct dynamics, personality and brain.

Within this process of breaking or interrupting habituated patterns, the part played by therapist is highlighted as the therapist must use himself as a part of the therapeutic process, communicating his experiences and his feelings towards the client at a baseline level. Gross (2017) exemplifies on if these interactions:

> "I found my mind wondering. I turned my attention to the man and saw why I lost contact with him. He was telling me a story that he had told many times before to other therapists. He was boring. But I noticed how kind and considerate he was in his complaints about his wife. I interrupted his complaints about his marriage by saying, "You *are* a very nice man." He was as startled (…). The man stopped complaining and told me in a very interesting way about his furious father and how he protected himself in his childhood by being *very nice* and being out of contact; which contributed to his marital difficulties".

In the realm of personality, and from a quantitative perspective, several integrative models have been subject to research in order to identify the factors responsible for therapeutic change that reside in them. To sum up, Forster, Berthollier, and Rawlinson (2014) produced a systematic review of 21 empirical studies comprising the existing literature on processes of change in psychotherapy for clients with personality disorders, across different interventions directed towards this population. As a result, nine potential change factors were identified, namely, the therapeutic alliance; rupture resolution; therapist interpretations; reflective functioning or mentalizing; skills use; emotion regulation; experiential avoidance, personality organization, and cognitive change. The

category with the greater empirical support was the role of the therapeutic alliance, and the resolution of alliance rupture also received empirical support as a possible mechanism of change. As mentioned before, again the conceptual confusion between what might happen in sessions of those therapies and what might be changing out-session in client's daily life is present.

Altogether, the purpose of the current study is to take a fresh qualitative empirical look at one approach believed to be innovative and promising in the influence of personality in general and personality disorders in particular. It intends to address both outcome and process features while investigating client's experiences of therapy, from a qualitative stance. It departs from the premise it is possible to study the intermediate outcomes of psychotherapy in a similar fashion as change processes have been approached, contemplating both in-session and out-session qualitatively, in the same study allowing us to explore associative relationships between both.

It represents an initial step towards the qualitative validation of Zoltan's approach to personality change and will focus on the identification of possible processes and mechanisms of change, through the voice of their clients. It aims at describing and differentiating these actual in-session change processes and out-session changes that can act as potential change mechanisms of this approach. Finally, one will look at what comes out as common themes according to the actual psychotherapy research literature, and check if any distinctive aspects emerge in this approach that can be translated into general principles that can be assimilated by clinicians of any other approach, specially those willing to influence personality change.

METHOD

Change in psychotherapy, through the patient's eyes has already been a subject of psychotherapy research, namely regarding the change processes that take place in therapy and therapy outcome. However, information regarding intermediate outcomes of therapy seems to be scarce and has poor precision.

This dissertation intends to value the importance of collecting the client's perspective on the assessment of the efficacy of psychotherapy and counseling by applying it to an integrative approach seeking empirical support. Additionally, it seeks to identify common and specific change factors for the therapeutic approaches, that can be incorporate in psychotherapy practice in the future.

Participants

Participants in this study, 13 in total, included 7 women and 6 men, between the ages of 22 and 75 years (M= 52.2; SD = 16.39). All were white American, 2 also describing themselves as Middle Eastern, and 12 were from the United States. Regarding the level of education, 4 were college graduates and 9 had graduate study of professional training. All were former or actual individual therapy patients with a therapist that followed the principles from Zoltan Gross' specific integrative approach in his/her practice, having had more than 4 sessions. Five of them were therapists, 11 were currently having therapy sessions and 10 were in treatment for over 5 years. The 3 remaining were in therapy for 6 months up to 1 year, 1 up to 3 years and 3 up to 5 years. From the 13 participants, 2 were no longer having therapy sessions.

Reasons bringing clients to therapy included depression, anxiety, difficulties ant intimate and family relationships and work struggles.

Procedure

Data collection occurred by inviting patients through the intermediary invitation of the proponent of the approach together with other three seasoned experienced therapists trained on it, who invited their clients. The data was recorded on a *Qualtrics*® online platform, where clients responded, singularly, to a semi-structured interview, lasting approximately 30 to 60 minutes, writing as much as they chose to. Responses

could be interrupted and resumed whenever the patient wished, being stored in the online platform until the end of the survey (with an expiry date on December of 2017). Because of the use of intermediary invitations, it is not possible to know the percentage of the sample approached that participated, but the online platform recorded 1 unfinished participation.

Confidentially was assured following the guidelines provided by the American Psychological Association (APA, 2006), protecting participants identities and keeping all interviews and material associated with them confidential. Participants were informed that participation was anonymous and voluntary, so that they could leave the study without consequences, at anytime, with the data collected on them being destroyed. There were no incentives or prizes, for participation. Participants were provided with a description of the study as well as for the benefits of participating and information regarding confidentiality and consequence-free withdrawal from the study. Informed consent was given by the participants at the online platform, by agreeing to participate and posting their answers on the platform (see Appendix A).

Data collection took place between February and August of 2018. Participants were asked some basic demographic information followed by the "Change Processes and Mechanisms Interview" (Conceição, 2011; Appendix B). Additionally, participants were inquired about their experience part taking in the study and on their motivations to do so. Reasons for entering therapy and the name of the therapeutic approach taken were also asked.

Instrument

Change Processes and Mechanisms Interview (Appendix B) is a semi-structured interview developed by Nuno Conceição, in 2011. It is the result of the integration of qualitative methods, in order to enhance and elicit possible patient change processes and mechanisms. The interview is composed by 7 questions, the first 4 focusing on in-session therapy and patient change processes, and the latter 3 on client's change in everyday life.

Questions focusing on the in-session experience attend to both specific and general aspects regarding the patient's experience of himself/herself within the sessions, and the patient's experience of the therapist, within the sessions. This section intends to elicit potential therapy and patient change processes.

Questions focusing on client's change in everyday life seek to elicit possible change mechanisms, by addressing micro changes in everyday life, macro changes in everyday life and by relating the in-sessions experience with the out-sessions (everyday life) experience. Descriptions with more detailed and specific questions are presented under each of the 7 questions in order to guide the participant in his/her responses.

Data Analysis

The data from the participant's interviews was transferred to, and analyzed in, an NVivo 11 platform, following Grounded theory methods (Levitt, 2015b; Rodgers & Elliot, 2015).

Participants' responses were read carefully read through so that researchers would become familiarized with the data. and then separated into units of meaning and given a code by one of the researchers. One of the researchers (the dissertation student) generated initial codes that were reviewed by the other research (her supervisor), acting as an auditor, in order to ensure the categorization of data was both meaningful and self-explanatory. These were later incorporated into categories of emerging themes. Initially, in session and out session data were separated from each other. Within the in session primordial cluster two categories were formed, corresponding to therapy change processes and patient change processes. Within these categories, subcategories started to become apparent to researchers. Several revisions took place at this step, incorporating coded units in more than one category when appropriate. This step was reviewed by both researchers, brainstorming at names for the core categories and deciding which data should be included in each category. Finally, in a later analysis of these elements, in session therapy change processes and client change processes were fusion together due to overwhelming similarities.

RESULTS

With this study it was possible to identify potential in session Change Processes, in a total of 135 references, and out session Change Mechanisms, in a total of 261 references.

In fact, 7 categories of Potential Change Processes (Table 1.) – 135 references – and 6 categories of Potential Change Mechanisms (Table 2.) – 126 – were elicited from the grounded theory analysis of the data.

Table 1.
Therapy and Patient in session Change Processes

Category	N = Clients	N = References
Awareness and Challenge of Patterns and Traits	11	20
Meaning Making, Links	12	20
Shift, Interruption, Baseline Communication	10	24
Fluent in Feelings: Awareness, Experiencing and Expression	13	29
Safe Attachment	12	24
No directions, No advice	6	9
A dash of Humor	8	9

Categories of Potential Change Processes included 1) *Awareness and Challenge of Patterns and Traits;* 2) *Meaning Making, Links;* 3) *Shift, Interruption, Baseline Communication;* 4) *Fluent in Feelings: Awareness, Experiencing and Expression;* 5) *Safe Attachment;* 6) *No directions, No advice*; and 7) *A Dash of Humor*.

These categories were found, primarily, in the coded responses of participants to questions 1-4 of the Change Processes & Mechanisms Interview (Appendix B), which focus on the in-session experience of participants. However, some participants referred aspects of the in-session dynamics when asked about their everyday lives. These aspects

were also coded and incorporated in this section of categories. Additionally, questions 1-4 also focused on general and specific aspects regarding the client's experience of both the therapist and himself. The resulting Therapy Change Processes and Patient Change Processes categories were significantly overlapping (possibly due to the intricate relational nature of this approach), and thus, were initially given the same or very similar names when coding. Therefore, they were fused together, in a In Session Change Processes core category. Therapy and Patient Change Processes categories were redundant with the exception of two categories: *No directions, No advice*; and *A dash of Humor*, which are specific to the Therapist (and therefore account for less references than categories that were fused together).

In this section, fused Change Processes categories are briefly described. Some sub-categories composing the change processes presented, belong to more than one category (see signaled sub-categories in Appendix C). In order to better illustrate the categories delineated, some excerpts from the participant's responses are also presented.

Awareness and Challenge of Patterns and Traits

In this category (see Table 1.1 in Appendix C), the therapist helps the client increase his/her awareness regarding personality habits or patterns that do not serve him/her. In Zoltan Gross' terms (2017) these are referred to as patient self-presentations, which consist of requests for validation that reside outside of the patient's awareness. This way, therapists reveals automatized (survival) patterns to his patients, unmasking them. Not only do they signal destructive tendencies as they also challenge them, thus reaching for the underlying feelings on the base of such behaviors and allowing for the restructuration of both brain and personality. Patients report that it takes time to figure out events and recognize their reactions, while therapists point out tendencies and the ways clients are responding to their provocations online, promoting awareness and linking them to relational dynamics. Patients get to rehearsal new "adult" alternative behaviors in session and in group therapy.

> "The process of therapy feels like a constant gradual unfolding and awareness of the layers I use to keep myself from knowing myself. Over the years I feel this experience in the sessions have enabled me to feel more acutely and more deeply." (Patient 3, Question 1).

"Of particular help for me was the therapist's warmth and acceptance and his ability to see the patterned and very subtle ways I have developed to avoid emotional intimacy and to expect harsh criticism, even from my psychologist." (Patient 8, Question 2)

"I especially remember the very first session with him, when he commented, "You're so nice!" This I came to learn was typical of Zoltan. He pressed right on something behind which were layers of hidden behaviors. Took time for me to see how that fit a picture of survival. My experience felt somewhat like I was blind to things that he saw so clearly. And mostly, he would wait and allow me to work toward understanding what he was articulating. (...) My experience with Zoltan feels like this curtain is lifting. I'm allowing myself to feel the anxiety from which I was trying to hide. The anxiety is still there, I'm experiencing it and getting better at acknowledging and working with it. (...) It helps reduce its weight, its size. To see it is to begin to get free of it." (Patient 7, Question 3).

Meaning Making, Links

The therapist aids the patient in understanding, and thus giving meaning to his actions, behaviors and patterns (which maintain personality traits). Links or connections are established between areas of the patient's life and his feelings, or between a specific pattern occurring in different social interactions. By confronting the patient with his behavior, the therapist may not only bring awareness to it, but also aid in the comprehension of what is sought by such behavior, elucidating the patient on his internal (personality) functioning. Sometimes, according to Gross (2017), people still behave from the child in them (a learned pattern that is hiding or avoiding an emotional wound), and learning about this may aid the client to consciously take action, as an adult (Table 1.2, Appendix C).

"Most significant, my therapist has helped me realize that my frequent anger /dissatisfaction in my relationship with my husband is largely due to past hurt sustained during childhood/adolescence." (Patient 9, Question 2).

"Often, my therapist will ask me to consider whether I'm behaving as if I am still there, in the place where I was as a child, or if I'm present in my life as an adult. Sometimes painful childhood memories will come up, which I will share with him. Sometimes I simply try to shift my perspective and separate the "trapped" childhood feelings from my current adult situations." (Patient 13, Question 3)

Shift, Interruption, Baseline Communication

This category (Table 1.3 in Appendix C), refers to a very specific type of interaction patients described their therapists to maintain, demanding them to be emotionally present and engaged. This experience can, sometimes, be demanding for the patient as it pulls him out of his comfort zone of habituated ways of interacting, but eliciting a new, connected, one. Patients are challenged to recognize how they feel about the therapist or their action, which can intentionally touch their soft spots in order to provide an experience of new, present, way of interacting (to the detriment of an automatized learned dysfunctional behavior). This provocative interaction frequently brings feelings to the surface and is described by the patients as engaging, challenging and very significant. The therapist also interrupts the patient in his habituated way of interaction by asking him, regularly, "What am I doing to you right now?", which the author of this approach (2017) refers to as baseline communication.

"His active interaction with me is very significant. He will sometimes ask, "what am I doing to you right now?" He is real and not a neutral observer. He helps make the session a type of "lab experience" rather than a lecture." (Patient 2, Question 3).

"My in-session experience with Zoltan is characterized by feeling listened to and being challenged in some way. I'm equally attended to and provoked. There have been periods where I fought with him. Earlier in my work with Zoltan, I often felt confused. I feel cared for and surprised and often uncomfortable." (Patient 6, Question 3).

Fluent in feelings: Awareness, Experiencing and Expression

The therapist trains the client to constantly identify his/her feelings online, frequently by provoking emotional arousal in the client and then bringing awareness to it. In this category clients report in session exposure to feelings. Some refer how difficult it can be in the beginning to understand and interpret events from a feeling perspective, but also that they become accustomed to and trained in it. Developing the awareness of feelings allows patients to identify and recognize feelings hidden by habituated behavioral patterns. Therapists promote this skill by shedding light on these behaviors, using themselves as a "therapeutic tool" and causing emotional arousal. Then, therapists ask their clients how they are feeling in that moment, towards them, promoting awareness. Following this, therapists talk the patients through their feelings, helping them realize how these are impact their behavior. Patients refer to begin to understand their feelings with more clarity and to be better capable in expressing them towards their therapist (see Table 1.4 in Appendix C),

> "My therapist is constantly trying to get me to identify my feelings as events unfold. we discuss events in my life and he interprets them from a feeling perspective". (Patient 1, Question 1).

> "At some point during the session, he will pinpoint the emotional thread that links everything I have been saying. Once that happens, the stream of my narrative usually slows down as I stop to consider that issue or theme and its impact on my life. It is almost always something that we have discussed in the past, but I can see it differently in light of new experiences, or I notice how my response to it has changed over time. Usually, there is a connection to the circumstances of my childhood and my relationships with my parents." (Patient 13, Question 3).

Safe Attachment

This category (see Table 1.5 in Appendix C) reports to the therapeutic relationship established with clients, were they receive acceptance and support. The therapist *sees* them, listens with genuine interest and cares for them. The therapeutic alliance is such that the therapist is present for their clients, making them feel safe and cherished. Clients

refer their therapist to be patient, helpful and gentle, making them feel understood, valued and loved. Patients feel safe to confront their therapist and to have space to cry repeatedly over the same thing if they feel the need to, reporting that to enjoy being in their therapist's presence and to like their therapist.

> "He creates a supportive and loving environment" (Patient 7, Question 2)

> "I experience a great sense of being appreciated understood and loved." (Patient 11, Question 3)

No directions, No advice

Therapists in this approach do not give away answers or explanations to clients, instead they make their clients work to get there on their own, which seems to frustrate some patients initially.

Although in general not giving advice, one patient did mention a specific situation where his therapist counseled him, which was grateful for and considered very helpful. Therefore despite "no advice" coming up as a potential process in therapy, flexibility is still present and practiced, by assessing each situation individually. A few patients refer to feel frustrated by this, but also recognize its utility. Therapists may show by example or ask the patient directly for what he/she wants, encouraging them to explore different options in situations and allowing them to reach their own conclusions and find solutions (Table 1.6 in Appendix C).

> "He is very helpful. He is able to help me see what is going on, how my emotional life works. He is active but doesn't tell me what to do." (Patient 2, Question 2).

> "I find myself sometimes getting frustrated that she isn't giving me the answer I want to hear, but I ultimately find that to be the most helpful because I realize her job isn't to tell me what to do, but rather help me reach those decisions on my own." (Patient 12, Question 2).

A dash of Humor

Therapists are described to defy patients with humor. This strategy seems to be well received by clients (when teased on their habits or when being challenged and provoked by their therapist). Patients do not seem take offense at these interventions once they realize the therapist is simply teasing them, making a point in a dash of humor. Additionally, therapists are portraited as being very real, active, open and having great wisdom. Seen by clients as living, breathing, human beings who use humor as a tool, managing to be both playful and astute (see Table 1.7 in Appendix C).

> " I do appreciate his sense of playfulness." (Patient 11, Question 2).

> "I am not sure what he thinks, or even what his argument with that statement is, but he somehow manages to argue the point anyway, usually by simply stating what I think with a tone of voice that suggests he finds it amusingly wrong." (Patient 10, Question 1).

Table 2.
Patient Out-session Change Mechanisms

Category	**N = Clients**	**N = References**
Pattern Awareness and Change	7	14
Improved Interactions	10	21
Awareness, Experiencing and Regulation of Feelings	11	26
Self-acceptance, Confidence and Presence	12	23
Empowerment and Resourcefulness in daily life and work	13	29
Better at work	9	13

Categories of Potential Change Mechanisms included 1) *Pattern Awareness and Change;* 2) *Improved Interactions;* 3) *Awareness, Experiencing and Regulation of Feelings;* 4) *Self-acceptance, Confidence and Presence;* 5) *Empowerment and Resourcefulness in daily life and work;* and 6) *Better at work.*

These categories were elicited, fundamentally, from the coded responses of participants to questions 5-7 of the Change Processes & Mechanisms Interview, which focus on participant's experience of change in their everyday lives (and therefore out-side sessions). Again, participants mentioned out-session aspects or gains when asked about their in-therapy experiences. This information was coded and included in this category of Change Mechanisms. Questions 5-7 address both micro changes and macro changes in everyday life and relate the in-session with the out-session experience. Similarly to the previous core category, the information coded fitted well together, and coded sub-categories were analyzed as a(n out-session) whole.

The resultant Change Mechanisms (see Appendix D) are briefly described. Similarly to the Change Processes, some examples of participants responses are provided.

Pattern Awareness and Change

Clients refer a conscious effort to 1) be more aware of their tendencies everyday life and 2) understand their own reactions. They report being able to recognize and label habituated patterns outside the sessions, which expands their thinking and available choices, causing them to become more present in everyday life and work. Some clients report positive changes in social interactions and a willingness to be vulnerable, while others identify patterns in their daily lives and try to interrupt them. Once successfully interrupted, clients are "no longer the little child", becoming free (Table 2.1., Appendix D).

> "I am starting to recognize patterns of behavior that I have (which were discovered in therapy) and label them as such when they occur in my outside life." (Patient 5, Question 7).

> "My therapy has interrupted deeply ingrained emotional habits that developed in childhood and are either no longer useful or limiting as an adult. Being "nice" or accommodating is one such habit." (Patient 6, Question 7).

Improved Interactions

Clients report improvements in social interactions in their daily lives. Not only are they more attentive to their own feelings, and thus more thoughtful in expressing them, as they became more accepting of others and their reactions. Changes referred in social interactions include better connections, a larger amount of friends, and receiving rewarding feedback from others. Encounters with people became more satisfying and patients are able to make closer contact with others. Relationships with family were also positively affected. Participants mentioned improvements in their marriage, having healthier and more loving relationships with spouses. Additionally, clients bring using what they learned in therapy to communicate and interact outside of it (Table 2.2., Appendix D).

> "My connection with significant people around me is more realtime and has a depth that I didn't do years ago. I do get comments from people that are rewarding. I'm much more comfortable in the world, better able to see what I and others are doing. My connections are better." (Patient 2, Question 6).

> "My therapy has interrupted deeply ingrained emotional habits that developed in childhood and are either no longer useful or limiting as an adult. Being "nice" or accommodating is one such habit. Zoltan interrupted this automated way of relating by highlighting how my niceness fraudulently covered up a lot of other feelings like anger and hurt. Therapy has been instrumental in giving me skills and practice identifying my feelings, articulating them, and then using them in a variety of ways that are productive" (Patient 6, Question 7).

> "My relationship with my wife has improved. My feelings of anger and disappointment in her and our relationship have diminished as I understand how I had fused myself to her and other people in hope of them giving me what I need, rather than taking the risk to get it myself. I find myself not being the needy little child, calling her, seeking her approval. My therapy has benefited my wife as well. I understand more about her limitations and what is behind her own anger and depression. The therapy with Zoltan has helped me understand her physical and emotional pain and her paradoxical reaction to intimacy." (Patient 7, Question 5).

Awareness, Experiencing and Regulation of Feelings

This category (Table 2.3., Appendix D) reflects clients' awareness, experiencing and regulation of feelings. Clients refer to be more skillful with their feelings and to use them outside the therapeutic set. With therapy they hey have become more in touch with own emotions, and therefore able to recognize what they are feeling, towards whom and the reasons behind that. This provides them with a bigger sense of trust in understanding and acting on their own feelings (in a productive way), using them as guides Not only to they acknowledge being able to feel more acutely and deeply, as they also experience to be better at communicating these experiences, separating "the adult" from "the child" in their daily interactions. Clients feel much freer emotionally, simultaneously being less hurt by other's reactions and feeling more empathy for others and their pain.

> "I am a much better problem solver and communicator. I am able to identify feelings quickly and then deal with situations in a much better constructive way." (Patient 4, Question 6)

> "My family has commented on my changes, as I am better able to communicate and access my feelings than I was before starting therapy." (Patient 12, Question 6)

Self-acceptance, Confidence and Presence

Clients reveal making a conscious effort to be more emotionally present while interacting. They affirm to have deeper and more real time connections, being more able to engage in emotional and intimate contact with others, liberating them in everyday life and work. There seems to a spark of confidence and a new strength in them, as they've become more self-confident and independent, and feel that they are getting stronger in daily life. Feedback from other lets them know they sound different, more confident, and are seen as less more challenging and less accommodating.

Clients feel less depressed and anxious, in fact, they affirm feeling more calm and centered. A positive voice inside one's head telling a client him to trust himself was also

described. They are more self-acceptant and less self-censoring and self-conscious, getting their thoughts out there more (Table 2.4., Appendix D).

> "I feel a little less afraid to acknowledge my mistakes and shortcomings. It's okay with me now if I'm not the best in my profession, or even among the best. I just do what I can and try to do it well; no sense getting all wound up every time I fall short of perfection. (...) I don't have to equate a single act with my whole identity. I just shrug it off and feel like, "Well, I might have messed up this time, but next time I'll do it better." It's not like if I burn the sweet potatoes when I'm roasting them for the first time, I'm some kind of horrible person. I just did one thing one time that I would maybe change or improve the next time." (Patient 10, Question 6).

Empowerment and Resourcefulness in daily life and work

In this category (Table 2.5., Appendix D) clients reveal themselves as more capable, resourceful and empowered. They've learned to access and express her needs, becoming more effective at getting them met. They are more selfish in a good way, placing themselves and their comfort first. When faced with a challenge they are to do things about the situation, or to see more options, finding a solution for it. They are more outspoken, better problem solvers and communicators, that deal with conflict more constructively. Clients are better able to confront difficult situations, feeling more capable and competent in everyday interactions, once they can identify and use feelings in productive way. They seem more resourceful and empowered as they notice managing situations differently than before (one client even referred to have learned to manage unmanageable situations). Finally, as they've become more present in everyday life and work, clients feel are more passionate about things and have a better quality of life. They report feelings less lost and more comfortable in the world, having a greater understanding of interactions.

> "I am a much better problem solver and communicator. I am able to identify feelings quickly and then deal with situations in a much better constructive way." (Patient 4, Question 6)

"I am more confident and more self-aware. I am also more selfish (in a good way)--I am able to see what I deserve." (Patient 5, Question 6).

Better at work

A category regarding client change at work also emerged (Table 2.6., Appendix D). Clients refer improvements in their work, both from getting more recognition from others and by being able to invest in and enjoy it. Participants who were also therapists referred to improved their competence as such after this therapy, while another participant said to have accomplished things she had never imagined professionally. Overall, clients report that their professional life has benefited. One client states that he has become more present and aware of self-criticism at work which expands his thinking and available choices, while other identifies patterns in his professional life and tries to interrupt, becoming them freer in work meetings. Being more present and able to identify and communicate problems more productively at job are also mentioned by other clients.

"These changes reflect in work as well. I clearly stood behind others, not believing in my own abilities for fear that I could be alone if they didn't agree with me. My growing knowledge has informed these changes noticeably in the last 12 months. I still find confrontation, a negotiation for example, to be loaded with anxiety. But because of my work with Zoltan, I can see it unfold. I can become aware of my painful self-criticism and that awareness expands my thinking and available choices. Sometimes it is a struggle. But it isn't as bleak, I don't feel as helpless, despairing. There is something new I've been sensing. I'm not sure of how to express it - maybe a new bit of strength, a spark of confidence" (Patient 7, Question 5).

DISCUSSION

This study identified categories of potential change processes and change mechanisms within Zoltan Gross' therapeutic approach. In fact, as this approach to psychotherapy is yet to be empirically validated and, therefore, it can already benefit from a qualitative approach through their clients's voice.

Here, and without first empirically demonstrating the efficacy of this therapeutic approach, as suggested by Doss (2004), researchers dared to take this step and qualitatively explore the presence of actual in session change processes and potential out-session change mechanisms, based on the premise of the Dodo Verdict (Luborsky et al., 1975), that different orientations seem produce similar outcomes and, therefore, assume that this approach will be at least enough effective, as many others. Assuming this effectiveness should not be absent from client's written reports in their own voice, Zoltan Gross' model can be contextualized in the qualitative meta-analysis literature of psychotherapy in general, as well as on the literature of psychotherapy models for personality disorders as it also at the restructuring of personality traits and patterns.

Altogether, categories similar to the ones identified in the present study were also identified by other investigations. The therapeutic alliance, a dynamic part of the therapeutic relationship that is constantly evolving both within and between sessions (Forster et al., 2014) has received considerable attention in the literature regarding the ingredients responsible for therapeutic change. In Forster and colleagues' review (2014), researchers concluded that the therapeutic alliance seems to play a role in change processes across different psychotherapeutic interventions for personality disorder. Similarly, in his meta-analysis, Timulak (2007) also identified reassurance/support/safety and feeling understood as helpful events in therapy. These resemble the ***Safe Attachment*** category (Table 1.5., Appendix C) where participants report to experience acceptance and support, yet freedom to confront their therapist if needed, and may possibly constitute a change factor that is common to several therapeutic modalities.

Forster et (2014) also identified Reflective Functioning as a mediator for change, which resembles some sub-categories on ***Empowerment and Resourcefulness*** category found in this approach, namely: P greater understanding of interactions, world, things make more sense now; P much more comfortable in the world, more aware, clear thoughts; and P sees himself (self-differentiation) (see Table 2.5., Appendix D), as they illustrate patients' capability to interpret personal behaviors and the behaviors of others as

meaningful relatively to mental states. Timulak (2007) when reviewing helpful in session events in psychotherapy also found a category he named Empowerment. This meta-analysis also highlighted client involvement and personal contact.

Similarly, experiential avoidance was another category identified by Forster and colleagues (2014), which seems to, impede the reduction of symptoms of depression in patients with Borderline Personality Disorder. Frankel and Levitt (2009), on a study on client's disengaged moments in therapy, refer that patients disengaged automatic and unconsciously to avert attention from sensitive topics in order to avoid contact with uncomfortable feelings, and thus protect themselves from potential pain, which generally goes in the opposite direction of their therapeutic goals. Additionally, among other possibilities, disengagement could also be deliberate in order to better prepare to overcome difficulties associated with troublesome emotions, or to consciously disrupt self-impeding patterns towards the goal of sustained self-esteem, effectiveness and hopefulness.

Similarly, when clients are unaware of their automatized behaviors, interrupting automatized patterns and bringing awareness to them, as shown in the ***Shift, Interruption, Baseline Communication*** category may benefit client's therapeutic goals by promoting engagement within therapy. This in session category refers to the active engagement therapists require their participants to reach with them, by interrupting their behavioral habituated patterns and bringing awareness to (the resulting) feelings, communicating at a baseline level. Sub-categories of this potential change process include *Challenging Interplay; Baseline Dialogue, Interruption;* and *Significant Emotional Interaction*, highlighting the relational nature of this category and the presence and connectedness of stakeholders.

Awareness/insight/self-understanding and behavioral change/problem solution emerged in Timulak's review of qualitative studies as helpful events. This category is similar to both ***Awareness and Challenge of Patterns*** **and** ***Traits*** *and* ***Meaning Making, Link*****s** present in this approach. Another category identified by the researcher was exploring feelings/ emotional experiencing which correlates to the both (dis)engagement mentioned above and to the categories ***Fluent in Feelings*** and ***Awareness, Experiencing and Regulation of Feelings.***

Two of the five clusters of critical psychotherapy experiences identified on Levitt and colleague's meta-analysis (2016) resemble categories from this study: 1) Therapy is a Process of Change through Structuring Curiosity and Deep Engagement in Pattern

Identification and Narrative Reconstruction; which resembles both ***Awareness and Challenge of Patterns*** and ***Shift, Interruption, Baseline Communication*** categories in this approach; 2) Caring, Understanding, and Accepting Therapists Allow Clients to Internalize Positive Messages and Enter the Change Process of Developing Self Awareness, which can be related to the ***Safe Attachment*** category as clients describe feeling understood and to ***Awareness and Challenge of Patterns and Traits.***

With all the information provided and discussed above, bearing in mind the existing confusion between change processes and mechanisms of change patent in the literature, we may consider that Zoltan Gross' model does contain in itself actual ingredients of therapeutic change, present in other empirically validated therapy models. Hence, we may risk to affirm that this therapy may also be demonstrated as effective if it would undergo an outcome study.

Categories that were not mentioned above, ***No directions, No advice*** and ***A dash of Humor*** are likely to correspond to potential change factors that are specific to Zoltan Gross' therapeutic approach, and therefore did not relate to categories identified in revisions of previous studies. It is tempting to suggest that the remaining categories may correspond to potential factors common to different approaches.

No directions, No advice and ***A dash of Humor*** categories were less represented by the data, in comparison to the other potential Change Processes. It may be that these categories account only for Therapy Change Processes, whereas the remaining correspond to the fusion of both Therapy and Client Change Processes.

Despite all commonalties encountered through a distanced look at the names and description of categories in this study and in the remaining literature, a closer look at some categories of in-session change processes, would allow the proposal of a potential distinctive aspect of this approach. That is, on the one hand the four in session change processes, as performed by client and therapist in this approach - namely Shift, Interruption, Baseline Communication, Awareness and Challenge of Patterns and Traits, Fluent in Feelings: Awareness, Experiencing and Expression and Safe Attachment – seem to be necessary in many good processes according to the literature, both quantitative and qualitative. Would it be sufficient to describe Zoltan's approach or principles to psychotherapy and personality change? Most probably not, as the spice added by Shift, Interruption, Baseline Communication or the specific way the four categories are creatively integrated and played out in-session seem to set the stage to the necessary and

sufficient therapeutic drama in this specific approach, that is even described by their clients as a dyadic lab experience between the two participants.

Zoltan's theory (1992, in press), does in fact mention four types of dialogues, a double I-thou relationship, elevating individual therapy to a quadrilogue rather than a dialogue. This use of the therapeutic alliance as a very dramatic lab to experiment contrasts and new opportunities of relating and feeling, more than reflecting or declarative learning seems to procedurally provide learning opportunities for those who want to change their personality less adaptive habits or traits and definitely merits future research, as it can shed light on clinical decision making and on training of clinicians who are willing to dare to influence personality change.

Identified possible Change Mechanisms may result from the Changes Processes stated above. This way, several explanatory hypothesis can be constructed explaining the relations among them: is the *Awareness and Challenge of Patterns and Traits* process responsible for the *Pattern Awareness and Change* mechanism?; does *Shift, Interruption, Baseline Communication* cause *Improved Interactions*?; does becoming *Fluent in Feelings* improve the *Awareness, Experiencing and Regulation of Feelings*?; is there a causal relation of *Safe Attachment* with *Self-acceptance, Confidence and Presence*? And if yes to these relationships, are these potential change mechanisms related to final outcome? (Figure 1.) Most likely yes!

Besides these bi-directional relations hypothesized between categories, change mechanisms could have multiple underlying change processes (Doss, 2004). Additionally, it is possible that there exist other change processes and mechanisms in this approach that where not referred by the participants of this study, and therefore were not identified in the elicited categories. However, clients narratives seem to blend in-session changes with changes in themselves that they are able to see happening in their daily life, out of their sessions. Plus, saturation seemed to be happening in the last couple of participants coded as no new categories were emerging anymore, so this could well be a good enough set of change processes and mechanisms already. My experience for example as a young trainee is such that in front of certain patterns I feel stuck in perplexity, awe, frustration or/and irritation.

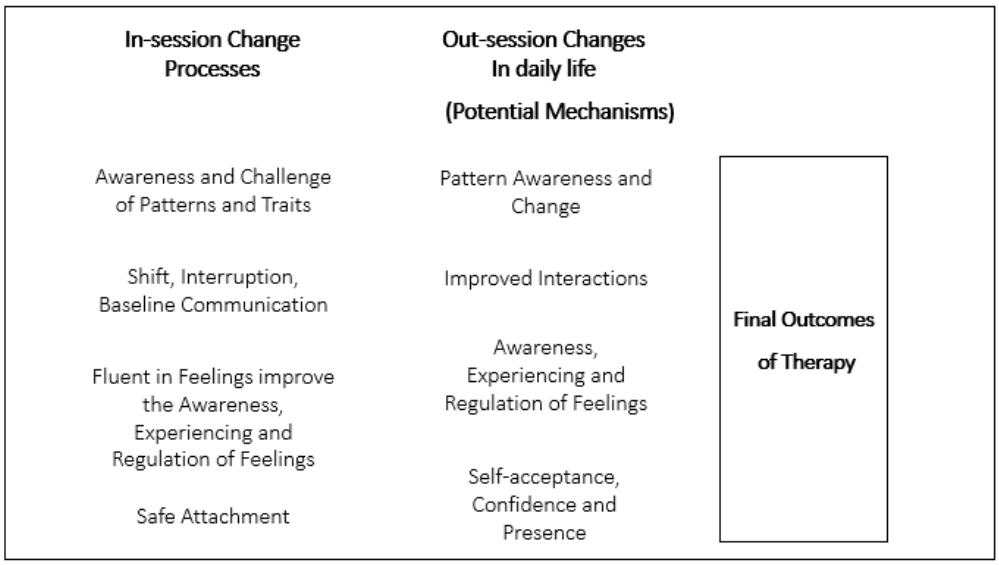

Figure 1. Potential relationships among Change Processes, Change Mechanisms and Final Outcomes of Therapy.

Limitations to this study may reside, particularly, in the characteristics of the sample. The small sample size, the fact that it is a convenience sample, recruited through intermediate or directive invitation of the therapist and his personal contacts, and the fact that all participants live in Los Angeles, California, does not weight in favor of generalization. Additionally, participants to this study had therapy sessions with different therapists. Unfortunatelly, we did not check for their respecting therapists while collecting the data, which could account for or explain minor differences, such as the use of humor in the *A dash of Humor* category. Nevertheless, this model is still a very local model, so it would be difficult to have carried out this procedure in alternative way.

Further research is needed in order to deem the identified change processes and potential mechanisms as actual ingredients of change, and to deepen the understanding of the relations among the identified potential change factors, and to access both the specificities or commonalities hypothesized.

CONCLUSION

The present dissertation identified categories of change processes and mechanisms present in Zoltan Gross' therapeutic approach, relating them to categories identified in systematic reviews of qualitative studies in psychotherapy that also take the patients' perspective and their voice on the therapeutic process into account. Even though the psychotherapy model under study in the present dissertation is yet to be awarded with quantitative empirical validity, it is concluded here that is must be an effective model of therapy, since the qualitative categories elicited within this study resemble categories that emerged in therapeutic models already deemed effective. Additionally, this research contributes to the identification of factors less and more common to other models, promoting the future training, research and application in clinical practice, in a consciously differentiated and clarified manner, in the context of psychotherapy integration, and in the context of personality change.

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APPENDIXES

APPENDIX A – Instructions for Participants and Informed Consent

IN YOUR OWN VOICE:
THE CLIENT SPEAKS & RESEARCHERS LISTEN

A Qualitative Study On Clients' Perspective
On Changes In Session and On Changes in Everyday Life

Description of the Research: You are invited to participate in a research study on clients' perspectives on how you are affected by your therapy: how it affects your every day activities and how you are affected in your sessions with your therapist. Therapy only works if clients link it to particular features of their everyday life and include it in their ongoing everyday lives to deal with their life challenges. The sessions are only a small part of your everyday life. The questions in this study ask for your take on what happens in your sessions, as well as what happens in your everyday life outside your sessions. When they occur, how do small and big changes unfold? What kind of changes might be taking place in session? What kind of changes might be taking place outside of sessions? We are interested to know your experience and your perspective.

Research Procedures: After some basic demographic information, you will be asked to answer 7 semi-structured questions via an online survey created through Qualtrics. The questions should take approximately 30-60 minutes to complete, depending on how much time you choose to devote to this, and the level of detail of your answers. Feel free to write as much as feels right to you. At the very end we still ask you very briefly about previous therapy and about your experience and motivation as a participant in this research.
This research is being conducted by Madalena Costa Simoes, B.A. (Psychology), a master level student at Psychology Faculty, Lisbon University, under the supervision of Nuno Conceicao, Ph.D. (Psychology), Guest Assistant Professor at Psychology Faculty, Lisbon University, Portugal.

Selection of participants: The participants of this study must be currently or have been previously in therapy with a therapist that follows the principles from a specific integrative approach in her/his practice, and must have had more than 4 sessions of therapy.

Risks and Benefits: Participating in this study has the potential to provide you with an opportunity to reflect on yourself, your therapist, your therapy, and your everyday life. This study hopes to bring to light the clients' experience and perspective on change processes that occur in session and out of session in everyday life. The resulting findings may add to the emerging literature on clients' experience and usage of therapy. They may also be used to develop current theory, practice, and research of that specific integrative approach in particular and of potential good therapeutic process from an integrative perspective, in general. Therapy only works if clients link it

to particular features of their everyday life and include it in their ongoing everyday life to deal with their life challenges.
Participating in this study involves no risk. The participants will be given the contact information of the researchers during the debriefing period, and can directly contact the researchers with any questions or concerns.

Confidentiality: Protection of individuals' identities will be based on the guidelines provided by the American Psychological Association (APA). The material used for the on-line format will be developed in a secure and confidential website specifically constructed for this study. Participation is strictly anonymous and completely voluntary. You will not be required to provide your name on any of the survey materials and there will be no way to connect your identity with your responses. Should you decide to exit the survey before it has been completed, all of your data collected up to that point will be destroyed. All interviews and material associated with the interviews will be kept confidential.

Withdrawal from the study: "I understand that I may choose to withdraw from this study at any time without negative consequences."

Questions: "I understand that if I wish further information regarding my rights as a research participant, I may contact the researcher Madalena Costa Simoes, B.A. (Psychology), a master level student at Psychology Faculty, Lisbon University, at madalenacostasimoes@gmail.com".

Results: The responses to this questionnaire will constitute some of the data for the 1st researcher's dissertation requirements. The results could potentially be used at conferences and in relevant publications. No identifying information ever will be shared in these publications or presentations and randomly made-up pseudonyms will be used to further protect participant's confidentiality. In the case of direct quotations, any identifying information related to the participant or the institution will be changed. Following the principles of Onesession.org of three distinct yet collaborative and mutually supportive parts, clients, therapists and researchers, the results of this research will be used to connect them in such a way as to every part to give and receive.

IF YOU AGREE TO PARTICIPATE, YOU AGREE WITH THIS CONSENT FORM AND YOU ARE REQUIRED TO FILL OR PASTE IN THE ANSWERS HERE. Once you arrive at the bottom of this page you will be able to press the forward button and your survey will be considered complete and you get the message "Your response has been recorded." We thank you in advance!

APPENDIX B – Change Processes and Mechanisms Interview

CHANGE PROCESSES & MECHANISMS INTERVIEW

In-session patient & therapist change processes

We provide some examples in italics of what we would like to learn from you.

Most recent session(s): specific moments or events of in-session experience

1/7 **Regarding yourself**, describe what stands out or was significant for you **in the most recent session(s)** and why.

Were there moments you noticed yourself, or something in you, changing? What did you see yourself doing, thinking or feeling differently? How was it different from the way it was or felt before this moment? What was it like for you? Why is it significant? How did it unfold? How did the change come about? How did you contribute to make it happen? What allowed it?

2/7 **Regarding your therapist**, describe what stands out or what was significant for you **in the most recent session(s)** and why.

Were there moments you noticed yourself getting something from your therapist that felt helpful? How was it different from other people who are also trying to be helpful? What did your therapist offer you in terms of experiences, resources, tools, opportunities or alternatives that were previously unavailable? How did your therapist do it? How was it for you? What kinds of things about the therapist have been hindering, unhelpful, negative or disappointing for you?

In reference to all your sessions thus far: general aspects of in-session experience

3/7 Describe the most noticeable and frequent elements of **what you do or experience** in your therapy sessions.

What would you highlight? What do you especially remember? How do you make sense of what you do in your sessions? What is it like for you? Do you have a theory of how you work in session? What is most captivating? What are the distinctive features of your in-session experience or work? How would you explain to a friend what you experience or do in the sessions? Are there any questions that I haven't asked that would help us better understand your in-session experience or work?

4/7 Describe the most noticeable and frequent elements of **how your therapist is and what your therapist does** in your therapy sessions.

What would you highlight? What do you especially remember? What impacts you the most? How do you make sense of what your therapist frequently does in your sessions? What is it like for you? Do you have a theory of how your therapist works in session? What is most captivating? What are the distinctive features of how your therapist is and/ or what your therapist does? What kinds of things done by your therapist can be hindering, unhelpful, hurtful or disappointing for you? How would you explain to a friend what your therapist does in the sessions? Are there any questions that we haven't asked, that would help us better understand what your therapist does in session?

Client's Change in Everyday Life

We provide some examples in italics of what we would like to learn from you.

Micro changes in everyday life: emergence of newness & specific nuances

5/7 Describe **recent examples of small (new) things** you have done or experienced in (slightly) different ways **in your everyday life**.

When, what and/or where do you notice that something is slightly different? What do you see yourself doing, thinking, or feeling somewhat differently? How do you contribute to it? Do you notice any subtle changes in the way you relate to your experience, to others or the world? How do you experience it and how do you notice it? How is it different from the way it was before? How was it then and how is it now? Where is it still the same and how is it somewhat different already? Is there anything that you wanted to change and you noticed it is not yet possible? How have you struggled to carry it out? How do you experience the process of bringing about change? Were there obstacles? Do you have ideas about what helps these small changes build up?

Major changes in everyday life: how are you different?

6/7 Describe **major changes, if any**, you have noticed in yourself, **in your everyday life, since you have started this therapy.**

What are the building blocks of change you feel you are taking into your everyday life? Have other people commented on any specific changes? What can you now do that you could not do before? How do you contribute to it? How are you better equipped to deal with everyday life challenges? What new possibilities, strengths or resources have you applied in your everyday life? Have you felt any change in your sense of self or in your psychological growth? Do you notice certain changes building on previous ones? Are any of the occurring changes linked? If so, how? Do you have a theory of what helps to consolidate these major changes

Usage of therapy: how therapy influences you and how you influence it

7/7 Describe, as specifically as possible, how you **relate what happens in your therapy sessions with** what you experience outside of sessions, in **your everyday life**.

Besides therapy, what contributes to the changes in your everyday life? Do you see specific links between your work in therapy and your accomplishments in your everyday life? In what ways do you see your sessions, your therapist or your work in therapy as helpful? What personal strengths have helped you make better use of your therapy? What strategies, if any, do you use to make the most of your therapy? Do you feel you contribute to making your therapist a better therapist for you? Has anything been missing from your therapy? What would make/have made your therapy more effective or helpful?

APPENDIX C – Categories of In Session Change Processes

Table 1.1.

Awareness and Challenge of Patterns and Traits	Patient	Question
P it takes time figure out events (patterns) and participation in them	P1	Q1
P aware of habit	P6	Q7
P more aware about patterns and its links in relational dynamics	P6	Q1
P well aware of pattern, difficulty	P7	Q2
P reminded thought patterns	P11	Q1
P notices a personality trait - internal rules	P10	Q1
P notices personality traits - trouble reaching anger and worry about being liked	P5*	Q1
P noticing personality trait (keep myself not knowing myself)	P3*	Q1
P notices personality pattern - long descriptions	P7	Q1
P bored with tackling the same repetitive issues	P4	Q3
P realizes how past influences present responses	P9*	Q3
P recognizes own reactions online, freeing	P7	Q3
T signals destructive tendencies, bad habits	P5*	Q2
T focus on breaking habituated patterns and replacing them by better ones	P3	Q6
T identifies P patterns to maintain traits	P8*	Q2
T offers important and helpful perspective on P's patterns	P13	Q2
T points out tendency, personality pattern	P11	Q5
T focus on P and inner processes	P3	Q2
T helps P see picture of survival	P7*	Q3
T points out how P is responding to him, links emotional responses to situations	P13*	Q4

Note. * = Belongs to more than one category

Table 1.2.

Meaning Making, Links	Patient	Question
P frustrated T doesn’t give answer away, but knows it's best	P12*	Q2
P meaning making (child and adult in me)	P3*	Q1
P noticing personality trait (keep myself not knowing myself)	P3*	Q1
P overcoming emotional avoidance leads to better encounters	P7	Q7
P proximal meaning making regarding feelings	P2, P4	Q1
P realizes change is needed, desired, wants be self-critical	P5	Q3
P understanding fusion delusion and feelings of being alone	P7	Q2
T able to help P realize how past influences present responses (cleans cobwebs)	P9	Q3
T and P work getting P understand meaning	P1	Q3
T asks P if child or adult is taking action	P13	Q3
T confronts P with her narrative about herself	P13	Q2
T consistently helps P arrive insights (patterns)	P8	Q1
T helps P see impact of his actions on significant other	P6	Q1
T helps P see picture of survival	P7*	Q3
T identifies deficiencies in relationships or why they work, are healthy	P1	Q1
T identifies P patterns to maintain traits	P8*	Q2
T links present emotionality to past hurt	P9*	Q2
T makes connections between situations and emotional responses P was not able to see	P13*	Q4
T speaks out loud P worst fears causing them lose power	P10	Q2

Note. * = Belongs to more than one category

Table 1.3.

Shift, Interruption, Baseline Communication	Patient	Question
Challenging Interplay		
P challenged by T, uncomfortable, confused, fought T	P6	Q3
P not so clear that provocation is helpful	P8	Q2
P sometimes disagrees with T	P8	Q1
P used to feel nervous and uncomfortable when T asked her look at interaction	P13	Q4
T actively challenges P	P10	Q3
T challenges P recognize and understand feelings (towards T, T action, T-P relationship)	P4*	Q2
T challenges P recognize how he feels about T and T action	P7*	Q2
T defies, challenges P assumptions	P10	Q1
T equally provokes and attends	P6	Q3
T signals destructive tendencies, bad habits (P acknowlegdes being caught)	P5*	Q2
T tries get P to react, P confused in the begining	P3	Q3
T try to engage P and evoke emotions	P12	Q4
T uses the therapeutic relationship to challenge patterns	P3	Q6
Baseline Dialogue, Interruption		
P able to shift to feelings	P7*	Q1
P shift from looking for advice into looking into feelings	P7	Q3
P stops to consider Ts comment (pattern, issue already discussed)	P13	Q3
T asks what am I doing to you right now	P2	Q3
T asks what is really going on (shift, interruption)	P10	Q2
T discloses own reactions	P2	Q2
T reminded P he would not comply to reinforce her pattern	P13	Q2
Significant emotional interaction		
T-P active interaction very significant	P2	Q3
T more confrontative than supportive (of character structure)	P3	Q2
T gives P a relationally and emotionally oriented experience	P3	Q6

T-P relationship more emotional, anxiety inducing	P7	Q2

Note. * = Belongs to more than one category

Table 1.4.

Fluent in feelings: Awareness, Experiencing and Communication of Feelings	**Patient**	**Question**
Awareness		
P able to shift to feelings and recognize the anxiety	P7*	Q1
P aware of feelings in session	P8	Q1
P better at recognizing feelings in real time	P2	Q1
P difficulty understanding things from feelings perspective	P1	Q2
P first confused to then understand (event from meaningful perspective)	P1	Q3
P notices when not being present	P8	Q7
T able talk P through her feelings and help her understand them	P12	Q2
T able to remind P of his feelings or pull him out when stuck	P11	Q7
T challenges P recognize and understand feelings (towards T, T action, T-P relationship)	P4*	Q2
T challenges P recognize how he feels about T and T action	P7*	Q2
T helped P realize how she is feeling	P12	Q4
T helped P see feelings covered by pattern	P6	Q7
T helps see what's is going on, emotional life	P2	Q2
T links present emotionality to past hurt, P aware of feelings towards husband and its origin	P9*	Q2
T pinpoints emotional thread that links Ps descriptions	P13	Q3
Experience		
P aware of deep pain since child, emotional arousal	P9	Q1
P guided by feelings (aware) and practices them insession	P3	Q3
P trouble getting in touch with anger	P5*	Q1
T constantly trying P identify feelings online	P1	Q1
T demands P engagement, P finds it beneficial	P8	Q3

T good at provoking P emotional arousal	P10	Q2
T presses right on something which hides layers of survival behaviors, P exposure to feelings	P7	Q3
T uses own feelings towards P (they guide interactions)	P3	Q2
T works with P not to give solution but to understand what she is feeling and truly wants	P12	Q3
Communication		
P able express any feelings towards T	P11	Q1
P shares painful childhood memories with T	P13	Q3
P understands and communicates own feelings with more clarity	P4	Q3
P willingness to look into his pain, able to report feelings	P7	Q1, Q7
T allows P share feelings towards T and therapy	P11	Q2

Note. * = Belongs to more than one category

Table 1.5.

Safe Attachment	**Patient**	**Question**
P able discuss his concerns about T's nearing death with T	P11	Q7
P and T alliance rupture and repair	P9	Q2
P comfortable confront T when believes he is wrong, mistaken	P9	Q7
P enjoys being T presence, feels liberated	P7	Q3
P feels cared for and listened to	P6	Q3
P feels understood and loved	P11	Q1,Q3
P feels valued and very understood	P2	Q3
P liberated, at ease, safe to confront T	P3	Q2
P likes T	P8	Q1
P surprised at therapeutic gains	P7	Q1
T empathizes deeply with P struggles, without accepting they are permanent	P13	Q2
T helpful	P12	Q2
T listens generously and attentively	P6	Q2
T listens with a lot of interest	P13	Q4

T loving, familiar with P weaknesses (acceptance)	P11	Q3
T offers acceptance and opportunity to cry repeatedly	P10	Q2
T patient and gentle when P frustrated	P1	Q2
T reminds P why their relationship is different and special	P11	Q2
T repairs rupture in alliance	P6	Q2
T seen more as caring than a service	P4	Q2
T supporting and loving, P is grateful	P7	Q2
T very helpful, P feels lighter with emotions	P2	Q2
T warmth, acceptance	P8	Q2
Therapy as a reparenting process	P3	Q5

Table 1.6.

No directions, No advice	**Patient**	**Question**
P frustrated T doesn’t give answer away, but knows it's best	P12*	Q2
solutions become more apparent to P	P13	Q2
T active but no directions, shows by examples and explanations	P2	Q2
T allows P reach conclusions by herself	P12	Q2
T asks P what do you want	P11	Q5
T doesn’t give away insight, explanation	P10	Q2
T encourages P explore different options in situations	P13	Q2
T holds his position	P6	Q2
T rarely gives advice	P6	Q1

Note. * = Belongs to more than one category

Table 1.7.

A dash of Humor	**Patient**	**Question**
T active and real	P2	Q3
T astute	P8	Q2
T defies with humor	P10	Q1
T great wisdom and humor	P7	Q2
T is a living, breathing, human being	P8	Q1

T joke strategy, humor	P1	Q1
T open to being confronted probably improves his skills	P9	Q7
T playful	P11	Q2
T very straight with P	P5	Q2

APPENDIX D – Categories of Out Session Change Mechanisms

Table 2.1.

Pattern Awareness and Change	Patient	Question
Pattern Awareness		
P conscious effort to be more aware in everyday life and understand own reactions	P1*	Q7
P becomes aware of self-criticism at work which expands his thinking and available choices	P7*	Q5
P aware of old pattern (social anxiety affected my mood)	P12	Q1
P more aware of patterns (defensive or avoidant)	P6	Q5
P more aware of pattern (feeling not seen and childhood pain around it)	P6	Q7
P awareness of personality traits, patterns freed him in work meetings	P7*	Q6
P recognizes patterns and labels them	P5	Q7
P greater understanding of own patterns has begun working in his life	P7	Q7
Pattern Change		
P notices positive change in interacting and willingness to be vulnerable	P12	Q5
P identifies patterns in professional life and tries to interrupt them	P13*	Q5
P interrupted old patterns of being nice and accomodating	P6	Q7
P better able interrupt old patterns	P7	Q6
P changed pattern (feeling bad with others criticism)	P10	Q6
P is no longer the little child with his wife	P7	Q5

Note. * = Belongs to more than one category

Table 2.2.

Improved Interactions	Patient	Question
P notices changes in social behavior (less anxious) and in making new friends	P12	Q1
P better able to communicate with her family, has a larger amount of friends	P12*	Q5
P uses what she learned in therapy when communicating with her family (takes time and reflect on how she wants to act)	P12	Q7
P uses concepts she learned in therapy	P13	Q4
P warmer in social relationships	P1	Q6
P seen as more open, expressive, transparent in relationships	P6	Q6
P more accepting of others and their reactions	P10	Q6
P more attentive to own feelings online thus thoughtful expressing them	P6*	Q5
P learned which behaviors are proactive and setting her back in life	P12	Q5
P encounters with people more satisfying	P7	Q7
P able make closer contact with others	P8	Q5
Improved relationships	P1	Q7
P relationship with wife improved	P7	Q5
P's marriage dramatically improved	P9	Q5
P able to have healthier and more loving relationship with spouse and children	P3	Q5
P relationships at home and work improved	P2	Q5
P has better connections, receives rewarding feedback	P2	Q6
P no longer perpetuates unfulfilling relationships	P8	Q6

Note. * = Belongs to more than one category

Table 2.3.

Awareness, Experiencing and Regulation of Feelings	Patient	Question
Awareness of Feelings		
P more in touch with own feelings	P11	Q7
P more emotionally aware	P2	Q6

P more self aware	P5	Q6
P is now able to identify feelings immediately and alleviate them	P13	Q1
P identify his feelings quickly	P4	Q6
P able to recognize feeling, at whom and why (emotion regulation capacities)	P2	Q1
P more attentive to own feelings online thus thoughtful expressing them	P6*	Q5
P aware childhood pain around his pattern that may heighten his response	P6	Q7
P tries to separate child from adult feelings in daily life	P13	Q3
Experiencing and Regulation of Feelings		
P better recognizing own emotions	P9	Q6
P recognizing feelings in other relationships (outside T)	P7	Q2
P more empathic	P10	Q7
P more empathy for others	P13	Q5
P much freer emotionally	P6*	Q6
P able to feel more acutely, deeply	P3	Q1
P better able to communicate and access feelings	P12	Q6
P able to use feelings to choose better and healthier friends	P3	Q5
P identify and use feelings in productive way	P6*	Q7
P bigger trust in understanding and acting on feelings	P11*	Q5
P able to get in touch with anger and experience it in the moment	P5	Q5
P better sense of dealing with anger	P11	Q6
P feels less hurt by other's reactions	P10	Q5
P feeling awareness and management	P4	Q1
P better at emotional regulation	P7	Q1
P better at leaving anxious episode behind and moving forward	P7	Q5
P learned to question, access her emotions and respond accordingly to the situation	P9	Q5
P takes outside action after in-session discussing	P10	Q2

Note. * = Belongs to more than one category

Table 2.4.

Self acceptance, Confidence and Presence	Patient	Question
Be present, in the moment		
P conscious effort to be more aware in everyday life and understand own reactions	P1*	Q7
P more able engage more emotionally intimate contact with others, be present	P8	Q5
P greater ability to be present in interactions	P7	Q2
P more present everyday life and work	P8*	Q7
Being emotionally reactive and present with oneself relevant to Ps work and life	P8	Q3
P better able to see himself and others in real time	P2	Q5
P connections are more realtime and deeper	P2	Q6
More confidence, stronger		
P less insecure	P10	Q5
P less self censoring, gets his thoughts out there more	P1	Q5
P more self-acceptant	P10	Q6
P more calm and centered	P10	Q7
P decrease in anxiety	P2	Q1
P less anxious to show herself or be vulnerable, less depressed	P3	Q5
P more self confidence	P9	Q6
P more confident	P5	Q6
P feels more capable and confident in everyday interactions	P12*	Q6
P seen as more challenging and less accomodating	P6	Q6
P new strength, spark of confidence	P7	Q5
P sounds different, more confident	P7	Q6
P getting better at giving herself credit for personal victories and connecting them to therapy work	P13	Q6
P has a positive voice in his head telling him to trust himself	P4	Q5
P more independent getting stronger in daily life	P7	Q7

Note. * = Belongs to more than one category

Table 2.5

Empowerment and Resourcefullness in daily life and work	Patient	Question
Regulation and Satisfaction of self needs		
P more selfish (in a good way)	P5	Q6
P placing herself (her comfort) first	P10	Q5
P learned examine what she wants from romantic partners and vocalize her needs	P5	Q5
P more effective at getting her needs met	P9	Q6
More Resourceful		
When P looks at his emotional life in therapy life goes better	P2	Q7
P identify and use feelings in productive way	P6*	Q7
P practices what she learns in therapy in to daily life	P3	Q7
P bigger trust in understanding and acting on feelings	P11*	Q5
P communicates from his real feelings, feels more passionate about things	P7	Q6
P more outspoken	P1	Q6
P more present everyday life and work	P8*	Q7
P better problem solver and communicator, deals situation constructively	P4	Q6
P feels more capable and confident in everyday interactions	P12*	Q6
solutions become more apparent to P	P13	Q2
P able to see more options and deal with conflict more constructively	P13	Q5
P notices she manages situations differently than before, remembers T comments	P13	Q7
P can confront difficult situations	P3	Q5
P able to do things about the situation (agency), better quality of life	P2	Q1
P learned to managed unmanageable situations	P12	Q7
P maintained loving relationship and family for over 10 years	P13	Q6
P much more comfortable in the world, more aware, clear thoughts	P2	Q6
P feels less lost in the world and much freer emotionally	P6*	Q6
P sees himself (self-differentiation)	P7	Q7

P greater understanding interactions, world, things make more sense now	P10	Q7

Note. * = Belongs to more than one category

Table 2.6.

Better at work	**Patient**	**Question**
P becomes aware of self-criticism at work which expands his thinking and available choices	P7*	Q5
P identifies patterns in professional life and tries to interrupt them	P13*	Q5
P awareness of personality traits, patterns freed him in work meetings	P7*	Q6
P able to invest in and enjoy work	P6	Q6
P professional life has benefited	P2	Q5
P improved competence as therapist	P9	Q7
P feels she is a better therapist after this therapy	P11	Q6
P better leader and more successful; able to identify and communicate problems more productively at job	P4	Q7
P more recognition from others at work	P1	Q6
P more present everyday life and work	P8*	Q7
P accomplished things she had never imagined professionally	P13	Q6

Note. * = Belongs to more than one category