How do psychotherapists experience the psychotherapeutic mitwelt?

A comparative study between existential and psychoanalytic practitioners

Doctoral Thesis

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This dissertation is submitted in partial fulfilment of the requirements of the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University for the Degree of Doctor of Counselling Psychology and Psychotherapy.

Contents

STATEMENT OF AUTHORSHIP

This dissertation was written by F. Jak Icoz and has ethical clearance from the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University. It is submitted in partial fulfilment of the requirements of the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University for the Degree of Doctor of Counselling Psychology and Psychotherapy. I confirm that this is an original piece of work and has not been previously submitted and approved for the award of a degree, by this or any other University, within or outside the United Kingdom. This thesis is, therefore, the product of my personal investigations and any material or information that have been employed that is not my own have been appropriately identified by providing references which are appended.

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Abstract

This study explores how existential and psychoanalytic practitioners experience the therapeutic relationship. Eight participants took part in semi-structured interviews, which focused on experiences and the meaning making processes of the participants. The data obtained from interviews was analysed using thematic analysis. Under four superordinate themes, a total of seven themes were reported on. The categorisation of the themes was drawn up in line with the aims of this study, identifying common ground and differences between the two approaches, and variations within each approach. Existing literature on the relational dimension of existential and psychoanalytic therapies was employed in order to make sense of the findings. The findings were discussed in light of present literature and practices in psychotherapy and counselling psychology. More similarities than differences were detected in the relational experiences of the participants from these two approaches, however, therapeutic actions and the methods employed to make sense of the relational experiences in therapy varied in line with how participants theoretically situate themselves in the consulting room. A separate section was dedicated to the implications of the findings, which may arise for practitioners in the field, in supervisory and training contexts, and for the fields of counselling psychology and psychotherapy. The dissertation concludes with elaborations on the limitations of this present research, recommendations for further research and concluding remarks.

1. Introduction

The aim of this research project is to explore and reveal how counselling psychologists and psychotherapists from different theoretical and training backgrounds, namely existential and psychoanalytic backgrounds, experience the immediate relationship with the client. The research question of this study is "what are the common and diverging experiences of psychotherapists coming from psychoanalytic and existential traditions in practicing psychotherapy and working with the therapeutic relationship?" with an emphasis on the emotional, cognitive and transcendental experiences of the psychotherapists, and meanings they attributed to the relational dimension of the work.

Across different approaches to the field of psychotherapy, the importance of the therapeutic relationship is one of its least disputed aspects of psychotherapy (Capuzzi & Gross, 2017; Clark, Fairburn, & Gelder, 1997; McWilliams, 2004; van Deurzen & Adams, 2010). It is important to define what is meant by the relational world. The present study sees the relational world in psychotherapy in a two-fold way, as comprising (1) the relationship between the client and the therapist, and (2) implications of this relationship for other relationships and the relational world of the client.

This study aims to reveal the experiential and interpretative worlds of the participating psychotherapists. Thematic analysis was chosen and applied as the research method that serves the purpose and the make-up of the sample of the present study the best. Interviews, which were based on the phenomenological and interpretative principles of IPA (Shinebourne, 2011a, 2011b), resulted in the collection of in-depth data of the relational experiences of the participating psychotherapists. Through thorough analysis of the data, the personal themes of each

participant were revealed and explored, which shed light on the research question of what psychotherapists experience in the therapeutic relationship and how they make sense of different relational experiences. The themes were discussed within the context of existing literature in this field. In the discussion section, the clinical and practical implications of these superordinate themes were discussed.

1.1. Personal reflexivity

Before proceeding with the theoretical underpinnings of this research, I would like to give a more personal account of how I came to be interested in this topic. In qualitative research traditions, it is argued that research topics and results cannot be deemed duly independent of the subjectivity of the researcher (Smith, Flowers, & Larkin, 2009; Smith & Osborn, 2008; Smith, 2010). In contrast to an assumption of neutrality, I agree with the argument that previous experiences and the expectations of the researcher shape the course of study. I therefore find it valuable to reflect on my own journey, which laid the path to this study.

Interpersonal relationships have always been a struggle for me. As I was writing this paragraph, I wanted to use the word "battlefield" to describe relationships. However, when I took time to consider this term, another voice from within objected to it; no, it would be unfair to the relationships and bonds that I built over time and that I find very nurturing. This contradiction encapsulates my personal dilemma when it comes to relationships; I find them challenging and nurturing at the same time. Due to this dilemma, I have always been interested in how relationships work, and how such contradictory experiences could be integrated or remain in a space of plurality. Allowing for, or even being attracted to plurality revealed itself as a way of finding a

peace of mind in a rough and gruelling relational world, at least for me. Not surprisingly, I shaped my doctoral thesis accordingly into a study about relationships. I have strong assumptions that the two therapeutic approaches that are the subject of my thesis are compatible. Besides compatibility, I believe allowing for the plurality would enrich both approaches.

This interest of mine in relationships has clear roots in my childhood experiences. I grew up in a family with a number of conflicts. I had to learn quickly whom I can, and I cannot talk about in the presence of others. If one of my aunts fell out with another aunt, I couldn't mention even one's name in the presence of the other one. Nonetheless, not all of my early childhood memories are about conflicts and the diplomacy needed to navigate such conflicted relationships. I experienced those bonds that remain intact as very nurturing and joyful. In Sartreian terms (Sartre, 2013), I had quite a solid experience of both collaborative and competitive relationships. I clearly remember enjoying the times I shared with family members. Yet, this further complicated the matter; if I enjoy being with 'Aunt A', and if I enjoy spending time with 'Aunt B' in a similar fashion, how could I make sense of the fact that they do not even tolerate the mention of each other's name? I am sure there are more reasons why I chose to study psychology at university and in the end became a psychotherapist, but understanding, revealing and healing relationships were at the top of my list. It is still very interesting to see how I try to navigate relationships, both in this study and in my general professional life, between two different schools of psychotherapy, which potentially could be in collaboration, yet which are often in conflict with each other.

Yet, life had more surprises in store for me. When I decided to become a psychotherapist, and in the many years that followed, I thought that one of my "missions" as a psychotherapist would be to make peace between conflicted parties

(intra-psychic or interpersonal) as an objective peace making force, just like United Nations (UN) in conflicted zones. I did not understand that even the UN has to negotiate its way amongst different parties with greatly varied interests on the ground and far beyond, often playing the role of both mediator and establisher of relationships. In other words, I had no idea that the therapist-client relationship occupies such an important place in the work of psychotherapy. I thought I would be in a safe, relationship-free space, in which I would be able to act only as an objective observer. However, as I gained experience in this field, I discovered not only how the psychotherapeutic relationship is deeply important, but I also started to enjoy developing an open dialogue with the client about what is going on between us.

Reflecting back on the language I used here in the previous paragraphs, I see a language of "war and peace" with its various terminology and metaphors. This clearly has sources within my life, as for me the only way to make sense and verbalise what I have been experiencing in this conflict ridden family was this language of "war and peace". This has always been the way we, in the family, talk about various issues, e.g., "you can't broker a peace between them" and also the way I reflected on my past experiences in my personal therapy. I believe this lens of "war and peace" that I wear has had a clear imprint on the way this study was conducted and reported. When I look at the whole process of this study, I realise that my overall attitude was one with the aim of peace making and conflict avoiding. I remember our first meetings with my thesis supervisor and how we discussed how not to find myself in the conflict front between the two approaches. My supervisor warned me many times to steer clear of "politics of therapy" and not to get into any argument with any prospect participant or participant as I try to recruit. When I couldn't find enough number of participants, I invited experienced therapists into my study with the approval of my supervisor. I

was indeed attacked a few times, with comments that this study is "ill conceived" or about the nickname on an inactive Twitter account of mine. Both the way I designed the interview schedule and conducted the interviews also reflect this attitude of conflict avoidance. I tried to be as respectful as possible to my participants' perceptions and meaning making processes. Reflecting back on, I tried to "erase" myself in the process of interviewing, with only one aim on my mind; to facilitate the verbalisation of how my participants are experiencing therapeutic relationships. This worked to my advantage. I believe it helped me to bracket many of my assumptions about psychotherapy and to get closer to what the participants tried to convey to me. However, in the viva, it turned out that my conflict avoiding and peace making attitude showed itself, quite unconsciously, as not asserting myself enough in interpreting my findings and in not organising my results in a creative, experientially meaningful way. All was too mechanical. I only reported what I found with lists and bullet points. I erased myself as the researcher in order not to disrupt the peace I could get with my participants, as all the interviews went quite smoothly and peacefully. Engaging with the corrections after my viva turned out to be my process to reclaim this study. I tried to do this through interpreting my findings more and reporting them in a more creative fashion, as much as thematic analysis allows.

Conflicts, avoiding and resolving them, did not only bring about war and peace language. Such relational paradoxes brough a great deal of plurality into my life. I was born and raised in Istanbul, Turkey, a city, which alone contains many contradictions. It is still quite fascinating for visitors and locals alike to see different lifestyles co-exist, sometimes easily – sometimes quite the opposite. Within a few minutes' drive, one may be transported from a party loving city with free flowing alcohol to a highly religious neighbourhood where 'modesty' is the order of the day.

While the cultural splits and fissures in Istanbul were not exactly reflected in my family, it had and has its own contradictions and tensions. With at least three different religions and four different ethnic and social cultural sets of conditions present, my family is a multi-cultural family in a society, which has known its fair share of ethnic and cultural tensions and conflict. Yet, my family was and still allows a great deal of plurality in terms of accommodating different lifestyles and worldviews. I believe this family background enables a natural tendency within me towards allowing for plurality of cultures and opinions by accommodating differences. When I first started to work as a lecturer of clinical psychology in Southeast Turkey, an area with a totally different cultural and social makeup to Istanbul, I often found myself preoccupied with the notion of how I may fit in as an outsider. Just to clarify, this is not about assimilation or negation of my background. I was tasked with talking about sexuality in general, and also child sexuality as Freud described it, to a group of students, which contained some deeply religious elements. I couldn't just leave this topic out, but at the same time I find it emotionally very difficult and disrespectful to challenge others' values due to my 'accommodating' nature. So, I had to find a way to make space for plurality between different sets of values, without undermining our *reason d'être*, which was studying psychology. In a nutshell, they needed to learn about sexuality if they are to become psychologists, and I had to teach them about sexuality, no matter what. This was about being able to hold a dialogue even though the parties come from different backgrounds, without repressing myself or imposing on others. As I mentioned in the previous paragraph, this worked both to my advantage and disadvantage in this study.

It would also be unfair not to mention how this attraction to plurality has shaped my professional identity and work practices as a clinical psychologist and psychotherapist

with two psychotherapeutic approaches. I now identify myself both as an existential and psychoanalytic therapist, after being trained in both. It comes natural to me to navigate between the pluralities of these two approaches in the consulting room, yet I was, and I still am quite mindful about the differences they present in their respective approaches.

I gave this fairly long account to reveal what the assumptions and tendencies I bring into this research. I think the best way to bracket my assumptions is to be open about them, so that I can see them and keep an eye on them all the time. Having said that, I have a strong belief that existential and psychoanalytic approaches, especially relational psychoanalysis, do not really claim or assume irreconcilable positions. To let the genie out of the lamp, I believe that these two approaches in psychotherapy may well benefit from each other. Alongside these arguments, I value the dialogue between different approaches in psychotherapy. I am a great believer in collaboration. As psychotherapists, we need to be mindful that our history is full of examples of the difficulties of acknowledging difference, let alone accepting them in such a way as to enrich our practice. The history of psychotherapy, starting from the days of Sigmund Freud, can be tracked through the prism of a chain of fallouts (Danto, 2007; Jones, 1953).

Lastly, I bring my own sense of curiosity into this research. I find working as a psychotherapist quite a lonely job, and there are many times I find maintaining the therapeutic relationship challenging. The loneliness that I feel in the room reveals itself exactly at times when I find the relational side of this work challenging. In the first years of my career, I felt threatened by a range of emotions a client may experience. I wasn't comfortable when they were disappointed with me, I didn't know how to contain their anger on me, I didn't want to endure the abandonments of

dropping out clients. As I passed my 10th year, I am more and more comfortable with these experiences, however, as I started out with this study, I was still feeling awkward and lonely about them; am I doing the right thing? Is it normal that a client is disappointed with me? Can anger and rage be worked through? Am I the only one who encounters these emotions coming from clients in therapy? Am I the only one who feels uncomfortable, fearful or helpless with these? I know that this is an important part of the work, but I am still curious about how other psychotherapists are responding to these situations. It can be said that this curiosity was the main motivation for this study. I was curious about the answers to the above mentioned questions. Am I the only one feeling these? If not, what other therapists do with them? I hoped to learn either ways of being more comfortable with difficult emotions coming from the client's side or to hear real examples what my colleagues did in such situations. And it was exhilarating to hear that I wasn't the only one feeling that way from time to time, and there is no one correct way to deal with such situations. My personal, and quite subjective, inference from this study is that the therapeutic relationship is challenging for all, yet in different ways, and there are many different and creative ways to work through relational crises and impasses in therapy.

When I take a closer look at my assumptions about the topic of this thesis, I realised that I put a lot of emphasis on the therapeutic relationship as a part of the therapeutic endeavour. I have to admit that I find the "relationship cures" mantra a bit overrated, even though I still firmly hold the idea that therapy happens within the relationship. I believe a solid, benign relationship based in the spirit of openness and exploration is a pre-requisite for psychotherapy.

In the previous paragraphs I mentioned that I find existential and psychoanalytic approaches to be compatible. However, I shall also note that this compatibility can be

observed largely on the practical level. Indeed, existential thought and psychoanalytic theories have very different perspectives pertaining to the therapeutic relationship. Even though both approaches seem to invite their practitioners to explore the relationship, I believe there are unyielding differences between these two approaches on a theoretical level.

This special kind of relationship, therapeutic relationship, is still a mystery for me. So, I put my assumptions into brackets as best as I can and tried to keep an open mind. It was very exhilarating to hear about different relational experiences and how much the way psychotherapists make sense of these experiences may vary.

2. Rationale of undertaking this study

The academic literature on psychotherapy lacks qualitative resources that could provide for a deeper insight into psychotherapists' experience of the therapeutic relationship, especially given the observation that the therapeutic relationship is often cited as being amongst the most significant factors in rendering therapeutic work effective (Capuzzi & Gross, 2017; Garcia & Weisz, 2002; Halford, Pepping, & Petch, 2016; Hill, 2005; Horvath, 2005; Karver, Handelsman, Fields, & Bickman, 2006; Lambert & Barley, 2001; Leblanc & Ritchie, 2001; McCabe & Priebe, 2004; McMain, Boritz, & Leybman, 2015; Shirk & Saiz, 1992). I believe qualitative resources; e.g., case studies, qualitative research projects, could bring a great deal of insight in terms of what is going on in the session room, how participating parties are experiencing the situation and how they make sense of it. In other words, experiential data could open up a new layer of understanding in terms of what is taking place in therapy.

I thought about my perception that qualitative resources lag behind both quantitative and conceptual work revolving around psychotherapy after the viva, prompted by a question that was directed at me. I assume this situation could make sense through the still reigning predominance of quantitative and conceptual work. At least in Turkey, and in the master's degree programmes that I thought and teach, qualitative research has never been encouraged. When students want to adopt a qualitative stance in their projects, more scrutiny has always been called upon whether this is the accurate choice or whether qualitative methods have enough scientific reliability and validity, at least in numerous incidents that I witnessed. I also assume based on my experience that publishing qualitative research is more difficult than quantitative research, which is supported by different sources (e.g., Pratt 2008; Rhodes, Stimson, Moore, &

Bourgois, 2010; Bansal, & Corley, 2011). I believe the current scientific status quo that is the mainstream understanding in the fields of mental health still favours quantitative over qualitative.

In this section I explored the reason why I believe that this study can provide beneficial insights both on a theoretical level to understand relational dynamics on the side of the psychotherapist in psychotherapy, and on a practical level through providing lived experiences of seasoned therapists from two different approaches as a guide for readers. I argue that more qualitative studies like this one are a necessity for two reasons. First of all, they would provide a benefit in preparing new generations of psychotherapists better for the inevitably relational dimension of psychotherapy. By preparing I mean hearing more about how a psychotherapist may feel in the sessions and what kind of therapeutic options one has in such situations. I hope more experiential and three dimensional knowledge may grant more freedom on psychotherapists in sessions. However, on the other side, knowing more of what other psychotherapists do in different situations may hinder the creative gestures that come out of being taken aback or baffled in hard to handle kind of situations. I think it is important that we, as psychotherapists, allow and let the client have an impact on us through being surprised, shocked or confused. Secondly, hearing more about how other therapists are experiencing and making sense of the relational dimension would open up new horizons for more experienced therapists. By new horizons what I delineate is quite similar to what I expressed for those who are new in this field; hearing about what others did always helps me to explore my area of freedom in the therapeutic relationship, rather than finding myself stuck in familiar patterns that may not correspond well to the situation that the client and I are in. I can argue that hearing more experiential knowledge from colleagues may have a similar function as a

supervision or peer supervision. The value here could be in hearing more of what other psychotherapists do, with the motto "the more the merrier". In this section I set out the rationale of the present study by starting with stating what makes this project interesting for me and continuing by touching upon my personal journey of discovering and learning to work with the relational dimension of therapy. Towards the end of this section, I state the aim of the present project and reflect on the possible value of the findings.

2.1. What makes the project interesting for me?

I can answer the question of what makes this project interesting for me from both professional and personal perspectives. On the professional level, I am interested in combining, comparing, and contrasting existential psychotherapy and psychoanalytic/ psychodynamic psychotherapies both on theoretical and practical levels. What I find interesting in comparing and contrasting two approaches is to see the practical middle ground. As I mentioned in the previous sections, I am quite mindful that both approaches have their own theoretical language, designated causalities and attributions. I do not embark on this study to find a common language for both approaches, but rather to see what is similar and what is different when these theoretical abstractions are reflected onto practice. Personally, I find it liberating and enriching to hear the experiences and the therapeutic interventions of practitioners from two approaches that both I believe in professionally and that work to get a better understanding of myself. In other words, I envisaged this project to be a dialogue and discussion between the existential and psychoanalytic practices.

Personally, the relational world, or the *mitwelt,* is an area of interest for me, as I revealed in the personal reflexivity part. Both existential and psychoanalytic thoughts provide us with great philosophical and theoretical insights about how one's *mitwelt* develops and gets organised. This research project is an attempt for me to come up with a discussion of the *mitwelt* using resources and experiences from both sides.

2.2. My journey into discovering the importance of the therapeutic relationship

I was educated at a psychoanalytically informed department to receive my bachelor's degree. Similarly, my clinical psychology graduate studies were based on a relational psychoanalytic perspective, which is best represented by the International Association for Relational Psychoanalysis and Psychotherapy (IARPP). Lastly, my doctorate is a professional one, which aims to train existential psychotherapists. The personal story of how I come to get familiar with both of these approaches can be summarised in this way.

When I was a bachelor's level student in psychology, our lecturers with clinical experience often gave examples from their cases. Generally, these case studies tended to involve crises in the therapy process and lecturers sought to give us an idea of how they were overcoming these difficulties via their knowledge of theories of personality or a particular approach in psychotherapy. However, rather than their depth of knowledge, I was fascinated by the way they were managing difficult relationships. I was not hearing about difficult pathologies or clients, but rather the difficult nature of relationships. However, until entering into the counselling room as a trainee clinical psychologist, "establishing a relationship" was just a subsection of the first chapter of

every book I studied on psychoanalysis, counselling skills, interview techniques and so forth.

I still remember my first difficulties very well. I was not even sure how to respond to a causal "how are you?" or to a handshake from the client, let alone using the relationship as a curing method. I had no idea about how to respond to personal questions, due to the classical psychoanalytic dictum of never disclosing. I had no idea where to put my hands, whether to cross my legs or sit more openly, let alone leading a proper dialogue-based exploration into client's *Dasein*.

I remember failing terribly in those first encounters. I had dropouts amongst my clients due to untimely and ill-judged interpretations. I failed to open a space to communicate when the relational experience became threatening. Yet, slowly and surely, I began to find a way to relate to the clients; a way that is both warm, personal, close, yet with the necessary distance to be therapeutic. In my first years I spent many of my supervisory hours on understanding the dynamics of and learning about how to build and maintain a therapeutic relationship with clients. Subsequently it did not take much time for me to discover the power of the therapeutic relationship. I realised that when I could be authentic, honest, and when I could bring my courage, vitality and integrity to the fore about whatever is going on and happening between me and the client into the room, the exploration of psychotherapy could become immensely fruitful. I firmly believe that the quality of the relationship has direct consequences on the outcomes of the psychotherapy.

As a new therapist, there were many times I felt quite lonely in the room. I was struggling with understanding and making use of the therapist – client relationship, and there were not many sources that I could refer to for clarity. While literature on the power of the therapeutic relationship as part of a process leading to positive

outcomes in psychotherapy seems quite abundant and rich, almost all the articles that I read were explaining the therapeutic relationship as a technical matter. This was not particularly helpful when attempting to improve practice in the room, despite constant repetitions of the mantra that the "relationship is important". Similarly, literature on psychoanalytic practice offers up a number of methods, some of which were quite helpful, yet it did not really bring about embodied examples through lived experiences (Akhtar, 2009; Kernberg, 1970; Kernberg & Michels, 2009; Kernberg & Yeomans, 2013; McWilliams, 1999, 2004, 2005, 2011, 2012).

At the time I remember thinking that surely there must be other sources of literature in which experienced practitioners wholeheartedly disclosed their good moments, as well as terrible moments in psychotherapy. I still clearly remember how fascinating and how educational it was to read about some of those experiences. Unfortunately for me, the problem was that I was a newcomer in the consulting room, and I was reading, for example, Patrick Casement's experiences of conducting psychoanalysis - a retired analyst with 40+ years of experience (Casement, 2006, 2013a, 2013b). It felt like our experiences were universes apart, and even though it was quite interesting, I did not really feel such texts could guide me through down-to-earth, everyday examples. I argue that the gap in psychotherapy literature is the vast area we tend to ignore between quantitative research on the therapeutic relationship, and fiction-like polished anecdotes and case studies. There is a necessity for accounts of actual relational experiences coupled with a qualitative exploration on how therapists make sense of - and what they do - in those moments. I believe this study will provide rich and in-depth information about the relational experience of psychotherapists in consulting room. This study incorporates practitioners from two distinct approaches, which will lead to richer insights informed by two differing worldviews.

2.3. The aims of the project

The main focus of this research project is the *mitwelt* between the therapist and the client, as experienced by the therapist.

With the *mitwelt,* or the relational world, one defines, perceives, sees, and positions the other, and also defines, perceives, sees, and positions oneself through the other. And yet, the most immediate relationship in a psychotherapeutic process is the relationship between the client and the therapist. The investigation starts with how the therapist experiences and makes sense of this immediate relationship. It then also covers how therapists attribute meaning to the immediate relationship of the therapeutic duo in terms of what might be discovered and touched upon therapeutically, thereby expanding to the client's other relationships.

The current research project aims to (1) explore the experiences of therapists in their work, and (2) identify the common ground and differences between two approaches.

2.4. Possible value of the present study

As I started to scan through the existing literature on the therapeutic relationship for this study, I came across literally thousands of articles on the connection between good therapeutic relationships and the efficacy of psychotherapy. However, I was at the same time quite appalled by the low number of qualitative studies in the field, especially given the fact that what happens between two or more persons in consulting room is hard to measure by quantitative means. It is also reductive to deduce the therapeutic experience into numbers. Indeed, what happens in consulting room is an immensely complex experience, which means it is multi-dimensional,

multi-faceted and rich in details. What I have seen in the literature is not in line with these claims. On the contrary, I have sensed a tendency to see the relationship as a way to increase efficacy of therapeutic work in the literature on the therapeutic relationship. Rather than taking an instrumental view of the therapeutic relationship, we need to appreciate it and value its complexity, which seems possible through employing qualitative research approaches.

Taking these claims into consideration, I believe this project could be valuable for the fields of counselling psychology and psychotherapy from two different, yet intertwined perspectives. First of all, this project provides interested readers with an intimate view of the therapeutic relationship through the eyes of practitioners. Rather than trying to rationalise this full-bodied experience by relying on scales, scores and numbers, it offers varying insights about how practitioners experience the therapeutic relationship and how they make sense of it. I believe we have a lot to learn from each other, as psychotherapists, through reflecting on our own lessons while being informed by the experiences of others. This study throws a different light on the relational phenomenon of psychotherapy. Rather than just being merely a technique for therapeutic outcomes, the relationship is the foundation, or the basic condition of the work.

Secondly, this study provides all stakeholders with a rich and in-depth discussion of the interface between existential psychotherapy and psychoanalysis. This aspect of the study will offer interesting insights to practitioners who exhibit different approaches to psychotherapy.

3. Literature Review

I have been engaged in reading on the subject of relational dynamics of the therapeutic relationship since I started to work as a clinical psychologist and psychotherapist back in 2010. I have mentioned some of the texts that left their mark on me in the previous chapter of 'Rationale of Undertaking This Study'. However, in order to build a comprehensive yet succinct literature review for this study, I had to revisit what I read in the last 10 years. In addition to those texts, I also reviewed additional and new research and theoretical papers via online resources offered by Middlesex University, Istanbul Bilgi University (where I teach) and the Psychoanalytic Electronic Publishing (PEP) database.

At this point, it is important to note that this literature review reflects only a very modest part of the actual body of literature, due to word count limitations, and all the ideas and discussions represented in this literature review deserve much more space in order to be sufficiently considered. Alas, the nature of a thesis requires one to be necessarily succinct and focused on their arguments.

Existential and psychoanalytic approaches may appear to have very different takes in terms of how they use the therapeutic relationship as part of therapeutic work. However, this difference does not simply appear between these two approaches; there is in fact a group in the psychoanalytic camp, which consists of relational psychoanalysis, intersubjective psychoanalysis and the relational-conflict model, that seems much closer to the existential approach than the rest of the psychoanalytic tradition. Following subsections explore these differences and similarities in practical terms, as they appear in the consulting room.

3.1. Existential approach

In terms of the existential approach, the British tradition of existential psychotherapy was taken as the main reference point in this section. It is represented by Cooper (2003), van Deurzen (2010, 2012), and Spinelli (2005), amongst many other names, with some references to the North American existential-humanistic approach as illustrated by May (1958), Schneider (2016) and Yalom (1980).

The existential approach holds that the therapeutic relationship is co-created by both the client and the therapist in the context of that given encounter. Nevertheless, the subjective reality and experience of the therapist is therapeutically useful only as far as it contributed to the exploration of the client's experience (Cooper, 2003; van Deurzen, 2012; May, 1958). Clients build a "microcosm" of one's lived experience in the therapeutic encounter (Spinelli, 2002).

The majority of the existential thought assumes that we create ourselves in the relational realm (Heidegger, 2010b; Sartre, 2013; Spinelli, 1998, 2002, 2005, 2007; van Deurzen, 2010). Yet, the existential schools of psychotherapy are hardly without any contradictions. Krug (2009) captures this split perfectly through emphasising the different perspectives on the intrapersonal versus on the interpersonal. According to Krug (2009), James F. T. Bugental's work exemplifies the focus on the intrapersonal, as Bugental defined the existential work in a way that the therapeutic relationship is useful as long as it helps in exploring how the client exists as oneself in the presence of the other (Bugental, 1978; Schneider, 2016). Yalom, on the other hand, focuses on the interpersonal field, which looks at what kind of a relational reality is co-constructed between the therapist and the client (Yalom, 1980; Yalom & Leszcz, 2008).

Existential therapists assume that the therapeutic relationship is one of the most immediate experiences that both the client and the therapist could obverse to make sense of how the client is creating one's reality. Indeed, the existential therapist would like to deconstruct the dialogue and relational exchange, both verbal and non-verbal, in order to find out how the duo of client and therapist is weaving the co-constructed reality of that given moment (Cooper, 2003; Krug, 2009; Schneider, 2011, 2016; Spinelli, 2002, 2005; van Deurzen, 2010, 2012).

The existential therapist would prioritise being direct and respecting the autonomy of the client in the therapeutic relationship (Adams, 2013; van Deurzen & Adams, 2010). In terms of being direct, the dictum goes that it is best to be as direct and as transparent as possible in communication with the client. For instance, if a client asks for a small piece of advice, the existential therapist should choose to be direct in one's reply, which may enclose attending to the client's needs or not. Here, the emphasis is on respecting the client's autonomy, as well as reminding clients that they are autonomous beings. In Heideggerian terms, therapists should always choose to leap forward with their clients, rather than leaping in, with the aim of reminding clients of themselves and encouraging them to remain open to the world (van Deurzen, 2010). The emphasis is on being the container, and the guardian, of contextual reality and clients' subjective reality. Reminding clients of their reality, which may be partially veiled and sedimented for the time being, may be received by clients as a sense of relief, or conversely a great deal of frustration and anxiety.

Relationality, and the space between the self and the other, is surely one of the most debated and analysed themes at large in existential thought. The existential approach acknowledges that self-experience is defined and shaped by the other, a view which is also shared by the psychoanalytic approach. The other is always an important factor

in what we experience at any given moment. However, the existential approach does not confine itself to historical developments of human beings in exploring selfhood and relationality, which is in sharp contrast to psychoanalytic thought. The self is defined, redefined, shaped, and reshaped by the other and is in a state of constant flux. Van Deurzen (2010, p.135) put forward the idea that "… there is no such thing as a person without a world". This inevitably invites us to accept the inherent and primary interconnectedness of humankind. In other words, we are embedded in connections. It is impossible to define or describe our lived world without defining or describing our connections and how we relate to them. This applies to both the client and the therapist. The therapist's experience in the room is based on one's experience of the relationship.

The title of this thesis contains the word *Mitwelt*, which is taken from the four world theory; a theory which was first coined by Ludwig Binswanger (Binswanger, 1958) and then expanded upon by Emmy van Deurzen (2010), which aims to provide us with a map to explore the nature of human existence. According to this extensive map of human existence, we all live in four different worlds simultaneously; namely, (1) the *umwelt* – the physical world, (2) the *mitwelt* – the relational world, (3) the *eigenwelt* – the world of self, and (4) the *überwelt* – the spiritual world (van Deurzen & Arnold-Baker, 2005; van Deurzen, 2010). The *mitwelt,* or the relational world, corresponds to the domain of social interactions, communication, relationships with others, the larger public and culture, and its impact on us (van Deurzen & Arnold-Baker, 2005; van Deurzen, 2010). It is important to note that the therapist steps into the room with such a relational context. This context contributes to the way how the relationship is built, and the therapeutic work is done.

The existential approach in psychotherapy employs phenomenology as its main therapeutic tool. Phenomenological dialogue happens in a relational context, in which the therapist asks descriptive questions, and the client tries to describe one's experience with its many different layers, as much as one could do. Relationality plays an important role, as it is quite difficult to explore the depth of our experience when we describe it to ourselves, solely in our minds. When this inquiry happens between two persons and is done verbally, the client may expose deeper layers of one's experience that was not verbalised before. It is important to highlight that the route to authenticity, owning up one's experience, goes through verbalisation of the experience. This phenomenological inquiry is inevitably shaped by the therapist's meaning attributions and assumptions, alongside with one's experiences. In order words, the phenomenological dialogue is not a one way lane, but rather is built both by the client's and the therapist's subjectivity.

The connection between phenomenology and human relationality does not end with this. Phenomenology is the study of one's subjective experience of being-in-the-world. It highlights the assumption that the self exists with the other (van Deurzen & Arnold-Baker, 2005; van Deurzen, 2010). Phenomenology has changed our understanding of self. Brentano used the term 'intentionality' to refer to object-directedness (Jacquette & Jacquette, 2004). In other words, self and human consciousness always exist alongside the world, which surrounds them. Brentano's radical claim should be seen as an attempt to overcome Cartesian distinction. In line with these, I exist because I am directed to objects in the world (Brentano, 1995). Husserl went beyond Brentano and claimed that not only do our experiences exist because we are object-directed, but that we also create and attribute meanings to the connections we build (Husserl, 2012). Existential therapy opens up a space for the

client to explore one's objects that one is directed to. Selfhood or what we call "life" cannot be understood or seen without such objects that we adorn our daily life and the meanings we attribute to them. The existential approach asks the therapist to be mindful of one's own object-directednesses and meaning attributions in order to open this space up for the client. Not being mindful of one's assumptions may lead the way for the therapeutic space to be flooded with the therapist's assumptions about life and worldview.

For the rest of this section, I would like to give an overview of the theoretical and philosophical underpinnings of how the existential approach in psychotherapy makes sense of the co-created relational field between the client and the therapist.

Martin Heidegger's (2010a, 2010b) most renowned concept to describe the human condition may be *Dasein*, which can literally be translated as 'being-there'. The concept of being-there describes our inherent relatedness. In simpler terms, we are always living within a context, in relation to some things and some people, and we cannot be entirely isolated from the world and the other. There is no self or I independent of the world and the other. Indeed, the concept of *Dasein* leads the way to a non-dichotomous view of human existence (Heidegger, 2010a, 2010b). Psychotherapy could be defined as a space for the client to explore one's *Dasein.* However, it is the therapist's duty to be acquainted with one's *Dasein* as much as possible in order to see how the therapist is shaping the therapeutic relationship. *Sorge,* which can be translated from German as 'care', 'trouble', 'concern', 'fear' or 'worry', highlights the phenomenological observation that one's consciousness always cares and/or is concerned with things and people that are not one's own self. *Sorge* illuminates the impossibility of *Dasein* being in isolation (Heidegger, 2010a, 2010b).

On a different note, Heidegger defined inauthenticity as thinking of ourselves and of others as objects that can be used or manipulated. As we turn ourselves into objects to be manipulated, and live inauthentically, we become *das Manselbst, or* a 'They-self'. In being a They-self, an anonymous crowd dictates to us what to do, and we lose our own voice and agency (Heidegger, 2010a, 2010b). In the light of this perspective, it is important for the therapist to get aware of the moments and incidents that one experiences oneself as *das Manselbst.* Authenticity, or *Eigentlichkeit*, could be defined in a Heideggerian way as owning what there is about ourselves; our facticities, our choices, and the consequences of these. Shifts between authenticity, *Eigentlichkeit*, and *Manselbst* can be a valuable source of information about what is going in the relationship at that given moment. In addition to that, the therapist's agency is the engine of therapeutic inquiry, which needs to be claimed back in the incidences that one feels like losing it.

According to Sartre (2013), the interpersonal realm can have either of two dynamics that he defined as sadistic or masochistic. In other words, in the relational world, one always dominates the other, or vice versa. The reason why we fall for one of these complementing interpersonal strategies is that we try to be in "bad-faith" with the fact that each of us needs others to survive. Returning to the room, the therapist needs to become conscious of how one is in bad-faith. Like "misery loves company", it could be said that bad-faith also loves company. Without the therapist becoming aware of one's bad-faith, it could be difficult to open the client's bad-faith to phenomenological inquiry.

Sartre pointed out a third strategy, which is withdrawing from all human interaction to avoid the terror of the 'look'. The 'look' is a decentring experience upon feeling that one is observed. The 'look' triggers various emotions that are hard to cope with. For

instance, thinking of being caught as engaging in a forbidden act might trigger fear or shame (Sartre, 2013). From the existential point of view, the therapist needs to acknowledge how the "look" impacts one's relationship and work in the room. Through the experience of the "look", a wealth of relational information could be gained in the therapeutic work

Sartre claimed that recognising the human condition inevitably includes acknowledging the fact that we need others, which makes us vulnerable, as we are left at their mercy. In order to avoid acknowledging our need for others, we deny similarities and choose to hate others (Sartre, 1995). The only way through this maze is to engage in collaborative relationships, in which participating parties are treated as equals. Ideally, the therapist should invite the client to engage in a collaborative relationship, however this could be only possible through the therapist acknowledging one's need for the other and the other's power of impact.

Martin Buber may be cited as one of the most relevant philosophers as far as the relational world, the *mitwelt,* is concerned. Buber (2013) contributed to our understanding of human relationships by describing two relational attitudes; namely, I-Thou and I-it. The I-Thou relational attitude describes a subject-to-subject relationship. Both subjects have agencies of their own and recognise the other's agency. On the contrary, the I-it relational mode can be understood as object-to-object relating, in which one sees the other as an object to be manipulated in line with one's desires. In addition, Buber (2013) believed in the indivisible duo of the self and the other. The way we see, perceive, treat or behave towards the other defines the self as well. Hence, seeing the other as an object turns oneself into an object. Importantly, Buber stated that to live fully as a human being we need both relational attitudes -that it is impossible to eliminate either of them. In the tie between the self and the other,

health seems to be the ability to switch between the two relational modes (Buber, 2013). From a Buberian perspective, the therapeutic relationship has inevitably I-it components, e.g., conditions of work, frame. However, the therapeutic exploration needs to be done in the spirit of I-Thou attitude in order the client to explore oneself and one's life. The main hindrance here could be the therapist objectifying the client, as Buber outlined.

Karl Jaspers (2015) highlighted the importance of living a 'philosophical life', which basically corresponds to living through contemplation, self-reflection, and taking our experiences seriously. However, this contemplation and self-reflection is not restricted to oneself; we should also take our experiences with others into account. In line with this, Jaspers recognised the centrality of the other in one's life, thereby defining communication with the other as an existential given and a task. As long as we could see how ontological givens are affecting one's life, we can really begin to develop an understanding of the other. I think this is exactly what a therapist needs to in the room. We may find ourselves more readily to make sense of the other through our assumptions, however communication as an existential task goes beyond that and requires us to open ourselves to see the other's actions as a genuine response to existential givens.

Merleau-Ponty is another important existential philosopher who wrote about the relationships between the self and the other. Merleau-Ponty claimed that human experience "comes to expression" in the gap between the "body/subject" and "world" (Merleau-Ponty, 2013). In other words, according to Merleau-Ponty, our embodied consciousness exists in this in-between area. The interaction between the subject and the world is indivisible; it is not causal, yet we co-exist in the same *Lebenswelt* (lived world) (van Deurzen, 2010). Merleau-Ponty played with the words "conaissance",

knowledge in French, and "co-naissance", co-birth in French. What my consciousness knows is a co-product of "the subject/me" and the "world", arising from the gap between us. In more relational terms, the self cannot exist without the other; hence the self and the other are two parts of one existence (Merleau-Ponty, 2013). As mentioned with Heidegger, Merleau-Ponty's conceptualisation would help us, therapists, to make sense of how our subjective experiences come into being directly in the relationship with the client.

Emmanuel Lévinas brought about a very different perspective in philosophy's quest for understanding the other, and our relationship with the other. Unlike his predecessors, Lévinas shifted the focus from one's own choices, responsibility towards oneself and autonomy, towards the significance of heeding to, and caring for, others (Lévinas, 1985; Lévinas & Hand, 1989). This constitutes a strong contrast with Heidegger, Sartre and Merleau-Ponty, yet a great deal of resemblance to Buber's relational philosophy. According to Lévinas, on the ground of existential conditions, we are obliged to, and we have an unquestionable responsibility for taking care of each other, as he coins in his concept of radical alterity. According to this perspective, others are always more important, because the face of the other puts ethical demands of taking care of the other. What we do with these demands define who we are and creates our subjective world. It is also worthwhile to note that these demands are continual and infinite, which means our ethical obligations and responsibility towards the other has no end. For Lévinas, philosophy was not about love of wisdom, but the wisdom of loving the other (Burggraeve, 2006; Lévinas & Hand, 1989; Marcus, 2008; van Deurzen, 2010). The therapeutic work seems to be one of the encounters, in which this ethical responsibility becomes almost palpable. I believe being familiar with Lévinas' philosophy would enable the therapist to recognise how one is

hierarchically less powerful in the relationship. Some of the major impasses in communication with the client may be rooted in not being able to recognise this.

Ludwig Binswanger can be clearly named as one of the pioneers in existential psychiatry. Binswanger developed an anthropological perspective in his attempt to understand the reality of his patients; this perspective requires us to study the whole biographical context of the client, which includes client's many relationships with different aspects of one's life. Relying on Heidegger's conceptualisation of being-in-the-world and Husserl's term of life-world, Binswanger posited that we build a subjective world of our own coloured by our experiences and meanings we attribute to them. This inevitably means that it would be impossible to think about symptoms in a vacuum (Binswanger, 1964). The symptom can only be understood in the context of the client's lived experience. As therapists and mental health workers, it is our main duty to reveal the *Weltanschauung* of the client, i.e., the client's worldview. From the relational point of view, it could be claimed that the client's *Weltanschauung* would reveal itself in the therapeutic relationship. The therapist's experience of the client could be giving information about the client's lived experiences.

Binswanger claimed that the only way we can liberate ourselves from the dilemma between being authentic yet alone, and being with others yet inauthentic is via remaining in dialogue with others (Binswanger, 1958; van Deurzen, 2010). Psychotherapy seems like a suitable space for clients to explore how to remain in dialogue with others. However in order to provide this space, the therapist needs to be conscious of what one brings into this dialogue. (Binswanger, 1958).

Rollo May was instrumental both in bringing existential ideas and their application from the continental Europe to North America, and in defining the working

framework of existential therapy. In the opening chapters of the book entitled 'Existence' that he edited (May et al., 1958), he contextualised how the existential movement came into being and in what terms it could help therapeutically. According to May (May, 1958), the existential movement was a rebellious one against the disunity and division imposed upon human experience by modern society. In the decades that followed The Enlightenment, which itself was a revolt against abuse of power with a religious pretext, modern society demanded a sort of division of human experience in order to function. Logic was christened as the only valid instrument of mental functioning, the will was subjugated to the decisions made by logic and the rest, emotions and intuitions, were deemed superstitious and even dangerous. Inevitably, this opened the way to a centuries' long alienation of individuals, from their non-logical experiences, from their relationships with others, from nature and the rest of the world. What May (1958) proposes is that we should return to acknowledging our state of being, which is constantly emerging, unfolding as a being-in-the-world. When we fail to recognise our relationality, then this unavoidably leads the way to alienation on all possible levels. Looking from this angle that these also apply to the therapist in order to be open up a space for dialogue, in which the client could explore one's being-in-the-world. The therapist should not be in a state of alienation, recognising how one's presence and actions are shaping the therapeutic relational space.

Viktor Emil Frankl's meaning centred philosophy and therapeutic approach, which is called logotherapy, may seem quite individualistic as it confers the responsibility of finding meaning to the individuals themselves (Frankl, 2006). In line with this, we need to acknowledge three main meaning-centred dynamics of existence, which are freedom of meaning, will to meaning and meaning of life (Frankl, 2010). Freedom of

meaning refers to an individual's freedom to find meaning anywhere one wants. The principle of will to meaning depicts our innate need and drive to find meaning. Inability to find meaning means there is a blockage of this natural flow. And lastly, the principle of the meaning of life is about the assumption that life has the potential to be meaningful under all circumstances (Frankl, 2006, 2014; Marshall & Marshall, 2012). Even though these "meaning dynamics" appear to happen within one's individual's existence, Frankl notes that self-transcendence is indispensable in finding meaning in life. Meaning can only be found as we immerse ourselves in life, not just through thinking about it. Our dialogue with life is the fertile ground to live our lives in a meaningful way (Frankl, 2006, 2011, 2018). Taking all these to the session, the meaning dynamics and experiences of the therapist could be informative for the therapeutic work. On one hand, it could be claimed that without the therapist finding meaning in the work with a particular client on the whole, the therapeutic work would be impossible to carry on. Nevertheless, it is an important therapeutic data that the therapist struggles to find the work with a particular client meaningful.

3.2. Psychoanalytic approach

In the last 120 years, the psychoanalytic approach has evolved from being the study of an "independent" mind, into the study of the relational field and its impact on one's psyche (Stolorow & Atwood, 2002). This short literature review tries to capture the main turning points and theories that brought psychoanalysis to the place it is today—a place that is much more relational.

According to psychoanalytic theories, developmental trajectories and early relationships with significant others shape one's relational realm. In line with this, the

self is situated as a container of our relationships with others, which we carry in our minds as object relations. In addition to this, the other may be seen as an external shaping factor, and an organising power on the self. However, to some extent psychoanalytic approaches generally fail to see the subjectivity of the other (e.g., the mother's). The psychoanalytic approach explains the relational world and its dynamics in terms of developmental events and history. For example, transference, the client's way of relating to the therapist, is explained in terms of the client's earlier relationships with significant others. An exception to this could be the relational school of psychoanalysis.

This literature review is organised around Stark's model of three therapeutic modes of psychoanalysis in order to provide a neat picture of long evaluation of psychoanalysis (Stark, 2000). These three perspectives according to this categorisation are the drive-conflict model, the developmental arrest model and the relational conflict model. All perspectives were explored in this literature review, so that the diverse geography of psychoanalysis could reveal itself, even though not all perspectives are very attentive to the therapist's subjectivity and its role in the therapeutic work.

3.2.1. The drive-conflict model: Drive theory and ego psychology

The drive-conflict model refers to Sigmund Freud's drive theory and Anna Freud's expansion and clarifications about various functions that ego is capable of. This model posits that psychopathology comes into being due to an immense internal conflict between desires and inhibitions, between biological forces and social forces. Daily problems are seen as repetitions due to faulty inner structures, which carry the traces of original conflicts that shaped these internal structures. The therapeutic action

happens via interpretations. The therapist is there to provide objective insight and knowledge about the inner workings of the client; hence the therapist can only be a neutral object in the room, to observe and to be a blank screen for client's projections. Accordingly, the therapeutic relationship is useful only for bringing the client's inner conflicts alive into the room (Mitchell, 2009; Stark, 2000). Everything that the client expresses consciously or unconsciously about the therapeutic relationship or the therapist is treated as internal material that demonstrates the working of the client's mind (Bateman & Holmes, 2002; Bokanowski & Alcorn, 2006; Freud, 1997, 2003; Freud, & Breuer, 2004; Mitchell & Black, 2016).

In terms of attending to clients' needs, neutrality and abstinence are utilised. According to Freud, "the treatment must be carried out in abstinence. By this I do not mean physical abstinence alone, nor yet the deprivation of everything that the patient desires, for perhaps no sick person could tolerate this. Instead, I shall state it as a fundamental principle that the patient's need and longing should be allowed to persist in her, in order that they may serve as forces impelling her to do work and to make changes, and that we must beware of appeasing those forces by means of surrogates" (Freud, 1993, p. 177). In this model, the client should be frustrated, so that all kinds of transferential ties with the therapist can be established and the unconscious material of the client may reveal itself. In line with this, there is no therapeutic use for the therapist's subjectivity. (Bion, 2018; Fonagy & Target, 2003; Lemma, 2015; Quinodoz, 2005).

Sigmund Freud, the founder of psychoanalysis, mainly emphasised the intra-psychic dynamics of the human experience, which appears as conflicts between different parts of the mind. Freud (2018) claimed that there is an endless conflict between the raw aggressive and libidinal drives of the id, and the punitive and internalised notions of

societal (and parental) expectations of the superego in his structural model of the mind. Relationships in the first years of life play an important role in Freud's theory; however, Freud did not appear to fully recognise the relational realm. Although both mother and father, and the societal values that they represent, seem to be an important shaper in development (e.g., in the Oedipal stage or in the formation of superego, respectively) Freud tended to focus on internal conflicts and the ways people develop to cope with them (Fonagy & Target, 2003; Quinodoz, 2005). Inhibitions, symptom formation and all pathologies are seen as blockages in coping with and resolving these internal conflicts (Fonagy & Target, 2003; Pine, 1988, 2008).

However, it would be a great injustice to Freud to claim that he completely ignored the inter-personal or relational realm. Indeed, the psychosexual stages are the story of one's coming to terms with the self-other separation, as well as recognising the other's impact on oneself. Similarly, Freud discovered the phenomenon of "displacement of a person from the patient's past on to the psychoanalyst", which he coined as transference (Quinodoz, 2005, p.67). Transference was the first attempt to recognise the relational nature of the talking cure. In the Freudian psychoanalysis there is a great deal of emphasis put on transference; working through the client's material entails working through the transference, which is the projection of the client's internal material. Similarly, Freud coined the term countertransference, which the projection of the therapist's inner material unto the client. However, he did not see any therapeutic benefit of bringing countertransference into the room (Quinodoz, 2005). Accordingly, the therapist should work through one's subjectivity in one's own psychoanalysis in order that it would not taint the client's therapeutic work.

Anna Freud recognised the importance of the other in one's self-regulatory processes. This applies especially in the case of feelings of anxiety in the face of overwhelming

experiences. As shown both by Freud and Burlingham (1944), and in a more recent study by Laor, Wolmer and Mayes (1996), babies' reactions to external traumatic experiences, e.g. bombings, largely depend on the mothers' reaction to the same experience. Anna Freud explained developmental disharmonies and severe psychopathologies in terms of "inadequate care or lack of stimulation, internal conflicts or limitations in the parent's character" (Fonagy & Target, 2003, p.81). In addition to these, Anna Freud's work on defensive processes positioned defence mechanisms as ways of being-with-others, either in adaptive or maladaptive manners (Freud, 1992; Pine, 1988). Even though Anna Freud went a few steps further in recognising the caregiver's subjectivity and its impact on the development of infant's intrapsychic constitution, the way she worked did not drastically differ from his father's; the therapist remained as a neutral agent to correct the internal development (Mitchell, & Black, 2016; Danto, 2007).

3.2.2. The developmental arrest model: Object relations theory and self psychology

The beginnings of the developmental arrest model could be traced back to Melanie Klein, and it largely refers to object-relations theory, as exemplified by Winnicott, Balint and Fairbairn, and to self-psychology school of psychoanalysis as recounted by Heinz Kohut. According to this perspective, the relational environment provided by the parents and significant others plays a crucial role in terms of facilitating or hindering development. As a function of how facilitative the parents are, one may disclose one's true self or a solid sense of selfhood as an adult. However, when things go developmentally wrong, one has to resort to different relational strategies in order to survive, which may lead the way to false-selfhood or a fragmented, discontinuous

sense of self. From a Winnicottian point of view, parents are there to hold, handle and contain their babies' experiences, which babies experience as overwhelming and difficult to deal with (Winnicott, 2005). From a Kohutian perspective, parents are there to be idealised, to emulate and to be role models so that the children can find out how they would like to be as autonomous beings (Kohut, 2012). In either perspective, difficulties in daily life are seen as development being frozen due to not receiving "good enough" mothering. Conducting a therapeutic process from the developmental arrest model point of view would mean that the therapeutic relationship itself is the healing component in the whole process. The therapist is there to provide corrective experiences to the client. Therefore, the therapist should be more present in the room in comparison to drive-conflict model; still being an object that serves a function for the client, the therapist's presence and otherness are well acknowledged. With this model, the therapeutic relationship gains a central role, yet the subjectivity of the therapist still cannot find a fully recognised position in the room (Mitchell, 2009; Stark, 2000).

According to Winnicott (Fonagy & Target, 2003; Winnicott, 2005, 2018), the therapist must remain abstinent to give space to the client in order for the client to express their developmental needs. Kohut appears to be closer to Freud, in terms of situating abstinence as a force that structures the self of the client, however he also noted that abstinence and frustration must remain at an optimal level, without slipping into deprivation (Berger, 1999). In this model, abstinence stops when there is a genuine need of holding, handling and containing on the part of the client. In the instances of both abstinence and provision, the psychoanalytic therapist of the developmental arrest model should remain attuned to the present mood of the client. In other words, the therapist's subjectivity is still to be bracketed in the therapeutic

relationship. The therapist's subjectivity is therapeutically useful as long as it provides hints at the client's developmental needs and provides corrective experiences. The therapeutic relationship still falls short of being a person to person relationship.

Turning back to various theories of this model, Melanie Klein (2011a) claimed that we carry an internal model, a sort of map, of the world of external persons and relationships. This world of internal objects roughly corresponds to the outer world, and it is built up through mechanisms of projection and internalisation. We tend to relate and react to these internal objects most of the time, instead of perceiving the outer real persons and interacting with them directly (Klein, 2011a, 2011b; Segal, 1988).

Klein's developmental model consists of two positions, (1) paranoid-schizoid and (2) depressive (Klein, 2011a). In the paranoid-schizoid position, babies cannot relate to persons outside or to themselves as whole objects. They rather perceive the objects they interact with as satisfying or persecutory, without perceiving the wholeness of the other. Moving away from the paranoid-schizoid position towards the depressive position requires seeing persons outside and oneself as a whole, containing both good and bad sides of the self and the other (Klein, 2011a; Segal, 1988). From a Kleinian point of view the therapist's main aim is to provide a favourable environment of containment so that the client could solidify one's depressive position. Here the therapist strictly remains as the client's object.

Object relations theory emphasises "exploring the relationship between real, external people and the internal images and residues of relations with them and the significance of these residues for psychic functioning" (Greenberg & Mitchell, 1983,

p.14). Fairbairn, Winnicott, Balint, and Guntrip can be named among the prominent psychoanalysts in this camp (Mitchell & Black, 2016).

Pine (2008, p.34) defined the psychology of object relations as seeing the individual "in terms of an internal drama, derived from early childhood, that is carried around as a memory within (conscious or unconscious) and in which the individual enacts one or more or all of the roles".

According to Freud, the nature of one's libido is to seek pleasure. However, this makes it difficult to see why children, or even adults, often remain in abusive, unsatisfying, and basically pain inflicting relationships (Mitchell & Black, 2016). With this observation, Fairbairn (1962) claimed that the libido is primarily object and relationship seeking, rather than pleasure seeking. Fairbairn (1962) emphasised how the self is other-focused, and the relationship between the two is the very place in which the psychic internal world occurs. According to Fairbairn (1962), it is vital that children's psychic needs (e.g., dependency needs, or the need for affirmative interactions) are met in relationships with parents in order for healthy development to proceed.

According to Winnicott (2005, 2018), babies do not perceive their being as continuous, or themselves as a whole. Their experience tends to consist of spontaneous desires, and they have needs that are occurring from time to time. As long as the mother is there to meet these needs, the infant lives in an illusionary state of subjective omnipotence. Sooner or later however, the reality of not having one's needs immediately met kicks in. Winnicott (2005, 2018) coined the term 'good-enough mothering', which means providing the infant with a holding environment, physically and figuratively, by being responsive to the infant's spontaneous gestures and disappointments. As the mother 'holds' the infant, in Winnicottian terms, the

latter's sense of self starts to develop. There comes a time however, when the infant starts to encounter otherness, outer reality, and lack of control over the desired objects. Transitional experience is the halfway point between subjective omnipotence and objective reality. Good-enough mothering entails providing a space for this transitional experience, where the self develops as the infant comes to terms with the outer reality without leaving the security of the illusion of omnipotence too abruptly. In line with this, the true self, as outlined by Winnicott (2005, 2018), unfolds in our transitional experience, in which we can play out our subjectivity while being in touch with the other and her subjectivity. In contrast to this, developing a false self can be explained in terms of living up to the other's expectations and leaving our deep subjectivity out. In line with these, the therapist is there to provide good enough mothering so that the client could explore and express one's true self, through holding, omnipotence and eventually moving through the transitional experience.

According to Bion (1984, 2018), we were all born with minds full of beta elements, which are undigested, non-cognised, non-mentalised, non-verbalised psychic particles. Since we, as toddlers, are not able to process them, we project them or act upon them. The alpha function is the main process of turning these beta elements into alpha elements, which are mentalised, thinkable and can be well verbalised. The alpha function is basically the digestion of beta particles into thoughts. In the early years of life, mothers or other primary care givers provide the baby with this 'alpha function'. With this interaction between the self and the other, overwhelming sensations turn into thinkable and verbalised thoughts (Bion, 1984, 2018; Wallin, 2015). Similarly, the therapist is there to provide alpha function, when the client's experience turns into being un-thinkable, overwhelming and unmentalised. Similar to rest of the

developmental arrest model theories, the Bionian therapist's subjectivity has no direct use in the room, besides providing for this vital function.

3.2.3. The relational conflict model: Relational and intersubjective psychoanalysis

The relational school in psychoanalysis allows for, and even emphasises, the importance of the therapist being a subject and being present as an independent person in the room. The relational conflict model sees development as building an interpersonal world from what is relationally available throughout life. Rather than focusing on internal disjointednesses or frozen developmental trajectories, this model sees each individual as active co-creators of all their respective relational situations. In our relational matrices, our self-organisation, object ties and transactional ties reveal themselves constantly. Thus, the relational-conflict model sees the therapeutic encounter as a laboratory to study one's relational matrices. This allows and even encourages the therapist to be an independent, authentic subject in the room and renders the therapeutic relationship as the main space to observe, inquire and understand. The therapist actively engages with the client and opens a space to reflect on how that duo co-created what is happening between them relationally (Mitchell, 2009; Stark, 2000).

The relational conflict model challenges the principle of neutrality and abstinence of the therapist. Stolorow and Atwood (2002) claimed that in the best case scenario, abstinence provokes unnecessary hostility in the clients, which itself alone may hinder the psychoanalytic work, and in the worst case scenario it may lead to iatrogenic transference neurosis. Rather than an abstinent stance, the psychoanalytic therapist of

the relational conflict model should remain attuned to the client and invite the client to explore one's experience with a shared sense of curiosity. Phillips (2016) claims that neutrality does not seem right, especially given the importance that aggression and conflict has as a collaborative, relational and creative power. Citing Ferenczi, Phillips (1995) asserted that the analysts' attitude of non-disclosure becomes a part of the problem in the analytical situation, rather than becoming a part of the solution. Bollas (2018) highlighted that self-disclosure could even be beneficial, and non-disclosure could close down the analytical exploration since it would reinforce the existing personality dynamics of the client in cases such as schizoid and narcissistic dynamics. Lindon (1994) added that despite of advising non-gratification, the classical case studies of psychoanalysis are full of unintentional gratifications and provisions. To sum up the relational conflict model's position on the therapist's subjectivity, the therapist must be present as an autonomous subject in the room with one's conscious and unconscious disclosures in order to provide a therapeutically beneficent space.

Hargaden and Schwartz (2007) defined the key elements of relational psychoanalysis with a few points; seeing the centrality of the therapeutic relationship, considering that therapy is a bi-directional process, acknowledgement of vulnerability of both the client and the therapist, self-disclosure as a legitimate therapeutic action, and recognition that meanings are co-constructed and may themselves contain multiple meanings.

Mitchell (2009), defined the aim of the relational perspective in psychoanalysis as enlarging the relational repertoire of the client. We all start out our lives as embedded in the relational patterns of our families, however as we open up to the world these patterns may obstruct our way of perceiving what is happening in our relationships

with other people. Mitchell coined our tendency to repeat older and more familiar patterns in order either to get a chance to rehabilitate what was bruised in our childhood or to stick with what is familiar. In quite foreseeable ways, we may end up finding ourselves in the same unnurturing or even traumatising dynamics as we stick to what is best known to us. From Mitchell's (2009) perspective, the role of the relational psychoanalyst is to participate in the reenactment of the client and then to slowly deconstruct how the client composed the same, unhealthy scenario in the therapeutic relationship. Benjamin (2017) provides a different angle and claims that the root of psychopathology lays in being stuck in a doer and done to dynamic in a particular relational pattern. This kind of dynamic takes the agency away from us and reduces us to merely reacting to what is done to us. The task of the therapist is to detect the reenactment through seeing how the relationship between the therapist and the client sinks into the dynamic of doer and done to. The next therapeutic step from here is to open up a third space, in which the reenactment could be reflected upon and other possibilities in relating to each other could be elaborated. Losing one's agency could be traced back to various reasons, however the relational school tends to focus on traumas, ranging from continuous emotional deprivation to out and open abuse. Slavin and Pollock (1997) claims that the most destructive side of abuse is the infliction of self-doubt with questions like "what did I do to allow this?" or "did I also want it to happen so that I allowed it?", which they call the poisoning of desire. Not being anchored in one's desire and will, one may easily become psychologically decentred. This renders one unable to choose and to know what one wants.

The working through of the reenactment could entail various degrees of self-disclosure. Davies (1994) conveys an interesting case study about the extent of self-disclosure, in which she reports on how she disclosed her erotic counter-transference

to the client. This self-disclosure created a great deal of turmoil, but still the therapist could manage to navigate this toward opening up a third space to reflect on what this could mean about the way the client is building his relationships.

Even though the relational movement started in North America, especially with Steven Mitchell's conceptualisation of it (Mitchell, 2009), it has also had long lasting repercussions in the British psychoanalytic scene since. Loewenthal (2014a) highlighted the deep European roots of this movement, which can be found in the writings of Winnicott, Fairbairn, Bowlby, and even Freud. In a way, the relational movement is a movement away from defining therapy in objective terms, away from the self-contained, detached therapist. According to Orbach (2014), the therapist may no longer remain an observer to the ambivalences of the client; the therapist is an active participant in the relation to the client's ambivalences. However, this does not mean the loss of neutrality once and for all; indeed it should be redefined as the therapist's task to create a split within one's self in terms of being both a participant and an observer (Orbach, 2014). Based on Ferenczi's work, Cornell (2014) claimed that inevitable humanness and vulnerability in the therapeutic relationship is a source of both insight and impasse in the therapeutic process. In a way, the relational movement is keen on employing this as a therapeutic force.

Looking at criticisms of the relational movement, Carmeli and Blass (2010) asserted that the relational turn in psychoanalysis is in fact not that revolutionary. They claimed that the traditional analyst portrayed by the relational movement is misrepresented as a stern positivist, an authoritative figure. It is important to remember that Freud was seeking a dialectical space with his patients and employed relational dynamics in the here-and-now. Another criticism is put forward by Loewenthal (2014a) from Lévinas's point of view, claiming that therapy is a time that

we must put the other first as an ethical responsibility. Accordingly, we cannot just stick to our subjective experiences in understanding clients; we must go beyond our gut reactions - a danger that comes with relational perspective. Another warning comes from Samuels (2010), claiming that focusing too much on the therapeutic relationship may turn into a form of flight from the inner world and the unconscious.

3.3. A quest for a middle ground between psychoanalysis and existential psychotherapy

The attempt to crossbreed psychoanalytic theories with existential thought does not appear to be something new. Harry S. Sullivan's, R.D. Laing's and his successors', and Stolorow's recent works on the middle ground between psychoanalysis and existential work are worth mentioning, both to exemplify the fertile in-between grounds, and to understand psychoanalysis' journey from relationality into intersubjectivity, where it embraces existential thought.

One of the main characteristics of these attempts is their non-dualistic attitude toward concepts like mind-body, conscious-unconscious, and self-other. From the perspective of the *mitwelt*, the self exists with the other; the self is its relationships with the world and the other. In addition, intersubjectivity invites us to see and create a space for the subjectivity of the other, and to explore how the self and the other co-constitute the interpersonal realm.

Harry Sullivan assigned social interaction a central role in personality formation (Evans, 2006; Fonagy & Target, 2003). According to Sullivan (2013), maternal anxiety is contagious. Anxiety is generated in the relational realm due to the mother's inability to contain the child's needs. This leads to disintegration rather than integration in the relationship; and affects the baby's personality formation (Evans,

2006; Sullivan, 2013). It is important to note that Sullivan (2013) claimed that in the first years of life, the self and the other are not differentiated from each other. Firstly, the self arises from this combined experience of self-and-other. Secession, however, does not stop here; everything that provokes anxiety is organised under the part of personality called "bad me". These are things that are not okay to do. On the other hand, all things that lead to integration in the relationship are put under the part called "good me". Extremely anxiety-provoking experiences for mother and child is dissociated into "not me", a third category of the self-system, which is totally unconscious and not accessible to the child (Evans, 2006; Sullivan, 2013). To put Sullivan's systemisation of self in existential terms, Sullivan claimed that the self comes out of the *mitwelt*, which is restricted to the child-mother pair in the first years of life, and which experientially and developmentally exists before an *eigenwelt*, a world of the self. Psychotherapy could be the place in which the client explores one's not-me and bad-me dimensions. In this exploration, contagious emotions between the client and the therapist could inform the therapeutic duo about where these dimensions may lay in the client's experience. The therapist's experiences in sessions could be an indicative of what is overpowered by the anxiety of the client.

Ronald David Laing was another psychiatrist, who helped us to deepen our understanding of psychopathology. Laing developed a new understanding of existential security through existential ideas, with a hint of Winnicottian psychoanalytic thought. Rather than seeing psychopathology and its symptoms as random expressions due to biological or internal psychic imbalances, he highlighted the social cradle of psychopathology (Laing, 2010; Laing & Esterson, 2016). It is our early relationships that give us a sense of realness, aliveness, autonomy and vitality, which Laing calls ontological security. According to Laing, if one doesn't feel and

gain this ontological security in one's early relationships, then one needs to adapt to the constant terror of ontological insecurity, which is basically not feeling oneself as consistent, solid and steady enough in the world. One may feel constantly threatened as if one may lose one's self in relationships with others; hence this person, in return, needs to come up with strategies to protect one's flickering sense of self (Cooper, 2003; Laing, 2010). In the case of ontological insecurity, one cannot establish real, nurturing, alive and autonomous relationships with others. One rather withdraws into a crust of schizoid being, in which one's ties with the outside world weaken as a way of protecting oneself. This way of living leads to increasing degrees of aridness and flatness of one's lived experience (Laing, 2010). From Laing's point of view, the therapist's ontological security provides a base for the therapeutic exploration. Even though Laing seemed to confine ontological insecurity into more psychotic experiences, I believe we can all find ourselves in contexts and relationships, in which we would feel ontologically insecure. As the therapist feels ontologically threatened, the therapeutic dialogue could collapse. It is vital for the therapeutic work that the therapist is conscious of one's ontologically insecure sides.

Guy Thompson's (2004) existential elaboration of the concept of the unconscious can provide an interesting angle of the threshold between psychoanalysis and existential philosophy, which is also based on Laing's legacy. Thompson (2004) took a different perspective towards the Freudian unconscious and re-defined it as a part of consciousness that is not accessible to experience, rather than a mysterious box of repressed material. From this point on, Thompson (2004) claimed that the id and ego are the same entity, yet the ego constitutes the experience-able anxiety that is caused by the id. Drawing on Sartre, Thompson (2004) argued that consciousness is not a container in the mind, but is always outside of the self, in surrounding objects (these

might be our bodily sensations or thoughts too, still out of experience). The main distinguishing point is whether this consciousness is reflective or pre-reflective, i.e., whether or not I can experience, witness or verbalise what my consciousness turns its face to. Basically put, we tend to avoid uncomfortable 'themes' because they trigger, or remind us of, the *Angst* within us. In line with this, the point of going through psychotherapy is not discovering what is repressed but allowing ourselves to experience what is avoided due to *Angst.* Finally, since consciousness is always of something, i.e., we are always conscious of something, it all happens in the relational world between self, the other and the world. Holding onto Thompson's (2004) formulation of unconscious and conscious, it is the therapeutic relationship that needs to be explored in order for the client to gain deeper insights about how one exists. As a co-creator of this relationship, the experience of the therapist occupies an important place in this way of therapeutic work.

Paul Gordon's (2005) words on what are the purposes of houses that were first established by R.D. Laing within Philadelphia Association could give us a deeper understanding on how this middle ground works in practice. Gordon (2005) specifically mentions that they don't seek to treat "patient", and rather refer to the individuals living in the houses as "residents". In order for a resident to find a suitable place for oneself in life, mental health professionals at these houses try to strike a balance between providing a space for the resident to reflect on one's life and encouraging them to participate in those activities that they deemed to be ready. At these houses psychopathological labels are not taken into account in order to see what lies behind a particular label. The main criteria for being accepted into these houses are being able to benefit from this self-reflective retreat and to be a part of the communal life at the houses. Gordon (2005) specifically states that based on R.D.

Laing's vision, the Philadelphia Association still sees mental stress as a bunch of experiences that could be made sense of and worked through. Heaton (2010) grounds these claims on Wittgenstein's philosophy, claiming that psychotherapy and philosophy remain at odds with empirical sciences. If we try to employ theories, hypotheses, doctrines, and create hierarchies between different concepts, as done in empirical sciences, then we create a greater complexity on our way to work through the distressing experiences of the client. What we need to do in therapy is to use language so that the unspoken experiences could find its words; not to build new layers on it and lock the unspoken experiences deeper down. Here the role of the therapist is to help the client to get in touch with one's experience and let it out with clarifying words.

Loewenthal (2011) brings about a criticism we tend to hear more for psychoanalysis, in which he advises us to consider including the "between" space; between the person and the world that surrounds one. Loewenthal (2011) discusses these ideas under the title of post-existentialism. Post-existentialism stands in opposition to existentialism, which focuses almost exclusively on the subjectivity of the person. Loewenthal (2011) claims that there is more to one's subjectivity; as much as we are a subject, we are also subject to the conditions that the world around us imposes on us. Here Loewenthal (2011) refers to Merleau-Ponty's concepts of "between" and "embodiment", which may not be well explored via phenomenology, since phenomenology is more directed at one's subjective experience. The claims put forward by Loewenthal (2011) is very valuable since our *Dasein*s includes what is "within" and also what emerges in the "between". Indeed, it wouldn't be wrong to claim that Heidegger coined the term Dasein to overcome this experientially false dichotomy. Implications of this discussion directs us to emphasise and to explore the

therapeutic relationship more. The therapist is never an objective, or subjective observer of the client, but rather an active participant, like the client, in creating the shared experience called therapy.

In what was a radical step for the psychoanalytic world, and quite similar to the above mentioned discussions, Stolorow and Atwood (2002) denied the existence of what they call the isolated mind. According to Stolorow and Atwood (2002), all psychoanalytic theories, from pure Freudian ones to relational ones, claim that the mind is an entity independent of its surroundings and its relationships. In other words, the mind is like an empty container that is filled with relational representations and formed into different organisations, such as id, ego, and superego, through experience. In sharp contrast to this, and more or less in Heideggerian terms, Stolorow and Atwood (2002) claimed that the mind exists with its relationships in a mode of being-in-the-world.

Stolorow (2013) put the intersubjective theory of psychoanalysis into practice by viewing transference and counter-transference as two organising mechanisms of the intersubjective field between the client and the therapist. In line with this, therapeutic change is defined as bringing pre-reflective consciousness into a reflective state. As for answering the question of what remains pre-reflective, Stolorow (2013) pointed out affects as the main source, or material, of developmental traumas. Rather than drive-rooted repressions, the source of trauma is the repeated breakdown of the mother-child bond in early years. This breakdown might occur because of absence, misattunement or ignorance of the mother, and leaves overwhelming, painful affects experienced by the child as undigested in the inter-affective and inter-subjective field between mother and child. Such experiences remain in a pre-reflective state, where the experience is disorganised. Anxiety, or *Angst* arises once these pre-reflective

experiences are touched upon. Therapy and the therapeutic relationship is an attempt at organising pre-reflective states that came into being due to small or large relational-affective traumas (Stolorow, 2011, 2013; Stolorow & Atwood, 2002).

3.4. Empirical research about the therapeutic relationship and the experience of the psychotherapist within the therapeutic relationship

The empirical literature on the therapeutic relationship and how it affects the therapy outcomes is rich. It does not stop only with investigating the therapeutic relationship in general, but also the therapist's contribution to this relationship. However, as mentioned before, the literature here seems to be limited to be curious about the therapeutic relationship as an important factor in the healing process of the psychotherapy. The general tendency here is identifying the therapeutic relationship as a significant factor and a part in therapeutic gains (Dalenberg, 2004; Fiedler, 1950; Fonagy & Allison, 2014; Freedman, Hoffenberg , Vorus, & Frosch 1999; Geller, & Greenberg, 2012; Kocsis & Yellowlees, 2018; Lambert & Bradley, 2001; Lazarus, 1993; 1994; Norcross, 2010; Rosenfarb, 1992; Saunders, Howard, & Orlinsky, 1989, Sucala, Schnur, Constantino, Miller, Brackman, & Montgomery, 2012; Wienke Totura, Fields, Karver, 2018).

Based on empirical research, Lambert and Bradley (2001) claims that the therapeutic relationship is one of the main factors that determine the positive outcome for psychotherapy. They define a good therapeutic relationship based on person-centred concepts of empathy, warmth and congruence. They try to remind us that this curative process is first and foremost an interpersonal process, in which the therapist needs to provide a warm and empathic space with congruence. Norcross (2010) takes a

different, yet close enough perspective, claiming that the therapist needs to be attuned with the client. In order to do that, the therapist needs to be responsive to the client's needs, rather than being blank, and be willing to tailor the therapeutic relationship in order that the client would benefit from a warm and empathic interaction.

Freedman et al. (1999) steps further into the question of how the therapeutic relationship could correlate positively with better therapy outcomes. Their findings show that in a safe and warm relational space the clients can explore their cognitive dissonances better and that they can internalise this positive relational experience in order to carry it to other relationships that they have. Saunders et al. (1989) measured how the therapeutic bond correlates with the perceived outcome in the client's experience, as well as with the more objective evaluation conducted by an independent assessor. It was reported that strong working alliance, a relationship rife with empathic resonance and mutual affirmation between the therapist and the client are positively correlated with both the subjective experience of the client and the objective assessment by the independent observer. In a more specialised research, Dalenberg (2004) conveys that clients, who are trauma survivors, reported that self-disclosure made by the therapist when they are angry or overwhelmed by difficult emotions helped them to work through these emotions. Similarly, the participants reported that the method of blank screen tend to give less satisfactory outcomes.

Geller and Greenberg (2012) present a different façade of the therapeutic relationship through empirical data. They claim that being more mindful during the sessions helped therapists to be more present in the room. Through being present, the therapist could better get aware of one's and client's overt or covert experiences and expressions, which leads the way to better connecting with the client. They also highlight that presence is not a substitute for any therapeutic techniques, but rather a

precondition of providing a fruitful space for therapy. Indeed, such presence and connection could be established in remote forms of therapy as well. Sucala et al. (2012), and Kocsis and Yellowlees (2018) revealed that there are almost no reported differences between face-to-face and remote therapy in terms of clients feeling a deeper and intimate connection with their therapists. As in face-to-face modes of working, therapeutic relationship showed itself as an important factor in the outcome of therapy.

From a different perspective, Rosenfarb (1992) claims that even in behavioural therapy, the therapeutic relationship carries hints of from what the client would benefit. In line with this, Rosenfarb (1992) reports that therapists, who change their attitudes and behaviours through what they perceive from the other side, can build an alliance that could lead to better outcomes in therapy. Not dissimilar to these claims, Lazarus (1993) asserts that a larger repertoire of relational styles would render the therapist more flexible. It is important to bear in mind that clients may feel safe, secure and comfortable enough to work through their issues within different relational stances, e.g., more directive, supportive, respective, distanced, warm, formal or informal. With the same token, Lazarus (1994) warns practitioners from being rigid in the therapeutic relationship in the name of upholding boundaries and ethics at an indiscriminative, textbook standard. Even though the therapeutic relationship needs to have clear boundaries informed by ethical practices, Lazarus (1994) directs us to be more flexible, responsive to the context and open to negotiate between the client's need and what is ideally presented in the textbooks.

Fonagy and Allison (2014) applied the concept of mentalisation as one of the capacities that the therapist needs to have in order to support a positive therapeutic relationship. By mentalisation what is meant is the capacity and openness to

understand one's and the other's behaviours with the motivations that lay behind. In line with that Fonagy and Allison (2014) claim that the "mentalising therapist" is a universal phenomenon that is needed to build therapeutic alliance, regardless of the approach the therapist chooses to work with. In a similar vein, Fiedler (1950) put forth that well trained and well experienced therapists tend to agree on what constitutes a good therapeutic relationship, which is a type of good interpersonal relationships. Less trained and experienced therapists tend to uphold images of ideal therapeutic relationships, which are more influenced by the theoretical teachings than the universal qualities of good interpersonal relationships.

Even though there is a good deal of information and research on the therapist's healing role within the therapeutic relationship, focus on the therapist's subjectivity and meaning making process seem to be the knowledge gap that needs further attention. With this project I aim exactly to address this gap through hearing from the practitioners in terms of what they experience and how they make sense of it.

4. Methodology

In this section I tried to reflect on the choice of methodology through describing what thematic analysis is, what qualitative methods provide us with, and comparing thematic analysis and qualitative methods with alternatives, focusing on how these alternatives were not suitable for this research.

4.1. Qualitative research

According to Apel (1984) as he cites Droysen, there are three routes to follow in creating scientific knowledge. These are speculative, mathematical and historical, with the aims of knowing, explaining and understanding, respectively. Knowing through speculation pertains more to philosophical and theological disciplines, whereas explaining through mathematical procedures pertains to natural sciences. Apel (1984) also claimed that this is the first time that social-historical sciences were distinguished from natural sciences methodologically. What social sciences try to do is to understand the phenomena, without plunging into the speculative metaphysical realm of philosophical disciplines or falling into the reductionism of positivistic mathematical procedures. In line with that, understanding is about revealing ties and links between outer behaviours of and events around, and the inner processes of a human being. In other words, what social sciences attempt to do is contextualise a chain of behaviours, events or actions.

It was Wilhelm Dilthey, a German hermeneutic philosopher, psychologist and historian, who made a clear distinction between explanation and understanding. In this ambitious philosophy of science project, Dilthey (1977) added another layer onto

our venture, as human beings, to grasp what is going on around as. He claimed that scientific explanation of nature could only be complimented by immersing ourselves into the meaning world of individuals. It is not only the case that natural events and phenomena take place in the outside world, but at the same time we attribute meanings to these events and phenomena in order to make sense of them. This happens through a process of symbolic mediation, e.g., the use of language. In addition to that, understanding is interwoven with interpretation. We do not perceive the world as objective observers but colour them through the prism of our social-historical backgrounds.

Makkreel (2003), a leading scholar in bringing Dilthey's texts into contemporary discussions, focuses on how Dilthey contributed to the science of psychology, without reducing human experience into quantitative abstractions. He compared Dilthey's philosophical project with Kant's, claiming that both were looking for ways to reach knowledge that lends itself towards a deal of certainty. Although the scopes of these two philosophical endeavours seem identical, Makkreel (2003) puts forth that their definitions of knowledge and certainty are radically different. For Kant, knowledge could be produced as a function of cognitive derivations, whereas certainty is an objective that could be attained through the right kind of cognitive processes. In contrast to Kant, Dilthey claimed that knowledge could be derived from life-experience. What Dilthey created is a descriptive psychology, which is a meaning-oriented analysis of lived experiences, rather than a psychology of explanation. This meaning-oriented analysis of lived experiences is recognised by Husserl as an antecedent to his phenomenology (Makkreel, 1992).

In line with this, existential philosophy and existential psychotherapy are based on the idea that personal reality is subjective, constructed through perception and is subject

to interpretation. Positioning myself in this approach, what I have tried to do with this research is to understand, rather than to explain. I do not aim to explain why individual psychotherapists or psychotherapists experience the therapeutic relationship in a particular way. Instead of claiming to find causal links, my research interest is to reveal, unfold and understand, as Dilthey (1977) put it, what is happening in the session room from the perspective of the psychotherapist.

According to Silverman (2015), qualitative research methods describe phenomena in context, interpret the processes and meaning pertaining to them, and seek understanding. It was vital that this study attends to the lived experience of the participant, and that it let the participant vividly convey their experience through questions of 'how' and 'what', rather than 'why' (Morrow, 2007).

I wanted to conduct a study with a qualitative method, since I had no interest in reducing the experience of my participants to numbers, so that the data could be processed with quantitative methods. I wanted to keep the richness and depth of what I was told. Qualitative research on the topic of psychotherapists' experiences of the therapeutic relationship would occupy a valuable and meaningful place halfway between reductive quantitative research based on hard-data and memoir-like, well-manicured accounts published by psychotherapists.

Qualitative methods are based on an idiosyncratic focus, which highlights the experience of individual. In contrast to idiosyncratic focus, nomothetic approaches in research tend to cluster people into larger groups and due to this, largely eliminate the depth and richness of individual details (Morrow, 2007). This vast reductionism and abstraction may be helpful in explaining and understanding group movements and social dynamics; however, it sacrifices individuals' personal worlds. Considering this,

qualitative methods with idiosyncratic focus seem to be the only choice for conducting this study.

The aim of social sciences is to understand the fabric of society and human beings, who create that particular society. Since counselling psychology as a scientific endeavour is about understanding how individuals shape their contexts and vice versa, and the relational dialogue that keeps going between the two, there is a growing support for qualitative methods as the main methods to be employed in counselling psychology (Frost, 2011; Morrow, 2007; Ponterotto, 2005).

4.2. Phenomenology

Phenomenology is a philosophical movement that was established by Edmund Husserl, which expands beyond the borders of philosophy. Today, there are many different definitions and usages of phenomenology, as philosophers like Martin Heidegger, Jean-Paul Sartre, Maurice Merleau-Ponty, Paul Ricoeur, Emmanuel Lévinas and Jacques Derrida employed it. When it comes to finding a final definition, Farina (2014) warns us with the following sentences: "A unique and final definition of phenomenology is dangerous and perhaps even paradoxical as it lacks a thematic focus. In fact, it is not a doctrine, nor a philosophical school, but rather a style of thought, a method, an open and ever-renewed experience having different results, and this may disorient anyone wishing to define the meaning of phenomenology." However, if we go back to its contemporary founder, namely Husserl, we can encounter some founding ideas and principles. For Husserl, phenomenology is "the reflective study of the essence of consciousness as experienced from the first-person point of view" (Smith, 2007). Another general direction that could define Husserl's

phenomenology would be returning "to the things themselves, as they reveal themselves to us" (van Deurzen, 2010, p. 36). Today, modern phenomenology is one of the most used methods in descriptive psychology, which aims to understand, rather than to explain, in line with the distinction made by Dilthey (1977).

In order to better grasp what phenomenology is about, it would be beneficial to go back to the preceding idea of intention and intentionality. Intentionality's emergence in modern philosophy and psychology can be credited to Franz Brentano, a German philosopher. Intentionality is defined as "the power of minds to be about, to represent, or to stand for things, properties and states of affairs" in the Stanford Encyclopaedia of Philosophy (Jacob, 2019). Brentano (1995, p.88) used intentionality to distinguish acts of consciousness, which are psychical and mental, from acts of body, which are physical and natural: "Every mental phenomenon is characterised by what the Scholastics of the Middle Ages called the intentional inexistence of an object, and what we might call, though not wholly unambiguously, reference to a content, direction towards an object, or immanent objectivity. Every mental phenomenon includes something as object within itself, although they do not all do so in the same way." In other words, intentionality is "the capacity for object-directedness, the ability to have mental contents" (van Deurzen, 2010, p. 37). It is therefore impossible to talk about a mind, without its contents or a world that it is in relation with (van Deurzen, 2010).

This study employed thematic analysis, which does not employ phenomenology necessarily. However, as pointed out by Braun and Clarke (2006), thematic analysis could be conducted from an epistemological point of phenomenology, which is adopted in this project. My goal for this study is to reveal mental representations, or the intentionalities of the participants. The concept of intentionality is very useful in

understanding how we make sense of the context we are embedded in. The participants were invited to talk as much as possible about their experience of being in a therapeutic relationship with their clients with the aim of revealing how their minds construct a subjective reality of their own, of the situation they observe and how they participate (in this case, it is sessions and the therapeutic relationship).

Dilthey's and Husserl's efforts were openly targeted towards establishing a field of descriptive psychology, in contrast to positivistic explanatory psychology (Dilthey, 1977; Farina, 2014; Smith, 2007). Nowadays, phenomenology is one of the main pillars of existential psychotherapy (Cooper, 2003; van Deurzen, 2010, 2012; Schneider, 2016; Spinelli, 2005) as well as of a number of other approaches within the psychoanalytic tradition (Stolorow, 2011, 2013; Stolorow & Atwood, 2002). Beyond counselling and psychotherapy settings, phenomenology is gaining ground within qualitative methods that are frequently employed in psychology and health sciences (Davidsen, 2013).

Remaining true to Husserl's reductions, Giorgi (2006, 2010) delineated that we could explore the phenomenon we observe through (1) putting our pre-existing assumptions into brackets, (2) asking descriptive questions, (3) taking all aspects of the description into account as equally important aspects, (4) putting all these data into context, and (5) verifying if one stayed loyal to what really has been expressed. In this study, I also tried to keep to these principles. During the interviews and analyses, I tried to be mindful of my preconceived assumptions and to keep them at bay. When I was formulating questions to ask participants during the interviews, my endeavour was to remain on the descriptive terrain, through asking 'what', 'how' and 'how do you make sense of' questions, as opposed to 'why' in order to focus on the participants' experiences. Every aspect, spoken and overt or acted-out and covert, was as important

as the other. I tried not to leave out data that was against my expectations or knowledge. Through short summaries and questions, I tried to contextualise what was expressed, and in the dialogue, I tried to verify if I was still on the same page as the participant. During the analyses, I held onto the actual transcriptions, and checked all my themes against what is actually said and written, rather than jumping to my own conclusions.

Husserl's phenomenology is different than those, who used phenomenology. One of the greatest differences is that Husserl's phenomenology does not leave space for interpretation. For Husserl, if one applies phenomenology the right way, which means no interpretation allowed whatsoever, one would arrive at an indisputable fact (Smith, 2007). Many philosophers who employed phenomenology as their main method did not agree with Husserl (e.g., Martin Heidegger, Maurice Merleau-Ponty, Jean-Paul Sartre). In contrast to Husserl, Heidegger resurrected the concept of *aletheia* from the Socratic tradition of Ancient Greek philosophy. Adopting the literal meaning of *aletheia,* Heidegger (2010b) claimed that the aim of phenomenology is not about finding ultimate truths or facts, but moving in the opposite direction of being forgotten, covered, veiled or hidden. Being, however, is always a *Dasein*, which means a Being-in-the-world. Therefore, what is revealed is always coloured by its context, and what we understand from this disclosure will always be tainted by our personal meaning world. In other words, there is no escape from interpretation (Heidegger, 2010b). From Heidegger's point of view, it was impossible for me to keep my interpretations at bay, or it would be an act of denial if I were to claim that I have not interpreted anything. At this point, the important question is: What kind of an interpretation would support this phenomenological endeavour?

4.3. Interpretation

Interpretation is a disputed topic within phenomenology. The discussion revolving around interpretation in phenomenology boils down to two questions; how feasible is it to fully attend to pure description without even slightly stepping into interpretation, and even if that were possible, how would pure description be helpful in gaining deeper understandings?

Husserl's phenomenology is almost contentless and it provides us with a helpful method on our way to understanding phenomena we encounter. This kind of pure description however can lead to a futile place, where the descriptions can become redundant, without resulting in any embodied, palpable thing that has some sort of resonance in experiential life. This was exactly the criticism put forward by Martin Heidegger towards his mentor Edmund Husserl. According to Heidegger, if we understand something, then it means we have interpreted it in some way (Heidegger, 2010b). It is important to remember that for Heidegger, there is no Being in isolation, separate from its context. In contrast to that, Being is always a Being-in-the-world. In other words, once a phenomenon enters into my subjective world, it will take on a personal shape for me. We interpret everything we encounter. If there is perception and understanding, then there is interpretation. Even when I attempted to ask phenomenological questions to my participants, I enquired about particular aspects of the participants' experience, which was inevitably affected by my subjective placement in relation to them.

As mentioned before, Husserl's phenomenology can only conclude, when it reaches certain, absolute results, which leave no space for further descriptive inquiry (Smith, 2007). This road map was exactly what Heidegger disagreed with about Husserl's philosophy and method. According to Heidegger (2010b) if we aim for this kind of

certitude, then we would have to extort that phenomenon from the lived world in order to reach a certain, absolute definition. This definition would have to be an abstract one, since every phenomenon is in a constant relationship with the context and the world, and this relationship redefines phenomena all the time. For example, if I have a book, I could describe it to the fullest, and maybe as Husserl steered us, I may even come up with a definitive description. However, this would render the book abstract and I would happen to close off other potentialities it may have. To continue with the same example, if I use the book as a laptop support on the desk, or to reach something that slipped under the sofa, then these disclosed dimensions would be left out, creating a rift between experience and abstract definitions. The way I use that book is my interpretation of it. The same goes for the interviews I conducted with the participants. Even though I remained true to the words and experiences of my participants, in the end I interpreted them all as I tried to understand what had been discussed, both during the interviews and at the stage of conducting analysis.

Interpretation does not only take place when we make sense of a phenomenon subjectively. Language is another factor that causes a constant split between experience and interpretation. When we engage with the phenomenological method, the use of language is inevitable. Once language is involved, there will always be some interpretation, as language itself is an abstraction of experience, inevitably containing meanings, assumptions and preconceptions. This was another criticism made by Heidegger against Husserl's ideal of pure description (Heidegger, 2010b). Once the language is involved, interpretations will follow both within us and between people. This means there is a dual interpretation process when I try to convey my experience to someone. As I reflect on my experience, it means that I attempt to find the proper words for my experience, which is the first layer of interpretation that

happens in phenomenology. The second layer happens with the listener, as they try to make sense of what I convey to them. At this point a phenomenological stance cannot stop interpretation from happening. In addition to this, the meanings that one makes in the process of understanding do not remain a constant. Ricoeur (1976) claimed that in the meantime, interpretation changes the meanings.

I could say it is worthwhile to reflect on the process of phenomenology and how much interpretations can remain at bay since I claim to engage in a phenomenological inquiry. As I conducted my literature review about this discussion of pure description versus inevitability of interpretation, I found myself agreeing with Heidegger-Ricoeur's camp, rather than Husserl's conceptions. According to Heidegger (2010b) and Ricoeur (1976), there are many layers of interpretation, which occurred during this study. First of all, I asked my participants to express their experience of the therapeutic relationship. They both used the words that they have used in their previous reflections, or they reflected on my question, as they understand and interpret it, and found the words right at that moment. Two layers can be found here already; understanding of the questions and reflecting on their experiences. As they expressed their reflections of their experiences, I tried to understand them, which again inevitably means interpreting them to make sense according to my subjective world. Lastly, I chose to enquire about some phenomena in a more in-depth way, and let others slip away with no further reflection or elaboration. Again, this was another process of interpretation; in the end I had to decide what was more important (for my study) to focus on and what was not, inevitably diverging from Giorgi's (2006, 2010) step of equalisation. On top of that the process of analysis was a process of interpretation, as I tried to find the proper names for emerging themes, combining them into more over-arching themes and finally understanding the similarities and

differences between the ways in which participants make sense of the therapeutic relationship.

In brief, interpretation is an inevitable part of this study. However, I think it would be irresponsible to utter this and free myself into attributing any sorts of meanings to the words of my participants. My aim is not to do a wild analysis. It seems that there is a tension between description and interpretation that I experienced when I was interviewing my participants, and when I analysed the qualitative data. On one hand, I had to interpret what they said, but on the other hand, I had to ask myself 'am I still faithful, close to the lived experience of the participant?'.

In the end, there are no ultimate truths or facts to be discovered here, but just *aletheia*s to be explored and uncovered. That is why I chose to employ IPA, which openly allows for interpretation of phenomenologically gained data. However, here another important question to reflect on appears; what kind of interpretation would serve the aims of this study? In the next sub-section, I elaborate on the answers to this question.

4.4. What kind of interpretation?

Hermeneutics is a field that deals with interpretation, both on a theoretical and a methodological level. The word hermeneutics, derived from the word ἑρμηνεύω, means to translate or to interpret (Beekes, 2009). The field first emerged to interpret the deeper meanings of sacred texts, with the claim that some divine and holy messages are hidden implicitly within the more ordinary seeming stories (Grondin & Weinsheimer, 1994). The work of hermeneutics was about revealing these divine messages for the ears of the ordinary human beings (Vessey, 2009). Within ancient Greek folk mythology, the roots of this word are hinged upon the mythological Greek

deity, Hermes. Hermes was a messenger and an envoy between gods, and between gods and human beings. He was conveying souls of the dead into the underworld. He was also credited with the creation of language, as the main means of conveyance and interpretation. Division between truth, lie and trickster became possible and available with language (Larson, 2007; Woodard, 2007). Today, we all have a Hermes-like mission; communicating our personal meanings to each other, and to reflect on our pre-reflective experiences.

In line with the question of what kind of interpretation, Heidegger gave us two options when investigating phenomena; hermeneutic interpretation or apophantic interpretation (Heidegger, 2010b). Apophantic is a term coined by Aristotle, which is about finding the truth through logical reductions. Heidegger (2010b) claimed that this kind of abstraction could always be problematic, since there might be individual differences amongst people we abstractly clustered together with. This argument is the root of Heidegger's strong preference for, and commitment to, phenomenology. According to Heidegger, if we want to reveal the *aletheia*s of a phenomenon, we should go back to the phenomenon itself and study it while bracketing our preconceptions, just like Husserl, his tutor, wrote years ago (Smith, 2007). However, in disagreement with Husserl, and as discussed in the previous sub-sections, according to Heidegger (2010b) if we want to get to know the phenomenon, we cannot remain on the level of pure description; rather we have to make sense of what we encounter and create new, immediate-to-experience assumptions. This is the second route, and alternative to apophantic interpretation put forward by Heidegger, which is called hermeneutics.

One of the leading names in existential psychotherapy, Hans W. Cohn (2002), also argued that all our expressions and communications involve a certain amount of

interpretation, since we have to make sense before we express ourselves or when we hear something. However, here we have a choice; we either keep the phenomenon itself at the core of our inquiry and understanding, or we jump off towards larger, reductive interpretations, which reduce and degrade the phenomenon in hand, and which results in not being able to understand the phenomenon (Cohn, 2002).

If we really want to grasp the phenomenon in hand, the best available option is to keep the phenomenon immediate and at core. In other words, there must be a dialogue between description and interpretation.

Rather than immersing myself in apophantic interpretations and reducing the phenomena I encounter to some theories and broad generalisations, I tried to keep the phenomena immediate and at core, yet I did not stop only with pure description. With the power of immediacy of phenomena, I stepped into hermeneutic interpretations. During the interviews and afterwards while conducting the analyses, I immersed myself in the cycle of assuming-bracketing-describing-interpreting-assuming, which helped me to remain close to what my participants revealed to me.

However, I was mindful that I needed help in order to reach a new level of triangulation. Research supervision was one of those methods I employed, which assisted me. Throughout the study, my supervisors pointed out my assumptions that distanced my interpretations from the immediate. The second aide was using reflexivity, which I involved in every step of the study. Reflexivity helped me to encounter my own preconceptions and assumptions that I did not know about previously.

4.5. Thematic analysis

This study was conducted as a qualitative research project. The participants were interviewed with semi-structured interviews. Records of these interviews were analysed with thematic analysis. Both the interviews and the analyses were conducted with a phenomenological stance that allows hermeneutic interpretations.

The main reason why I picked thematic analysis as the research method of the present study lies in the flexibility and freedom it provides. Thematic analysis, as its name designates, allows the researcher to immerse oneself in the data to find common themes and patterns among the experiences of different participants.

Braun and Clarke (2006, p.80) defines thematic analysis as "a method for identifying, analysing, and reporting patterns (themes) within data." However, thematic analysis should not remain at a purely descriptive manner as it allows for interpreting different aspects of the data that revealed itself during the analysis (Boyatzis, 1998). Alongside with this, the flexibility of thematic analysis comes from the fact that it does not have an epistemological position; or rather it could be used with different epistemological positions. With no theoretical framework that it imposes on the researcher, it grants a deal of theoretical freedom, which enables the researcher to tailor the method alongside with needs that come from the research question (Braun, & Clarke, 2006; Boyatzis, 1998). For example, thematic analysis is used as a contextualist method in this research in order to reveal the meanings attributed to experiences by the participants. This research is based on the theoretical and epistemological assumption that the broader context that we live in shapes our subjective reality. The aim of this research is to reveal the experiences and the meaning attributed to them by the therapists within the context of their therapeutic work and approach. It is worth mentioning that thematic analysis could be adapted to be used as an essentialist or a constructionist method (Braun, & Clarke, 2006).

Along these lines, thematic analysis could be used both as an inductive or deductive, theoretical method. This study adopts an inductive attitude in thematic analysis, with the researcher going into the background through bracketing one's assumptions and looking for what the data has to reveal without conforming to any theoretical frameworks. In other words, my endeavour is to see all the patterns in the reported experiences of my participants, without trying to approve and disapprove a theoretical point of view.

According to Braun and Clarke (2006), another important decision is to determine whether to attend to semantic or latent themes. This research aims to attend to both semantic and latent themes, however primarily to semantic themes. Attending to semantic themes means focusing solely on the explicit data without looking what lays beyond the surface. With focusing on latent themes, the research goes deeper into an interpretative level, in which the factors that shape semantic themes are sought. Braun and Clarke (2006) claim that a research ideally should be exclusively on one of these levels, however taking one of these stances as the primary level and looking for the other level of meanings is also a possibility. Based on this possibility, the present study starts out with seeking patterns among what is expressed semantically or explicitly, however continues to interpret what kind of theoretical inclinations may have shaped the views of the participants.

Even though it was established that thematic analysis is the most suitable research method for this study, it would be unrealistic to claim that it is without limitations and criticisms. In the next sub-section, I explore criticisms directed at thematic analysis.

4.6. Thematic analysis: Challenges

Like any research method, thematic analysis also comes with limitations and shortcomings. Rather than ignoring these, it is important to pay close attention to the criticisms in order either to find ways to compensate for these limitations or to accept them as they are.

One of the most prominent criticisms directed toward thematic analysis was exerted by Giorgi (2010), who claimed that the analysis process itself is too ambiguous, tentative and unclear. However, Braun and Clarke (2006) put forth a very clear procedure with exact instructions about how to collect data, how to analyse them, how to find themes and how to discuss these themes.

Another criticism that was put forth is related with the previous criticism, claiming that the analysis itself relies too much on the subjectivity of the researcher (Brocki & Wearden, 2006; Shaw, 2001). This inevitably creates the potential of flabbiness and blind spots, yet this possibility applies to any research methodology. Even though there is no direct intervention available to avoid this pitfall, transparency in reporting results and analytic procedure may be named as a good-enough measure. By inserting extracts from interviews and giving a clear account of the procedure as a whole, this in a way indicates the researcher's subjectivity openly to readers, allowing them to examine the data and form their own conclusions. As I was conducting my analyses, having this in my mind alone served as a reflective triangulation process.

Surely validity is another factor that needs to be attended. Since interviewing, analysing, finding themes, combining them into categories while interpreting meanings uttered by the participants is a very complex, subjective and dynamic process, it would be quite impossible to replicate the study and find exactly the same results. However, there are still some measures which can be taken, which are best illustrated by Yardley (2000). Yardley (2000; 2017) claimed that attaining to four

principles in qualitative research would give the researcher solid enough ground in terms of ensuring the validity of the study. These four principles are sensitivity to context, commitment and rigour, coherence and transparency, and lastly importance of the researcher. I elaborated further on the validity of the present study in the last sub-section of this section. In addition to Yardley's (2000, 2017) principles, Braun and Clarke (2006) provided a 15-point checklist of criteria for good thematic analysis, which I have used extensively and reported in the validity considerations subsection.

There are other criticisms directed toward thematic analysis stemming from a more constructive epistemological point of view. One of these criticisms claims that thematic analysis as a research method fails to see the role of language in how we make sense, interpret and construe the world around us (Willig, 2013). It is true that thematic analysis does not pay special attention towards language, however looking at semantic and latent themes gave me the possibility of reflecting on the role of the language as I used thematic analysis.

A significant criticism Willig (2013) set forth is that thematic analysis fails to capture the larger social and cultural background of the participants. According to this opinion, thematic analysis takes its participants as sole individuals with no histories, background or socio-cultural preconceptions. I do not agree with this proposition as an existential psychotherapist, since we disclose our backgrounds all the time as we exist in a given time and space. *Dasein* could not stop revealing and disclosing itself at any given time. Returning back to the interviews, subjective experience and how we make sense of it, how we interpret it is tightly interwoven with our past experiences. Even when interview questions do not directly inquire about past experiences, the participants bring their past into the present as alive and vivid embodiments.

4.7. Alternative methods

I would like to elaborate on why thematic analysis is the most suitable methodology for this study through discussing the alternative research methodologies and delineating why they were less suitable. There is no one methodology that is ultimately superior to others, independent of what the study is about. Here the task of the researcher is to find the best fit between the research question and various methodologies (Silverman, 2015; Smith et al., 2009; Smith & Osborn, 2008; Willig, 2013).

In line with this, I took a closer look at interpretative phenomenological analysis (IPA), grounded theory, Giorgi and Giorgi's descriptive phenomenological psychological method, and structural existential analysis.

At first IPA seemed like the obvious choice for this study as the research question entails the experience of the participants. On top of that, since I was interested in the relational experiences of therapists within therapeutic work coming from particular therapeutic approaches, it was quite clear from the outset that I would adopt a rather interpretative stance as the researcher; hence, I wanted to seek ties between therapists' experiences and their theoretical inclinations. Being a phenomenological and interpretative method, IPA seemed like the best fit for this project. However, there are two big obstacles for this study to adopt IPA as its research method, which are this study being a comparative study and having a smaller sample due to both research and practical matters. Smith et al. (2009) clearly indicate that IPA could be used for comparative purposes, however since comparison would mean dividing the sample into smaller groups, the researcher would need homogeneous larger groups. In the

current study recruitment presented one of the biggest challenges as number of therapists, who saw the invitation to the project and were willing to talk about their therapeutic experience was rather limited. Among this limited number of prospect participants, it was impossible to come up with a large enough and homogeneous sample to do such a comparison. In order not to weaken the research design despite of different benefits provided by IPA, e.g., structured analysis, phenomenological stance, room for interpretation, IPA was ruled out due to comparative nature and thin sampling of the current study.

Grounded theory was one of the attractive methodologies, which I considered to use. The aim of grounded theory is to generate a new theory (Frost, 2011; Given, 2008). According to this methodology, a new theory can be generated via a process of constant data collection, tagging of repeating themes and combining these themes into new theories. Its phenomenological stance resembles IPA, yet the aim of this methodology was completely incompatible with the aims of my study. In this study, I did not intend to come up with a new relational theory for psychotherapists.

Giorgi and Giorgi's descriptive phenomenological psychological method was another good candidate to employ as the methodology of this study. Giorgi and Giorgi's descriptive phenomenological psychological method is about remaining at a phenomenological level when examining the investigated phenomenon (Giorgi, 2006, 2010, 2012). However, in the analytical procedure that was described by Giorgi (2010, 2012), there is a mention that the gathered data should be transformed into analysable material, which seemed like a sort of interpretation without acknowledging it as such. Sticking to phenomenology so strongly and ousting interpretation as a whole did not seem to be fitting with the aims of this study.

Finally, I would like to mention van Deurzen's structural existential analysis, which I found very intriguing. Van Deurzen (2015) developed this methodology based on her experience in existential psychotherapy. This methodology employs a phenomenological stance in approaching the data that it obtains via dialogical and hermeneutic interviews. In the end the results are discussed within the framework of the four-worlds theory (van Deurzen, 2015). I decided against using this methodology, since it is not an aim of this study to derive an existential analysis of the participants. I decided that viewing the results only through the four-worlds theory would be restrictive in the interpretation of the data.

To sum up all these discussions about alternative methodologies, thematic analysis appeared as the most suitable methodology by far. The biggest reason for this is the freedom and flexibility provided by thematic analysis. Within this flexibility, it was possible to conduct the analysis with clear procedural instructions and focus on the personal, subjective experience of the individuals. In addition to that, the theoretical freedom of thematic analysis enabled me to adopt both a phenomenological and hermeneutic stance.

4.8. Validity considerations

Validity in research is an important issue that needs to be addressed. With quantitative methodologies it is more clear and obvious what the researcher needs in order to ensure the validity of one's study, since there are some more traditional and well-defined measures that have been used for a long time; e.g., operationally defining measured concept in line with wider literature, using standardised psychometric tools (Kline, 2014). Unfortunately, due to the relative novelty of and diversity amongst

qualitative methods, the measures for validity are not always that clear; hence qualitative methodologies in general, and thematic analysis in particular are criticised for lacking validity.

However, this claim tends to be unfair. Before discussing further how validity could be ensured in qualitative methodologies, and especially in this study, it would be a good starting point to define validity.

According to Kline (2014), it is possible to talk about internal and external validities. Internal validity is about the question of whether the study truly studies what it claims to. External validity is about how generalizable the results are. Here we come across another important distinction between quantitative and qualitative methodologies. The majority of qualitative methodologies - maybe it is possible to keep grounded theory aside - do not have an interest in generalising, or claiming to generalise their results to larger populations (Frost, 2011; Given, 2008; Morrow, 2007; Ponterotto, 2005; Willig, 2013). In that vein, the present study has no claim about what all-existential and psychoanalytic practitioners in the UK experience in the therapeutic relationship. It simply provides readers with an in-depth account of what these eight practitioners experience in sessions and how they make sense of therapeutic relationships.

Even though external validity seems to be irrelevant to the present study, internal validity, which is referred to simply as validity from now on, is an important issue that needs attention.

To answer the question as to whether the present study truly studies what it claims to explore, Yardley (2000, 2017) introduced four criteria of validity, which I found very helpful in testing this study in terms of its validity. These four criteria are (1)

sensitivity to context, (2) commitment and rigour, (3) transparency and coherence, and (4) impact and importance.

In terms of sensitivity to context, as outlined by Yardley (2000, 2017), I paid special attention to remain as close as possible to the theoretical, sociocultural, personal and ethical contexts involved. I reviewed a vast literature on therapeutic relationships. The study was limited to the United Kingdom, and indeed to the Greater London metropolitan area, which helped me to attend to the therapeutic culture and the larger sociocultural context. Phenomenological interview questions opened up a space for participants, in which they could openly discuss what kind of a training background they came from and what kind of an impact that and the larger sociocultural factors have had on them. Finally, ethical issues were rigorously adhered to, both by me, in our discussions with my primary supervisor, and two committees (PAP viva and ethics board) that the study needed to pass before getting a green light for data collection.

The criterion of commitment and rigour revolves around in-depth engagement with the topic, methodological competence, thorough data collection and depth of the analysis (Yardley, 2000, 2017). I paid close attention to engaging with the topic in an in-depth fashion, as I reviewed the most relevant literature and directed the interviews in order to keep them within the scope of the topic. It was the first time that I used thematic analysis, but I did my best to show methodological competence via using research supervision, and also studying as many qualitative studies with thematic analysis as I could. I sought to collect my data thoroughly with an exclusive focus on the topic, and this same thoroughness was my guide when conducting analyses. I took as much time as I needed to immerse myself in the material. I reread the interviews,

went over the emerging themes many times, just to make sure that I could make the best out of the material available to me.

When it comes to coherence and transparency, it is important to pay attention to the clarity of the descriptions and arguments, transparency in reporting methods and results, fitting the theory with the methodology and showing a good deal of reflexivity (Yardley, 2000, 2017). I think the length of the relevant sub-sections in this thesis is an indication that I adhered to these criteria. The lengthy literature review, methodology, results and discussion sections are meant to depict clear descriptions, interpretations and arguments, as well as transparently reported methods and results. The present section on methodology was designed to show the process by which I reached the current choice. Reflexivity was one of the main pillars of rendering this study as a solid and valid one, alongside with triangulation attained through research supervisions.

Lastly, what is meant by the criterion of impact and importance of the research is about how this study can enrich our understanding of the topic (Yardley, 2000, 2017).. What kind of practical implications will the results and discussion pertaining to this study have for the community, policy-makers and colleagues? The sub-section 2.4. "Possible value of the present study" and the whole Section 9 "Reflecting on the whole picture: A discussion about the clinical and practical implications of this study" were dedicated to reflecting on the larger implications, in order to render the results sensible for the larger psychotherapeutic community.

In addition to Yardley's (2000; 2017) helpful guidance, Braun and Clarke (2006) provide a checklist of criteria for good thematic analysis. The present study adheres to all the 15 points described in this checklist, as presented throughout this thesis. The checklist points out to the following criteria; (1) accurate transcription, (2) equal

attention to all parts of the data in the coding process, (3) coding process being thorough, inclusive and comprehensive for all the sample, (4) comparison of relevant extracts for each theme, (5) checking themes against each other and with the original transcriptions, (6) presentation of internally coherent, consistent and distinctive themes, (7) data being analysed and interpreted beyond merely described, (8) matching between data and analysis, (9) presentation of the analysis as a well organised story, (10) a fair balance between interpretations and exemplar extracts, (11) thorough analysing through spending enough time with the data, (12) assumptions of the researcher about the data being spelled out, (13) report representing what is done with the data and analysis, (14) language that reflects the epistemological position of the analysis, and lastly (15) the researcher positioning oneself as an active, co-creating agent in the whole research process.

5. Reflexivity

The best way to keep interpretation on phenomenological grounds, rather than plunging into a spree of wild analysis, is to utilise a process called reflexivity (Jootun, McGhee, & Marland, 2009; Mauthner & Doucet, 2003; Smith et al., 2009). Reflexivity can be defined as becoming conscious of what kinds of preconceptions the researcher brings to the study via using various techniques, e.g., keeping journals, supervision. The prime feature of reflexivity is about making these experiences, learning, preconceptions and personal background visible to readers, so that readers can see how the researcher has influenced the course of the study (Ortlipp, 2008). In other words, reflexivity adds a great deal of transparency to the reporting.

Reflexivity in qualitative research is a requirement for the validity of the study as mentioned in the previous sub-section of validity considerations. Alongside the issues about validity, reflexivity is an ethical issue as well (Dowling, 2005). It would not be compatible with academic honesty if I were to claim that I have transcended all of my expectations and assumptions about the topic of this study. In a nutshell, reflexivity, and transparency about the relationship between this topic and myself seem to be the only way of being academically honest. Rather than claiming to be objective about the topic, I take responsibility for my subjectivity.

Engaging in reflexivity is not a one-time process. Rather it is a continual process from the inception of the research ideas until the very completion of the present study. In order to reflect on the research process, I engaged in three different activities. Firstly, I kept a reflective journal, in which I noted all my ideas, feelings, free-associations,

impressions and experiences as I was conducting a literature review, interviews, conducting the analyses and writing up the results. I did not directly discuss these elements with my supervisors; yet research supervision served as another reflective space with the addition of the perspective of another person. Lastly, as I was writing up the thesis, I had the chance to revisit all my self-reflective and supervision notes, and I engaged in a sort of meta-reflective process as I tried to report on reflexivity.

I hope that engaging in multiple ways of reflexivity first and foremost ensured that I could keep and convey the richness of the data I worked with. Readers can get a sense of my reflective processes both in the Introduction Section and in this section. I wanted to put my personal reflections in the section of Introduction, so that readers could immediately see what kind of a background this research idea had been conceived in. Readers may read about my epistemological reflexivity in the next sub-section.

5.1. Epistemological reflexivity

In order to spell out the obvious, I shall start by declaring that I do not believe in absolute knowledge when it comes to the human psyche. I do not believe in ultimate sentences like 'X happens because of Y'. Psychoanalysis claims that there is causality; hence our childhood experiences do shape our adulthood days. Surely there are far too many factors that are in play, yet psychoanalytic thought retains its grounds in terms of multi-factored causality (McWilliams, 2011). Yet, one of the main premises of relational psychoanalysis is that our experiences come into being within the context of relationships. Even though it is put forth that past relationships inform present relationships, there is a greater emphasis on the exploration of the

context than the rest of psychoanalytic thinking (Cornell, 2014; Loewenthal, 2014b; Orbach, 2014).

Existential psychotherapy, especially the British school of existential therapy that I was trained in, has a different perspective on causality. Rather than talking about causality, it is better to talk about and explore a person's relationship within one's context. The aim here is not to find causal links, but to help the client to make sense of one's choices and one's fate (as in Nietzsche's Amor Fati). This is the reason we do not ask 'why' questions in phenomenological method. Phenomenological inquiry is built upon the questions of 'what' and 'how'. So, the scope in existential psychotherapy, therefore, is to remain as close as possible to experience, rather than jumping to hypothetical abstractions as to why something happened the way it happened. The answer to the question of how we become the person we are today is rather holistic and experiential (van Deurzen, 2010, 2012; Spinelli, 2005).

Both approaches want their clients to keep asking questions to themselves and keep exploring, rather than just stopping at gaining insights. In both of my trainings in these schools of psychotherapy, the question following a moment of insight would be the same: 'Could you tell me more?' This is either said directly or by remaining silent so that the client can reflect on the newfound insight. On the other hand, for me the most deadening part in both existential and psychoanalytic psychotherapy is when clients believe that the insight, they have arrived at is an absolute piece of knowledge about themselves. Such moments are generally followed by despairing questions of 'now I know that, but how is this useful? What can I do about it?' These moments are deadening because these moments point to when we stopped exploring.

I think knowledge attainment should be a continual process of exploration. I am aware that I reported my findings at the end of this thesis as pieces of knowledge that

I derived. Even though this knowledge is derived via the phenomenological method, it is still not an absolute knowledge that encompasses and explains every aspect of the therapeutic relationship.

At this point a dilemma appears between claiming to find absolute knowledge and a position of nihilism due to the impossibility of obtaining absolute knowledge. I believe there is a fine line to tread between these two poles; yes, I am not finding out something absolute and indisputable, yet, what I exert is a valuable piece of knowledge that is still open to discussion and dialogue.

6. The research procedure

In this section I aim to provide a detailed and transparent account of how I conducted the study. The first sub-section is dedicated to ethical considerations, which is followed by details of sampling and recruitment procedures. A separate sub-section was dedicated to introducing participants with their demographic and professional information, while keeping them anonymous. The following sub-sections aim to give readers a detailed description of the data collection and transcription procedures. In addition, I tried to show how well this study succeeds in two of the four validity criteria as outlined by Yardley (2000, 2017), which are commitment and rigour, and transparency and coherence.

6.1. Ethical considerations

The current study received full ethical approval from the New School of Psychotherapy and Counselling and the Middlesex University ethics committee in November 2015 (please see Appendices 1-5 for the proper documentation).

The conduct of the study adopted the British Psychological Society's code of human research ethics (British Psychological Society, 2014) as its ethical guidance. In line with BPS's ethical guidelines, all the necessary measures were taken in the course of the study to respect the autonomy and dignity of the participants.

The participants were not to be categorised as "vulnerable", since the scope of the current study accepts only adult participants, who are from the professions of

psychotherapy and counselling psychology. Likewise, the interviews that were conducted in order to collect data could not be named as "traumatic", since they do not cover sensitive areas of the participants' personal lives. However, it is well accepted and appreciated that there is always a potential of causing distress as a result of these interviews (British Psychological Society, 2014). That is why it was my first and foremost responsibility to the participants to inform them that such an emotional or other kind of distress would not be inflicted upon them, and that in the unlikely event of such unexpected distress I would take the necessary measures to comfort and direct the participants to receive appropriate support.

Although my participants were seasoned psychotherapists, this does not mean that opening up during interviews would not put them in a vulnerable position. As a precaution, the interviews were conducted in a respectful, I-Thou manner, which is compatible with phenomenological research.

In order to adhere to ethical standards of the NSPC, Middlesex University and the BPS, informed consent sheets and debriefing forms were in place at all stages of the study.

> *Informed consent:* A detailed and elaborate information sheet for
> participants (Appendix 3) was sent to all the potential participants via
> email before their decision to take part in the study. This sheet was
> prepared to provide potential participants with the information about the
> aims and nature of the current study. It also informed potential
> participants that there is no deception involved in the whole process of
> the study. A transparent account of the study was offered to potential
> participants, so that they could make an informed and conscious choice
> about partaking or not. Informed consent was obtained from all

participants at the beginning of each interview (Appendix 4). Each participant signed an informed consent form at the beginning of the interview.

However, it is well acknowledged that gaining informed consent from the participant does not mean that I have their consent in perpetuity. I recognised this and reminded participants many times both verbally and in written form that they have the right to withdraw from the study at any point they wish to do so, without having to give any explanation about their decision to withdraw.

Interview: My top priority in the interviews was that the participants felt heard, comfortable, respected and safe. The reason why I emphasised feelings of comfort and safety on the side of the participants is for two key reasons; first of all, it is important that they could express and convey their experiences as freely as possible so that I could collect useful and sound data. Secondly, it was my ethical responsibility that the participants leave interview meetings without any feelings of being judged, questioned or mocked; hence I tried to ask all my questions or voice all my comments in a non-judgmental, open-minded and tentative fashion.

During the interviews I paid a great deal of attention to how participants were experiencing the situation, where they opened up quite an intimate part of their professional lives to scrutiny. In order to do that, I followed their voice, tone, and body language and checked in with them in case I felt it was necessary. Even though it was not ultimately necessary, I was prepared to stop the interview and not continue. In addition to that, it was

clearly stated that the participants could stop the interview any time they felt like and were not obliged to continue.

Debriefing: After completing each interview, a debriefing session took place to give the participants a chance to express their emotions, thoughts and feelings or ask any questions about the experience of the interview in particular, or the research project in general. As a part of this debriefing session, I reminded them of their rights as participants. Lastly, I mentioned that I could refer them to appropriate services in case they would need any further support due to discomfort or distress caused by the interview. On that note, I added that it is always possible to arrange a second meeting to discuss these effects further. None of the participants asked for any referral for further support or a second meeting with me.

6.2. Confidentiality

All the interviews, quotes and general information about the participants were completely anonymised. In transcriptions of the interviews, which are not publicly accessible yet open to university's investigation, any information pertaining to the identity of the participants, or that would render the participants identifiable was omitted. In reporting, pseudonyms were given to the participants. Participants were informed that any disclosure of data, partial or full, would strictly adhere to the BPS Code of Ethics and Conduct (British Psychological Society, 2018). The participants were also aware that interview transcripts are accessible only to academic supervisors and examiners. I

transcribed all the interviews for the purpose of confidentiality and identity protection.

I recorded the interviews on a digital recorder and transferred the files to an encrypted USB stick for storage, deleting the files from the recorder. All of the information that the participants provided me (interview recording, signed informed consent forms) is stored either on the encrypted USB stick, or in a locked filing cabinet. I keep the key that links the details of participants with the project code in a locked filing cabinet.

The participants were also informed that the information would be kept for at least 6 months after I graduate. All the data is stored according to the Data Protection Act and the Freedom of Information Act.

Due to the nature of this research project, the participants disclosed examples from their cases. Both I as the researcher, and the participants, took great care to ensure the confidentiality and anonymity of clients and their materials. Beyond obscuring case examples, I asked participants to be mindful of keeping their presented case materials as anonymous and unidentifiable as possible. The participants had and have the right to ask me to remove any part from the transcription for the purpose of maintaining clients' confidentiality and anonymity.

Since this is a study that concerns what happens in therapeutic relationships, it has to respect legal and ethical compliance with the conduct of psychological counselling and psychotherapy. As mental health professionals of any title, we are all obliged to work in compliance with the ethical framework put forward by our registering professional bodies and in line with British law. Similarly, in

the role of researcher, I am obliged to conduct this project in line with ethical rules of the British Psychological Society, UCPA, NSPC and Middlesex University, and in line with British law. Considering this multi-layered legal and ethical framework, I informed the participants that I am obliged to report any revealed non-ethical and/or unlawful practices, (a) back to the participant, (b) to my research supervisor, and (c) to related professional and governmental bodies. Fortunately, this measure did not need to be called for in the present study.

A further confidentiality issue arose, as some of the participants were senior practitioners, who may be recognised by readers coming from the fields of psychotherapy, counselling or psychoanalysis. All the transcripts were redacted in a way what rendered participants unidentifiable for confidentiality reasons.

6.3. Sampling

In order to employ thematic analysis as an in depth research method, proper sampling should be small in size and purposefully selected (Braun, & Clarke, 2006). Even though no exact answer appears in terms of what the ideal sample size is for a meaningful thematic analysis, Fugard and Potts (2015) mention that the size may vary between 2 and 400 and propose a formula to calculate the best sample size for a given study considering population theme prevalence, desired instances, and the power of the study. Braun and Clarke (2016) critise this approach for resorting to quantitative and post-positivist logic. According to Braun and Clarke (2016) the sampling should be done organically and flexibly, through making the recruitment and sampling a part

of the reflexivity on the overall results. This study adopts Braun and Clarke's (2016) approach to thematic analysis in sampling.

As mentioned before, the sample should be purposefully selected. Participants were selected amongst colleagues, who have a sufficient amount of experience to elaborate upon as well as those who are willing to disclose their own experiences of the therapeutic relationship.

For this study, a common professional background in terms of being a therapy practicing mental health professional was the first condition of recruitment. Self-identification with one of the two approaches in psychotherapy; namely existential or psychoanalytic, was another criterion to procure purposefully selected sample. In order to ensure some deal of homogeneity, prospective participants who were trained in the United Kingdom, who are registered either with the existential section or with the psychoanalytic section of a British accrediting body for psychotherapists/ psychologists/ psychoanalysts (e.g., UK Council for Psychotherapy), and who have more than five years of post-qualification experience were invited to take part in the study. The rationale underlying this criterion is an assumption that experienced practitioners can provide better data as they would have had more of an opportunity to reflect on their subjective experience of being in therapeutic relationships.

Gender characteristics aren't deemed directly related with the research question or the possible results, nonetheless a balanced female-male proportion in the sample was attained.

Lastly, even though it was a major requirement that the participants have English language skills at a professional level, no requirement or exclusion criterion were employed regarding the nationality or mother tongue of the prospective participants.

6.4. Recruitment

A number of different routes were used in order to announce the study and recruit participants for it. The process of recruitment had to be extended to a total period of roughly one and a half years, from November 2016 to April 2018.

Three different routes were used in conveying the invitation to the study. Firstly, I circulated or asked others to circulate the invitation text in various email groups, e.g., the New School of Psychotherapy and Counselling's email lists or International Association for Relational Psychoanalysis and Psychotherapy's members list. In the original action plan to implement the study and recruit participants, this was the only way that my supervisors and I decided to follow. However, due to low response rate to this kind of blanket invitation, we had to think of other ways. After careful consideration, it was agreed amongst us that it would be acceptable to approach practitioners directly with a personal invitation. In line with this, I invited practitioners, who met the recruitment requirements and that I did not meet before. I contacted potential participants via the UK Council for Psychotherapy, British Association for Counselling and Psychotherapy and the Philadelphia Association listings. In the email, I kindly asked if they would be interested in taking part and enclosed the information sheet. Finally, I contacted potential participants via referrals or personal professional contacts. I was mindful and careful to select practitioners, whom I know only in their professional capacities and who have not been related to me in a different capacity, e.g., instructor, supervisor or being in the same cohort at NSPC.

After potential participants expressed their interest in taking part in the study explicitly, further emails were exchanged to set a time and place for the interview and to ensure that they meet the requirements. The information sheet was attached again in these subsequent emails.

6.5. Reflexivity on recruitment

I have to admit that the recruitment was far more difficult than I had planned for initially, as only a handful of existential and psychoanalytic practitioners volunteered to open up about their experiences in the first rounds of general emailings. This led to the recruitment taking such a long time, from November 2016 to April 2018, almost 18 months. Because it spanned over 18 months, at first, I struggled to see my data as a whole, as I had to deal with it partially as it was incomplete for a long time. After I completed the recruitment, I had to approach the data from sketch, rereading all the transcripts and refamiliarizing myself with the data. I have to add that even though this was challenging, feeling disconnected from the study and then trying to reconnect with it, it also created a distance between me and the data so that I could get aware of and bracket my assumptions better.

I believe the greatest reason why the recruitment turned out to be this challenging was that I asked prospect participants to open up about their relational experiences in therapeutic work. This may put someone in a quite vulnerable place. Putting myself in their shoes, I would feel quite vulnerable about disclosing what I feel in the therapeutic relationship and may be not that willing to take part in such a study that asks me to put me in this vulnerable place. Retrospectively, I now understand the difficulties that I experienced during recruitment, but I need to add that I didn't foresee them at the outset.

Besides difficulty in finding volunteering participants, I received a few dismissive emails in reply to my announcements. These ranged from accusing the comparative part of the study as ill-conceived to personally finding me as a misfit to be a therapist due to an inactive Twitter account that I used to have and had a funny, non-discriminative, non-offending nickname (I suppose the person had searched me via Google and reached this account that even I forgot about). These hostilities happened both during general announcements and targeted invitations. I believe the reason underlying is that these prospect participants found my study invasive or even boundary transgressing. Even though the study did not compare the two approaches in a hierarchical manner, e.g., trying to coin one of them as more effective or superior based on a particular criterion, the comparative design of the study may strike as challenging and threatening. Secondly, and I think more importantly, these aggressive responses could be about the vulnerable place that I asked my prospect participants to get into. This could be perceived as a threat or an intrusion into a professional yet very private and intimate dimension. Aggression may be there simply to ward off these perceived threats that I unwittingly posed.

Surely recruiting by targeting had implications on the study and its results. First of all, I targeted those practitioners that are known to me as more relationally oriented. In other words, I invited those therapists that I knew or introduced to me as therapists "working relationally". In the light of this information, it could be said that this study includes experiences of therapists who are willing to position the therapeutic relationship as a central feature of the therapeutic work. Secondly, I felt like all my participants were very openminded, ontologically secure, and quite courageous about talking about their relational experiences in therapy. Targeted or volunteering, I could

claim that this study attracted practitioners who are more willing to reflect on and talk about their relational experiences. This may have left out those practitioners, who feel less secure about the relational dimension of the therapeutic wok.

6.6. Participants

The sample of the present study consisted of 8 participants. The details of the participants' demographics can be seen in Table 1 below. Four of these participants identified themselves as existential practitioners, whereas the rest of the participants (again 4) identified themselves as psychoanalytic practitioners. The ages of the participants varied between 40 and 70. All the participants were registered with one or multiple professional bodies as listed here; British Association for Counselling and Psychotherapy (BACP), the British Psychological Society (BPS), British Psychoanalytic Council (BPC), and UK Council for Psychotherapy. Participants' post qualification professional experience in psychotherapy ranged from 10 years up to more than 40 years. All the participants were in private practice at the time of the interviews.

Table 1: **Participants' demographics**

Participants' pseudonym	Therapeutic approach	Age group	Gender	Professional body	Therapeutic experience
EXIST 1	Existential	40-50	Male	BACP/ UKCP	10-20 years

EXIST 2	Existential	40-50	Female	UKCP	20-30 years
EXIST 3	Existential	40-50	Male	BACP/ UKCP	20-30 years
EXIST 4	Existential	60-70	Male	UKCP	30+ years
PA 1	Psychoanalytic	50-60	Female	BPS/ UKCP	30+ years
PA 2	Psychoanalytic	40-50	Male	UKCP	10-20 years
PA 3	Psychoanalytic	40-50	Female	UKCP	10-20 years
PA 4	Psychoanalytic	60-70	Female	BPC	30+ years

6.7. Data collection: The interviews

Semi-structured interviews were designed in the spirit of phenomenology as the tool for data collection (Silverman, 2015; Smith et al., 2009; Smith, 2010) (please see Appendix 6 for the interview schedule designed for data collection). Even though this is a study conducted with thematic analysis, IPA interview format were used in the preparations of the interview schedule, as the interview was aimed to be phenomenological. From afar, it sounds like conducting interviews with participants about their experiences is an easy and lax way of collecting data. However, I experienced that adhering to phenomenological principles required significant skill, attention and discipline (Morrow, 2007). The main reason why IPA principles of interviewing was adopted is that the aim of the IPA interview is to hear about lived experience of participants in an in-depth way. In other words, the IPA interview is not

interested in the opinions, knowledge, hypotheses, theories or abstractions of participants. That is the reason why all the questions should be experience-oriented, in a stark contrast with being opinion- or knowledge-oriented. In line with this, I constantly needed to bracket my assumptions, rather than falling back on proving my assumptions. Both keeping my ideas in brackets and formulating such questions was a skill I needed to develop.

Even though conducting semi-structured, experience-based interviews bestow a great deal of freedom, flexibility, curiosity and vitality upon the researcher and the participants, there are some serious challenges and pitfalls the researcher should remain vigilant about at all times (Smith et al., 2009). For me, one of these challenges was containing the contradiction between retaining an open, curious and non-directive stance, but also directing the participants into disclosing their experiences specifically about the subject-matter of this study; namely, the therapeutic relationship. I see that two factors appeared as helpful in order to keep the interviews within the scope of the study; I was vigilant about sticking to the subject-matter with the aim of getting deeper and deeper into lived experiences, and I also used my counselling and therapeutic skills quite widely in summarising, kindly directing and asking phenomenological questions.

I paid special attention to establishing a rapport with the participant, which is named as a prerequisite for a good and productive interview (Smith et al., 2009). It was my priority to make sure that the participants felt safe and comfortable. From the first moment on, I remained flexible in terms of when and where to meet for the interview; the only criterion that I observed was that the participant and I had to be alone in a private space with no distractions. As I met with the participants for the interviews, I

tried to pace myself with the rhythm of the participants. Throughout the interviews I remained responsive.

Another important contradiction that I encountered was in getting used to the idea of creating an interview schedule with a few over-arching, open-ended questions. The aim of IPA interview is to get a vivid, full description of participants' lived experiences, however, paradoxically this should be done in few questions (Smith et al., 2009). My natural tendency was to ask many questions to get a better description, yet both through reading previous literature and through the feedback of my supervisors, it did not take too long to understand that asking too many questions would close down the spontaneous way participants may provide an in-depth account of their experiences.

The interview schedule was created in line with the guidance provided by Smith el al. (2009), and consisted of five main questions, one of them being a question regarding the professional backgrounds of the participants. The main questions focused on different dimensions of psychotherapy and its impact on the therapeutic relationship. All the questions came down to the main question of how the participants experience different components and dimensions of this special relationship, and how they make sense of the way they experience them. There were ten more questions as prompts to delve deeper into the experiences of the participants, if needed. Only the main questions were covered in all the interviews, yet the rest of the questions, which were named as prompts, were used only as possible ways to go.

The interviews were conducted in the private practices of the participants, except for one, which was at the participant's home. As expected from counselling psychologists' and psychotherapists' private practices, the rooms that the interview took place were quiet and private.

The importance of non-lingual communication could not be overseen (Shinebourne, 2011a, 2011b; Smith et al., 2009; Smith & Shinebourne, 2012); hence, I kept notes both during and immediately after the interviews pertaining to non-verbal expressions; e.g., glances, pauses and significant changes in the mood. Since inevitably I attribute meaning to all these cues, this activity of noting non-lingual communication was accompanied by a part of my reflexive process, which revolved around noting down my own assumptions, difficulties and reservations.

6.8. Pilot study

Even though I elaborated and reflected on my questions a lot, and even though I had enough feedback from my research supervisors, the only way to see whether the interview schedule would work was to conduct a pilot study. The pilot study of this project consisted of one participant being interviewed, which was approved by the supervisors of this study and is included as a part of the main data set.

The second part of the pilot study involved analysis of one transcript from each approach in line with thematic analysis procedures. I submitted this pilot analysis to my first supervisor. Her feedback on it clarified the application and technical side of conducting qualitative methods in research.

6.9. Transcription

Due to confidentiality concerns, I decided to transcribe all the interviews by myself. I tried to transcribe all the interviews soon after each interview was conducted. This was a conscious choice due to my wish to transcribe all the interviews with a fresh memory, so that I could include more non-verbal data in the transcriptions. As I

planned to conduct thematic analysis on the semantic records of the interviews, transcription carried a special kind of importance. I followed the original three-column layout suggested by Smith et al. (2009) for transcribed verbatim, which was compatible with conducting thematic analysis (Appendix 8). It is worth remembering that as transcriptions become more and more detailed, so the risk of attributing new meanings and wild analysing increases (Smith, Hollway, & Mishler, 2005). As elaborated in the sub-sections regarding the interpretation in the methodology section, I tried my best to separate what I assume, and what is actually revealed in the interview.

All the participants were given the option of receiving their interview audio records and transcribed verbatim via email, however none requested these transcriptions at the time of writing this sub-section.

6.10. Data analysis

The section of methodology was partially dedicated to disclosing my epistemological position. Even though Braun and Clarke (2006) give the liberty to the researcher to shape the analysis procedure in line with the needs and aims of the study as they see fit, I principally adhered to the guidelines provided by Braun and Clarke (2006), with a few modifications to the originally suggested procedure.

I chose to write this sub-section in as much detail as possible in order to support the validity claim of the present study, especially on the third criterion put forth by Yardley (2000, 2017), which is about conducting a transparent and coherent study. I believe it is worth spending a few pages to describe how I analysed the data in order to bridge the raw data with the results reported in the next section in a transparent,

open and easy-to-understand way. This is also related to the coherence criterion as coined by Yardley (2000), for a qualitative study to be deemed as valid.

With this sub-section I would also like to respond to criticisms made against thematic analysis that portrays it as a lax, "anything goes" kind of research methodology (Antaki, Billig, Edwards, & Potter, 2002). Braun and Clarke (2006) agree with this position as there is a danger of turning thematic analysis into a lax methodology and warn the researchers to adopt solid steps in conducting the analysis. In the light of these criticisms and warning, this study adopts the 6-step procedure of thematic analysis (Braun, & Clarke, 2006).

As the first step, I familiarised myself with the data (Braun, & Clarke, 2006). This step entailed transcription of the recordings and repeated readings of the transcriptions. One of the challenges that I had was that the data collection spanned over a period of 18 months, which made conducting the analyses of some interviews with a fresh memory impossible. However, having listened to the interviews many times and comparing audio recordings with transcripts, I was better able to embed myself into the subjective worlds that were presented by the participants. The aim of this study is highlighting experiences and sense making processes of the participants as they present them to the interviewer. Listening to interviews more than a few times, going through each interview and noting down my own assumptions allowed me to familiarise myself with the data I possessed.

After I felt like I was immersed in the data, I moved onto the second phase of the analysis, which is about generating initial codes (Braun, & Clarke, 2006). This stage was probably the most time-consuming and intense stage, as I read all the interviews line by line and took initial notes about experiences, meaning attributions, dilemmas and paradoxes that the participants revealed. I kept these initial notes on a very

descriptive level, in order to extract important matters for the participants. As depicted by Smith et al. (2009), I employed a three column system, in which the middle column was reserved solely for the transcription, whereas the right hand-side column was dedicated to the initial codes. For the initial codes, I used the original coding system again suggested in Smith et al. (2009), with normal texts depicting descriptive notes, and italic texts depicting linguistic and underlined texts showing conceptual notes. In addition to the original coding, I added two more categories of coding in line with my needs; bold texts were to delineate my free associations and interpretations that kept the phenomenon at the core, and red highlighted texts demonstrate what really stands out as a matter or a potential theme. I did the initial coding on the computer, using Microsoft Word. I preferred to continue to work on the computer, because it better catches the pace of my thinking, elaborating and reflecting. For the phase of initial coding, Braun and Clarke (2006) make three recommendations, to which I adhered: coding as many potential themes as possible, keeping the context of the code intact in coding, and solely focusing on my research question in coding and highlighting.

After initial coding, I proceeded with the third phase, which is searching for potential themes (Braun, & Clarke, 2006). In a way, initial codes were the first step of extracting what stands out in the transcription, whereas developing potential themes is a second level of extracting important matters out of the initial notes. In order to develop potential themes, I read the initial notes once again and noted over-arching themes on the left hand-side column. At first, these potential themes were very tentative, and I was very careful to observe whether the potential themes that I develop would correspond to the experience that was presented to me. Developing potential themes brings about an important, indeed vital, dilemma, which needs to be

treated carefully. On one hand, developing potential themes means reducing the volume of the raw data as a function of analysis; hence a second level of extraction, and on the other hand the tender point is to keep the richness and the depth of the revealed experiences. The only way to balance that is to engage in a hermeneutic cycle, in which I trod back and forth between initial codes, potential themes and my interpretations (Grondin & Weinsheimer, 1994). As I immersed myself into this hermeneutic cycle, I started to feel more secure about the themes I developed. This procedure was repeated for each interview separately (please see appendices 7 and 8 for an example of how I conducted the analyses).

In the next phase, I reviewed the themes that I developed tentatively (Braun, & Clarke, 2006). First of all, I reviewed all codes within potential these to see whether they portray a coherent pattern. And then I prepared a list of potential themes in chronological order on a separate Microsoft Excel spread sheet for each transcription. The average number of potential themes per participant was thirty four. Then I started to cluster similar or repeated potential themes into larger themes. As a function of this procedure, the number of themes per participant was reduced to roughly between eight and eleven. I did not delete the potential themes, but rather kept them as short lists under proposed themes. I wanted to see how I categorised them, thus I could always re-cluster potential themes or create new themes as I repeated the hermeneutic cycle.

For developing themes that encompass all the data, a special way was followed, which was considered to be fitting for the aims and goals of the present study. Since this is a study about revealing similarities and differences in experiencing the therapeutic relationship between existential and psychoanalytic practitioners, I reviewed individual themes all over the data four times to find (1) themes showing

inter-modality similarities, (2) themes showing inter-modality differences, (3) themes showing intra-modality similarities, and (4) themes showing intra-modality differences. In this step, the fifth phase of the thematic analysis was realised; defining and naming themes (Braun, & Clarke, 2006). For each category of themes, I surveyed the theme sheets of each participant with the focus on a particular category. The same procedure was repeated for determining themes of all categories.

However, I needed to add another step here after the viva, in which I received a feedback on the high numbers of themes that I found. I conducted another layer of analysis to see how twenty two themes may synthesise. As a result of this, the latest list of themes could be revealed, which contains seven overarching themes. During the viva, it was discussed that I somehow withheld myself during the analysis, trying to be more phenomenological than interpretative. This last level of analysis was an attempt to be more interpretative of the data.

No quantitative measures were used in deciding what would make a theme, e.g., number of participants talking about a phenomenon. Braun and Clarke (2006) clearly mention that the importance of a theme does not need to depend on its prevalence. In line with this, all the themes that capture a prominent dimension of the participants' experience of therapeutic relationship, which is the research question of this study, were included into the final list and report.

The sixth, and the last, phase of thematic analysis is reporting, which is this thesis (Braun, & Clarke, 2006).

The data analysis process, as a whole, was quite labour intensive, which required me to do many re-readings of the transcriptions and re-treading the ties that I established between initial codes, themes and my interpretations. I hope this tiresome, yet

enjoyable and curious journey preserved the richness of the present data, and also

resulted in meaningful inferences that abided by both phenomenological and

hermeneutic principles.

7. Results

A total of seven themes were discovered as the result of the thematic analysis. The themes that were revealed in the thematic analysis were grouped into categories in line with similarities and differences between and within existential and psychoanalytic approaches as following:

1. Themes showing inter-modality similarities

2. The theme showing inter-modality differences

3. Themes showing intra-modality similarities

4. Themes showing intra-modality differences

Under the categories of "themes showing inter-modality similarities" and "the theme showing inter-modality differences", similar and contradictory themes emerging in the comparison between existential and psychoanalytic sides were explored. Under the categories of "themes showing intra-modality similarities" and "themes showing intra-modality differences", similar and contradictory themes that emerged from each modality were investigated (for a detailed account of the themes, please see Appendix 9).

In the following subsections, each category and themes belonging to these categories are discussed in detail. Extracts from transcripts are inserted into these discussions in order to bring the themes alive. Each extract is complemented with the participant's code and page number and line number in the transcript. The categories are reported

in the order mentioned above. The following table gives an insight into the names of the themes falling under each category.

Table 1: **Superordinate themes and their associated subordinate themes**

1. Themes showing inter-modality similarities 1.A. Eigentlichkeit of the therapist 1.B. Alterity in the therapeutic relationship 1.C. Therapeutic relationships as radically different from daily relationships
2. The theme showing inter-modality differences 2.A. Difference in the epistemological discourse
3. Themes showing intra-modality similarities 3.A. Authenticity through phenomenology (the existential approach) 3.B. Desire to be real in the room (the psychoanalytic approach)
4. Themes showing intra-modality differences 4.A. Number of subjectivities allowed in the room (the psychoanalytic approach) 4.B. Relational intensity increasing with the frequency of sessions (the psychoanalytic approach)

7.1. Themes showing inter-modality similarities

In this category of themes, themes that were mentioned by participants from both approaches are explored. This category is an attempt to investigate commonalities in

the attributed meanings to the therapeutic relationship by participants of both approaches. A total number of three themes were explored as showing inter-modality similarities.

7.1.A. Eigentlichkeit of the therapist

During the interviews, I felt like all my participants were very clear about who they are in the room. And it appeared as this identity or one's definition of who one is professionally reveals itself in the relationship. In other words, it was revealed that the "I" is shaped and revealed through relationships. The participants showed a professional identity, or a therapist "I", that sounded very much owned-up, or a state of *Eigentlichkeit*. The therapeutic relationship gives the space to the participants to become authentic in the way they experience themselves, which is quite parallel to Heidegger's claim that "they" could be a facilitator for becoming authentic. In the therapeutic relationship, the participants could define what they have to offer as a therapist, and "not for me" clients and situations. They mentioned that they derive satisfaction from the relational experience of therapy through finding meaning, as well as how experience changed their way of relating with the client. In addition to these, the participants claimed that through these interview questions, which is another relational experience, they could get a chance to reflect on their therapeutic experiences.

All participants (EX1, 2, 3, 4, PA 1, 2, 3, 4) came up with a very sound sense of what they are doing, aiming for and offering to the client as a therapist. A common theme in this title was facilitating a difficult process or helping the client through moments where they felt they were stuck. In a very relational example, EX1 explained how he

contained and invited the client to express what is left unnamed and unrecognised between the therapist and the client:

" 'At the moment, I feel I want to change the subject, but I'm not going to do that,' or that I might say, 'I kind of feel that it's really hard for us to stay with this, and I think you are wanting to move on, and I'm wanting to move on. Let's just see if we can hang out for a while.'" (EX1, pg. 7:13).

In a similar vein, EX2 defined what she offers as collaborative work:

"So, in my work I explain to my clients that I try and support them by somehow facilitating a kind of observation of their life so who they are, how they connect to other people around them and to the world in general. So basically, the type of therapy I offer, it's based on this observation which we do together and also the relationship which the client has to have with me because I don't know anything about them." (EX2, pg. 2:7).

EX4 also highlighted the collaborative discovery of the client's subjective experience:

"And I sometimes use an analogy with them, of a jigsaw puzzle, which describes my task, describes our task, which the analogy is that the client comes in with a huge bag full of a million pieces of jigsaw puzzle, and they lost the picture on the top of the box, so I take all the pieces out there, that can't possibly not be there, but they actually know what the picture on the top of the box is, more than I do. I don't really know what the picture is, but I know something about how the jigsaw puzzles sometimes fit together…. And gradually gradually gradually, and I won't probably say this, I know the more we look at the jigsaw puzzle, the more sense it will make." (EX4, pg. 6:24).

EX3 conceptualised therapeutic relationships as a space in which clients may discover a different way of being:

"Then, I think I offer me, as a different way of being, including how I think and feel and act. There is something about the difference. That I am not like them. There is the possibility, whether by intent or inadvertently, I provoke something different in them, because I'm different, and so something different occurs here in the room with the client, than it would with them on their own, or them in their normal, everyday life, in some way. There is a relationship." (EX3, pg. 3:20).

Similarly, PA1 emphasised the importance of gaining autonomy and a new perspective about oneself as the result of this shared endeavour:

"There's something about opening up a perspective of where we're going to go in the treatment. I don't just mean can he leave the house? Although that's important. But this thing about, can we open things up?" (PA1, pg. 13:24).

"I would say should be one of our projects, which is facilitating the patients' autonomy." (PA1, pg. 19:24).

PA2 defined his work as an internal change within the client via collaborative work:

"I offer them the opportunity to live a good life ... Although people come with very different concerns, I think that what I like to offer them - and I say this in our first initial assessment session - is not so much happiness, but something that allows them to find some enjoyment in their lives, some joy in their enjoyment and, importantly, the possibility of change." (PA2, pg. 2:7).

PA3 elaborated on how she aligns what she offers with the client's expectations, but that she also openly conveys to the client that reaching there may be a bit more complicated than they imagine:

"Obviously I support them in whatever they want, but I don't have a magical rod, and we always talk at the assessment what it is that they need, what it is that they expect, and we assess." (PA3, pg. 3:17).

Probably the most relational comment was made by PA4, in which she stated that she offers a warm, direct and real relationship through which the client may discover many layers of one's reality:

"What do I offer? I absolutely give love, warmth, empathy, directness, presence, authenticity, capacity to stay with difficulty." (PA4, pg.3:27).

"I'm somebody who has accompanied them in the struggle, and not let go of them, and that they had the experience of the outer lives and inner lives joining up, that's what I do, and they feel expanded. What do I do? I try to hold the complexity for them. And give it to them, in some way." (PA4, pg.4:2).

All the participants identified particular types of clients or problems as relationally difficult to continue with. In that sense, the participants experiences varied from boredom to frustration, yet none of participants claimed to be at ease with working with each and every client they encountered, and they were all very reflective about such situations.

Unmitigated childish rage embodied in an adult appeared to be a difficult situation to be in for EX1:

"He can become as innocently upset as a child, except he's not a child, he's a big man, and his voice changes and he raises his tone of voice. So, you have got now the distress of a child being expressed in the voice and the manner and the body of a grown man and that is scary. So, when I said this to him, he was completely receptive

and he said, "That's exactly what my girlfriend says to me." So, he was able to recognise something. That feels more constructive." (EX1, 14:8).

EX2 stated that she finds boredom difficult to cope with:

"That's very difficult. If I'm bored... I haven't worked that one out. Sometimes I'm bored because I wonder whether boredom is because I'm annoyed with something, but usually I'm bored because I feel that, I don't know, we're all stuck, and nothing is moving... I'd like to move on, but I can't, so I have to be patient." (EX2, 11:8).

EX3 made the following observation about emotional demands of clients:

"Well, one of the things that springs to mind is that they make different demands on me. Perhaps, I am willing to respond to certain demands and unwilling to respond to other demands. I am trying to think. If someone is self-pitying, I may experience that as a certain kind of demand on me to react in a certain way, and I don't want to do that. Anger as well. I don't want to have to respond to anger in a certain way." (EX3, 8:1).

For EX4, a personal dislike of a client and not being able to find a way to overcome this appeared to be a difficult situation:

"... the clients I don't like very much. It is quite hard then to... quite hard then to find some way to reflect on the obvious issues that are coming up in the work... Usually the work would kind of struggle to get off the ground, it would limp along for a while and stops at a point after a while. But I'm often left with a feeling 'I should have done something. I should have done something earlier, before it fizzled out.'" (EX4, 11:19).

PA1 asserted that hyper-focused clients are quite difficult to work with:

"Anorexics are, actually, notoriously difficult to work with in any case. I think I am not suited to people who are… What I feel with her is, she wants to just focus on the smallest, tiniest of details. 'I'm going to talk about this. I don't want to talk about anything else. Just talk about this.' Something about it makes me feel, 'Oh, please go.' I don't know. It's an interaction between what she's bringing in and the sort of person I am." (PA1, 8:2).

PA2 exerted that he would find it adverse to work in cases, in which he should leave the psychoanalytic frame in order to ensure his and clients' safety:

"I suppose - although, thankfully, it's never really happened - if it felt dangerous, violent or something, that would be very difficult I think for me because I wouldn't really know how to keep it within the frame of the session." (PA2, 5:19)

It is hard to stand for PA3 when a client feels negatively about the therapist and yet no space for exploring this experience can be opened up beyond the client attacking the therapist:

"So negative transference really, that is difficult. I guess for a lot of therapists this is the reason why it ends, negative transference. It is really hard to handle negative transference, when a client is attacking, well I don't mean physically. That rarely happened to me but really verbally or passive- aggressively." (PA3, 5:32).

PA4 expressed that it is the most difficult when she feels like she cannot establish a connection that will evolve into a meaningful dialogue with the client:

"But I think the difficult parts are when you cannot understand something, and then you get it wrong. Somebody says something, you think you understood it, you say something, and they go no, and then you still didn't understand, and you say, 'well I'm not sure I understand'. And you still may not understand, because of the way it is

conceptualized inside their mind or their language is not good enough to… that's very

frustrating, but I don't know anything else to do, it is what it is." (PA4, 9:27).

All the participants responded to inquiries about satisfying parts of their work with relational experiences, varying from being merely a companion, being attuned to client, to leveraging clients into a more peaceful state of mind.

For EX1 and EX2, being attuned with the client is the most satisfying part:

"I would like to say when I have been most empathic with a client is very satisfying,

or when I have been able to give unconditional positive regard. But really what is

most satisfying is when the client understands me. (Laughter)" (EX1, 5:14).

"... but there are times when I know that I'm in tune with my clients. There is a feeling

that I kind of more or less know what they're talking about and I feel that they know

what I'm trying to talk about. This is not very rational, it's something that I think is

more some kind of emotional level, that you feel that you're perfectly in tune in that

moment or that the person in front of me has actually changed because the stuff they

say or how they say these things is slightly different from the beginning." (EX2, 6:6).

EX3 finds the intimacy satisfying, which comes from listening to people's stories very closely:

"I felt like I was reasonably good at listening. I have been a relatively quiet person,

introverted, less talkative person, most of my life. As I was listening, I found I enjoyed

people's stories, and getting a sense of them. I think I also felt close to them. Mostly.

Not always, but many times. It felt, this notion of intimacy, I felt there was an intimacy

between me and the other person. That was satisfying, in some way." (EX3, 16:11).

EX4 stated he enjoys witnessing the change and progress that he and the client made possible:

"... eventually they get to a different place. And invariably they look different as well. Their cloths fit them better. They just look healthier. Mmm… And I get satisfaction from… well it is a bit of a cliché but something I did, no idea quite what it was, I could talk about it theoretically but that would sound a little bit interesting, something I did helped them to on their journey from where they were to where they are now and being able to have a better idea of where they want to go next." (EX4, 10:6).

PA1, quite similarly to EX3 and EX4, expressed the fact that she likes to immerse herself in the client's story and to see how they move out of suffering:

"So, there's something, for me, compelling about sort of immersing myself in somebody else's story, somebody else's experience. There's some kind of vicarious satisfaction, I think, that one gets out of that. If a person moves from being in a state of great suffering, to, as Freud said, some kind of common unhappiness or something- That's not exactly what he said. He didn't aim for happiness – at least, let's not have great suffering." (PA1, 13:10).

In quite a similar vein, PA2 reflected that he enjoys being in touch with people's stories and everything that is about humanity:

"I love my work. I love everything about it, really. I find it immensely satisfying to be in that privileged position I feel that we find ourselves in as therapists. Often people say, 'Ooh, they must tell you all about their sex lives.' Actually, it's not that. It's that I feel that I'm really in touch, on a daily basis, with the best and worst of humanity… Well, I learn about myself through it constantly - it never stops - and about others. That's very valuable." (PA2, 15:25).

PA3, on the other hand, said that she gets satisfaction from seeing change and relief on the part of client:

"... but the most rewarding part is when they feel better, when there is a change, when there is a relief on their part. To see that is very rewarding." (PA3, 9:21).

Finally, PA4 expressed that for her the most satisfying part is to see clients getting in touch with their experiences in a way that they did not or could not before:

"Well, I do believe therapist's there to help. I know lot of people don't agree with that, but… so people… when they… they go from having, I mean, they go from having a full stop, they can open up, they put a comma, they can go this way and that way and this way, that gives me a lot of satisfaction. When they can grieve something that needs grieving, and when they can say 'I don't feel so satisfied in my friendships anymore, because they are not deep enough'. And then you have help them find a way to deep… right?" (PA4, 9:13).

Most of the participants mentioned how the way they relate with their clients changed qualitatively over the years as they gained experience. Even though each participant looks at the matter from a different angle, a general tendency away from theories and towards being more present with the client was observed.

EX2 stated that she discovered that her body communicates important information about the therapeutic relationship:

"For me especially after a few years of experience, more and more I think my body tells me what's going on." (EX2, 8:21).

For EX3, theories should come second in order to engage with the client more naturally:

"When I am not feeling too rigid, I guess. When I am not feeling too caught in a thought, or theory, or anything like that. I am just allowing the client and myself to

engage in something that matters. It feels natural. It feels helpful. It feels enlivening."
(EX3, 18:1).

In addition to that, EX3 positions relational experience above and beyond theories and modalities:

"I get frustrated with conversations about modalities and approaches, because even within this apparent modality… It feels like, in a way, when I am authentic, I am almost jettisoning. I am getting rid of that, in a way. I'm not getting rid of it entirely, but it's less important." (EX3, 18:15).

Similarly, EX4 expressed that with experience he improved in terms of being present. This was possible only through distancing himself from theories, therapeutic ideals and models:

"I could see one thing that changed is that I think, I think I just got better at attending. I thought I was attending before, but I think I just got better at it. But also, I think I used to think that one size fits all…" (EX4, 8:13).

"I wasn't able to swap one body of theory for another body. It was more like a body of theory for no body of theory. But I was probably able to do that only when I didn't need it any longer." (EX4, 9:15).

In a similar vein, PA3 claimed that she developed into a better therapist through attending to what is happening in the room, rather than pondering next steps and formulations:

"And I think it is about knowing what you are doing… I listen better now, I think, I concentrate better, and clients feel that. I'm more in the room with them, because when you are inexperienced, again, you have got so many worries and anxieties on

your mind that can be distractive. You put so much energy to think what you are supposed to say next." (PA3, 8:19).

For PA1, the relational change that came with experience was about being comfortable with a varied group of clients:

"over time – because I've been practicing for a long time – I'm more comfortable with a broader range of things, just because some of it just, through experience, you gain a certain confidence." (PA1, 12:14).

PA2 pointed out that with professional experience he become more comfortable with clients' transferences:

"It's very difficult for me not to feel pleased, for example, when I'm taken as a love object, for example, or something approaching that. It's also, in the same way, rather narcissistically wounding for me when I'm seen as someone who is, I don't know, malevolent in some way. That has changed, I have to admit, as my experience has grown. When I was a trainee, I was very much affected. I was affected in a much more raw way…" (PA2, 4:7).

Lastly, PA4 purported that in the first years she and many other novice therapists made an effort to understand the client fully. Indeed, as she figured out later on, acknowledging and recognising clients' experiences is more than enough:

"I think that's a beginner's mistake. Like 'I really understood this', 'I went through this', 'I could really tell them', no! Whereas you can… there are ways of saying that very easily, where you can say 'I think the struggle too, can be very difficult" and ta da da…'" (PA4, 7:3).

All participants, except PA4, experienced this interview, which was relational, as a self-reflective practice, which can be experienced both as refreshing and stirring:

"Gosh, this has felt like an excellent clinical supervision for me wherein I feel I've been invited to freely reflect on everything from what is the meaning of therapy, what is it for? Yes, I feel a little nervous now. (Laughter)" (EX1, 18:22).

"No, I like that because it's also good for myself to think about it and reflect, so it's a good exercise. It's good to do it, to answer these questions every now and again just to make sure that I haven't gone completely nuts. (Laughter) Not yet." (EX2, 30:8).

"Yes. Again, it's a slight upheaval of my thoughts. It's as if you stirred the mud at the bottom of a pond, or something. It's like, 'Oh, wow. Yes. That's a good point.' Which is great, because often, over time, the whole notion of sedimentation, all your views and beliefs just kind of settle down there somewhere. You know they are there, but you don't need to examine them every day all the time. This process here, now, throws them up again, in some way, which is great." (EX3, 10:17).

"The interesting one was, the one that was probably the simplest sounding question, why am I doing things differently now, then the way I did them earlier… the question of that sort. That was probably the one that I did have to think; 'well, I haven't thought about that before, actually. Why might that be?'. Thinking about the value I used to give to theory as a prompt." (EX4, 12:30).

"Yes, it's been fun. I've been free associating a bit. I'd be interested to see, when you write up- That would be my one question. I'd be just interested to see what you make of everything." (PA1, 22:1).

"I feel as if I am being tested. (Laughter) … No, no, this is not your fault. This is with me. (Laughter) This is with me. It's a very useful experience because I've got a very full practice and I don't have much time to think about the thinking that I'm doing in

the room. I do. I do. [silence] supervision moments, etc., but it's very useful. Anyway.

A bit difficult, but that's okay. (Laughter)" (PA2, 10:14).

"I thank you, I haven't thought about these in a while." (PA3, 15:20).

7.1.B. Alterity in the therapeutic relationship

Without any exception, all the participants recognised the importance of the therapeutic relationship as a part of the therapeutic work. As a function of this, they recognised fully the otherness, separateness, independence, or the alterity of the client. All participants pointed out in different ways to the claim that without acknowledging the alterity of the client, no therapeutic work could take place. This showed itself in recognising the therapeutic relationship as the core of the therapeutic work, and in attending to clients' needs whilst balancing the endeavour to provide proper conditions for therapy to happen. Mutuality in relationship, need to be attuned with the client, and allowing an encounter to happen that would impact both parties were other important dimensions to this theme.

All the participants acknowledged that one of the tasks of the therapist is to attend to the relationship. There seems to be a perception of the therapeutic relationship as resting at the core of therapeutic work. This dimension clustered statements that both emphasised attending to the relationship as a therapeutic task and depicted the therapeutic relationship as the work itself, not just a task within it. Even though participants varied immensely in terms of how they employ it and what they aim to achieve with relational interventions, the idea of a relationship as the agency of change and cure was common.

Three participants regarded the therapeutic relationship as a gateway to entering the client's subjective experience:

"So, there is a narrativity in dialogue and conversation, and that is underpinned by affectivity, and it is really remaining firmly embedded within the affectivity, whilst, at the same time, allowing the narrative flow." (EX1, 3:7).

"Therefore, I'm forced to ask questions and try and understand and imagine in my mind what it could be like to be them or in their position, which of course is not possible but because there is a dialogue going on and an effort to understand their reality, that in itself is a very good way of going about it." (EX2, 2:15).

"I would subscribe to phenomenology as being a useful approach to engaging and enquiring with the client." (EX3, 2:8).

Participant EX4 claimed that through the therapeutic relationship, he could examine how an intersubjective reality is being created between the client and the therapist:

"Phenomenologically I'm always with the client and the client is always with me, so the sorts of things clients talk about and how they talk about, whatever they talk about I have to remember they always talk about these things with me. They're always choosing what to talk about and how they talk about with me, at that time." (EX4, 1:9).

"... the story that has been talked about after 45 minutes or so, because I always, always ask the next question, which is "ok, what's it been like for you to be talking to me for the last 45 minutes?" And if, for example, if it is a younger woman, talking about her relationship with her father, I would add to that saying, "what's it been like for you, a woman talking to somebody around the same age as your father?"" (EX4, 5:19).

Another two participants highlighted the importance of being willing to deal with relational enactments as an indispensable part of being a therapist. PA1 claimed that this kind of openness and directness could only come into being if the therapist possesses such a characteristic tendency:

"To be honest, I think it comes more from your personality. Certainly, I've had a lot of training in my life, and that is important. I'm not against training, by any means. I think it's really important, actually. But no amount of training will make a person into a therapist, if it's not in their make-up, in their heart." (PA1, 10:14).

Similarly, PA4 emphasised the significance of directly facing relational adversities in an open and inquiring way in therapeutic work:

"You don't want people tracking you, it is very uncomfortable, somebody tracked something about me, and I just thought I really don't like how far they have gone, but what is it that you are not getting from me that you need to find out through those… I don't mean in a persecutory way, I would say that" (PA4, 9:6).

Two other participants stressed that the therapist should keep an eye on the relational dynamics, independent of whether one situates the therapeutic relationship solely on the transference and countertransference axis or is keen to see what is going on in the room as a real relationship:

"Well, once again, to lead on classical theory, it relies on the effects of the relationship, which is a transferential relationship, a relationship built based on transference. I represent someone, or a number of people … Their relationship to those people is repeated or played out using me as a cypher to project it onto me." (PA2, 3:17).

"My aim is always to understand and grasp the other, not only listening to the unconscious, which I do as well. But the person that sits with me in the room is very very important. It is not about just mechanically listening to the unconscious … Not just the repeated relationships, repeated meaning the original trauma, what it is repeating in the room in the transference, but also the immediate relationship." (PA3, 2:25).

From a maturation and growth perspective, EX1 stated that therapy is about clients learning to handle their inner experiences in the presence of a containing other. According to EX1, this growth is only possible within the context of a containing therapeutic relationship:

"Once they are able to activate within themselves a capacity to tolerate the experiential reality in their life. In really loose terms, you can say it is an emotional capacity. So, it's an ability to tolerate feelings. So, it's being able to identify, acknowledge, tolerate, endure, contain, integrate, regulate those kinds of affective capacities that I think is a primary aim that I would say." (EX1, 2:11).

On top of this, EX1 claimed that this growth process can only be activated within a very special relational context:

"… the kind of openness to their experience and the way they express it; raw, unmediated by any social concern, that happens in therapy is a way to be in the world" (EX1, 16:30).

EX2 claimed that exploration of one's subjective reality is mainly possible via verbalising one's experiences to someone else:

"Because there are two of us, they need to speak to me with their voice, which means they are also listening to themselves. That's very, very different than just being fully

immersed in your thoughts and just having a dialogue in your mind or in your head just with yourself. It's a completely different situation." (EX2, 5:6).

According to EX3, one could only find one's path, paradoxically, in relation to the other. Previously, he also claimed that his presence in the room gives the client the opportunity to see that there is always another way of being or existing. In line with this, the therapeutic relationship works as a relational space, in which the clients can explore themselves:

"I would define authenticity as kind of following your own path, without being – this is tricky – overly influenced by 'them'. Having said that, we are all in relationships. It's this conundrum of even if you go on an island by yourself, you are doing it because you are getting away from them." (EX3, 6:26)

EX4 highlighted the anxiety that emerges when we explore ourselves through someone else's questions that are novel, unexpected and with no ready-to-hand answers:

"I guess the… mmm… the thing I try to do … is to try to maintain an optimum level of anxiety. Not too much and not too little. There are some clients who, who I said earlier, with whom I detect, that all they need to start thinking about themselves is to have my, have somebody else in the room attending and not interfering. And that creates enough anxiety for them to be able to think and feel." (EX4, 2:12)

PA1 emphasised being flexible in relating to clients. This flexibility, the therapist allowing himself or herself to be different with and relate differently with each client, gives space to clients to show their true, experiential colours, which turn out to be suitable material to work with therapeutically:

"I think it differs for different patients. I don't have a set, 'This is where I am, and you've got to fit in with me.' Different patients need different things, actually. I'll give you a little example. I have one patient, at the moment, who I see four times a week, who is severely traumatised. She can email me fifteen times in a day, literally. The vast majority of those emails, I don't respond to. I couldn't. It's ridiculous. No one could respond to all those emails. I see them, but I just think, 'Jeez, again a lot of emails. Okay, fine.' Then we talk in the session. I have another patient who emails occasionally, and I always reply, because I feel very differently about what the patient needs from me at that point.'" (PA1, 6:11)

In addition to flexible modes of relationships, PA1 deemed relational aliveness and vitality as valuable for therapeutic work. When clients bring in a vivid, real experience, she takes these revelations as something worth working through:

"Well, I welcome that, because some things are alive. Things are happening. If a patient comes in – and I have had this – 'I want to have sex with you,' or, 'I hate you, you bitch,' or whatever, that's alive. Something's moving. It's tough; you have to be on your toes, but I prefer that to just something kind of like this patient who's rattling on." (PA1, 14:12)

For PA2, the therapeutic relationship is the bedrock of the dialogue, in which clients explore their inner worlds:

"I would say that in the classical model of psychoanalytic thought, which I adhere to, to a certain extent, what is important is that something might be understood or revealed, like shining a light on something, that, once is revealed, can never be obscured again. That is rather crucial for the possibility of change." (PA2, 2:25)

According to PA2, interpretations made by the therapist lead the way into better understanding and a chance of change:

"It relies on interpretation to understand it as a key moment." (PA2, 7:20)

PA3 sees the therapeutic relationship more as a helping relationship, in which the therapist uses their analytical means for clients to arrive at a better understanding of themselves. Nevertheless, this process happens within the context of the therapeutic relationship:

"So, and then I help them to analyse themselves and their relationships. Once they have a better understanding, then there is a relief. Usually what gives people suffering is not exactly what happened, but the way they interpret it, the way they look at it. So, once that changed, like a perspective change, that can bring about a lot of relief." (PA3, 3:28)

PA4 asserted that overwhelming experiences might be handled and broken down into easier-to-manage particles within the therapeutic relationship:

"Well, by helping them not to be so frightened about their feelings, because I think the feelings often block their capacity to think in more textured or complicated ways." (PA4, 4:8)

Almost all the participants stated that they attend to their clients' needs in line with what would help them in deepening the therapeutic exploration. On the other hand, as a person sitting in the room, therapists have needs as well. Sometimes needs of the therapist and needs of the client may be in contradiction, and negotiation between these respective needs may be a part of the psychotherapeutic endeavour. Generally, the participants were keen to accommodate clients' needs as long as they support the therapeutic exploration, or at least they do not hinder it.

According to EX2, boredom could be a difficult experience for the therapist, yet clients are not there to entertain the therapist:

"Well, I just look at the watch and count how many minutes. (Laughter) I don't like that because it means that I'm not really there. Well, I do what I can, but I become aware that that's where the client needs to be, and I shouldn't push. I have to allow the client to come back every week and tell me exactly the same stuff and feeling sort of hopeless and stuck, and I have to be able to be stuck with them." (EX2, 11:24).

For EX3, sometimes clients may convey what they need from their therapists or therapists' needs may be revealed in non-verbal ways, and this must be respected:

"There was a particular client who had a very difficult life. I didn't allow the emotion, really, to come up for me, my emotions to come up for me in the sessions. Then, they would come up afterwards, when I would be writing up my notes. Then, I'd go, 'Oh shit. That's a terrible life.' I'd be really kind of like, 'Oof, wow.' I guess, then, there was some way I felt I needed to be there for the client, and not get too sucked into, or maybe I didn't want to, I didn't want to hear how tragic that life was." (EX3, 11:3).

EX4 mentioned that he does not prefer to be rigid in terms of how he relates to clients. He allows clients' timely needs to shape the dialogue and the work:

"Now there are some clients who I can just know this is what they seem to need, they don't need me to do anything apart from be there and simply attend fully. Sometimes they don't need me to say anything beyond minimal things that just give the idea that I'm attending. So, I go and detect what they need somehow, I don't exactly know how I do it, but I usually get it right. So that's what they need, that's the way we go. With other clients who I detect they don't need or want that." (EX4, 2:7).

PA1 stated that she shapes the mode of work (face-to-face VS couch) in compliance with clients' needs:

"I felt like the eye contact was a distraction, because she was having to go back and forth between this, and then something going on inside." (PA1, 6:30).

"There's somebody else I see, who I feel the face to face is very important. He had parents who were very, you could say, misattuned to him in a certain kind of way, and subtly, kind of emotionally undermining, and unavailable in a certain kind of way, but overstimulating in another way. Anyway, complicated." (PA1, 7:7).

Similarly, PA3 expressed that she decides to use the couch (or continue to work face-to-face) duly based on clients' relational needs:

"There is much less pressure without the eye contact. But this is not suitable for every client of course. Some people really need the eye contact, that holding, so without eye contact, it may cause a lot of suffering, it could be quite persecutory. So, I would never ask a client to go on the couch straight away." (PA3, 5:6).

In a different vein, many participants expressed their needs, as therapists, and how they negotiate their needs in the face of clients' needs. PA1 was quite clear that if she sees no progression, she will stop working:

"I guess I'm wanting to feel that there's a movement, that there's a progression, that there's a development; that something is happening." (PA1, 2:28).

Sometimes drawing boundaries in line with therapists' needs is necessary for the work to continue:

"That was very, very difficult. But he (a client) *would try to masturbate before me, and I wouldn't let him obviously."* (PA3, 8:11)

"In fact, I don't even like it when people ask for discounts. Especially if I know that they can afford it. When they arrive here first, we ask them to fill in a form and they write their professions down. And engineers and doctors ask for a reduction… Unless I get paid what I need to get paid, my real, exact fee, I don't think I can give my 100% either, because I would feel cheated and I can't really." (PA3, 14:22)

Yet, in other instances, in which clients reveal their subjective and authentic experiences, clients' need gains priority in comparison to the therapists' needs:

"Well, I have, there's somebody I've been seeing for 100 years now, who has very different politics to me, mm, particularly around Middle East, or around Israel, and it's a bit uncomfortable for me, and I just have lived with it, I mean that's my problem, it is not her problem, is it?" (PA4, 8:1).

"In a way, I know that we should end in the proper way, but I think that's their choice and I have to respect that because I would rather know that they want to stop and perhaps ask them why so that I know, but that's for me. So sometimes the good ending is just to make the therapist safe." (EX2, 20:12).

"They can leave and then if something happens (laughter), they can come back, or I will be there as long as I am functioning." (PA4, 4:14)

The majority of the participants agreed on and acknowledged the notion that the therapeutic relationship is mutual, and that clients and the relationship affect therapists.

EX1 stated that he follows his embodied experience throughout the session without feeling the pressure to name and make sense of each experience instantly. It is rather keenness to be affected by relationship and keeping an eye on it:

"Yes, it's happening in my body, it's mine. I'm clearing the whole lot, I'm taking it. But all that means is basically a general sense of willingness to be affected by what's happening… But what I would do with it is just really become aware of it, that I'm not liking it. I don't think it's particularly helpful to me to always name emotions because that always leads to simplifying something that may be emotionally complex." (EX1, 10:17).

EX2 defined key moments as the moments in which she is affected by the turns that clients' lives take and how she joins them in a particular emotion that is present:

"Key moments for me are when I actually have someone who cries, and I really want to cry with them because I've become part of that story and therefore, I also want to cry. I think that for me is a very important moment. A key moment is when there is good news and something incredible happens and I rejoice as if it's happened to me." (EX2, 15:8).

Mutualities that are revealed in the therapeutic relationship do not always have to be about positive aspects of the work done together. Doubt as to whether therapy works or not is also relationally contagious. EX3 openheartedly explained how he could question in the same way a client may question the efficacy of therapy:

"Yes, that's quite difficult, because I think that then opens up, if you like, a whole question of faith, my faith in what I am doing… Do I have faith in my experience of my practice? Has this, whatever this is, worked? I think, sometimes, I sort of forget. I forget both what teachers and people have said, and I forget my own experience of having clients who've found this process very useful." (EX3, 9:23).

EX4 went even further and claimed that each one in the relationship brings out a different side of the other. The therapeutic relationship is not an exception:

"Things I say, is to do with the person I bring to this relationship with this person, just as much as the things that they bring. Inevitably I'd be slightly different with every client, because every person brings out a different aspect, every client brings a different aspect of me, and I guess I have to keep remembering I bring out a different aspect of them." (EX4, 1:18).

In a similar vein, PA4 delineated developmentally how two persons create each other in a relationship. In addition to this, she added she would like to relate with the client in an authentic way, which does not necessarily correspond to societal expectations:

"... look I got a theory about how mothers make, it is not really original but, mothers make daughters and babies make mothers, right? But they make them as it was referenced internalized misogyny about girls and boys, right? .... But I have a very strong feeling I don't want to be the perfect mother in the therapy room." (PA4, 2:17).

PA1 revealed that the therapist is impacted by the limitations of her clients:

"That's a kind of an exciting feeling that, maybe, something can develop out of this. But equally, there are limits: recognising that, actually, I can't do everything that I'd like to do… Therapy does confront us with that, and I think that's, in some ways, or in different ways with different patients, maybe… Yes, I guess that's, perhaps, the hardest thing. Time passes, and we can't do everything." (PA1, 13:28).

PA3 touched upon the relational fact that even the gaze of the client has an immense effect on us; hence she prefers to have clients sit on the couch in order to liberate her from this pressure:

"And for me, it is I think it is better. There is much less pressure without the eye contact." (PA3, 5:6).

PA4 stated that she sometimes discloses to the client how she is affected by the client in order to open up a new space of therapeutic exploration. Independently of whether she discloses herself or not, she claimed to be informed by the impact of the client on her:

"I might say to somebody 'here's how your ruminations affecting me, and I don't know if this is useful to us, but ta da da…'. Or I might say 'god, that must be so frustrating to circle around that, can you imagine what would it be like be living without that, what terror you would have to face'… I don't know, it depends on the person, I can't tell you." (PA4, 6:8).

Some participants highlighted experiences that could be labelled attunement or moments of encounter/meeting as an indispensable part of their relational experience with clients:

"And this is why I think it's so important to really understand the world of the client. What is the world that they occupy? A businessman has a different world from the world of a psychotherapist. A teacher has a different world from someone who is a computing engineer. An actor has a different world than." (EX1, 4:6).

Rather than remembering the content and the story itself, he claimed to focus on being in tune with clients:

"There's something about being very active about this attunement that you've got. I think that's a good word. It is not so much about remembering the data, but it's about an attunement to a conversation without ever losing the substance." (EX1, 5:7).

For EX2, finding familiar patterns and themes in clients' histories and stories helps her to meet with them on a level that does not always have to be explicit and verbal:

"Sometimes I hear stories where there is some element that is familiar in my own experience and also, I think, 'Oh, yes, okay,' so it could be more or less like whatever happened to me that time and perhaps... Well, it goes both ways because there is a sense in myself that says, 'Okay, so it's not just me.' (Laughter) 'I'm not alone.' But also, there is a sense to say, 'Oh, right, this is difficult.' So, it's like an exchange but it's not necessarily verbal." (EX2, 8:1).

Similar to EX1, EX2 stressed the importance of immersing herself in clients' discourses through imagining their lives and what it would be like to be in their position:

"Therefore, I'm forced to ask questions and try and understand and imagine in my mind what it could be like to be them or in their position, which of course is not possible but because there is a dialogue going on and an effort to understand their reality, that in itself is a very good way of going about it." (EX2, 2:15).

EX4 stated that he keeps a radically open stance when encountering clients:

"... my starting point would always be... I start with pure attention and then see what that does, and we can add to it in some way." (EX4, 3:15).

Correlatively, PA1 explained the example of a client with whom she experienced utter boredom and deadness. Even though it was quite difficult for her to remain there, that thought to be the point of encounter:

"Presumably, that parallels her own sense of helplessness. So, we're both in it together, if you know what I mean." (PA1, 16:1).

Elaborating further on this, PA1 continued:

"I'm just with her in a benign way. So, I don't try to push her to get in touch with what I think is necessary with this..." (PA1, 15:10).

PA3 claimed that in order to be able to meet the client on a therapeutic level, she builds the whole process on directness and openness, which shows itself from the first sessions onwards:

"I usually have my formulation at the first session or if not, I tell them that it may take one or two more sessions for me to come up with my formulation, my strategy." (PA3, 3:21).

Similarly, PA4 disclosed a similar direct and open manner in order to reach a moment of encounter:

"But, if something weird happened in it, I would then pick it up later and say 'I wonder how you felt about that, was that ok? Wasn't it ok?'" (PA4, 6:26).

According to PA4, the therapist must hold a contradiction; on one hand the therapist should be in touch with the reality of the client, which generally is about suffering, whereas on the other hand the therapist should be able to take a step back, so that they are not overwhelmed and taken over by this suffering. This in-between place enables clients to take a fresh look at their predicaments:

"You are not drenched in the effort they are drenched in. And you might feel in the countertransference, but you are not. And so, because you opened it up and are interested in, they have the experience of 'oh, I need to be curious about this in relation to myself' so they develop a third way… a way of looking at themselves." (PA4, 4:19).

The alterity of the client may ignite excitement or curiosity in the therapist. Some of the participants expressed their feelings about the first session as exciting, curious and full of surprises:

"First meeting is always exciting. Sometimes I get a story in my head just by the name or whatever little information I have and then usually it's completely different, so I like to hear out. But it's exciting to meet a new person and to hear a new story and to be in touch with a new life, really." (EX2, 23:4).

Alongside being interested in clients' stories, EX4 stated that he tries to put a coherent picture together about the client. How this serves as a clinical assessment:

"...even though they might go back and forth in time, they might mention lots of different people, I will know what their story is, I will understand the whole story, I will understand where they fit in, got a sense of their past, their present and their future and life outside their internal life, I got a full picture. I wouldn't need to do very much. There are other clients, who after 2-3 minutes, I would be thinking 'oh I don't have the faintest idea what you are talking about.' Because by that time they might have used pronoun he four or five times, and it may refer to 4 or 5 different hes, or it may not. It may refer to 4-5 hes now or in the past, so there's something like that. And with those people I would need to say, 'I need to stop you there, is this he is the same as that he?' ... I might need to have to put those kinds of markers down." (EX4, 4:31).

PA1 also expressed that she approaches new clients with a sense of curiosity:

"So, in the first session, I've already got some beginning thoughts, because the person has cont- however they've contacted me. They will have their own thoughts, of course. It's usually quite a journey for the person just to get into my office to begin with. So, I'm interested in that. How did they get here? What brings them here; the, "Why now?" question, which we all ask, probably." (PA1, 16:11).

PA2 made it clear that he wants to meet new clients with no prior knowledge about them, and wants to be surprised:

"In those incidences, I don't find the initial sessions as useful, or there's a possibility that they're not as useful because I have even unconscious ones, but they're preconceived, certain preconceived ideas or some knowledge. The work could still be great, but actually, the initial session, I want to be surprised. I don't even like speaking on the phone before a session. I like it done by email. Obviously, I can't always dictate that, but that's just a personal thing, I think. I just like, when they walk up the stairs, for me to have no preconceptions. That's how I like working." (PA2, 13:24).

For PA4, alongside being curious and fascinated by people's stories, the first sessions are about making the first connection within clients' stories:

"Well, I'm just open-minded and curious about who is this. I am just fascinated by people's stories, and the way they tell their stories. ... I was just interested in the story, but in the sharing of it, which is essentially a first session, even though I might have seen him a hundred years ago, I think my job is to make a connection so that he can feel, he has something to take away from it." (PA4, 10:17).

7.1.C. Therapeutic relationships as radically different from daily relationships

All participants delineated how the therapeutic relationship is different from everyday relationships. In other words, the therapeutic relationship provides something that no daily relationship could provide. This difference underpins the therapeutic space that enables self-exploration for the client:

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"What is different about therapeutic dialogue is that it also takes place in a different register, and what I mean by that is that it is always looking into the experiential reality that underlies or underpins the conversation and the level of… A narrative, for example." (EX1, 2:31).

In addition to this, EX1 highlighted that clients need to be asked to be much more open and transparent than what is normally produced by the discourses found in daily life:

"Because I don't want to give an impression that the kind of openness to their experience and the way they express it; raw, unmediated by any social concern, that happens in therapy is a way to be in the world. In a therapy setting a client may say, "I just wish my mother would die," it may not be the best thing to say in a job interview (Laughter) no matter how authentic it is." (EX1, 16:30).

According to EX2, it is possible to reflect on what is going on between two persons, in a way, which may not be possible in daily communication:

"There is sound, there is the necessity to use the right words or to use more words because the other person doesn't have a clue. There is also a meeting of the eyes, body movement. We all speak with the body as well. There are also I think a lot of emotions, so the feeling of being comfortable or perhaps being uncomfortable, of being watched, of maybe feeling judged. There's so much going on when two people actually sit in front of each other." (EX2, 5:14).

For EX3, what makes the therapeutic relationship different than daily ones is that clients bring to the table what matters to them:

"Part of that was talking about things that matter, as opposed to chitchat, or social conversation, or politics, or current events, or sport, or whatever. It felt like, 'We are

talking about things that really matter, to you.' This grabs my attention. This is

interesting. (EX3, 16:17).

EX4 noted the difference in the listener's, in this case the therapist's, quality of attention. The therapist's quality of attention enables clients to be more self-reflective, an important difference between therapeutic and everyday relationships:

"... the thing that I do has much got to do with the quality of my attention than anything else. The things that I say come out of the quality of my attention. The thing about the quality of my attention, what I think about that is, it is about… it is a subjective thing where they, the client feels more able to be with themselves. The more able to be with themselves, the more I am able to be with them." (EX4, 10:14).

PA1 attributed to the therapeutic relationship the quality of a different kind of intimacy:

"That's interesting, because he talks about, the way that the therapy relationship is constructed permits a certain kind of intimacy. But it's a certain kind of intimacy, because, obviously, it's constructed differently from a friendship or a love affair, or whatever. So, it permits a certain kind of closeness, but a distance as well." (PA1, 13:3).

PA2 saw the difference in the therapist's focus on the transferential relationship. Unlike in daily relationships, clients' remarks are seen as projections, rather than being assumed personally:

"Say, for example, they say, 'Well, I had a dream about you in which you kissed me' or someone else comes in and says, 'You always treat me worse than your other patients,' either way, it's not me they're really speaking to. It's a version of me that

they have, as it were, conjured up. The relationship relies on that. It relies on that for the psychoanalytic process to work. Transference is the short answer." (PA2, 3:24).

PA4 claimed that what is different from daily life is the fact that she allows the client to disclose their perspective without interfering with their point of view:

"Well, first of all, in my daily life, I talk. And a lot! And I argue. Therapy is completely different. I don't think it is inauthentic, it is fully integrated into who I am. But you know I wouldn't say 'why aren't they dealing with these kids who are killing each other' 'why aren't'… I might say 'well, look, it is to do with the issues of belonging'" (PA4, 8:26).

Another dimension of the difference between daily and therapeutic relationships is the money exchange in return for this special kind of intimacy that needs to be embodied in the therapeutic relationship. All participants, except for EX1, disclosed that they see the exchange of money as a significant part of the therapeutic relationship.

For EX2, the money she earned comes as an appreciation of the work she has done:

"… when … I finish my week's work, it's a ritual I have that I count how much money I have made, whether it's a little or not much or whatever it is. That is one of the most meaningful moments, not because I'm greedy and I'm attached to money but because counting the money actually makes me realise that it's a good thing I'm doing because people have paid me for something that obviously I hopefully have given them. So that is proof, real proof that I actually exchanged something with those people who came and paid me money to be in a room with me." (EX2, 27:18).

EX3 emphasised the exchange of money within the framework of reciprocity and drawing boundaries in the therapeutic relationship:

"Then, money comes into it, because one, I need to make a living. I can't do it for free. But also, it's this whole notion that it's a really significant part of what makes the relationship what it is. It is part of what protects me, and the client. 'We are not friends. I am not expected to give more than 50-minutes. You have paid for it. You don't owe me anything else. If you have paid, that's it. You owe me nothing.' "(EX3, 14:8).

Similarly, to EX3, EX4 also highlighted that there must be an exchange in order to sustain reciprocity, alongside with therapists feeling themselves and their time valued:

"Because I just didn't value my time enough and I just didn't understand what money was. I didn't understand what it is doing in the relationship. Now I much… I think it is important, it is necessary now, it is kind of a symbolic exchange, I give the client the time and the attention, and they give me money in return" (EX4, 12:1).

In a very similar vein, PA1 made a connection between the exchange of money and the therapist valuing oneself:

"It's something about valuing yourself." (PA1, 19:4).

Quite similarly to EX3 and EX4, PA1 further elaborated on the importance of the exchange of money in terms of how it liberates the clients to express themselves and facilitates the work:

"One of the problems that I have with the NHS, in terms of psychotherapy, is that the fee represents the transaction between two adults making a choice to do this together. You take that away, and you've got a paternalistic system, where the patient is supposed to be ever so grateful. 'Thank you so much, doctor.' That goes against what I would say should be one of our projects, which is facilitating the patients' autonomy … They don't owe me gratitude. They don't owe me defence. They don't owe me

appreciation. They owe me the fee. That enables them, hopefully, and frees them up to say, 'I hate you. I love you. You're a bitch,' or whatever." (PA1, 19:19).

PA3 took up the issue from a very similar perspective to EX3, EX4 and PA1:

"That was something quite difficult throughout my training. I think I'm getting better and better now. I realize I think I value my work more. And I realize what I do is quite valuable. And it's worth paying for. And obviously I realize in time that people don't like being grateful, they rather pay. They don't like to be indebted. And this makes a professional relationship when there's payment. It makes it more comfortable for both parties." (PA3, 14:13).

For PA2, money is a tool to differentiate therapeutic interactions from any other daily interactions, and a means for the client's displaying of a commitment to the work:

"I think it's very important that the process involves an exchange of money. I think it's one of the things that differentiates it from an everyday interaction. That process of exchange is very, very important. It also is important in terms of the client's commitment to their therapy because I also tell them that if they wake up in the morning, on a Thursday morning and they have an appointment at 1:00pm and they decide they can't be bothered, that's entirely up to them, but they still pay. That is important in terms of how they might think about their commitment to therapy, which is, after all, only a commitment to themselves." (PA2, 15:1).

The only participant who voiced a dislike about the exchange of money was PA4, who wished to remove the exchange of money from the therapeutic relationship:

"Well, I grew up with the National Health Service. And it is not that I don't want to be paid, I definitely want to be paid, I have… I would have been… it would have suited me better to have been in an institution where there's no money change hands.

Just that… that's all there's to. I'm not ashamed or something around that, I just

don't like it. You know I have friends who are very proud of charging people this and

that, probably I should be doing it as well." (PA4, 12:21).

7.2. One theme showing inter-modality differences

In this category of themes, themes that seem incompatible or contradictory between participants from these two approaches were explored. This category is an attempt to investigate contradicting ideas and meaning attributions about the therapeutic relationship mentioned by participants from different approaches. In this category of themes, only one theme was discovered as a function of thematic analysis

7.2.A. Difference in the epistemological discourse

A clear difference between the existential and psychoanalytic participants was detected in terms of how they position themselves epistemologically. Both sides are interested in revealing the client's history, experiences, perceptions and sense making in a vivid, three dimensional way in order the client to get to know oneself better. However, there was a clear distinction between the participants of these two approaches in terms how both the client and the therapist could gain these insights. These differences showed themselves in contradictions like present versus past, how much of the therapist's subjectivity is allowed in the room, and how much of an expert the therapist is in what kind of a content is to be revealed underneath the client's predicament.

One of the main differences between existential and psychoanalytic practitioners within the sample was how they created narratives about their clients. Participants from the existential approach tried to make sense of what is re-created and told in the

therapeutic relationship via the up to date, current affairs of clients' life, whereas the participants from the psychoanalytic approach appeared to prioritise making sense of the links between the past and the present.

All the participants coming from the existential modality, who gave case examples, relied on the present time life of the client in order to make sense of their issues, without resorting to historical events in the clients' respective histories:

"So, within that, the possibility was opened up that in our work, that openness to her feelings could be kind of developed and examined as she would begin to tell me something about her life as a child, as a young adult, and to notice what happens when these things begin to surface. So, the work with her from this particular session was just very simply about learning how to locate feelings as they arise, identifying if there is something going on, locating it somewhere, perhaps in the body or somewhere within her own field of experience, and to be mindful of it." (EX1, 9:8).

"I met a client after a couple of years that we ended therapy and she had a baby in the pram and knowing the story, that was a key moment for me. She didn't see me, but I saw her, and I thought, 'Fantastic.' Assuming that was her baby." (EX2, 15:21).

"A client of mine has been seeing me for a very long time and she mostly, well a whole session may go by and I would say nothing and most of the time she seems to, that's the way she likes it. I know that because whenever I say something, it always remains kind of irrelevant and she continues the story any way, and she gets places, it is not like she pushes me out, she just needs me to sit back and attend. And in all these sessions, she was in a much… in a greatest state of desperation, I suppose. And I ended the session with doing something which I have never done with her before, but I have done with other clients which is saying something like 'ok, between now and

next session I suggest you think about this, you think about that and you think about the other'. And she was like 'ohh, that's good, what was that three things again? One, two, three, alright, I remember that.'" (EX4, 3:4).

In sharp contrast with these present time accounts, all the participants coming from a psychoanalytic practice referred to their clients' pasts, childhood experiences and parents in order to make sense of present day issues:

"Then, looking back, I wondered whether he had a relationship with me that, actually, was getting in the way of his having a relationship with another woman. Because his mother was very possessive. So, whilst he was seeing me, he had to be faithful, in inverted commas, to me, and that that was unspoken. He and I weren't fully aware of it." (PA1, 4:12).

"Well, to give quite general examples, for example, if I speak to someone who might have a history of, say, sexual abuse, infantile abuse in some way, and who has always internalised many of her feelings towards others, may be occasionally taking a form of types of self-harm or maybe experiencing periods of depression or having suicidal ideation, etc., and I hear that person, after some length of time, expressing to me, almost saying it without much thought how she got angry with her co-worker the other day, that would be an example of a key moment. It relies on interpretation to understand it as a key moment." (PA2, 7:12).

"So, through her analysis I realized all her desires were negative desires, so anything I want for her, or her parents wanted for her, she invested all her concentration, all her energy into resisting it. But she actually never knew, she never had the time or the opportunity when she was growing up to think what she really really like or want, because everything was decided by her parents for her. And she was recreating the

same situation here. So eventually, I suppose, she did to me what she did to her parents and stopped therapy." (PA3, 12:26).

"So, I feel very sad for that person and, but I'm also interested in where that came from and wanting to know how history... emerges, well it was clear where it did come from, from having to look after a... well being raised by grandparents, because parents were killed very early on, so the grandparents were quite neglectful, right? I mean it is not so difficult to figure it out, but I want to give her a sense that there's a relationship between these two things, and... it's very understandable this feeling..." (PA4, 10:29).

There was a clear distinction between existentially and psychoanalytical oriented participants in terms of how they situate their subjectivity in the therapeutic relationship. Existential practitioners within this sample tended to see their subjective experience as an outcome of the immediate relationship with their clients, whereas psychoanalytic practitioners of this sample seemed to be more inclined to see their subjective experiences in the therapeutic relationship as a function of transferential dynamics. The following extracts do not directly exemplify this difference content-wise, but the attitudes of practitioners coming from different approaches reveal themselves.

EX1 gave an example of being afraid of his clients and how he brought his subjective experience into the relational realm:

"But going back to your previous question, what happens when a client evokes a feeling? Recently I've said it on three different occasions to clients that I'm afraid of them. 'I'm afraid of you. I feel that you're really angry and I just am feeling cold right now,' or that, 'You're shouting at me and you don't realise that you're shouting at

me.' And I must have to be affected first before saying something like that." (EX1, 11:22)

EX2 explained how she is direct about her confusions in the sessions:

"I think also authenticity is when I am able to say, 'I don't understand any of what you're saying to me, I didn't get even one word. Can you start again in an easier way so that I can try and make sense?'" (EX2, 23:18).

EX4 exhibited a similar frankness, focusing on what is happening in the room:

"But with a client who doesn't really know where to start, and they genuinely appear not to know where to start, or a client who start... who start and then make roundabouts, I may say 'I don't really know why you are telling me all these stuffs.'" (EX4, 4:12).

EX3 took a different perspective and explained how he sees the therapeutic relationship as uncertain, due to the very setting and context of the relationship, not due to clients wanting to communicate what they experience unconsciously:

"Let me just try and think about that a little bit. Say, with a friend that I know well, or a family member, it feels like we get into certain ways of relating that are partly habitual and familiar and often comfortable. Sometimes they can be uncomfortable too, but they are often comfortable in some way. I think I am talking partly about knowing what to expect from the other person. I think there is something about therapy where, in that relationship, I don't, as much, know what to expect." (EX3, 4:17).

On the other hand, for PA1, the meaning of her subjective experience was that the client communicated how she feels:

"Deadening feeling. Yes, I'm giving you the deadening feeling with her. So, she'd deadened, but I'm deadened as well, because it's like the thing that I need to do, I can't do, because it feels like it would kill her off, basically, in a nutshell." (PA1, 15:23).

PA4 made a similar point to PA1:

"Well, if I'm annoyed inside of myself, that's a countertransference response, right, isn't it, to me thinking, 'fuck I really don't like this' and how can I help them. Well, what am I feeling, I'm feeling frustrated. This is their way letting me know this is how their mind works, I suppose that's what I do, that's how their mind works and how can I help leaver it in a different way? So, I have to find an intellectual response to the, to what it is. I mean that's a sound board, and again, why is this so flat, what is going on here." (PA4, 5:19).

PA2 claimed that he would see what the client brings about as internal material of the client to be analysed, rather than being part of an immediate relationship between the therapist and the client:

"Yes, I want to maintain my position as the analyst and to think, 'Ah, this is a moment where something of the transference, as it were, is in the room and this must be used as material.' It's potentially very important. Once again, this has changed over the years, I have to admit, but I wouldn't take offence." (PA2, 4:26).

Similarly, PA3 positioned her subjective experience during the session as a response to what the client projects to her:

"What the client or the analysand is actually projecting to me. Sometimes I can very clearly see, even if they have very persecutory relationship with their parents, with me they want something different. And this can change even within each session. I can

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feel in the countertransference in session, I feel uncomfortable and then I see things change, and I feel more giving, I can feel they need me to pay more attention to them." (PA3, 2:34).

Another difference between existentially and psychoanalytically oriented participants can be delineated with the answer to the following question; who is the expert of clients' subjective experience and inner world? Like the previous theme, it is quite difficult to demonstrate the difference via quoting participants here; this difference seems to be embedded largely in the attitude of the participants.

Participants who defined themselves as existential practitioners were more prone to answer this question as clients. Accordingly, therapists are expert only in asking questions to reveal the self-knowledge that clients already possess. From this perspective, therapy could be defined as an exploration of the clients' subjective experience that is done together in a more egalitarian way:

"I think that is in a way my underpinning psychological understanding of the self, as it were, that we have one body and we put together as one the imaginary, the _____ imaginary, the mirror stage, the child looks at himself in the mirror and ___, 'That's me.' … it's possible to actually set up a conversational space, a dialogical space wherein any conflicted dynamic, any dualism, any paradox can come together and give voice to their own reality." (EX1, 17:30).

"So basically, the type of therapy I offer, it's based on this observation which we do together and also the relationship which the client has to have with me because I don't know anything about them." (EX2, 2:11).

"Then at the end of the first session I explain to them that this is what I can offer, which is this sort of questioning together and try to- so widening the understanding of what is happening and who they are." (EX2, 4:25).

"I guess, there are the usual things of offering time and space for them to explore their issues." (EX3, 3:16).

"... so, I take all the pieces out there, that can't possibly not be there, but they actually know what the picture on the top of the box is, more than I do." (EX4, 6:26).

On the other hand, participants coming from a psychoanalytic background were more inclined to claim that they hear things on another level, and that they are there to reveal this concealed layer of clients' inner world through interpretation. Accordingly, clients reveal themselves without knowing what they disclose, and therapists are there to throw light on the inner realities of the clients. From this perspective, therapy happens through the therapist's expertise in hearing out the hidden, the repressed, and revealing these observations, which is revealed through well worded and timely interpretations:

"But anyway, there was something about the ending that enabled him to enter into this other relationship." (PA1, 4:17).

"I hear that person, after some length of time, expressing to me, almost saying it without much thought how she got angry with her co-worker the other day, that would be an example of a key moment. It relies on interpretation to understand it..." (PA2, 7:17).

"Interpretations make the change possible, I think." (PA3, 9:2).

"Also, in a way she was punishing him through not giving what he wanted. So that gave me a lot of opportunities to make interpretations in terms of her resistance, so I

was able to interpret her resistance also." (PA3, 13:17).

7.3. Themes showing intra-modality similarities

In this category of themes, themes that show common ground within one of the two therapeutic approaches were explored. This category is an attempt to investigate overarching ideas and attributions of meaning to the therapeutic relationship mentioned by participants from one of the approaches that were not mentioned by the participants from the other approach. In this category of themes, a total number of two themes were discovered.

7.3.A. Authenticity through phenomenology (the existential approach)

As expected, the existential practitioners in this sample relate with their clients with a phenomenological attitude, in which they attempt to explore the perception and the meaning attributions of the client. It seemed like there is a connection between phenomenological attitude and authenticity of the client. It is almost as if as the client describes one's experiences within a phenomenological framework, one could get authentic about it, or in other words, could own up to it.

To break this connection down, authenticity appeared as a recurrent theme amongst all existentially oriented participants of this study. The term came up generally in a relational context, in terms of therapists or clients finding their own voices and desires, and the ownership of their lives in the presence of others:

"Authentic here means very simply to be truthful to one's experience and to appear critical, not false. I think usually that itself is often a very helpful thing, even in one's outward projects." (EX1, 16:13).

"Authenticity is when I can sit there and just not think about stuff like that, not think about titles or years of training or whatever, I can just be a human being and it seems to be okay or enough. I think also authenticity is when I am able to say, 'I don't understand any of what you're saying to me, I didn't get even one word. Can you start again in an easier way so that I can try and make sense?'" (EX2, 25:14).

"But, I guess, what I struggle with is sometimes when people interpret authenticity as purely acting against the norm. That that is authentic, to act against the norm is authentic. That I don't think I believe. I think, if you, genuinely – I don't quite know what I mean by genuine – but if it is your faith, your life, your way of being, to follow a particular norm, that's authentic, I'd say. That's yours. You have taken responsibility for it. You choose it. It's your preference, your choice." (EX3, 3:2).

"... their journey from where they were to where they are now and being able to have a better idea of where they want to go next." (EX4, 10:10).

Similarly, all the participants who identified themselves as existential practitioners mentioned the phenomenological approach to be their attitude in the therapeutic relationship.

EX1 stated that the phenomenological stance supports the therapeutic relationship through overcoming misattunements:

"I think it is, and I think that is exactly phenomenological, because that then becomes the kick-starter. It then says, 'Okay. Then, what does that feel like?' or, 'Was it your impulse in this moment? Do you want to shut down?" although sometimes I might say that." (EX1, 7:10).

EX2 and EX4 position phenomenology as the main tool of the therapist to reveal the subjective reality of the clients in the relationship:

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"... there is a dialogue going on and an effort to understand their reality, that in itself is a very good way of going about it." (EX2, 2:18).

"try to- so widening the understanding of what is happening and who they are." (EX2, 5:1).

"I think of my theoretical framework as being primarily phenomenological. So, I'm, I'm, I act some with some experience, some with clear concern how clients experience their lives and how they make sense of it." (EX4, 1:4).

"I don't have the faintest idea of what they remember, and I also don't know what happened to them in the last week... the whole week. A lot of stuff might have happened, so if I start with 'let's start with where we ended last time', I'm overwriting anything they might have made of last session, and what might have happened last week, so that's the main reason why I don't prefer not to." (EX4, 4:8).

According to EX3, even though the therapist may fall short of an ideal phenomenological stance in the relationship, it remains the best way of relating to the client:

"I think, anger is one experience, or emotion, that very quickly draws me in, as me, as opposed to an observer being phenomenological about their anger. No. That's hard for me, to be phenomenological about someone else's anger." (EX3, 7:13).

7.3.B. Desire to be real in the room (the psychoanalytic approach)

All the psychoanalytical practitioners in this sample mentioned their desire to be real in the room, one way or another. This desire showed itself in forms of resisting to be perceived as ideal, impossibility of being blank, and face-to-face relationship as an interference to remain in touch with themselves during the sessions.

Most of the psychoanalytic participants mentioned that they want to resist the ideal of the perfect therapist, the perfect parent or the perfect caregiver. Through therapists being true to themselves and clients occasionally being disappointed by that, clients may gain the opportunity to come to terms with the separateness, otherness and individuality of each subject:

"So, we have a phenomenon between us, so we have the lived experience, and I can disappoint her, and we can live through it. In a way, I don't just want to get it right all the time in a way, because I think that's right." (PA4, 10:9).

PA1 claimed that she avoids supporting the image of the ideal therapist, because this image is simply not real:

"So yes, I behave differently with different patients, but I don't expect of myself to be the ideal therapist for everyone who walks in the door, because that's not real." (PA1, 7:26).

PA3 delineated the delusion and falsehood of being seen as ideal by the client:

"I mean you do get some clients that really make you feel great. And that's also very difficult since they may be idealizing you, they could set you on a pedestal, which means very soon (laughter) you will come down from there. And that's scary." (PA3, 9:17).

Quite similarly, PA4 implied that adhering to the ideals of any role would take away from the reality and complexity of the situation:

"But I have a very strong feeling I don't want to be the perfect mother in the therapy room. So, if I had a 28 year old, let's say, whose got a very well meaning mother, but the struggles around separation and connection are very difficult, I want to bring in

the struggles of the mother as well as empathising what the daughter is trying to do, does that make sense?" (PA4, 2:20).

"It's not that I talk for a long time about that, but I would be very careful to say, 'I think the thing is from your mother's perspective X and of course how that's had an impact on you' but I would never say, so, I think I don't want the mother to be the child's bad object, which I think psychoanalysis and lots of therapy does." (PA4, 2:25).

Most of the psychoanalytic participants touched upon the issue, and dictum of, blankness and neutrality. All the participants that touched upon this issue took a view of the matter from two different angles: not wanting to be a blank therapist as a choice, and the impossibility of remaining blank in this era.

PA1 addressed the issue of blankness and self-disclosure from the point of view of choice. She claimed that it is a choice to be a more direct therapist, yet this choice may be influenced by the cultural context, and she gave an example how direct she is with her clients in an instance when she decided to terminate the work:

"So, there was a whole process of us trying different things, but being aware of that, and thinking, 'What can we do?' But I think I just started to feel like, 'He's coming, and he's talking, and we're…' It was always interesting working with him. He was a very interesting person. But I just felt like… I don't know. It was just a feeling that we were going round and round." (PA1, 4:28).

PA2 asserted that not being blank is both a choice for him through his training, but also quite impossible in today's well-connected world, so if clients learn about and want to talk about their therapists, this should be treated as clients' material:

"It's probably the tradition in which I was brought up. It's worth saying that. I'd see my analyst now. Was that difficult for me? Actually, it wasn't. It was enjoyable. Okay, we're not best mates, but we belong to the traditions of radical psychoanalysis .... Anyway, that's irrelevant. I don't see a good reason. We're also living in the internet age. People find out about us. I have a profile on the internet. I use Twitter. If it comes into the room, it's material. That's how I see it." (PA2, 12:15).

PA4 asserted that both through the internet and through just being in the room and communicating with the clients, inevitably we disclose ourselves all the time:

"I think it is so impractical nowadays. Therapists check out the people who are coming to them. It is, you know, we deal with evasion." (PA4, 9:3).

"Well, I think I disclose myself in every question I ask. I don't believe in… I don't think self-disclosure is always about 'oh that's what happened to me'. 'Oh, yes, when I was on holiday, I had a terrible time or'. That's not self-disclosure, that's gossiping. Well, I don't know what it is, right. Self-disclosure is to me, showing where I am interested, really, I do it a lot of the time, not consciously, I'm doing it. I'm disclosing all the time." (PA4, 6:15).

Two participants with psychoanalytic backgrounds put forth the argument that focusing too much on the other or the therapeutic relationship may disturb and disrupt the inner exploration of the client:

"I have one patient who comes four times a week, and she lies on the coach, and I'm sitting behind her, so this classical thing. But we didn't start that way; we started face to face, like you and I are now. Over time, she wanted to get more in touch with her inner experience, really, I suppose, basically. I felt like the eye contact was a

distraction, because she was having to go back and forth between this, and then

something going on inside." (PA1, 6:26).

"It is every tiring to work face-to-face. That's for sure. And also, for a lot of clients,

but not for everybody, a lot of clients tell me, they can visualize it better, and they feel

that they are less affected by my face, less directed, so they can think more freely, they

can free-associate more freely. And some of them even close their eyes and they

visualize and feel so much more. Of course, there is voice, and they can hear me, and

that can be directive, I understand that, but obviously this happens much less

compared to face-to-face." (PA3, 4:26).

7.4. One theme showing intra-modality difference

In this category of themes, one theme that shows a controversy amongst participants
identifying themselves with the psychoanalytic approach were explored, since no such
intra-modality difference amongst participants identifying themselves as existential
practitioners could be found as a result of the analyses.

7.4.A. Position of the therapist within the therapeutic relationship (the psychoanalytic approach)

As a reflection of theoretical richness of the psychoanalytic thought, the
psychoanalytic practitioners in this sample asserted contradicting claims about the
supposed position of the therapist within the therapeutic relationship. This
controversy indicated three major dilemmas; whether to categorise clients in line with
psychopathology, whether to self-disclose, and containing versus frustrating the client
as a vehicle for therapeutic transformation.

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The controversy of categorising clients revealed itself quite clearly. I preferred to name this theme using the word 'categorising', rather than calling it as 'pathologizing' or 'labelling' clients. Such a naming would largely be due to my prejudice toward use of psychopathology in mainstream psychotherapy.

PA1 stated that she experiences this controversy in the form of appreciating both the uniqueness and common denominators of her clients, and of being human in general:

"But then, of course, there's a question of, what is the nature of the suffering? How is it constructed? Why is this person in this particular idiosyncratic dilemma? And each dilemma is different. It's an interesting fact, it seems to me, that each person is unique, and yet, we also have things in common. So, in terms of how do I address that? It's wholly both of those things: something about our common humanity, but at the same time, something about the uniqueness of this person who's sitting in front of me today." (PA1, 2:20).

However, on the other hand, she and PA4 openly expressed their objections to categorising clients when they are relating to them:

"No artificial categorisations when it comes to the question of how to relate with the patient 'Oh, right, modes of relationships.' So yes, I'm talking about face to face, versus lying down. Modes of relationship. I don't think I sort of artificially say to myself, 'Now I'm going to be this kind of therapist.' I think it's more something that develops over time between the two of us, depending on what happened and what the person brings in, but also depending on me. I'm a certain kind of person." (PA1, 7:19).

"I might say, it depends, I don't… well I don't formulate, so. I might say to somebody … I don't know, it depends on the person, I can't tell you. I can't tell you, I'm not like that." (PA4, 6:7).

Yet, PA3 also pointed out that she might take hints from clients' histories in terms of finding the right kind of relationality with them and predicting what she could experience in the therapeutic relationship, which could be rendered as categorisation:

"When I first meet a client when they tell me about their family history, if I find that there is a very persecutory relationship with parents, that's something to take note." (PA3, 5:29).

Similar to categorising clients along psychopathological lines, there was a clear rift regarding whether self-disclosures made by the therapist can have a place within the therapeutic work and relationship. PA1, PA3 and PA4 all claimed that therapists disclosing themselves about what they experience relationally is fine, helpful and even inevitable:

"Some of that is going to depend on how you theorise about it. But some of it is going to depend on their own personal histories, and what they're comfortable with and what they're not comfortable with." (PA1, 12:11).

"In fact, when they really push me, I say this to them; 'I don't think I can be very helpful to you if I give you discount, because I would feel… although you can afford holidays and you tell me how much savings you have and you ask me for discount. This is my living also. If I feel I'm not paid for my real work, then I don't think I could give you my 100%, and I don't think I would be helpful to you', and then they don't push any further." (PA3, 15:1).

"I'm just like in an ordinary conversation. I mean I don't usually come in and say 'I thought really differently' or 'no! Really, no, Brexit is a terrible idea.' I mean… If somebody's on Women's March, I would say 'yeah, wasn't it fantastic?'. But it is much more on the level of conversation. But, if something weird happened in it, I would then pick it up later and say 'I wonder how you felt about that, was that ok? Wasn't it ok?' I don't know. It would depend." (PA4, 6:22).

On the other hand, PA2 clearly stated he is not interested in taking countertransference into account and disclosing information about himself for therapeutic means:

"That's not something I'm interested in. Countertransference, it's a difficult question for me because, unlike other trainings I suppose, in my training it wasn't really thought about in the same way as it would be, say, with object relations training. I don't come from that tradition. I would very rarely say to a patient, 'I'm experiencing a great deal of sleepiness since you've been here and I'm wondering what that might be about.' I can't imagine doing that. I really can't, no. I'm not sure if that's quite what you wanted to hear." (PA2, 6:10).

Another contradiction arose from the different answers given to the question of "what leads more often to gaining insight?" Is it containing the client so that one can explore their own experiences, or frustrating the client so that their needs become more accentuated as their real origins in childhood reveal themselves? This is one of the main controversies within the psychoanalytic world and it can be seen in this sample of psychoanalytic practitioners as well.

In this clinical example, PA1 acknowledged the importance of not confronting the client with grave realities:

"So, there's an idea of, 'When they die, I will die.' So, she's just sort of merged with these… Somewhere inside herself, the parent/child relationship is already dead, if you see what I mean. But she can't acknowledge that. Actually, I feel that to try to push her to acknowledge it might be to push her towards suicide. So as a therapist, it feels like a kind of impossible place." (PA1, 15:1).

PA3 expressed her dislike of the frustrating mode of being as a therapist on more than one occasion:

"I can say it is more relational. The way I work is quite different than the classical, Freudian way of doing psychoanalysis. It doesn't rely on frustration that much; it is more supportive." (PA3, 1:11).

"Just because I am myself, I feel like that way of doing psychoanalysis that endorses blank screen, that relies on frustration afflicts pain on analysands." (PA3, 2:12).

According to PA4, the containing function of the therapist opens up new possibilities and opportunities for the client in terms of experiencing a particular phenomenon from a different perspective:

"And of course, that happens on a minor level, doesn't it, in every session, somebody feels very ashamed of what they're talking about, but you are really interested in and curious because you don't have the shame. You are not drenched in the effort they are drenched in. And you might feel in the countertransference, but you are not. And so, because you opened it up and are interested in, they have the experience of 'oh, I need to be curious about this in relation to myself' so they develop a third way… a way of looking at themselves." (PA4, 4:18).

PA2 was the only participant who defended the importance of frustrating clients via leaving the client alone with his experience:

"There are some occasions, very rarely, where I have to say, when a client might be angry with me, to use your example, and it somehow- actually, is this true? I'm not sure. No, actually it isn't. Even if their anger arises as a result of what I perceive to be an error, shall we say, in something that I've said, I will still, gratefully, use it as material, whatever emerges from that. I'm not sure I'm being very clear." (PA2, 4:32).

However, PA2 also stated that up until the point of interpretation, it is important to contain what is going on for the client:

"I don't think there's a place there for muddling interpretations. One sits with them, contains or helps them contain whatever is going on. After that, maybe something is more permeable. I don't know if that's quite the right metaphor, but one can feel that 'If I make an interpretation now, it can be heard, it can be used.' Sometimes it can't." (PA2, 9:29).

8. Discussion

This section studies each theme that was revealed in the thematic analysis in the light of pre-existing literature, in terms of collating the findings of this study with what has been debated and written about before in the field. In other words, this chapter aims to contextualise the findings of this study within the field of psychotherapy and counselling psychology.

Chapter 3, the literature review of this study, was conducted before the data collection and analyses in order to survey the literature and to reflect on the relational dimension of psychotherapy. However, a great deal of caution was taken in order that what would be discovered would not be overshadowed with what is already known, learnt or interpreted. At this point, it is important to remember Merleau-Ponty's (2013) warning about the process of learning; we cannot step into a new world with an empty mind, devoid of any pre-existing conceptions, without knowing what we are looking for, as the empiricists claim, yet we need to be ignorant at the same time about the phenomena we encounter, in opposition to what intellectualism argues. We either end up finding nothing or finding what is known already and missing out on what could be discovered. Qualitative research methods also position the discussions as a space to reflect and to make sense of fresh findings, as well as to situate findings in the context of what is already known (Braun & Clarke, 2006; Smith et al., 2009).

Some of the findings of this study seemed to be in line with previous discussions about respective results. However, there are four important findings that could be deemed as the original contribution of this study to the literature. These are how the concept of *Eigentlichkeit* is embodied by the therapists (please see subsection 8.1.A.), how the recognition of alterity in the therapeutic relationship shapes the experience of does the therapists and the therapeutic processes (please see subsection 8.1.B.), how

the therapeutic relationship being radically different than daily, socially convenient relationships have an impact on the therapists (please see subsection 8.1.C.), and lastly the desire to be real in the room as expressed by the psychoanalytic participants of this study (please see subsection 8.3.B.).

However, these findings could be discussed and interpreted in a different light by a different researcher or by me at a different time. The following discussion, which contains my interpretations, is coloured by my background, subjectivity, and being-in-the-world (Heidegger, 2010a, 2010b).

8.1. The common ground between the existential and psychoanalytic practitioners in terms how they experience the therapeutic relationship

Three major themes were discovered as common relational experiences for both existential and psychoanalytic participants. This group has the highest numbers of themes. This is especially striking when compared to the number of themes that delineate differences between the relational experiences of the practitioners coming from two approaches, which is only one. This can be explained on two levels; firstly, most of the psychoanalytic participants' perspectives could be identified as being part of the relational-conflict model. This psychoanalytic perspective emphasises the relational work, as it views reality as co-constructed between the participants of that relationship (Mitchell, 2009; Stark, 2000). As shown in the literature review, this perspective has many similarities to the existential model, which highlights a phenomenological stance. The second explanation can be accounted for by the scope of this study; this study solely focused on its participants' experiences of being in therapeutic relationships with their clients. I presume that if this study were designed in a way, in which theoretical perspectives were discussed, there would be greater

number of differences and deviations between the participants coming from these two approaches. In other words, my understanding is that there are more differences on a theoretical level than on an experiential level.

8.1.A. Eigentlichkeit of the therapist

Eigentlichkeit, or authenticity is not a new concept that is discussed in relation to therapists' ways of being in the room (Burks & Robbins, 2012; Kaslow, Cooper & Linsenberg, 1979; Miller, Jordan, Stiver, Walker, Surrey & Eldridge, 1999; Schnellbacher & Leijssen, 2009; VanDerHeide, 2007). However, this study adds another, yet philosophical layer onto these discussions. That's why I would like to use Heidegger's original, German term *Eigentlichkeit* to draw these differences from mainstream discussions about the authenticity of the therapist. In the previous research and discussions about authenticity, it is possible to see various definitions of authenticity, which are generally related with genuineness and truthfulness. To give a few examples from the literature, Kaslow et al. (1979) came up with a definition of authenticity based on therapists' usage of one's perceptions and experiences in a genuine and committed way. Not falling far from this, Schnellbacher and Leijssen (2009) simply referred to authenticity of the therapist as genuineness of the therapist. Burks and Robbins (2012) took a more attitudinal stance and claimed that an authentic therapist would be able match what one feels and thinks inside with how one behaves on the outside. Miller et al. (1999) took a different stance and delineated the ability to be impacted or moved by the client as authenticity of the therapist, coining the term "movement in relationship". Lastly, VanDerHeide (2007) grounded her definition of authenticity as being realistic and accepting that one is fallible. In contrast to these definitions, *Eigentlichkeit* as Heidegger (Heidegger, 2010b) defined it is an existential task that each of us face on a daily basis, which is about owning up

to what belongs to us. As a result of the analysis conducted for this study, a major theme revolving around knowing who one is, what one has to offer, what kind of shortcomings one has revealed itself, which I called *Eigentlichkeit* of the therapist. This study's contribution to the discussions about the therapists' authenticity could be about ownedness and knowing oneself. This study reveals that therapists who know themselves closely and own what kind of a person they are in the room feel more at ease in the therapeutic relationship, which hopefully contributes to the overall therapeutic process.

The main theme of *Eigentlichkeit* of the therapist was supported by minor themes of having a sound and solid sense of what one has to offer as a therapist, "not for me" client and situations, satisfaction gained from the therapeutic relationship, one's relational attitudes changing over time with professional experience, and the experience of taking part in this study.

All the participants expressed a very *sound and solid sense about what they offer as a therapist*. The ideas that were revealed about this theme could be boiled down to defining the goal of therapy as exploring the current state of being, discovering what is possible and choosing what one aspires to. This seems to pertain to *Eigentlichkeit.* Rather than losing ourselves in an anonymous crowd, we need to try to live our lives from a point of mine-ness, in which we would inevitably fail from time to time. The concept of authenticity also relates with Sartre's and Frankl's emphasis on freedom, choice and responsibility (Frankl, 2010; Sartre, 2013). According to Sartre (2013), we are free, because fundamentally we are nothing; we may create ourselves anew each day through our choices. Similarly, in order to live meaningfully Frankl (2010) highlighted that we need to claim responsibility for our choices. From the psychoanalytic point of view, ideas of selfhood and agency may be referred to. Kohut

(2012) claimed that a sense of solid and autonomous self could develop only within facilitating relationships, in which baby or child is heard, and can idealise and can find role models. After one establishes their own self as a subject in this world, they may exercise willpower to shape their life in a way that they wish. This is discussed in terms of agency, which is about personal initiative and having constructive life goals (Caston, 2011; Weisel-Barth, 2009). The participants of this study seem to point out that first the therapist should claim such a solid, yet dynamic position within the therapeutic relationship, so that the subjectivity and agency of clients may develop within a relational context.

Another minor theme here is *"not for me" clients and situations.* The existential perspective in psychotherapy does not engage with an explanation as to why such situations arise, yet it suggests that the therapist shall invite the client back into dialogue, so that this situation could be explored and the client could make sense of it (Cooper, 2003; Spinelli, 2002; van Deurzen, 2012; van Deurzen & Adams, 2010; Yalom, 1980; Yalom & Leszcz, 2008). On the other hand, the psychoanalytic view tends to interpret such situations within the framework of resistance or re-enactment. In line with this, clients resist because they unconsciously perceive a threat to their ego functioning if they were to confront a situation that is too dangerous or anxiety provoking for the ego, thus it is asserted that resistance signals an unconscious material that is too unsettling for the client. Resistance can be overcome by intra-psychic, interpersonal interpretations and corrective provisions (Mitchell & Black, 2016; Renik, 2004, 2018; Stark, 2000). Similarly, yet in a more complicated way, during re-enactment clients unconsciously set a relational stage in which they find themselves repeating a traumatising pattern. Re-enactments may psychoanalytically be explicated as an attempt to master old traumas and wounds, or the client's

unconscious means of communicating their experiences to the therapist. Similarly to resistance, re-enactments could be grasped and solved through intra-psychic, interpersonal interpretations and corrective provisions (Mitchell, 2009; Mitchell & Black, 2016; Renik, 2006). In order any of this to happen, the participants showed that the therapist needs to be authentic about the situation, owning up to the difficulty they experience in such instances.

Another theme that emerged in disclosures made by the participants about what they found the most satisfying side of their work was gaining work *satisfaction from the relational experience*. Turning back to the literature review on work satisfaction among mental health professionals, it is quite striking to see that the therapeutic relationship itself was almost never pointed out as a potential source of work satisfaction; at least in the vast literature I reviewed. The main tendency is seeing the work itself as a hazard. Suggestions to fend off this hazard revolve around either making it less hazardous. Suggested ways are meeting less with trauma cases, not working for an agency, being in personal therapy and supervision, or finding joy outside of it; e.g., attaining work-life balance, taking up hobbies, investing in non-professional relationships (Adams & Riggs, 2008; Brady, Guy, Poelstra, & Brokaw, 1999; Burton, 1975; Figley, 2013; Pearlman & Saakvitne, 1995; Raquepaw & Miller, 1989; Rothschild & Rand, 2006; Saakvitne & Pearlman, 1996; Stamm, 1995; Wittenberg & Norcross, 2001). On the other hand, Farber and Heifetz (1981) showed that intimate engagement in clients' lives and promoting change can be sources of satisfaction. Bugental (1964, p. 272) depicted a mature therapist with the characteristics of "humility, selective participation, genuine encounter, an evolving conceptuum, and the acceptance of the guilt of being a psychotherapist". It is worthwhile mentioning Frankl at this point, who claimed that work and contribution

to the society is one of the main routes to finding meaning through creative values (Frankl, 2006, 2010); hence more insight into satisfactory dimensions of the therapeutic relationship would be helpful for the field.

Another minor common theme between existential and psychoanalytic practitioners is *professional experience changing the quality of the therapeutic relationship*. Existentially, Paul Tillich's philosophy may throw light on understanding these experiences. According to Tillich (1999, 2000) courage is about being able to remain solid in creating ourselves and existing in the face of the imminent threat of non-being. In line with this, ontological anxiety, which is the experience of existing in the face of imminent threat of non-being, can reveal itself in forms of death, self-condemnation and meaninglessness. These unfold in daily life in milder forms of being subject to fate, experiencing guilt and encountering emptiness of life and human endeavour, respectively. On the everyday level, courage is to keep on living fully in spite of fate, guilt and emptiness. It could be assumed that therapists may become more "courageous" in Tillich's term with experience in terms of continuing to be present in the room despite facing fate, guilt and emptiness. Surely this may lead to the discussion of authenticity; being more in the position of *Eigentlichkeit*, or mine-ness in Heidegger's terms (2010b), or being more able to love one's fate, as in Nietzsche's *Amor Fati* (Nietzsche, 2009, 2010). One may start to face the relationship more directly, with a decreasing need to hold on to theories as safety valves, being able to be more and more comfortable in the face of uncertainty (Heidegger, 2014). From the psychoanalytic perspective, it can be posited that the development of a psychotherapist resembles that of a child's. In training and the first years of practising, we all hold onto lecturers, authors, thinkers and our supervisors in order for them to hold us, and handle and contain our experiences, which we start to do on

our own later on, to think in Winnicott's terms (Fonagy & Target, 2003; Pine, 2008). Similarly it can be opined that we use a lot of selfobjects with their functions of idealisation, mirroring and twinning, on the way to finding ourselves as therapists (Kohut, 2012). Similarly, theories, lecturers and supervisors may be there in the first years to metabolise bigger chunks of experiences for us, as in Bion's alpha function (Bion, 2018). As we gain experience, we may rely less on all these developmental backings.

Last theme that I would like to mention here is the unsettling *experience of taking part in this research interview*. These experiences can be considered through the concept of sedimentation (Merleau-Ponty, 2013). According to Merleau-Ponty, the particles of our experiences that were not reflected on, and hence wasn't owned, for a while are subject to sedimentation. Sedimentation means these experiences cease to be authentic; in the sense of being owned and accessible. Reflection, on the other hand, diffuses sedimentation wherein the experiences may become authentic and owned. However, according to Sartre (Sartre, 2013; van Deurzen, 2010) even though this kind of self-reflection can be very liberating, it is also anxiety-provoking and nauseating. I suppose the participants of this study owned their choices and experiences as they reflect and talk about them, which led to two different, indeed seemingly opposite feelings. However, it is important to note that freedom, liberation, and anxiety are not polarities from the existential point of view.

8.1.B. Alterity in the therapeutic relationship

Alterity and otherness of the client, and of the therapist for the client, have been discussed in the social sciences and psychotherapy quite extensively (Binder, 2006;

Bubandt & Willerslev, 2015; Burston & Frie, 2006; Cooper & Hermanns, 2007; Correia, 2005; Hazell, 2009; Kirmayer, 2008; 2013). However, the literature on alterity and otherness in psychotherapy tends to remain on a theoretical or philosophical level. What is unique about this study is to see the recognition of the alterity in the therapeutic relationship as a strong theme in participants coming from both existential and psychoanalytic approaches, without any prompt questions in relation to this topic. Alterity could be defined as the unbridgeable otherness of the other in a relationship. This renders the other enigmatic, uncertain, hierarchically above, and more powerful (Lévinas, 1985). Everything that is not self falls into alterity. The results of this study situate the phenomenon of alterity at the heart of therapeutic work, which is in line with the claims of Burston and Frie (2006). In order to benefit from this, the therapist needs to acknowledge the otherness of the client. In this study, participants placed the client into a clear independent position, in which the alienation of the other by the therapist and the client oneself could be stopped. Correia (2005) clearly designated that the other needs to be restored in its eminence and singularity, which was seen in the discourses of the participants.

Another striking dimension of these results is how less the concept of empathy was employed by the participants. Rather than being empathic, most of the participants expressed their endeavours to recognise the otherness, independence and freedom of the client. This may be corresponding with discussions about empathy in relation to alterity in the literature, which either puts alterity beyond or opposite of empathy. Kirmayer (2008) claimed that empathy has its limits, which is reached quite quickly in psychotherapy. What lies beyond empathy is recognition of alterity. In other words, it is more important that the therapist acknowledges the client as an independent other, who creates one's own life through one's freedom and choices, than that the

therapist simply claims to understand or grasp the client. To put it in simpler terms, the task of the therapist is to hold alterity (Kirmayer, 2013), which was reflected in the expressed experiences of the participants of this study. Bubandt and Willerslev (2015) even asserted that there is a dark side of empathy in its usage to manipulate, direct, deceive or dehumanise the other. Recognising alterity is the only safeguard against such a pitfall, which was present in the discourses of the participants.

The main theme of *alterity in the therapeutic relationship* was supported by minor themes of seeing the therapeutic relationship at the core of therapy, attending to the tensions between clients' and one's own needs in therapy, opening up a space for encounter through mutuality and attunement, and the experience of the first meeting.

The theme of *therapeutic relationship at the core of therapy* resonates both with the existential and the psychoanalytic approaches. According to the existential perspective, in the therapeutic relationship, presented symptoms become expressions of embodied experiences unfolding the client's overall way of being, rather than just isolated pieces of information (Spinelli, 2002, 2006). The relational task of the therapist is to render the overt and covert communication as transparent as possible in order to grasp how the subjective experience of the client comes into being (Adams, 2013; van Deurzen & Adams, 2010; van Deurzen & Arnold-Baker, 2005). As Krug (2009) highlighted, it is important to attend to both intrapersonal and interpersonal processes of creating the subjective reality. Philosophically speaking, *Dasein* is always a *Mitsein*, which means that we never exist in isolation and devoid of our relationships, but rather as relational beings (Heidegger, 2010a, 2010b; van Deurzen, 2010). Merleau-Ponty (2013) posited that we are always in a dialogue or engagement with the world and this engagement creates the space for us to exist via embodied experiences. Returning back to the context of psychotherapy, the therapeutic

relationship brings client's subjective, experiential and embodied world back into the session room (Laing, 1999; Laing & Esterson, 2016; Spinelli, 2002; Yalom, 1980). In the common ground between the two approaches, Stolorow (Stolorow, 2011; Stolorow & Atwood, 2002) puts the therapeutic relationship at a central place claiming that through this relationship the intersubjective realm unfolds, which is the main material of therapy to work on. Similarly, the psychoanalytic approach places a great deal of significance on working with the therapeutic relationship (Batista, Senra, & Aragao Oliveira, 2014; McWilliams, 2011; Mitchell, 2009). What is special about the therapeutic relationship is the possibility for the client to handle overwhelming, undigested, exhausting inner experiences in the presence of a containing and holding other. Traces of this idea can be found in Bion's theory about the mother's alpha function, in which the mother digests and breaks big pieces of overwhelming experiences (beta elements) into smaller pieces (alpha elements), so that the child can chew and digest them without being overwhelmed or effectively traumatised (Bion, 1984, 2018). In a similar vein, Winnicott (2005, 2018) talked about holding, handling and containing experiences of the child. However, the psychoanalytic approach breaks down the therapeutic relationship into four components, namely transference neurosis, therapeutic alliance, narcissistic alliance, and the real relationship (Paolino, 1982). This perspective resonated with a few participants from both approaches, even though the existential approach tends to see the therapeutic relationship as rather a real encounter (Cooper, 2003; van Deurzen, 2012; van Deurzen & Adams, 2010). Yet, participants from both approaches supported the hypothesis that self, or subjectivity, is created and experienced always in relation to the other, in line with philosophers such as Sartre (2013), Heidegger (2010b) and Buber (2013), and psychoanalytic

thinkers including Winnicott (2018), Kohut (2012), Stolorow (Stolorow & Atwood, 2002) and Mitchell (2009).

Another minor theme that supported this major theme is *attending to clients' needs, expressing one's own needs as a therapist and negotiating between these respective needs*. Taking an existential perspective, what participants expressed could be discussed in terms of Buberian I-Thou mode of relationality. According to Buber, in order to become an autonomous subject, first we need to acknowledge the subjectivity of the other. If I connect with the other as a subject independent of me, then I would have the chance to experience myself as a subject, a whole, rather than an object or just a part (Buber, 2013). It sounded like the participants were keen on relating with their clients in an I-Thou way, rather than objectifying them and imposing their personal needs and desires upon them. There were examples given in interviews in which when clients related in an object-to-object, i-it mode, the participants attempted to transform the relationship into an I-Thou mode of relating. This also resonates with Jaspers' notion of existential communication. Rather than seeking authenticity through distancing ourselves from others we need to relate with the world and others in a real, alive way, without needing to master or submit to the other (Jaspers, 2015; van Deurzen, 2010). It could be argued that the participants were modelling how this existential task could be satisfactorily fulfilled in a therapeutic relationship. Taking a Sartreian view, it could also be asserted that rather than engaging in competitive relationships, the participants expressed that they tried to keep their relationships with their clients collaborative (Sartre, 2013; van Deurzen, 2010). In Heideggerian terms, the therapists should always choose to leap forward with their clients, rather than leaping in, with the aim of reminding clients of themselves and encouraging them to remain open to the world (van Deurzen, 2010). Psychoanalytically speaking, the

participants shifted back and forth between Stark's (2000) developmental arrest perspective (Winnicottian and Kohutian ways of relating) and relational conflict perspective (more subject-to-subject, relational way of being) as they see fitting therapeutically. They expressed that they are fine with letting themselves be taken as objects by their clients, yet from time to time they may also assert their subjectivity to remind clients that there are two subjects in the room, just like in the rest life's relationships. Kohut appears to be closer to Freud, in terms of situating abstinence as a force that structures the self of the client, however he also noted that abstinence and frustration must remain at an optimal level, without slipping into deprivation (Berger, 1999). On the other hand, Stolorow and Atwood (2002) claimed that in the best case abstinence provokes unnecessary hostility in clients, which alone may hinder the psychoanalytic work, and in the worst case it may lead to iatrogenic transference neurosis. Lastly it is important to add that most of the participants recognised that this is not an equal relationship and clients' subjectivity always has priority in as opposed to the subjectivity of therapists. The focus remains on the collaborative task of exploring clients' subjective world; how it is and how it is coming into being.

The minor theme of *mutuality, attunement and the encounter* emerged in scrutinising the discourses of the participants. From an existential point of view, a dialogue that is conducted in good faith seems indispensable. Unlike any form of conversation, in which two people just talk to each other, in dialogues in the existential sense no one who is a part of it should know where it would lead. Each party should remain open to what the other shall bring, and respond from a subjective point of view, without imposing or manipulating the other. The therapist should listen to the client to understand, to immerse oneself into the client's subjective reality; not to reply or with the intention of "showing" a fact or "making the client understand". In this sense, if a

therapist has an agenda or planned one's questions for the session, this shows that that

therapist is not willing to enter a real dialogue. A real dialogue requires the therapist

to remain with the uncertainty of what would come next (van Deurzen & Adams,

2010). Another existential idea that could help us in understanding how these

participants defined the encounter with their clients, Martin Buber's relational concept

of I-Thou can be helpful (Buber, 2013; van Deurzen, 2010). The only twist is that the

therapeutic relationship is not as egalitarian as Buber pictured with I-Thou relational

mode; the client's Thou-ness takes always precedence. Looking from a Heideggerian

point of view, all the participants acknowledged that the relationships with their

clients are a part of their *Dasein*, subjective world. According to Heidegger, one of

the characteristics of *Dasein* as a living and experiencing being is that it cares, as in

his concept of *Sorge* (Heidegger, 2010a, 2010b; van Deurzen, 2010); henceforth,

encounters with clients do have an impact on therapists, simply because they are

there. Lastly as for the existential remarks, Merleau-Ponty's notion of embodiment

could be considered as an important discussion point. Merleau-Ponty posited that

embodied experiences come into being in the dialogue between self and its objects

(Merleau-Ponty, 2013; van Deurzen, 2010). In line with this, all the participants

agreed that the encounter with clients shapes their lived experience in the room.

Reminding clients of their reality, which may be partially concealed and sedimented

for the time being, may be received by the client as a relief, or as with a great deal of

frustration and anxiety provoking. However, all of these shall be done in an attuned

way with the client. In that sense, the existential approach uses Jaspers' term of

einfühlen, which is fundamentally participating in the experience that the client brings

about (Jaspers, 2015; van Deurzen, 2010). Contemporary psychoanalytic literature is

also in agreement that therapists are present in the room as subjects, who are open to

be affected in the encounter with the client. Aron (1991) posited that clients look for hints that their therapists' subjectivity behind the professional façade, which he sees as quite a natural yet not widely discussed phenomenon in the literature. Indeed in the interpretations and comments therapists make, one positions and repositions one's self in the relationship, and these remarks called interpretations inevitably contain the therapist's subjectivity that is made available for the usage of the client for the therapeutic exploration (Aron, 1992, 2006). Similarly, Field (1989) claimed that bodily sensations are neither meaningless nor marginal in the therapeutic encounter; they are conveyors of unconscious communication in the therapeutic relationship. Taking this even further, Stone (2006) asserted that there is a relationship between the intensity of bodily sensations a therapist experiences and how deeply a particular client's psychopathology is rooted in the intersubjective realm. Lastly going back to the subjectivity-objectivity dilemma, Renik (1998) claimed that as it became more of a trend to acknowledge therapists' subjectivity, the whole literature started to take a turn as if that it is impossible to be objective in the room. Objecting to that, Renik (1998) proposed that we can, and we should strive for objectivity, but this can be possible only if we start fully recognising our subjectivity as therapists.

Both the existential and the psychoanalytic participants of this study experienced *the first meeting* with clients as full of curiosity and surprises, with openness to the client. This may be explained in the same vain as was discussed in the previous theme. All the participants of this study were well experienced practitioners of the existential and psychoanalytic traditions; there were no practitioners with less than ten years of experience. It may be assumed that all the participants were developmentally mature psychotherapists, who enjoy being authentic and are "courageous" in Tillich's terms (Tillich, 2000).

8.1.C. Therapeutic relationships as radically different from daily relationships

It was not a surprise to see that most of the participants reported to experience a *difference between therapeutic and everyday relationships*, given the fact that this issue is widely discussed in the literature on a practical and theoretical level, as listed in the coming paragraphs. What is striking is that no substantial research could be found on this dimension of the therapeutic relationship. Indeed, with its one-sidedness (the client's experience is mainly talked and reflected on), money exchange, intimate questions and revelations, the therapeutic relationship is quite different than any relationships we are used to, both as clients and therapists. The therapeutic realm asks both the therapist and the client to leave what is socially accepted, convenient or agreed behind in the name of self exploration of the client. This study could be one of the first attempts that steps into the socially unfamiliar relational context of therapy.

The existential approach provides for this difference mainly via employing the phenomenological method; in the phenomenological method the therapist suspends all of their pre-conceptions as much as one could do and tries to hear the client on a different level of not-knowing. The therapist's focus would be on letting the client describe their lived experience. The therapist would be more interested in descriptions, rather than explanations, so that covered layers of the client's lived experience could be revealed (Cooper, 2003; Spinelli, 2005; van Deurzen & Arnold-Baker, 2005; van Deurzen, 2010). On the other hand, the psychoanalytic approach conceptualises the stance of the therapist differently; the psychoanalytic therapist would try to hear beyond and behind the words and gestures of the client. The main focus is to trace back the unconscious processes that reveal themselves in a discourse

that is different from daily narratives. The main emphasis remains in finding out more about the unconscious processes that were established in developmental history and that underpin the conscious flow of effects, thoughts and behaviours of the present and the past (Casement, 2013a; Fonagy & Target, 2003; Fonagy, 2000; Greenberg & Mitchell, 1983; Lemma, 2015; Mitchell & Black, 2016; Quinodoz, 2005; Renik, 2006).

The exchange of money as part of the therapeutic relationship is another minor themed that revealed this difference between daily and therapeutic relationships. In general, it can be claimed that the exchange of money is one of the topics, on which the existential and the psychoanalytic approaches hold similar attitudes. Money's role as a way of setting boundaries and differentiating the therapeutic relationship from other relationships has been emphasised quite a lot in the literature. The exchange of money is also situated as a supporter of clients' autonomy and agency in therapeutic work. Paying liberates clients, allowing them to express themselves more freely and accentuate the fact that therapeutic work is voluntary, and a choice made by the clients. In alternative methods that replace the exchange of money, the issues of owing, power imbalances, and breaking down of reciprocity undermine therapeutic endeavour (Akhtar, 2009; Dimen, 1994; Herron & Welt, 1992; van Deurzen & Adams, 2010).

8.2. How existential and psychoanalytic practitioners differed in terms how they experience the therapeutic relationship

The possible reason why this study detected only one major theme depicting the difference between how existential and psychoanalytic participants experience the

therapeutic relationship was discussed at the beginning of section 8.1. This could be well explained due to relational psychoanalytic inclination of the present psychoanalytic sample.

Only difference between the existential and the psychoanalytic participants of this study turned out to be their epistemological discourse about the client, which reflects how they make sense of what they experience relationally. I have to add that there is nothing surprising about this result, since participants of both sides showed meaning making processes that represent their theoretical orientation. As existential participants were more present oriented, more open to be directly informed by their subjective experiences in the relationship, and position themselves explorer of the unknown, psychoanalytic participants tended to form historical narratives as they make sense of the client's predicament, to reflect on their subjective experiences as a part of transferential dynamics, and to claim a position of well informed about what may be concealed beneath the client's predicament. This difference is further explored in the next sub-section.

8.2.A. Difference in the epistemological discourse

The major difference between the existential and the psychoanalytic participants was their epistemological discourse, which they used for making sense of their therapeutic experiences. Three minor themes supported this major theme; focus on the present vs. forming a historical narrative, how to make sense of the therapist's subjective experiences, and exploring the unknown together vs. the therapist knowing what is concealed.

As the existential participants *focused more on the present*, the psychoanalytic participants tended to *form a historical narrative.* The existential approach in

psychotherapy is not against talking about the past and making connections (Cooper, 2003; Spinelli, 2007; van Deurzen, 2012; van Deurzen & Adams, 2010). Indeed, the past is present as one of the contexts of our present being and *Dasein*. This may lead to an attitude that does not necessarily prioritise past experiences in the attempt to make sense of clients' experiences. However Edmund Husserl, the founder of the phenomenological method, which is the backbone of the existential approach, was fiercely against psychologism and historicism that try to explain human phenomena through psychological processes; e.g., memory, unconscious desires (Husserl, 2001). Having noted that, the existential approach in psychotherapy does not robustly reject the historical perspective of the being, it also does not emphasise it to the extent that the psychoanalytic approach does. The psychoanalytic approach in psychotherapy places a special importance on the historical context and past experiences (McWilliams, 2004). The past is not examined for the sake of the past itself; the past is alive in what stands out today; hence psychoanalytic work is about establishing connections between past experiences and the present motives of being (Green, 1999). For example, the object relations theory wants to understand what we carry from our relational past, and this investigation is done in order to liberate the client from the confines of the past (Greenberg & Mitchell, 1983; Pine, 1988). Similarly, the relational conflict model posits that it is a priority in psychoanalytic therapy to discover how past relationships are re-created in current relationships (Stark, 2000). Similarly, through repetition compulsions we find ourselves repeating emotionally painful patterns that were established in childhood; the past comes alive in the present time either because of the unconscious desire to master old traumas or to remain with what is familiar; hence it takes an empowered ego to construct a past, so that one may be liberated from reliving it as if it is today (Mitchell, 2009).

The second minor theme that unfolded in the analyses is different answers given to the question of *what is to be done with therapists' subjectivity in the therapeutic relationship.* The existential approach posits that therapy happens in the uncertainty of a real dialogue between two subjects in the consulting room; in this sentence the emphasis is on the real dialogue. Existential practitioners regard dialogue in the philosophical sense as being more than just two persons talking to each other. In order for a conversation to be a dialogue, both parties should have no idea where it may lead. Real dialogue happens when two persons listen to each other to grasp what the other says, rather than just to reply or prove their own point of view. Both parties need to be as transparent and honest as possible both towards the other and to themselves as well; hence this requires two subjects being present in the room (van Deurzen & Adams, 2010). Only through this uncertainty, the anxiety arising from it and openness will it be possible to explore clients' *aletheia*, subjective truths that shape one's narrative about oneself. In contrast to this, the psychoanalytic approach's perspective on the therapeutic relationship is largely based on defining it as a transferential relationship; the client transferring previous experiences onto the therapist (McWilliams, 2004). The transference can be seen as displacement and projection of infantile wishes, remobilisation and displacement of early needs, or projection of bad internal objects onto therapist. In line with these, the therapist's role can involve interpreting conflicts going back to their origins so that the client can come to terms with reality, fostering a therapeutic relationship that would enable growth of the client's self, or becoming part of the enactment to throw light on how the client engages with other (Stark, 2000). Collins (2011) reviewed Freud's model of psychoanalysis, which emphasised the revelation of the objective truth that would explain how the client grew into the person that they are now. Collins (2011) noted

that this idea, or ideal, reflected the *Zeitgeist* of that period, in which being scientific in the empirical sense was more valuable than other alternatives to gain knowledge. However today, psychoanalysis is seen as the reconstructing of a client's autobiography. When there is reconstruction, there will always be the interpretations and subjective perspective of the person who is doing the reconstructing. Collins (2011) claimed that with the postmodernist ideas of authenticity, psychoanalysis should aim for the client to write an emotionally and experientially genuine autobiography, rather than attaining objective truths. Another prominent debate is about whether empathy and authenticity are at odds with each other (Orange, 2002; Teicholz, 2000). Orange (2002) claimed that a therapist being empathic does not contradict the notion of being authentic; the real attunement comes from the therapist attuning to one's own subjective experiences as one is exposed to what the client brings into the room. On a quite similar note, Teicholz (2000) set forth that the therapist being in touch with one's affective state in the session is the common denominator between empathy and authenticity. Stolorow (2007) claimed that the basis of authentic selfhood lies in our resoluteness in the face of death. In line with this, both the client and the therapist should open themselves on a daily basis to what their anxieties and losses bring to them. Only through reflecting on what is revealed in the experience of the therapeutic duo it would be possible to attain an authentic selfhood.

The last minor theme that was revealed as contrasting between participants coming from these two different approaches is that of *exploring the unknown together vs. therapist knowing what is concealed*. It seems that the difference stems from methods of therapeutic action; namely phenomenology and interpretation (hermeneutics), respectively, as well as from the conceptualisation of the unconscious. The existential

approach takes pride in its phenomenological stance, which is about the therapist

positioning oneself in a place of not-knowing and letting the client describe their own

experience. The existential approach assumes that through suspending all pre-

conceived assumptions, the client may discover their own reality, which is dynamic

and ever changing (Cooper, 2003; Spinelli, 2002, 2006, 2007; van Deurzen, 2012; van

Deurzen & Adams, 2010; van Deurzen & Arnold-Baker, 2005). The therapist engages

in the therapeutic relationship as an expert of the method, not of psychic functioning

of the client, in contrast to the psychoanalytic approach, whose practitioner has

insights about the psychic functioning via psychoanalytic theories as well. The

psychoanalytic practitioner is there to reveal what concealed through timely

interpretations; the psychoanalytic therapist does not know the client's reality fully,

yet has ideas how it may have been structured; be it repressed infantile wishes, unmet

developmental needs or internalised representations of self and others (Stark, 2000).

These insights about human nature and psychic functioning are the basis for

interpretations done by the therapist (Akhtar, 2009; Greenberg & Mitchell, 1983;

McWilliams, 2011; Mitchell & Black, 2016). In a similar vein, the existential

approach considers experiences that one is not aware of in terms of Merleau-Ponty's

sedimentation. According to Merleau-Ponty (2013), it is impossible to be aware of,

and reflect on all the experiences and perceptions that arise; in line with this, non-

reflected experiences and perceptions become sedimented. However, it is always

possible to access these sedimentations via reflection, which is one of the aims of

existential therapy. In contrast to this, the Freudian unconscious is the container of all

instincts and drives, alongside the infantile wishes and fantasies that are not

compatible with the reality principle; hence we have no direct access to the

unconscious. We may only have some ideas about its contents via what spills over

from dreams and slips of the tongue (Quinodoz, 2005). Even though the conceptualisations around the unconscious had evolved in the psychoanalytic realm, the psychoanalytic therapist's role as an expert in accessing unconscious material had changed little. In line with this, it seems the psychoanalytic therapist has far more ideas or insights about the client's unconscious functioning and its content, endowed by psychoanalytic theories ranging from Freud's drive theory up until contemporary ones.

8.3. Common grounds within existential and psychoanalytic camps in terms of how therapists experience the therapeutic relationship

One common major theme was detected among the existential participants of this study, which was clients gaining their authenticity through phenomenology. Similarly, only one major theme among the psychoanalytic participants emerged, which was coined as the desire to be real in the room. Among these two themes, the desire to be real in the room was unexpected, which I further explore in the section 8.3.B. However, seeing phenomenology as a way to authenticity, and hence bringing the therapeutic relationship into service for this task is well in line with the theoretical backdrop of existential therapy.

8.3.A. Authenticity through phenomenology (the existential approach)

Authenticity was discussed before in the section of 8.1.A. However, here authenticity revealed itself rather differently; in terms of trying to come up with an answer to the question of how the therapeutic relationship could mobilise the client's authentic attitude. Different existential participants came up with different definitions of authenticity as a common goal of therapy. However, how could the therapist support

the client on this venture to become more authentic? As it turned out, through both

being a role model in the therapeutic relationship and opening a space for the client to

explore what there is to own up to. Here comes phenomenology into play. Through

phenomenological inquiry, clients get a chance to see what there is in their *Dasein*,

what they could own and what is left behind. As I mentioned before, this kind of look

at the therapeutic relationship is quite mainstream in the existential therapy, which

means the existential participants' experience may be well shaped by their theoretical

background (Cooper, 2003; van Deurzen, 2012; van Deurzen & Adams, 2010; van

Deurzen & Arnold-Baker, 2005).

One of the participants defined authenticity as being truthful towards one's own

experience, reminding us of Nietzsche's *Amor Fati*, which is about loving one's life's

necessities rather than comparing their life against some ideal criteria (Nietzsche,

2009). Paradoxically, only through this sort of acceptance, one will be liberated from

self-imposed obstacles (Nietzsche, 2010). Other participants defined authenticity as

being human and honest rather than relating via titles and status, which is more in line

with Heidegger's *Eigentlichkeit*. According to Heidegger (2010b; van Deurzen,

2010), either we lose ourselves in *Das Man*, in the voice of a faceless, anonymous

crowd; or we own up to our experiences, make them ours. Another participant

mentioned authenticity as not acting against the norm but being able to choose and

take responsibility for one's choices, which is rather a Sartreian way of defining it.

According to Sartre (2013), if we do not engage in this reflective state of exploring

our freedom, choosing and taking up responsibility for it, we start to deceive

ourselves, tumbling into a state of *bad faith*, or *mauvaise foi* that leads to living our

lives in a depersonalised way. Lastly, another participant explained that authenticity is

about knowing where we are now and having an idea of where we want to go, which

can resonate with Frankl's idea of self-transcendence, among other existential ideas mentioned before. Frankl (2006, 2010) posited that it is possible to find meaning only when we are mindful of and willing to own up to our current situation and have a direction in life; wanting to reach or attain a self-chosen destination. We should both acknowledge the actualities, but also face the direction of a self-determined goal to which we transcend our actualities.

Not surprisingly, *phenomenology* came up quite frequently as the main and ideal way of relating with clients. These shared experiences are all in line with the literature written on existential therapy. Starting with Ludwig Binswanger's first attempts to adapt philosophical ideas into clinical situations (Binswanger, 1958), the emphasis has always been in immersing oneself in the client's reality as a base for exploration. Rollo May was one of the fiercest advocates of not further alienating clients from their own experience by pathologizing them (May, 1958). In a similar vein, Laing (1999, 2010) took ground breaking steps in terms of applying the dictum of being objective toward oneself and subjective towards all others (Kierkegaard, 2009); hence he explored the psychotic experiences of his patients, which were previously deemed ungraspable. Today, the British schools of existential psychotherapy primarily situate themselves as phenomenological schools of psychotherapy, taking up Husserl's philosophical method in examining clients' experiences, which takes clients' point of reference as the starting point, rather than evaluating them against so-called objective standards (Cooper, 2003; Spinelli, 2005; van Deurzen & Adams, 2010). Pragmatically speaking, the main objective of employment of phenomenology in psychotherapy is to open up a therapeutic space for the client to get to know oneself better, as the ancient Greek dictum of γνῶθι σεαυτόν goes.

8.3.B. Desire to be real in the room (the psychoanalytic approach)

The desire to be real in room was coined through three minor themes that revealed among the psychoanalytic participants. These themes are resisting to be perceived as ideal by the client, impossibility of being and not unwillingness to be blank, and lastly experiencing being face-to-face with the client as a distracting factor. Bringing these three elements together, it almost seems like the participants wanted to be left alone in their subjectivity in order to function as a therapist, without any impingements coming from the client or therapy ideals. This major theme is striking in the sense that even though the literature is rife with how possibly therapists could invade clients' subjectivity, impinge them, and the unwanted consequences of these, there is none written or studied about impingements coming from the client onto the therapist, as far as I could scanned through an extensive literature. However, on a different level, this theme resonates with the minor theme of how the quality of the therapeutic relationship changes with professional experience with therapists distancing themselves from theories in order to be more present in the room, with the client, as discussed in subsection 8.1.A. If I were to reason what might be happening, sometimes therapists may feel besieged by demands coming clients, supervisors, theories, and ideal therapy images. This is something I can relate, and I witness a lot with my supervisees and students. Maybe there should be an ongoing negotiation between these demands and doing therapy as one sees authentic.

The first minor theme I would like to mention is *resisting the idea of being ideal*. These experiences conveyed by the participants reminded me of discussions in contemporary psychoanalysis about how psychoanalytic developmental theories do not correspond to the realities of life as they impose an ideal form of parenting (largely motherhood). Such a stance falls short of recognising the intersubjective

interwoven nature of child-parent relationship; hence all other relationships (Mayo & Moutsou, 2016; Orbach & Eichenbaum, 2014; Stolorow, 2013). In Sigmund Freud's theory the mother has no name; in Winnicott's, Fairbairn's and Kohut's theories, alongside with many alike, the mother gained the status of being an object in shaping the child's psyche. Only with intersubjective perspectives we started to acknowledge that parents are independent subjects in the relationship; I suppose this theme may reflect the therapist's desire to experience oneself as an independent subject in the therapeutic relationship.

The second minor theme within this major theme was about *being blank and the impossibility of analytic neutrality*. It is important to note that this topic is still highly debated in the psychoanalytic communities around the world. The side that claims it is impossible to keep blank and neutral puts forth the argument that despite the therapist's best intensions there will always be unintended provisions that break down frustration (Lindon, 1994). Phillips (2016) claims that neutrality does not seem right, especially given that aggression and conflict have a collaborative, relational and creative power. Citing Ferenczi, Phillips (1995) asserted that the analysts' attitude of non-disclosure becomes part of the problem in the analytic situation, rather than becoming part of the solution. Bollas (2018) highlighted that self-disclosure can even be beneficial, and non-disclosure can close down the analytic exploration since it would reinforce the existing personality dynamics of the client in cases such as schizoid and narcissistic dynamics. Similarly, the role of nonverbal communication should be taken into account in aiming for neutrality (Chused, 1996). The intersubjective camp rejects this principle altogether, claiming that analytic neutrality is a myth and it goes against the intersubjective reality that is co-created by the client and the therapist in the therapeutic relationship (Orange, Atwood, & Stolorow, 1999).

However, there are other voices in the field positing that we should keep this principle; Fox (1984) proposed that we should become more realistic about the balance between frustration and gratification, so that neither would be accidental and could be duly employed for analytic purposes. Killingmo (1997) took a more critical position about the criticisms against neutrality, stressing that getting rid of neutrality and abstinence could be detrimental to analytic work as it gets its power from the neutrality of the therapist and the transferential relationship between the client and the therapist.

The last minor theme here was *face to face relationship as a distraction*. The discussion of laying down vs. sitting up in psychoanalysis has been around for a while. In some historical accounts it is noted that Freud preferred the couch for personal reasons, since it is claimed that he did not like to be disrupted by his patients' gazes as he reflects and free associates (Grotstein, 1995). However, there are other accounts putting forth that Freud preferred to use the couch as a better replacement of hypnosis; in the state of lying down, with no eye contact with the analyst, one may plunge much better into one's inner processes (Pine, 2008). However, according to Celenza (2005) from a more experiential point of view, this dilemma should be considered within the framework of some dialectics; what is better for the client and the analytic situation, engagement or privacy, interiority or exteriority, the therapist as a subject or an object? It is worth exploring both how these polarities go into a dialectical process. Grotstein (1995) referred to neurologically based studies, which support the idea that lying on the couch creates a shift in consciousness and creates a different kind of alertness that is employed by the analytic situation. In contrast to this, Schachter and Kächele (2010) found no empirical support in terms of whether any of the mode of communication creates any

difference in efficacy of the therapy. In this case, informed by one's theoretical orientation, the therapist should judge the needs of the client and their own needs as a professional in deciding on whether to continue on the couch or on the chair. It would be safe to assume that therapists who emphasise relational dynamics would be more prone to work face to face, whereas therapists who are more theoretically interested in exploring the client's inner processes would be more prone to use the couch.

8.4. Differences among psychoanalytic practitioners in terms of how they experience the therapeutic relationship

Only one major theme was revealed as a result of thematic analysis, which was the controversy revolving around the position of the therapist in the therapeutic relationship. Does the therapist have the authority to categorise the client? Does self-disclosure support the therapeutic endeavour? Is it better to contain or frustrate the client? Even though these questions were not asked directly during the interviews, the psychoanalytic participants of this sample uttered different and contradicting ideas about them.

8.4.A. Position of the therapist within the therapeutic relationship (the psychoanalytic approach)

In this major theme, which depict differences amongst participants of a particular approach, differences were found only amongst the psychoanalytic participants. This is consistent with the constitution of the sample of the present study; all the existential participants were trained in the phenomenological tradition of the existential therapy, whereas the psychoanalytic participants came from different backgrounds of psychoanalytic tradition, e.g., relational psychoanalysis, neo-Freudian-Klenian

approach, the British independent school of object relations theory. I suppose I could be able to discuss the differences among the existential participants if there were participants coming from different backgrounds of the existential approach, e.g., logotherapy, existential-humanistic approach.

This major theme consists of differentiated ideas and practices about categorising clients, self-disclosure and the dilemma of containing vs. frustrating.

Indeed, there is a long tradition of using diagnostic categorisations in the psychoanalytic approach; the approach even came up with an alternative to Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association, 2013), which is called the Psychodynamic Diagnostic Manual (Lingiardi & McWilliams, 2017). Similarly, almost all the psychoanalytic theories provide their own diagnostic system, based on their own developmental theory and depictions of what may go wrong on this trajectory (Fonagy & Target, 2003). McWilliams's (2011) seminal work gives very useful advice about how to relate to, and remain in, the therapeutic relationship in line with clients' personality structure and developmental levels. However, there are other sources and theorists that recommend focusing on experiential clinical data that reveals itself in the therapeutic relationship; in this case the therapist would not need any labels or categories in order to grasp the client's experiences (Mitchell, 2009; Orbach, 2014; Stolorow & Atwood, 2002; Stolorow, 2013).

The second controversial minor theme among the psychoanalytic participants was *self-disclosure*. The issue of self-disclosure is one of the most heated debates in the psychoanalytic field; ideas and ideals range from total neutrality to revealing oneself as a subject in the room. Davies (1994) drew one of the extreme examples of self-disclosure, in which she reported how she disclosed her erotic countertransference in

the spirit of the two persons model and how the therapeutic duo treaded through a relational minefield, which ended up with the client becoming more conscious of how he related with women and the impact on his life. In line with this case study, Gerson (1996) claimed that we need to redefine neutrality and resistance in a relational light; neutrality was rendered rather as keeping a third space open all the time without being too enmeshed with re-enactments that the therapeutic duo engages in, whereas resistance was redefined as relational resistance. In this new picture, self-disclosure gained a new status of being one of the main tools for the exploration of intersubjective reality. However, not every psychoanalytic practitioner is welcoming these shifts; Meissner (2002) claimed that the danger of self-disclosure is that it may turn analytic interaction, which is a very special kind of relating, into a real relationship, in which the possibility of the client exploring their life and mind would diminish exponentially. Similarly, Renik (2018) warned us about what we disclose to our clients, asking the question as to whether self-disclosure would contribute to the analytic exploration, or hinder it. Nevertheless, Orange and Stolorow (1998) protested that for many decades self-disclosure was taught as a contamination of the analytic situation, which should be avoided at all costs, even sometimes at the cost of the therapeutic relationship.

The third minor theme here also pointed to one of the main debates in the psychoanalytic sphere, which is *containing vs. frustrating* or provision vs. frustration. More on the containing side, the holding function of the therapist is claimed to create a space of dialogue, in which the client explores the otherness of the therapist as the illusion of total attunement fades away (Slochower, 1996a, 1996b, 2013). Contemporary views on this controversy are about finding a balance between them; Ávila (2016) proposed that there must be a balance at an

optimal level of provision and frustration. Similarly, but in a more detailed account, Casement (1990) posited that libidinal demands should be frustrated, since their gratification would disrupt the therapeutic process, whereas ego needs must be met, since their frustration would always end up in the arrest of development. In this discussion of keeping vs. dropping the principle of abstinence within the psychoanalytic field, Novey (1991) proposed that rather than taking abstinence as a rule, maybe psychoanalytic therapists may see it as a technique that they can use in a flexible and dynamic way in order to facilitate the therapeutic process when needed.

8.5. An unexpected finding: Problems encountered during the recruitment process

 Studies conducted with qualitative methods opens an area for unexpected findings; findings that emerged without being asked about, or necessarily during the data collection. I gave an account of issues I encountered during the recruitment process in the subsection 6.5. To summarise, I had difficulties finding volunteers, who would open up their relational experiences in therapy. Besides that, I encountered hostile reactions to my invitation to become a participant of this study. These hostile reactions were not specific about which feature of the study triggered these practitioners. However, I suspect that either the comparative part or asking to talk about relational experiences could be possible sources of these reactions.

There are no studies as far as I could find about how practitioners of one approach perceive the other approaches and their practitioners. During the inception of the study my primary supervisor and I talked about how politically laden this middle

ground is; possibly participants may not want to be compared with a different approach and its practitioners. In line with this, I tried to tread a fine line through thoroughly explaining in my invitations that I plan not to compare the approaches or their techniques, but rather the relational experiences of practitioners coming from these two approaches. As expected, all the participants of this study felt comfortable enough with this aim. However, I had no chance to explore what others experienced. I believe the reason why there is no research on this matter could be that could reveal sensitive material, e.g., existential therapists perceiving their psychoanalytic counterparts in a very negative light and vice versa.

The hostile reactions that I encountered during recruitment could be about as the researcher I asked to step into a realm that is highly private and intimate. I can understand how some practitioners may be unwilling to open up about their relational experiences, which includes many negative experiences about themselves as well as their clients. My invitation to this study could be easily seen as a transgression, in which practitioners may have felt vulnerable, impinged or disturbed. Still and all, unwillingness to talk about relational experiences appeared to be far more prevalent than I foresaw. It would be great to explore what these practitioners may have experiences; however, I am quite mindful that asking for this could be experienced as further transgression.

9. Reflecting on the implications of this study

In this section I would like to discuss what the results and pertaining discussions around these results imply for practitioners of psychotherapy and counselling, in supervisory and training contexts, and for the field of counselling psychology and psychotherapy. I would like to note that these implications are largely based on my subjective experience through what I experienced and observed as a practitioner, supervisor, trainer/instructor in the field of counselling psychology and psychotherapy. The subjective nature of this account also means that these results and discussions can always be interpreted in different ways through other practitioners' lived experiences. Nevertheless, I gathered it is noteworthy to put forth how this study contributed to my sense of being in a relationship with clients. One of the main revelations of this study was that we, all of us in this field, could keep on learning by just asking each other, in a practitioner to practitioner dialogue, what we learnt over the years we practised psychotherapy and counselling. I think we should keep this space for dialogue open, so that we could all share our experiences and how we make sense of it. This study is a very modest contribution to this space of dialogue. Another revelation was that two approaches, the existential and the psychoanalytic approaches could enrich each other. However, this is by no means a call for total integration.

9.1. Implications for practitioners

In this section I outlined the lessons that I extracted from the participants' lived experiences. I believe we should all be mindful of these lessons in order to establish a solid ground for practicing psychotherapy and providing counselling.

First of all, the results suggest that *a sound sense of what one offers as a therapist* provides a solid grounding. Since the answers we give may change over time, we

should ask ourselves from time to time, what we offer as a therapist. The answers we give would not only position ourselves in a grounded way but would also serve as a guidepost in times when we are lost in work and in the therapeutic relationship. The participants of this study gave some deeply meaningful answers, but we shall by no means limit ourselves to these. However, I cannot skip one of these meaningful answers; one of the participants expressed that what she offers is holding the complexity of relationships and life for her clients, so that they may repair the ties between their outer and inner lives. In other words, psychotherapy may not be a space for solutions or symptom relief. The therapeutic relationship may open the space for clients to reflect on their lives, choices and past, to own them, and to designate their future.

We should always be aware that there will be clients' needs present in the therapeutic relationship. It is of the utmost importance to decide which needs are suitable to be satisfied and which ones are not. Answers we give to this question are inevitably influenced by our theoretical orientation. On top of that we, the psychotherapists, will always have our own needs in this kind of relationship, be it personal or professional needs that are required to remain motivated in our work. Again, which of these needs should be expressed within the therapeutic relationship, e.g., therapists wanting clients to come to sessions on a regular basis, and which ones should be contained away is both a question of ethical practice and our theoretical orientation. However, the bottom line is *there will always be a negotiation between clients' needs, and therapists' needs and provisions* that one must be vigilant about.

We may always encounter clients that we may feel '*this person is not for me*'. From the experiences of the participants, it appears to be something that we can all feel.

Even though we can always refer such clients to other therapists, the key seems to be finding a way to relate to the client in order to enter that client's lived world.

Another point is the place of *the exchange of money* in the therapeutic relationship. Some of us may find it difficult or may have had some difficulties when we started out. However, as all the participants pointed out, the exchange of money serves two different purposes; it is both about keeping the relationship within the boundaries of professionalism and also about valuing our efforts, our time and ourselves. Money matters have never been an easy subject for therapists; indeed Dimen (1994) claimed that as therapists we have a love and hate relationship with it, as the topic remained a taboo for a very long time. However, as therapists we should appreciate the value of money other than the value it carries intrinsically; it brings a whole lot of societal, political and anthropological issues into the room, into the therapeutic relationship in their most immediate and real forms.

In line with that, it could be mentioned that many participants of this study pointed out to how the *therapeutic relationship should be different from everyday relationships*. The special kind of closeness and intimacy is an enabling factor for the self-exploration and self-reflection of the client. In other words, the therapeutic relationship, unlike any other kinds of relationship, works toward rekindling clients' ties with their own experiences and lived world.

Satisfaction from the relational experience is of the utmost importance because without finding any joy in the relational nature of psychotherapy, it seems impossible to carry on a career as a psychotherapist. I really wished that I knew this when I was choosing my professional path. Somehow psychotherapy still seems to be promoted as a career path in which trainees learn to 'fix' or 'teach' their prospect clients about how their minds work or how life is; indeed, it is not. Even in models in which the

client is under the spotlight, e.g., classical psychoanalysis as in one-person psychology model or CBT, there will always be a relational component. It is vital to keep in mind that one, as a psychotherapist, needs to find relationality rejoicing and satisfactory in order to have a meaningful career path. Finding the therapeutic relationship meaningful and satisfactory showed itself also in the theme of *experience of the first meeting* being a curious and interesting one. Most of the participants voiced that they find themselves being curious, interested in and fascinated by the stories of people. This inevitably leads to the next point that the *therapeutic relationship is a mutual one, that the therapist needs to attune themselves to the client, and that the therapeutic encounter will always remain uncertain and uncanny*, in which the therapist should keep an open and direct manner. Maybe it could be assumed that enjoying the therapeutic relationship, as a psychotherapist is possible when we acknowledge mutuality that clients may have an impact on us just like we may have on them. However, some participants also expressed that *too much relational intensity may be a distraction* from exploring clients' inner worlds. It appears that therapists may need a space of their own in order to reflect what is going on in this relational realm.

Surely enough, *what we shall do with our subjective experiences as psychotherapists* is a question that is wide open for debate. We, psychotherapists, tend to answer this question and act on it generally based on our theoretical inclinations. The data in hand similarly reflected the ongoing debate in the field. Even though the participants from both approaches agreed that they experience a lot in the therapeutic relationship, the existential participants tended to consider their subjective experiences as solely theirs, whereas the psychoanalytic participants kept the option open that these may be unconscious communication of clients' experiences conveyed in a transferential

nature. Another aspect of positioning therapists' subjective experience revolves around *being blank and self-disclosure*. None of the participants asserted that it is possible to remain totally blank, since, as they all agreed, we disclose ourselves via just being in the room, through our words, manners, gestures, clothing or the decoration of our consulting room. However, the split was rather between disclosing one's subjective experiences in forms of interpretation versus keeping one's experiences to oneself. Some participants believed that informing their clients about the therapist's experiences may be helpful in their venture to explore themselves or how they relate with others, whereas some participants considered any experiential disclosures on the part of psychotherapist to be a deflection from clients' self-inquiry. I believe one should decide for oneself in terms of where to stand in the issues of self-disclosure and therapeutic usage of the therapist's subjective experience. Looking from this perspective, it is always possible that a therapist may be more willing to disclose one's self, especially about their experience of being in a relationship with the client (Benjamin, 2017; Mitchell, 2009; Mitchell & Black, 2016; Stark, 2000). Going further, Orbach (2014) put forth that we need a new definition of neutrality; being affected by the client does not mean that we give up on our agency as therapists. The therapist creates a split within their own experience; one side should participate in the relationship and the other side should observe and formulate what is going on when the time is right.

It is worth mentioning how the therapist positions themselves in the relationship; the options that were revealed in the interviews were *either the therapist can be a co-explorer from a point of not knowing, in a more phenomenological stance,* or *the therapist could see, hear and recognise bits and pieces on a different level, the level of unconscious functioning of mind, which the client disclosed unconsciously*. I think

the question boils down to how much a therapist accepts a priori knowledge about the general state of being human. This partially showed itself in the theme of *professional experience changing the quality of the therapeutic relationship.* The psychoanalytic participants seemed to be more loyal to their theories, referring to them and using them in making sense of their clients' experiences, whereas all the existential participants claimed that they distanced themselves from theories that provide a priori knowledge about people they are yet to know. Indeed, they claim that this helps them to be more present in the therapeutic relationship. Similarly, the psychoanalytic participants also expressed that they became better listeners due to being more comfortable with the uncertainties of the therapeutic relationship, despite not distancing themselves from theories. It is very possible that theories may help us in terms of containing the uncertainties of the therapeutic relationship. Again, negotiating this contradiction remains up to each practitioner in terms of deciding what is more helpful for them.

Another topic that is worth mentioning is *being authentic as a therapist* and *resisting being ideal*. Even though these two appeared as two different themes with different theoretical underpinnings, they seem to be somehow related. The existential participants claimed retaining authenticity in the therapeutic relationship as an important goal in the therapeutic relationship; hence as therapists may become more authentic through owning their own experiences, which could lead the way to the client discovering their authentic way of being. Similarly, most psychoanalytic participants expressed their rejection of the idea of the ideal therapist, because this gets in the way of establishing a real relationship. On the contrary, the therapist should be real; and hence the therapeutic relationship should be real so that it could encompass all sorts of emotions and experiences for the client. This helps clients to

explore unfamiliar or difficult experiences that are experienced immediately in the therapeutic relationship.

There were some themes that appeared solely among the psychoanalytic participants, which I believe to be valuable. One of them is about the *place of categorisation*, be it based on psychopathological labels or psychoanalytic theories. As reflected in the interviews, I think categorisation is a tool for us to communicate and to create shortcuts in conveying our professional experiences and observations to each other. However, we should not get carried away with this; categories may seem to be just temporary structures we use in making sense of what is going on, yet they are just a caricature of the reality of the client. I think it is up to the practitioner to employ categories, labels or diagnoses; participants who expressed that they are using categorisations also expressed that they go further and explore their clients' experiences. We should always be mindful that they are just sketches of reality, a reduction of the client's lived experience.

A similar controversy was revealed about containing versus frustrating. The question is whether we should provide for the developmental needs of the client or should the client's needs be frustrated. This question is again one of those that needs a theoretical inclination to be answered solidly. Even though this theme appeared among the psychoanalytic participants, an idea along similar lines to frustration is revealed with one of the existential participants in terms of the role of anxiety in self-exploration and learning. According to this participant, a degree of anxiety should be there; it is a sign that the client has stepped into unfamiliar territories and a real self-exploration and self-reflection is taking place.

9.2. Implications for supervisory and training contexts

In the last fifteen years I have had the opportunity to experience many different roles in the process of training of new psychotherapists, counselling psychologists and clinical psychologists; first I was a trainee at a clinical psychology postgraduate programme with a relational psychoanalytic orientation, then I was accepted onto this doctoral programme in order to become an existential counselling psychologist. In the meantime, I was appointed to three different clinical psychology postgraduate programmes as an adjunct faculty member and became a trainer/instructor and supervisor of both approaches. In this section I outlined a few inferences that I took from this study. This is by no means a list of shortcomings; in fact, all the training programmes that I was a part of provided some or all of these important pillars in training new psychotherapists, counselling psychologists and clinical psychologists. I hope this list serves as a reminder for all of us, who take on training, and supervisory roles, and who would like to learn lessons from seasoned colleagues in the field:

- We should *remain open to hearing what other perspectives in psychotherapy and counselling psychology have to say*. It is by no means a claim that we should all work integratively; on the contrary our approaches are our solid grounds. Yet there might be interesting ideas we may employ from a different camp.

- I think having a *sound sense of what one offers to clients* is a two-tiered process. Firstly, we should emphasise and teach trainees what a particular approach has to offer to clients. There must be solid answers to the questions of what the existential and/or the psychoanalytic approach have to offer to its clients. The second tier comes from a more personal point of view; we should let our trainees reflect on what they have to offer to their clients, personally, as the therapists they are becoming.

- There is enough emphasis on the *therapeutic relationship as resting at the core of psychotherapy* in the literature; however, what does this mean on a practical level? We should emphasise more on how to work relationally. I use the term relationally in a loose sense here, yet it is important to remember that psychotherapy happens in a relational context in the background even in the least "relational" orientations of psychotherapy. Trainees and supervisees should gain skills in managing this relationship and even go further than managing it through using its power as a therapeutic factor.

- When I first started to do psychotherapy as a trainee, one of the most difficult questions to answer that came from clients was "*how is it different than me talking to my friend?*" I really wish I had discussions about the difference between everyday and therapeutic relationships back in the day. As a sub-topic of this, we should highlight how *the exchange of money* is a therapeutic factor in this relationship; it both serves as a solid boundary as well as modelling a sense of self-care to the client.

- We should emphasise the *mutuality in the therapeutic relationship*. The therapist must remain in a position in which they will be open to being impacted by the client. This is only possible through *attunement* and *an open encounter*. In order to engage in an open encounter, the therapist should be comfortable with the uncertainty of being in a *subject to subject relationship*. And sometimes the *therapeutic relationship may become too intense*. We should endow trainees and supervisees with skills to contain such intensity, and also with strategies to turn this intensity into a venture of self-exploration for the client.

- *Discovering all contexts of the client*, as much as possible, is vital. In this sense, the therapists should learn to pay equal attention to present time, to past and to future aspirations. We do not have the luxury to leave any context of the client's lived experience just because our theoretical orientation does not pay enough attention to this context, e.g., clients' past, clients' present, clients' fantasies.

- Learning to be a psychotherapist, I gather, is also about being able to switch back and forth between the positions of not knowing (or bracketing what we think we know) and of being an expert in seeing bits and pieces of experiences that are concealed. This means we should supervise our trainees in a way that they can hold this polarity; *remaining open and continuing to explore the client's lived world yet knowing what may make sense from an expert point of view*. We should show our trainees that *categories and hypotheses put forth by theories of psychopathology, psychoanalysis and existential philosophy* are our critical aides; however, they should not carry us away.

- *The subjectivity of the therapist* shall also be a subject matter to elaborate upon in the trainings. First of all, trainees need to learn to follow their subjective experiences in sessions and to be comfortable with what reveals itself, rather than wishing to change it in any way. The therapist owning up their own experiences is the key to attaining a more *authentic* way of being in the consulting room. What one chooses to do therapeutically with one's subjective experiences shall come as the next question, only after the therapist becomes familiar with their own being in the room.

- Lastly, we should introduce the idea of professional self-care to our trainees. Discovering a way of being therapist that will help them to *find meaning in the*

work they are engaged with is one of the most prominent issues. Without finding this kind of work meaningful, it will be impossible to sustain such an endeavour. In order to remain authentic as therapists, trainees should develop the habit of *reflecting* on their work and its impact on themselves. Such reflection could be done in a self-reflective manner, as well as part of ongoing supervision and personal therapy.

9.3. Implications for the fields of counselling psychology and psychotherapy

There are two significant outcomes of this study for the fields of counselling psychology and psychotherapy. First of all, even though there were significant theoretical and practical differences between the existential and the psychoanalytic participants, the number of common themes was strikingly high. As I expressed before, it is not a call for total integration; having multiple approaches in the field contributes to these fields immensely in terms of enriching and diversifying them. However, more research could be conducted on common denominators for psychotherapists and counselling psychologists to understand what helps clients and what does not in a therapeutic context and relationship. The aim here should be tapping into each other's resources creatively, rather than merely integrating different approaches.

The second point is about how the participants used the interviews as a time to reflect on their practice. Even though some of them found it unsettling, most of the participants expressed that they found these interviews beneficial, because it opened up a space for them to reflect on their experiences. I believe this points out to a general need among colleagues. Being a psychotherapist can be quite lonely, and supervision and continuing education may not help practitioners to meet their need to

reflect on their work in the presence of a colleague. I think we should be curious about each other's work; we should listen to each other and help each other in the spirit of sharing and pure listening, rather than training and supervising each other. The relational context of psychotherapy extends beyond the therapeutic relationship. One of the participants mentioned how he feels delighted to be a part of a vibrant community of therapists. Maybe this resonated with a general need for the rest of us.

10. Limitations of the study and recommendations for further research

In this section, I listed limitations of the present study. Some of the limitations stem from the very aim and nature of the study, whereas some are due to temporary boundaries. Acknowledged limitations of the present study are complemented with recommendations for further research. I hope that this sub-section will guide future researchers in the field about the directions of possible development in research literature. This list of recommendations is also a note for myself, and it reflects my own aspirations for the subsequent studies, which I hope to realise in the future.

10.1. Biases of the current study

Even though I extensively reflected on my biases in the subsections of 1.1. and 2.2., it is worth mentioning that the biases that potentially shaped this study are not limited to mine. This study attracted like-minded therapists; therapists who think the therapeutic relationship is important. All the participants and I believe that the therapeutic relationship exists, and it needs to be made sense of in the therapeutic work.

Same goes for the subjectivity of the therapist. This study gathered practitioners, including me, who believes that the subjectivity of the therapist must be tended during the therapeutic work. Surely the answer to the question of what kind of attention we need to pay to our subjective experiences in therapy varied in line with one's theoretical background from using it as sources of information in the therapeutic work to bracketing it out of the therapeutic endeavour.

Lastly, all the participants and I agreed on the principle of being reflective of the therapeutic relationship and the subjectivity of the therapist. As mentioned before,

even though how one situates these in the therapy changes, the way to deal with these phenomena is to be reflective of them.

10.2. Impact of the language on the study

It can be assumed that language, or more specifically English being the second language of me and four participants, played a role in this study. However, the impact of this fact is quite hard to measure, since all these participants and I are at a proficiency level, in which we received our training in the UK and provide psychotherapy in English language. Still and all, it is worth mentioning the possible impact of this lingual condition. Since this is a study about the therapists' experiences, some parts of the participants' experiences may have gotten lost in language switching. Kokaliari, Catanzarite and Berzoff (2013) found out that in therapy with bilingual clients, strong affects, more difficult emotions, or issues of death and trauma are more frequently expressed in clients' primary language. Similarly, Marcos (2018) reports an emotional detachment effect of communicating in secondary language in mental health services. This could be the case in this study, that some of the experiences laden with stronger affects may have remained unexpressed. Byford (2015) claims the opposite asserting that speaking multiple languages may open up a space for deeper reflection, as switching to secondary language(s) requires a deal of reflective, conscious mental processes. Unfortunately, this study failed to bring up the influence of taking part in this study in secondary language to indicate whether the participants experienced this factor as hindering or deepening in terms of reflecting on their experiences.

10.3. Impact of the sociocultural context of the study

In order to ensure homogeneity of the sample, the recruitment for this study was limited to UK-trained and/or UK-based practitioners. At the end of the recruitment, the sample turned out to be even more homogeneous than planned in this sense; hence all the participants were embedded in the London psychotherapy circles. However, therapists based in London are not a homogeneous group within itself. Even within existential and psychoanalytic circles, there are multiple training institutes and approaches. On top of these, therapists based in London represent an international group, with practitioners coming from different cultures, countries and languages. This was also evident in this sample, with practitioners of Asian, European and North American backgrounds (actual country references are concealed to protect the confidentiality of the participants). In terms of similarities in the sociocultural context, majority of the participants identified themselves politically as left leaning and/or anti-Brexit before, during or after the interviews. Quite strikingly, no participant openly identified oneself as right leaning or pro-Brexit. Similarly, majority of the interviews took place in NW addresses in London. Even though I am fully aware that sociocultural contexts of the participants could have an impact on their experiences, such an impact did not reveal itself in the results. In my experience, all the participants talked to me from a place of being a therapist of an approach, not as representatives of their respective cultures, societies or political stances. However, the way we relate is clearly influenced by our sociocultural background and ideological tendencies. This could have been a nice point to explore with the participants. Due to this variability in the sociocultural backgrounds of the participants, the sample could not be a homogeneous one.

10.4. Limitations of the study

As I was executing each stage of the present study, I detected eight major limitations. These limitations are about (1) limitations of the interview schedule, (2) being a novice qualitative researcher, (3) methodology, (4) generalisation of the results to a larger population, (5) focusing on two therapeutic approaches: hence splitting the sample, (6) homogeneity of the sample, (7) background of the participants, and (8) general limits of language.

First of all, even though the interview schedule was a necessity to focus on collecting data about a particular subject matter, it also limited the possible answers that I could receive. My supervisors and I decided to adopt IPA style interview schedule, which entails phenomenological questions directly about the topic of this study. We discussed the flow of the interview schedule extensively both before and after the pilot study. Both of my supervisors agreed that it worked and would serve to the purposes of this study. However, looking back now, I see that its directness could have curtailed different experiences that could reveal themselves in a more open dialogue. Although I did not stick to the interview schedule word for word and tried to remain in dialogue with my participants, my focus on gaining information about a particular side of their experiences may have foreclosed the emergence of other, possibly important matters pertaining to subject of this study.

Secondly, a limitation that is hard to overcome is the fact that a novice in the field of qualitative research conducted this study. I could never claim to have expertise in qualitative research, which can only be gained after decades of research experience in the field. Nevertheless, I believe I dutifully conducted this study in a responsive way, through taking necessary measures due to my inexperience. Amongst these measures, I could count on the transparency I tried to practice at every stage of the study, from its conception to writing-up. I read and reviewed many studies on similar topics that

employed qualitative methodology. Alongside these, I had strong collaboration and relationships based on professional trust with my supervisors. This rendered the whole research process an immensely enriching and nurturing experience, in addition to keeping me on track in terms of learning to use qualitative methodology. As a result of these, I can claim that I conducted a rigorous and thorough study of good research quality. However, this does not mean that it is complete and perfect.

I was acutely aware that as I was choosing one research methodology, I had to exclude and give up on attaining possible conclusions that other methodologies may produce. The section on methodology clearly delineates the reasons why I chose thematic analysis and not any other methodology. Nevertheless, it should be acknowledged that if this study were to be conducted with another methodology, different insights could have been gained. For instance, a Foucauldian discourse analysis would shed light on how power relationships are re-constructed in the session room, whereas it would be possible to produce a new theory on the therapeutic relationship with grounded theory.

Another limitation comes with the small sample size. One of the upsides of employing a quantitative methodology is the ability to have a larger sample size. The importance of sample size kicks in with relation to the question of how much the results can be shown as being representative of the broader population. At this point, it is worth noting that generalising its results to all British-based existential and psychoanalytic practitioners is not an aim of the present study. Nevertheless, with no claim of generalizability, the present study opens a window into an intimate space, the experience of the therapist about the therapeutic relationship. I think we should beware of evaluating knowledge and results, solely based on how representative they may or may not be. On the other hand, I should also beware of exaggerating what I

can offer in this study. Realistically, this study provides its readers an in-depth, intimate and focused understanding based on a small sample size.

The aim of the present study is to compare relational experiences of existential and psychoanalytic practitioners; however, setting such a comparison as one of the aims decreased the sample size even further. It could be argued that focusing on practitioners coming from one approach would be more beneficial in terms of getting in-depth information from more participants. Indeed, due to this comparison aim, the sample was split into two. This would have been a completely different study, and my genuine research interest was to see how practitioners from two approaches which I identify myself with, experience the therapeutic relationship, a topic I grapple with and wonder about a lot in my professional life. Designing this study as a comparative one introduced a further limitation, yet this characteristic lies at the heart of my research interest.

In the section on the research procedure, I wrote extensively about the importance of attaining homogeneity in the sample and what kind of measures I took to ensure it. However, homogeneity of the present sample turned out to be limited. For example, I wished to recruit equal numbers of practitioners with a psychology background, e.g., counselling and clinical psychologists, and with a psychotherapy background, e.g., those who are accredited by BACP, UKCP or any other professional psychotherapy association with no psychology degree. However, this appeared to be impossible due the low interest of colleagues in participating in the study. I had to be content with those who volunteered to be a part of this research project.

One of the criteria of recruitment was being trained in the United Kingdom. This criterion was adopted exactly for homogeneity reasons; yet it also constricted the representative potential of the study. Due to this limitation, the present study can only

claim to be shedding light on British-based or British-trained practitioners' experience of the therapeutic relationship. Indeed, one of the original ideas at the conception of this study was to recruit two participants of each therapeutic approach from different countries, from diverse backgrounds, e.g., one existential and one psychoanalytic practitioner from Japan, from South Africa, from North America. However, this idea was discarded due to both homogeneity concerns and doubts about making the study too complicated; hence this would introduce a new factor to be investigated, which would be cross-cultural differences.

Finally, even though the present study claims to focus on and produce an in-depth understanding of practitioners' experiences of the therapeutic relationship, it is important to acknowledge that language mediated what is disclosed to me and what I grasped. I have no way to directly access the experience of my participants, or anyone else. The closest I could get to my participants' experience could only be possible through them telling me what they experience and me bracketing my assumptions. Language is the only means of conveying experiences with such a depth, yet it is limited. However, this limitation is not an intrinsic limitation of this study. All communications, relationships, and knowledge production and sharing happen via language.

10.5. Recommendations for further research

Before setting out recommendations for further research, I need to say I still have an immense interest in how psychotherapists experience different components of psychotherapy. There is still a lot to be investigated, observed and uncovered. In line with this, I listed six recommendations, or directions, for future research.

First of all, it would be very interesting to enlarge the sample. I would really like to see how the next eight, sixteen or sixty four participants talk about their experiences. With the enlargement of the sample, other research methodologies could become part of the scope of this research, which would lead to my second recommendation; it would be very interesting to investigate this or other components of psychotherapists' experience of psychotherapy. As mentioned in the previous sub-section, it would be interesting to see, for example, how the power relationships are re-built between a therapeutic duo. Similarly, through employing grounded theory a new theory could be produced about different components of psychotherapy, the therapeutic relationship, interventions, phenomenological questions, or interpretations. Another interesting study could be investigating what is happening within psychotherapists' *Dasein*. Such a study could employ structural existential analysis and reveal changes and happenings in psychotherapists' physical, social, personal and spiritual worlds.

Thirdly, the sample could be extended to other countries, or country-wise homogeneous samples of different countries could be studied. It would be exciting to see how psychotherapists experience the therapeutic relationship in Turkey, or in Greece, in Brazil, or in China. In this vein, there are two ways to go; conducting separate studies with homogeneous samples or engaging in a cross-cultural comparison. I think both would be very informative and increase our understanding of psychotherapists' ways of being in the room and the impact on their work.

Another recommendation would be about flipping the investigation towards clients, how clients' experience psychotherapy in general, and different approaches of psychotherapy in particular. Similar to the present study, different components of psychotherapy could be explored phenomenologically from the perspective of clients.

This could even be carried a step further and a comparative study between psychotherapists and clients of a particular approach could be conducted.

The present study focused solely on the experience of the therapeutic relationship, and two different approaches were added as a comparative edge due to my personal research interest. With a further study, the scope could be shifted to other components of conducting psychotherapy. For example, it would be interesting to investigate how psychotherapists see their initial trainings in an approach shaped the therapist that they are today. Another way to go could be phenomenologically exploring the connection between psychotherapists' theoretical framework and the therapist they embody in the room; how psychotherapists experience being an existential, psychoanalytic or cognitive-behaviour practitioner?

Finally, another interesting area could be supervision and training; two areas that are directly related with what we, psychotherapists, do in the room. There is a tremendous amount of research on the subject matter of how psychotherapy training and supervision shape practitioners' way of working (e.g., Binder, 1993; Boswell & Castonguay, 2007; Castonguay, 2000; Fauth, Gates, Vinca, Boles & Hayes, 2007; Helge Rønnestad & Ladany, 2006; Orlinsky, Botermans & Rønnestad, 2001). However, the general tendency in this area to investigate current psychotherapy training and supervision practices from the angle of increasing training and psychotherapy efficacy. A contribution could be possible looking at how training and supervision support practitioners in weathering ebbs and flows of therapeutic relationship, especially from the perspectives of Eigentlichkeit of the therapist, acknowledging the alterity of the other, keeping the therapeutic space different than a usual, daily relationship, and finding one's own voice so that the therapist would feel real in this special yet unusual kind of relationship.

I would like to end this sub-section with a note that there is a lot more to recommend for future studies. We have many theories about how psychotherapy should be practiced, and I find all these theories very rich in content and helpful. However, at the same time, I think what happens in the room still remains to a mystery. Thus, we should focus more on the experience of practicing or receiving psychotherapy. All the ideas in this sub-section could be treated as examples, rather than a definitive list of future directions.

11. Conclusion

This study aimed to explore the lived experiences of four existential and four psychoanalytic practitioners in the therapeutic relationship. In the Personal Reflexivity section, I tried to reflect on the assumptions that I brought to this study. As a therapist practicing both of these approaches, I named my tendency to highlight common grounds between these two approaches in order not to leave out differences. In the section of *Rationale of Undertaking This Study* I delineated the aims and possible value of this study alongside with the professional and experiential background I bring in. I asserted that this exploration with dual approaches would help mental health professionals, who engage in therapy and counselling services, both in terms of further exploring the importance of the therapeutic relationship, and in terms of showing different perspectives in how to manage and use it therapeutically. In the Literature Review, I presented existential and psychoanalytic ideas about how both of these streams of ideas view human relationality and our understanding of therapeutic relationship. The section of *Methodology* was dedicated to giving solid grounds as to why I chose thematic analysis as my research method along many others both in qualitative and quantitative sides. The section of Research Procedure was designed in a way that readers of this study could easily visualise the steps taken in conducting this study, giving details of each stage from ethical considerations to data analysis. In the Results, I reported seven themes organised under four categories. The categorisation of the themes was done in line with the aims of this study, showing common grounds and differences between the two approaches, and similarities and differences within each approach. In the section of *Discussion,* I discussed these results in the light of present literature and practices in psychotherapy and counselling psychology. I dedicated a separate section on the *Implications of This*

Study, which set out these results and discussions may mean for the practitioners in the field, in supervisory and training contexts, and for the fields of counselling psychology and psychotherapy. I concluded the thesis with elaborating on the limitations of the present study, recommendations for further research and concluding remarks.

Engaging in this topic and conducting this study was not just a requirement that I needed to fulfil in order to complete my doctoral studies; it carried the value of continuing training for me. I learned immensely and feel like I received an extensive training in working with the therapeutic relationship from very experienced colleagues. It enriched my knowledge, both theoretical and practical, to see the common grounds and differences between the existential and the psychoanalytic approaches.

This study showed that there are some strong similarities between the existential and the psychoanalytic practitioners in terms of how they view and employ the therapeutic relationship. The participants from both sides asserted that the therapist must build an authentic presence in the room, must recognise the otherness of the client, and render the therapeutic relationship different than the daily ones. However, there was a clear difference in the epistemological stance discourse of participants coming from different approaches. The existential participants claimed that phenomenological method helps the client to find their authenticity in the therapeutic relationship. The psychoanalytic participants clearly voiced a desire to be real in the room. There were differences among the psychoanalytic participants in terms of how they position themselves in the therapeutic relationship. Lastly, as an unintended finding, problems with recruitment were discussed.

I hope that all these results and discussions will be helpful and beneficial for readers on a number of levels, as writing and thinking about them have almost had a supervisory influence on me. There is still a lot to explore, elaborate and discuss when it comes to therapists' lived experiences of the therapeutic relationship and its implications on the practice of psychotherapy, which I hope to continue as my research interest in the future.

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13. Appendices

Appendix 1: Ethics application form

Middlesex University, Department of Psychology

REQUEST FOR ETHICAL APPROVAL (STUDENT)

Applicant (specify): DCPsych   *Date submitted: 15/10/2015*
Ferhat Jak Icoz
DCPsych in Counselling Psychology - NSPC

Research area (please circle)				
Clinical	Cognition + Emotion	Developmental	Forensic	Health
Occupational	Psychophysiological	Social	Sport + Exercise	
X Other __Counselling Psychology_____			**Sensitive Topic** ❑	

Methodology:

Empirical/Experimental	Questionnaire-based	X Qualitative	Other _____

No study may proceed until this form has been signed by an authorised person indicating that ethical approval has been granted. For collaborative research with another institution, ethical approval must be obtained from all institutions involved.

This form should be accompanied by any other relevant materials (e.g. questionnaire to be employed, letters to participants/institutions, advertisements or recruiting materials, information and debriefing sheet for participants[1], consent form[2], including approval by collaborating institutions).

- Is this the first submission of the proposed study?   No

- Is this an amended proposal (resubmission)?   Yes
    Psychology Office: If YES, please send this back to the original referee

- Is this an urgent application? (To be answered by Staff/Supervisor only)[1]   No

                                        Supervisor to initial here ___CM_____

Name(s) of investigator

Name of Supervisor (s) Christina Moutsou (primary), John Andrew Miller (secondary)

Title of Study: How do psychotherapists experience the psychotherapeutic Mitwelt? A comparative study of existential and psychoanalytic practitioners.

Results of Application:

    REVIEWER – please tick and provide comments in section 5:

---

[1] See Guidelines on MyUnihub

[1,2,3,4,5,6,7] Guidelines are available from the Ethics folder on MyUniHub, General Psychology Area

APPROVED	APPROVED SUBJECT TO AMENDMENTS	APPROVED SUBJECT TO RECEIPT OF LETTERS	NOT APPROVED

SECTION 1

1. Please attach a brief description of the nature and purpose of the study, including details of the procedure to be employed. Identify the ethical issues involved, particularly in relation to the treatment/experiences of participants, session length, procedures, stimuli, responses, data collection, and the storage and reporting of data.

SEE ATTACHED PROJECT PROPOSAL

2. Could any of these procedures result in any adverse reactions?   YES

    If "yes", what precautionary steps are to be taken?

Please refer to the attached project proposal's sections 10, 11, and 12.

3. Will any form of deception be involved that raises ethical issues?   NO

(Most studies in psychology involve mild deception insofar as participants are unaware of the experimental hypotheses being tested. Deception becomes unethical if participants are likely to feel angry, humiliated or otherwise distressed when the deception is revealed to them).

Note: if this work uses existing records/archives and does not require participation per se, tick here ....
and go to question 10. (Ensure that your data handling complies with the Data Protection Act).

4. If participants other than Middlesex University students are to be involved, where do you intend
    to recruit them? *(A full risk assessment must be conducted for any work undertaken off university premises)*[6,7]
Please refer to the attached project proposal's section 6.

5a. Does the study involve:

Clinical populations	NO
Children (under 16 years)	NO
Vulnerable adults such as individuals with mental or physical health problems, prisoners, vulnerable elderly, young offenders?	NO
Political, ethnic or religious groups/minorities?	NO
Sexually explicit material / issues relating to sexuality	NO

5b. If the study involves any of the above, the researcher may need CRB (police check)
    Staff and PG students are expected to have CRB – please tick   N/A
    UG students are advised that institutions may require them to have CRB
    please confirm that you are aware of this by ticking here   _____

6. How, and from whom (e.g. from parents, from participants via signature) will informed consent
    be obtained? *(See consent guidelines[2]; note special considerations for some questionnaire research)*
From participants via signature

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7. Will you inform participants of their right to withdraw from the research at any time, without penalty? (*see consent guidelines*[2])	YES

8. Will you provide a full debriefing at the end of the data collection phase? (*see debriefing guidelines*[3]) Please see attached Debriefing Sheet	YES
9. Will you be available to discuss the study with participants, if necessary, to monitor any negative effects or misconceptions? If "no", how do you propose to deal with any potential problems?	YES
10. Under the Data Protection Act, participant information is confidential unless otherwise agreed in advance. Will confidentiality be guaranteed? (*see confidentiality guidelines*[5]) If "yes" how will this be assured *(see*[5]) Please see attached Information Sheet, section "What will happen to me if I take part". If "no", how will participants be warned? *(see*[5]) (*NB: You are not at liberty to publish material taken from your work with individuals without the prior agreement of those individuals*).	YES
11. Are there any ethical issues that concern you about this particular piece of research, not covered elsewhere on this form? If "yes" please specify: Please see attached Project Proposal, section 12, and Information Sheet.	YES
12. Is this research or part of it going to be conducted in a language other than English?	NO
If YES – Do you confirm that all documents and materials are enclosed here both in English and the other language, and that each one is an accurate translation of the other?	N/A
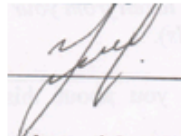
(NB: If "yes" has been responded to any of questions 2, 3, 5, 11, 12 or "no" to any of questions 7-10, a full explanation of the reason should be provided – if necessary, on a separate sheet submitted with this form).

[1,2,3,4,5,6,7] Guidelines are available from the Ethics folder on MyUniHub, General Psychology Area

SECTION 2 (to be completed by all applicants – please tick as appropriate)

	YES	NO
13. Some or all of this research is to be conducted away from Middlesex University	X	
If "yes" tick here to confirm that a Risk Assessment form has been submitted	X	■
14. I am aware that any modifications to the design or method of this proposal will require me to submit a new application for ethical approval	X	
15. I am aware that I need to keep all the materials/documents relating to this study (e.g. consent forms, filled questionnaires, etc) until completion of my degree / publication (as advised)	X	
16. I have read the British Psychological Society's *Ethical Principles for Conducting Research with Human participants*[4] and believe this proposal to conform with them.	X	

SECTION 3 (to be completed by STUDENT applicants and supervisors)

Researcher: (student signature) _____ date 15/10/2015

CHECKLIST FOR SUPERVISOR – please tick as appropriate

	YES	NO
1. Is the UG/PG module specified?	X	
2. If it is a resubmission, has this been specified and the original form enclosed here?	X	
3. Is the name(s) of student/researcher(s) specified?	X	
4. Is the name(s) of supervisor specified?	X	
5. Is the consent form attached?	X	
6. Are debriefing procedures specified? If appropriate, debriefing sheet enclosed – appropriate style?	X	
7. Is an information sheet for participants enclosed? appropriate style?	X	
8. Does the information sheet contain contact details for the researcher and supervisor?	X	
9. Is the information sheet sufficiently informative about the study?	X	
10. Has Section 2 been completed by the researcher on the ethics form?	X	

[1,2,3,4,5,6,7] **Guidelines are available from the Ethics folder on MyUniHub, General Psychology Area**

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11. Any parts of the study to be conducted outside the university? If so a Risk Assessment form must be attached – Is it?		
12. Any parts of the study to be conducted on another institution's premises? If so a letter of acceptance by the institution must be obtained - Letters of acceptance by all external institutions are attached.		X
13. Letter(s) of acceptance from external institutions have been requested and will be submitted to the PSY office ASAP.		n/a
14. Has the student signed the form? If physical or electronic signatures are not available, an email endorsing the application must be attached.	X	
15. Is the proposal sufficiently informative about the study?	X	

Signatures of approval:

PSY OFFICE received

Supervisor: _Christina Moutsou_____date: _____16/10/15_____   date:…………..

Ethics Panel: _____ date: _____   date:…………..

(signed pending approval of Risk Assessment form)   date:…………..

If any of the following is required and not available when submitting this form, the Ethics Panel Reviewer will need to see them once they are received – please enclose with this form when they become available:

- letter of acceptance from other institution
- any other relevant document (e.g. ethical approval from other institution): _____

PSY OFFICE received

Required documents seen by Ethics Panel: _____ date: _____   date:…………..

[1,2,3,4,5,6,7] **Guidelines are available from the Ethics folder on MyUniHub, General Psychology Area**

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SECTION 4 (to be completed by the Psychology Ethics panel reviewers)

		Recommendations/comments
1. Is UG/PG module specified?		
2. If it is a resubmission, has this been specified and the original form enclosed here?		
3. Is the name(s) of student/ researcher(s) specified? If physical or electronic signatures are not available, has an email endorsing the application been attached?		
4. Is the name(s) of supervisor specified? If physical or electronic signatures are not available, has an email endorsing the application been attached?		
5. Is the consent form attached?		
6. Are debriefing procedures specified? If appropriate, is the debriefing sheet attached? Is this sufficiently informative?		
7. Is an information sheet for participants attached?		
8. Does the information sheet contain contact details for the researcher?		
9. Is the information sheet sufficiently informative about the study? Appropriate style?		
10. Has Section 2 (points 12-15) been ticked by the researcher on the ethics form?		
11. Any parts of the study to be conducted outside the university? If so a fully completed Risk Assessment form must be attached – is it?		
12. If any parts of the study are conducted on another institution/s premises, a letter of agreement by the institution/s must be produced. Are letter/s of acceptance by all external institution/s attached?		
13. Letter/s of acceptance by external institution/s has/have been requested.		
14. Has the applicant signed? If physical or electronic signatures are not available, an email endorsing the application must be attached.		
15. Is the proposal sufficiently informative about the study? Any clarity issues?		
16. Is anyone likely to be disadvantaged or harmed?		
17. If deception, protracted testing or sensitive aspects are involved, do the benefits of the study outweigh these undesirable aspects?		
18. Is this research raising any conflict of interest concerns?		

[1,2,3,4,5,6,7] **Guidelines are available from the Ethics folder on MyUniHub, General Psychology Area**

Appendix 2: Risk assessment form

Independent Field/Location Work Risk Assessment
FRA1

This pro forma is applicable to, and must be completed in advance for, the following fieldwork situations:

All fieldwork undertaken independently by individual students, either in the UK or overseas, including in connection with proposition module or dissertations. Supervisor to complete with student(s).
All fieldwork undertaken by postgraduate students. Supervisors to complete with student(s).
Fieldwork undertaken by research students. Student to complete with supervisor.
Fieldwork/visits by research staff. Researcher to complete with Research Centre Head.

Fieldwork Details

Name: Ferhat Jak Icoz   **Student No:** M00500114

Supervisor: Christina Moutsou   **Degree Course:** DCPsych (NSPC)

Telephone numbers and name of next of kin who may be contacted in the event of an accident.	**Next of Kin** **Name:** **Phone:**
Physical or psychological limitations to carrying out the proposed fieldwork.	None
Any health problems (full details) which may be relevant to proposed fieldwork activity in case of emergencies.	None
Locality (Country and Region)	United Kingdom, London
Travel Arrangements	Public transport
NB: Comprehensive travel and	Insured by Transport for London as passenger

health insurance must always be obtained for independent overseas fieldwork.	for travel. Ongoing health insurance.

Dates of Travel and Fieldwork	Spring 2015-Winter 2016

Please read the following information very carefully.

Hazard Identification and Risk Assessment

List the localities to be visited or specify routes to be followed (Col. 1). Give the approximate date (month/year) of your last visit, or enter 'NOT VISITED' (Col 2). For each locality, enter the potential hazards that may be identified beyond those accepted in everyday life. Add details giving cause for concern (Col. 3).

Examples of Potential Hazards

Adverse weather: Exposure (heat, sunburn, lightening, wind, hypothermia).
Terrain: Rugged, unstable, fall, slip, trip, debris, and remoteness.
Traffic: Pollution.
Demolition/building sites, assault, getting lost, animals, disease.
Working on/near water: Drowning, swept away, disease (weils disease, hepatitis, malaria, etc), parasites', flooding, tides and range.
Lone working: Difficult to summon help, alone or in isolation, lone interviews.
Dealing with the public: Personal attack, causing offence/intrusion, misinterpreted, political, ethnic, cultural, socio-economic differences/problems.
Known or suspected criminal offenders.
Safety Standards (other work organisations, transport, hotels, etc), working at night, areas of high crime.
Ill health: personal considerations or vulnerabilities, pre-determined medical conditions (asthma, allergies, fitting) general fitness, disabilities, persons suited to task.
Articles and equipment: Inappropriate type and/or use, failure of equipment, insufficient training for use and repair, injury.
Substances (chemicals, plants, bio- hazards, waste): Ill health - poisoning, infection, irritation, burns, cuts, eye-damage.
Manual handling: Lifting, carrying, moving large or heavy items, physical unsuitability for task.

If no hazard can be identified beyond those of everyday life, enter 'NONE'.

Give brief details of fieldwork activity: Interviews will be conducted with registered psychotherapist in public-private places (e.g., at their offices, at a rented office, in a rented room at library).

1. Locality/Route	2. Last Visit	3. Potential Hazards
Various public-private places (e.g., at their offices, at a rented office, in a rented room at library). Will be determined after recruitment of participants.	**NOT VISITED**	Lone working: Difficult to summon help, alone or in isolation, lone interviews. Dealing with the public: Misinterpreted, political, ethnic, cultural, socio-economic differences/problems.

The University Fieldwork code of Practice booklet provides practical advice that should be followed in planning and conducting fieldwork.

Risk Minimisation/Control Measures

For each hazard identified (Col 3), list the precautions/control measures in place or that will be taken (Col 4) to "reduce the risk to acceptable levels", and the safety equipment (Col 6) that will be employed.

Assuming the safety precautions/control methods that will be adopted (Col. 4), categorise the fieldwork risk for each location/route as negligible, low, moderate or high (Col. 5).

Risk increases with both the increasing likelihood of an accident and the increasing severity of the consequences of an accident.

An acceptable level of risk is: a risk which can be safely controlled by person taking part in the activity using the precautions and control measures noted including the necessary instructions, information and training relevant to that risk. The resultant risk should not be significantly higher than that encountered in everyday life.

Examples of control measures/precautions:

- Providing adequate training, information & instructions on fieldwork tasks and the safe and correct use of any equipment, substances and personal protective equipment.
- Inspection and safety check of any equipment prior to use.
- Assessing individuals' fitness and suitability to environment and tasks involved.
- Appropriate clothing, environmental information consulted and advice followed (weather conditions, tide times etc.).
- Seek advice on harmful plants, animals & substances that may be encountered, including information and instruction on safe procedures for handling hazardous substances.
- First aid provisions, inoculations, individual medical requirements, logging of location, route and expected return times of lone workers.
- Establish emergency procedures (means of raising an alarm, back up arrangements).
- Working with colleagues (pairs). Lone working is not permitted where the risk of physical or verbal violence is a realistic possibility.
- Training in interview techniques and avoiding/defusing conflict, following advice from local organisations, wearing of clothing unlikely to cause offence or unwanted attention.
- Interviews in neutral locations.
- Checks on Health and Safety standards & welfare facilities of travel, accommodation and outside organisations.
- Seek information on social/cultural/political status of fieldwork area.

Examples of Safety equipment:

Hardhats, goggles, gloves, harness, waders, whistles, boots, mobile phone, ear protectors, bright fluorescent clothing (for roadside work), dust mask, etc.

If a proposed locality has not been visited previously, give your authority for the risk assessment stated or indicate that your visit will be preceded by a thorough risk assessment.

4. Precautions/Control Measures	5. Risk Assessment	6. Equipment
• Establish emergency procedures (means of raising an alarm, back up arrangements).	Low	Phone
• Interviews in neutral locations.	Low	None
• Seek information on social/cultural/political status of fieldwork area.	Low	None
• Training in interview techniques and avoiding/defusing conflict, following advice from local organisations, wearing of clothing unlikely to cause offence or unwanted attention.	Low	None
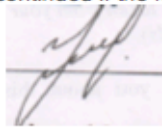
Please read the following information and sign as appropriate

Declaration: The undersigned have assessed the activity and the associated risks and declare that there is no significant risk or that the risk will be controlled by the method(s) listed above/over. Those participating in the work have read the assessment and will put in place precautions/control measures identified.

NB: Risk should be constantly reassessed during the fieldwork period and additional precautions taken or fieldwork discontinued if the risk is seen to be unacceptable.

Signature of Fieldworker: (Student/Staff)	——————————— ———————	**Date**	——— 15.10.2015 ——— ———————————
Signature of Student Supervisor:	————— Christina Moutsou —————————— —————	**Date**	——— 16.10.2015 ——— ———————————
Approval: (One only) **Signature of Curriculum Leader:** (Undergraduate students only)	——————————— ———————	**Date**	——————————— ———
Signature of Research Degree Co-ordinator or Masters Course Leader or taught Masters Curriculum Leader:	——————————— ———————	**Date**	——————————— ———
Signature of Research Centre Head:	——————————— ———————	**Date**	——————————— ———

(For staff
fieldworkers)

Fieldwork Checklist

Ensure that **all members** of the field party possess the following attributes (where
relevant) at a level appropriate to the proposed activity and likely field conditions:

X   Safety knowledge and training?
X   Awareness of cultural, social and political differences?
☐   Physical and psychological fitness and disease immunity, protection and awareness?
☐   Personal clothing and safety equipment?
☐   Suitability of fieldworkers to proposed tasks?

Have all the necessary arrangements been made and information/instruction gained,
and have the relevant authorities been consulted or informed with regard to:

X   Visa, permits?
X   Legal access to sites and/or persons?
☐   Political or military sensitivity of the proposed topic, its method or location?
☐   Weather conditions, tide times and ranges?
☐   Vaccinations and other health precautions?
☐   Civil unrest and terrorism?
☐   Arrival times after journeys?
☐   Safety equipment and protective clothing?
X   Financial and insurance implications?
☐   Crime risk?
X   Health insurance arrangements?
X   Emergency procedures?
X   Transport use?
☐   Travel and accommodation arrangements?

Important information for retaining evidence of completed risk assessments: Once
the risk assessment is completed and approval gained the supervisor should retain
this form and issue a copy of it to the fieldworker participating on the field
course/work. In addition the approver must keep a copy of this risk assessment in an
appropriate Health and Safety file.

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Appendix 3: Participant information sheet

New School of Psychotherapy and Counselling
NSPC

Middlesex University London

Information about a research project: *How do psychotherapists experience the psychotherapeutic mitwelt? A comparative study **of** existential and psychoanalytic practitioners.*
being carried out by
F. Jak Icoz
as a requirement for a DCPsych in Counselling Psychology and Psychotherapy from NSPC and Middlesex University

NSPC Ltd
61-63 Fortune Green Road
London NW6 1DR

Middlesex University
The Burroughs
London NW4 4BT

Dated:

You are being invited to take part in a research study. Before you decide to participate, it is important for you to understand why the research is being done and what it will involve. Please take your time to read the following information carefully, and discuss it with others, if you wish. Please ask if there is anything that is not clear or if you would like more information. Take your time to decide whether or not you wish to take part.

What is the purpose of the research?
      This study is being carried out as a part of my studies at NSPC Ltd and Middlesex University.
      The research question of this study can be read as "What are the common and diverging experiences of psychotherapists coming from psychoanalytic and existential traditions in practicing psychotherapy and working with the therapeutic relationship?" The main focus of this research project is the *mitwelt or* working with the relational world of the client. The most immediate relationship in a psychotherapeutic process is the relationship between the client and the therapist. The investigation will start from how the therapist experiences and makes sense of this immediate relationship. However, it will also cover how the therapist attributes meaning to the immediate relationship of the therapeutic dyad in terms of what might be discovered and touched upon therapeutically.
      Through this exploration, the current research project aims to find the compatible notions and translate those notions between these two approaches, label the complementing notions that would lead the way to a combined usage of these two approaches, and uncover the contradicting, contrasting, and incompatible views

between existential and psychoanalytic thought and practice in working with relational issues and/ or the *mitwelt* in the above-mentioned direction.

<u>What will happen to me if I take part?</u>

Your involvement will consist of two steps. Firstly, I would like to interview you about how you experience the therapeutic relationship. Secondly, I will send you the transcript of your interview and will ask if you have any further reflections on the interview (alongside with your approval of the interview). The interview will take place only once and it is expected to take about an hour. The interview will take place in a place **of** your convenience, e.g., your office, a rented consulting room, a room at a library. I will record the interview (voice record) and will use a qualitative research method to extract the main themes of how participants make sense of the therapeutic relationship.

I will transcribe the interview. I will be recording the interview on a digital recorder and will transfer the files to an encrypted USB stick for storage, deleting the files from the recorder. All of the information that you provide me will be identified only with a project code and stored either on the encrypted USB stick, or in a locked filing cabinet. I will keep the key that links your details with the project code in a locked filing cabinet.

The information will be kept **for** at least 6 months after I graduate and will be treated as confidential. If my research is published, I will make sure that neither your name nor other identifying details are used.

Data will be stored according to the Data Protection Act and the Freedom of Information Act.

<u>About confidentiality and anonymity of your clients</u>

Due to the nature of this research project, you may want to disclose examples from your cases. I, as the researcher, and you, as the participant, need to take utmost care to ensure the confidentiality and anonymity of your clients and their materials.

As the participant, I would like to ask you to be mindful of keeping your presented case materials as anonymous and unidentifiable as possible.

However, there is a chance that you or I will notice in the transcription that too much has been revealed about a particular client of yours. In such a case, I will curtail all the identifying parts from the transcription, and these parts won't appear in appendices of the thesis. You have full rights to ask me to remove any part from the transcription for keeping clients' confidentiality and anonymity.

In the previous part I have explained how I will protect the voice record in detail. In case NSPC or Middlesex University would like to investigate the voice records, I will delete those parts from the voice record as well.

<u>What are the possible disadvantages of taking part?</u>

It is very unlikely that talking about how you make sense of the therapeutic relationship will cause harm, yet as practicing psychologists and psychotherapists we may identify with our approach. Even though this research does not aim to make any hierarchical inferences **of** one approach being better or more efficient than the other, one may feel disturbed or distressed for encountering exploratory questions with regard to one's experience of how one works. If this happens, please let me know, and if you wish, I will stop the interview. Although this is very unlikely, should you tell me something that I am required by law to pass on to a third person, I will have to do so. Otherwise, whatever you tell me, will be confidential. Please see the "Legal and

ethical compliance in the conduct of psychological counselling and psychotherapy" part for details.

<u>What are the possible benefits of taking part?</u>

I do not know what I will find out of this concurrent exploration of both approaches, however I am hoping that it will be helpful for psychotherapy and psychology practice in the future. I aim to contribute to and add to the variety in the literature of psychotherapy and psychology practice. Being interviewed about your experience in therapy has no direct benefit, although you may find it is as an opportunity to reflect on your work, and you will be contributing to a research that directly relate**s** with your practice.

<u>Legal and ethical compliance in the conduct of psychological counselling and psychotherapy</u>

As mental health workers of any title, we are all obliged to work in compliance with the ethical framework put forward by our registering professional bodies and with the UK laws. Similarly, in the role of researcher, I am obliged to conduct this project in line with ethical rules of the British Psychological Society, UCPA, NSPC and Middlesex University, and with the UK laws. Considering this multi-layered legal and ethical framework, I would like to inform you that I am obliged to report any revealed non-ethical and/or unlawful practices, (a) to you, (b) to my research supervisor, and (c) to related professional and governmental bodies.

<u>Consent</u>

You will be given a copy of this information sheet for your personal records, and if you agree to take part, you will be asked to sign the attached consent form before the study begins.

Participation in this research is entirely voluntary. You do not have to take part if you do not want to. If you decide to take part, you may withdraw at any time without giving a reason.

<u>Who is organising and funding the research?</u>

This research is conducted as a partial requirement of my DCPsych degree, and it is organised by me. This research is self-funded.

<u>Who has reviewed the study?</u>

All the proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The NSPC research ethics sub-committee have approved this study.

Thank you for reading this information sheet.

If you have any further questions, you can contact me at:

NSPC Ltd

61-63 Fortune Green Road

London NW6 1DR

<u>FI120@live.mdx.ac.uk</u>

If you have any concerns about the conduct of the study, you may contact my supervisor:

Christina Moutsou, Ph.D.

NSPC Ltd
61-63 Fortune Green Road
London NW6 1DR

cmoutsou@googlemail.com

Or

Emmy van Deurzen, The Principal

NSPC Ltd
61-63 Fortune Green Road
London NW6 1DR

admin@nspc.org.uk
+44 (0) 207 435 8067

Appendix 4: Informed consent form

New School of Psychotherapy and Counselling
in collaboration with Middlesex University

DCPsych in Counselling Psychology & Psychotherapy

Written Informed Consent

Title of the study: How do psychotherapists experience the psychotherapeutic mitwelt? A comparative study between existential and psychoanalytic practitioners
Year: 2015
Researcher: F. Jak Icoz
Supervisor: Christina Moutsou, Ph.D. (primary), John Andrew Miller, Ph.D. (secondary)

I have understood the details of the research as explained to me by the researcher and confirm that I have consented to act as a participant.

I have been given contact details for the researcher in the information sheet.

I understand that my participation is entirely voluntary, the data collected during the research will not be identifiable, and I have the right to withdraw from the project at any time without any obligation to explain my reasons for doing so.

I further understand that the data I provide may be used for analysis and subsequent publication and provide my consent that this might occur.

------------------------------   ------------------------------   ------------------------------
Print Name   Sign Name   Date

To the participants: Data may be inspected by the Chair of the New School of Psychotherapy and Counselling Ethics panel and the Chair of Ethics committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: □

Appendix 5: Debriefing form

Debriefing sheet about a research project: *How do psychotherapists experience the psychotherapeutic mitwelt? A comparative study of existential and psychoanalytic practitioners.*
being carried out by
F. Jak Icoz
towards a requirement for a DCPsych in Counselling Psychology and Psychotherapy from NSPC and Middlesex University

NSPC Ltd
61-63 Fortune Green Road
London NW6 1DR

Middlesex University
The Burroughs
London NW4 4BT

Dated:

Thank you for taking part in this research project. This debriefing form aims to inform you about the nature of the research, as well as to focus on your rights and well-being as a participant of the research.

This project aims to explore how existential and psychoanalytic practitioners make sense of the therapeutic relationship and dyad. The data that is collected from you and from other participants will be analysed qualitatively, in order to find compatible and contrasting themes within and between these two approaches.

No deception has been employed in this research. Similarly, no information has been withheld regarding the nature or the aims of the research.

As professionals working in mental health, we might identify with our approaches firmly, and we may feel strong**ly** about how we work. The interview was about how you work and make sense of your work. In the event you find any aspect of the interview disturbing, please let me know if you are not comfortable with the interview questions or your answers for the reason mentioned above or for any other reason.
In such an event, you can always contact me, and we can arrange a face-to-face, telephone or Skype meeting. Alongside with this, you may also want to use resources available to mental health workers, e.g., your psychotherapy, supervision, peer supervision or meeting, staff meeting, in case you need assistance after the interview.

You have the right to withdraw from the research at any time, without being obliged give an explanation.

Should there be anything you would like to discuss with me, please feel free to contact any time after the interview.

Thank you for your valued contribution to my research project.

If you have any further questions, you can contact me at:
NSPC Ltd
61-63 Fortune Green Road
London NW6 1DR

FI120@live.mdx.ac.uk

If you have any concerns about the conduct of the study, you may contact my supervisor:

Christina Moutsou, Ph.D.

NSPC Ltd
61-63 Fortune Green Road
London NW6 1DR

cmoutsou@googlemail.com

Or

Emmy van Deurzen, The Principal

NSPC Ltd
61-63 Fortune Green Road
London NW6 1DR

admin@nspc.org.uk
+44 (0) 207 435 8067

Appendix 6: Semi-structured interview schedule

Main questions

1. Could you tell me about your theoretical framework?
   Possible prompt:
   a. How do you think this framework influences your relationship with the client?

2. Tell me the moments and situations in which you feel satisfied with your work the most?
   Possible prompts:
   a. Exploring what the participants says – what s/he makes out of it?

3. (this question could be eliminated since the first two seem to cover it) What is your experience of the therapeutic relationship as a psychotherapist/psychoanalyst?
   Possible prompts:
   a. When you feel comfortable? What does that mean for you?
   b. When you feel uncomfortable? What does that mean for you?
   c. When you take joy of your work? What does that mean for you?
   d. When you feel anxious? What does that mean for you?
   e. Hanging onto other emotion names coming from the participant

4. Could you give some examples of key moments in therapy?
   Possible prompt:
   a. How does your theoretical framework inform the way you make sense of it?

5. How do you make sense of change in therapy?
   Possible prompts:
   a. How do you experience it?
   b. What kind of cues?
   c. When client wants to leave prematurely due to a minimal gain?

Possible spontaneous ways to go

6. What do you experience different situations, in which the therapeutic relationship becomes the main focus?
   Possible prompts:
   a. When client says s/he loves you?
   b. When client says s/he hates you?
   c. When client says s/he wants to leave the therapy abruptly?
   d. When client says you don't seem to understand him/her?

7. How important are initial sessions in your experience? In what ways?
   Possible prompts:
   a. When you feel comfortable? What does that mean for you?
   b. When you feel uncomfortable? What does that mean for you?
   c. When you feel anxious? What does that mean for you?

d. Hanging onto other emotion names coming from the participant

8. How do you experience endings? In what ways?
   Possible prompts:
   a. When it is a long-term well-prepared kind of termination
   b. When it is an abrupt yet face-to-face ending
   c. When it is a simple no-show drop-out
   d. Hanging onto emotions named by the participant

9. Tell me the moments and situations in which you feel you, most authentic?
   Possible prompts:
   a. How is it for you to summarise what client said? When do you do it? What does it mean to you? What do you intend to do?
   b. How is it for you to listen to what client said? When do you do it? What does it mean to you? What do you intend to do?
   c. How is it for you to make interpretations? When do you do it? What does it mean to you? What do you intend to do?
   d. Exploring what the participants says – what s/he makes out of it?

10. Tell me the moments and situations in which you feel restricted, helpless or hopeless the most?
    Possible prompts:
    a. Exploring what the participants says – what s/he makes out of it?

11. Tell me the moments and situations in which you feel angry the most?
    Possible prompts:
    a. Exploring what the participants says – what s/he makes out of it?

12. Tell me the moments and situations in which you feel like you are doing something very meaningful?
    Possible prompts:
    a. Exploring what the participants says – what s/he makes out of it?

13. Tell me the moments and situations in which you really like your client?
    Possible prompts:
    a. Exploring what the participants says – what s/he makes out of it?

14. Tell me the moments and situations in which you really dislike your client?
    Possible prompts:
    a. Exploring what the participants says – what s/he makes out of it?

15. How do you make sense of the therapeutic relationship?
    Possible prompts:
    a. Its place in therapy?
    b. Relationship between the therapeutic relationship and client's other relationships?

Appendix 7: Example of first stages of analysis

TX – being very open – no impingement upon by any concern		like to be able to say that it's always like this, and it's not, but in general I would say that the experience is one of being very open to what is going on in the life of the person. It comes very close to a receptivity that is not impinged upon by any concern that this conversation should go like this, or this mood is inconsistent with that. It is really just taking things as they are given. So, that's the first part.	but in general I would say that the experience is one of being very open to what is going on in the life of the person. It comes very close to a receptivity that is not impinged upon by any concern that this conversation should go like this, or this mood is inconsistent with that. It is really just taking things as they are given.
Being very active about attunement		There's something about being very active about this attunement that you've got. I think that's a good word. It is not so much about remembering the data, but it's about an attunement to a conversation without ever losing the substance.	being very active about this attunement that you've got... but it's about an attunement to a conversation without ever losing the substance.
	Jak:	Okay. Could you tell me some moments and situations in which you feel satisfied with your work the most? Whatever comes into your mind.	
Satisfying: when tx could be the most empathic, uncondi. positive regard, client understands tx	Interviwee:	Well, (Laughter) I would like to say when I have been most empathic with a client is very satisfying, or when I have been able to give unconditional positive regard. But really what is most satisfying is when the client understands me. (Laughter)	when I have been most empathic with a client is very satisfying, or when I have been able to give unconditional positive regard. But really what is most satisfying is when the client understands me. (unconditional acceptance in the rel)
Uncondi. acceptance and connection in the rel	Jak:	Okay. I agree.	
		(Laughter)	
	Interviewee:	I don't know whether this is a good thing or not, but I think that when I feel that I am able to offer something to a client as a response to what they have shared, and when they say, "Yes. That's it," I feel they've understood me, although the substance of my understanding is entirely based on what they have said to me.	
That connection is really lovely		So, it's that moment when they think I've said something, and I think, "No. Actually, all the raw material for what I have said comes from you." So, it is that moment in which... That connection is really lovely. Yes.	That connection is really lovely
	Jak:	What happens when that connection is not there?	

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		and probably I can't ask it without using jargon. How is it for you to be an object for your clients? What do you experience?	-- being an object for the clients --
Being an object: narcissistic response But the experience of tx is hoped not to emerge in the room	Interviewee:	It's a great question. It's a very good question. [silence] Well, I can't always avoid having a narcissistic response to being an object. This is not something, hopefully, that emerges in the room, but I think you're asking about how I feel, I think. Is that right?	Well, I can't always avoid having a narcissistic response to being an object. This is not something, hopefully, that emerges in the room
	Jak:	Yes.	It's very difficult for me not to feel pleased, for example, when I'm taken as a love object, for example, or something
Feeling pleased or being narcissistically wounded in the relationship – but no place in ptx

More affected by clients as a trainee – with experience this lessened

Noticing it, but moving on – not allowing it to colour his responses to the patient

Whatever clients bring, it is a material – wanting to maintain the position of analyst | Interviewee: | It's very difficult for me not to feel pleased, for example, when I'm taken as a love object, for example, or something approaching that. It's also, in the same way, rather narcissistically wounding for me when I'm seen as someone who is, I don't know, malevolent in some way. That has changed, I have to admit, as my experience has grown. When I was a trainee I was very much affected. I was affected in a much more raw way by some of the- what's the word? Yes, let's use your phrase, by being taken as an object in those various guises. It would affect me.
It affects me much less now, if at all. It's the sort of thing I notice, but I move on from it. Crucially, I don't allow it to colour my responses to my patients. | approaching that. It's also, in the same way, rather narcissistically wounding for me when I'm seen as someone who is, I don't know, malevolent in some way. That has changed, I have to admit, as my experience has grown. I was a trainee I was very much affected. I was affected in a much more raw way
It affects me much less now, if at all. It's the sort of thing I notice, but I move on from it. Crucially, I don't allow it to colour my responses to my patients. |
| | Jak: | For example, let's say when a client of yours is angry with you for an interpretation you made, let's say, or something else, how do you work this anger out and how do you manage your emotion not to colour the response you give? | -- how counter transferential response is controlled? -- |
| | Interviewee: | I always, I think, I hope, treat whatever the client brings as material. If they are angry with me, I will say, "Well, let's examine that." For example, what I try not to do is defend myself or to enter into a- how can I put it? Yes, I want to maintain my position as the analyst and to think, "Ah, this is a moment where something of the transference, as it were, is in the room and this must be used as material." It's potentially very important. Once again, this has changed over the years, I have to admit, but I wouldn't take offence.
There are some occasions, very rarely, where I have to say, when a | I always, I think, I hope, treat whatever the client brings as material - "Well, let's examine that."
what I try not to do is defend myself or to enter into a- how can I put it? Yes, I want to maintain my position as the analyst "Ah, this is a moment where something of the transference, as it were, is in the room and this must be used as material." |

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Appendix 8: Example of later stages of analysis

Screenshot 1 (sheets: EXIST 2, EXIST 3, EXIST 4, PA 1, PA 2, PA 3, PA 4, Analysis, Contents of themes, Structure for results)

	A	B	C
1	A balance between therapist's and client's needs	Therapy as a relational work to explore client's reality	Therapist's experience as a therapeutic tool
2	Intersection of what therapist is comfortable with and what works on clients	Facilitating a kind of observation of their life – but this is done together – more potent than doing it alone	Imagining the life of the client
3	It's difficult for a tx to accept that some people need help in order not to chan	Use of dialogue to understand client's reality - Clients observe themselves in this dialogue	Attunement – hearing something that therapist kind of knows in some way
4	Letting things happen in their own way – a lot come back –	Both therapist and client asks questions – benefit: more questions asked	Attunement – "I'm not alone" and "oh, right, this is difficult", but not necessarily verbal
5		No definite goal in psychotherapy – every time it's a new relational experience – (which would lead the way to mo	Therapist following her experiences in the room to make sense of the relationship (not to act upon) – quiet, restless, bored
6		What is offered in therapy – questioning together so that it will lead to widening of the self-understanding	Feeling quiet inside – hearing, ok, familiar, following, trusting that there will be a solution
7		Speaking to tx – hearing themselves – very different than being fully immersed in one's thoughts	Feeling restless – story is not real, something missing, unclear, being put in a role or given a responsibility that is not tx's
8		How relationship helps self-exploration? Necessity to use right words, meeting of the eyes, body movement, lots of	Boredom – all stuck, nothing's moving, having to be patient – downside tx might not be there
9		Change facilitated by another person listens and client feels heard	Uncomfortable in first sessions: when client is judging – tx feels an obligation to perform – happens a lot with colleagues – can't be relaxed
10		Due to relationship, people feel it is ok to be the way they are – there's a room where they can come and say and f	Comfortable – being able to herself, just sit down and listen
11	Self-other difference in relationship	What to do with restlessness – allow space and time for client, let them finish what they do	
12	Being aware that there's a relationship – in the end therapist can't exactly kno	Asking for help helps – sometimes opens up a new place	
13		Key moments – relational – crying together, rejoicing on a development as if it happened to tx	
14		Key moments – seeing change outside of ptx by chance – (still caring and being wondering about client)	
15		When client says negative things to tx – good! They are able to sat it – open up and work through (keeping it in relational realm rather than keeping it to themselves) – best cases – a great gift	
16	Not-for me clients	Drop-outs: they may not be able to come and say "this doesn't work" (keeping it relationally), bcs difficult or offensive	
17	Blocked clients – maybe a slight change after many times of telling the same	people know I'm here if they need (a non-possessive way of relating)	
18	Stuck people – they say they want change, but nothing worked – identifying	First sessions: exciting – hearing a new story, being in touch with a new life	
19	Challenging stuckness – "maybe you want to stay here" – they may leave the	Self disclosure: see the reason why – get to know the tx or just gossiping – but telling them after this exploration	
20	Therapy is not for everyone, and is not always about change	Not being paid, bcs of cheekiness – great offence, never forgetting, keeping a list, being denied or robbed of a meaningful experience	
21	Difficulty – stuckness, boredom – (feeling deadness relationally)		
22	What to do with this (judging clients)? Give time, either the attitude goes, or	Therapist's aliveness	Therapist's position in the relationship
23		Money exchange: ritual to count money earned at the end of week – realising that it's a good thing she's doing	Therapist not in a superior or detached position – rather try to understand and constantly ask
24		Meaning in work: changing the world in small bits – her life is useful (a relational meaning) – helping others to ha	Asking important questions that serve self-exploration of the client – no questions for the liking of therapist
25	Priority of clients' needs	Authenticity: now having to pretend, just listening, and being able to say "I couldn't follow"	Difficulty – when clients is in danger – having to come out of the role – relationship changes – tx saves the client – not liking but necessary
26	Drop-outs: due to practical reasons, professional busy clients	Satisfaction: when in tune with clients	Difficulty – having to restrain a client or stopping therapy due to fights, screams (couples)
27	Boredom – respecting client's need to be there, not to push, otherwise it woul	Satisfaction: when there is change due to this exploration done together	
28	Ending in the proper way preferred, but respecting clients about how they end	– not forcing – good ending is to make tx safe	
29	Ending in a way – their choice – (personal experience) she had to fight to keep	her decision rather than being pushed into having more	
30	"I want to go" – ok let's talk, but fine – she doesn't worry about it too much		
31	clients are not there to make her happy		
36			Non-themed emergent themes
37			Clients get more comfy with not knowing where the work goes
38			Stolen key moments – clients refers to tx's sentences which she didn't say
39			Clients say positive things: learnt to accept them- not to be embarrassed – just be thankful – easier than getting into an explanation

Screenshot 2 (sheets: EXIST 2, EXIST 3, EXIST 4, PA 1, PA 2, PA 3, PA 4, Analysis, Contents of themes, Structure for results)

	B	C	D
2	Inter-approach common themes		
3	1 A sound sense about what one offers as a therapist		
4	Inviting & containing client to stay at a difficult place	EX1	Her job is to ma... PA4
5	Facilitating a kind of observation of their life – but this is done together – more potent than doing it alone	EX2	
6	time, space, listening, witnessing, and himself as a different way of being – provoking something in clients	EX3	
7	Encountering a different way of being = new possibilities open up	EX3	
8	Helping the clients understanding themselves, shifting something	EX3	
9	A clear concern how clients experience their lives and make sense of it	EX4	
10	Therapy as a jigsaw puzzle –With time, the emerging picture makes more sense	EX4	
11	Moving from great suffering to common unhappiness	PA1	
12	Therapy is not only about getting rid of the symptom – but also opening up a perspective	PA1	
13	Psychotherapy is about facilitating patients' autonomy	PA1	
14	Opportunity to live a good life, not happiness, but finding enjoyment, possibility of change (a way of self-understanding)	PA2	
15	Supporting clients in whatever they want	PA3	
16	Love, warmth, empathy, directness, presence, authenticity, capacity to stay with difficulty	PA4	
17	Accompanying them in the struggle	PA4	
18	Experience of outer lives and inner lives joining up – feeling expanded	PA4	
19	Her job is to make a connection so that client could feel that there are things s/he could take away from it	PA4	
21	2 Primacy of relationship		
22	Tolerating the experiential reality of life, Tolerate feelings – identifying, acknowledging, enduring, containing, integrating, regulating; This happens in tx dialogue.	EX1	Self disclosure: EX2
23	Affectivity reveals itself in rel; Q: "what is the affective nature of this narrative?"	EX1	Clients get more comfy with not knowing where the work goes
24	Use of dialogue to understand client's reality - Clients observe themselves in this dialogue	EX2	Spotlight on the EX4
25	Due to relationship, people feel it is ok to be the way they are – there's a room where they can come and say and feel whatever they want	EX2	Imagining all is fine – but missing something relationally
26	Offering himself as a different way of being – provoking something in clients	EX3	Cancellation policy & Monthly invoices - Importance of establishing a continuity – this is a seriously and consistently under
27	Content as it is told to someone, not just the content	EX4	What you do between sessions is probably more important than what you do in the session
28	How, rather than what, client tells her/his story reveals quite a lot – attachment style, reflections on self	EX4	Generally no ur PA1
29	Suffering is the reason why people come, and by nature she wants to respond to that; Understanding suffering ;Suffering and progression out of it	PA1	Must be in make-up and heart
30	Position of rel. in work: transferential relationsip; Tx represent someone from client's life; Client's rels are repeated or played out in the room	PA2	Good to know some techniques, but the least of it, it is not colouring by numbers
31	Both transference and immediate rel; Pain = not the event itself, but the interpretation – change in pers = relief – happens in rel; Relational = being in the room w	PA3	Asking question PA4
32	Client is ashamed – tx is interested and curious, not drenched in the same experience – client opens it up and becomes interested – a third way; Either self-disclosure of feeling, or a containing and acknow	PA3	"you have to pay every time and it doesn't matter being ill or on holiday" doesn't sound like a cooperative rel
33	"you have to pay every time and it doesn't matter being ill or on holiday" doesn't sound like a cooperative rel	PA4	
35	3 Attending to clients' needs, therapist's own needs and occasional conflict between them		
36	Priority of clients' needs: Drop-outs: due to practical reasons, professional busy clients, Ending in the proper way preferred, but respecting cl	EX2	Giving brief inf PA2
37	Boredom – respecting client's need to be there, not to push, otherwise it would be pushing for change for tx's own entertainment	EX2	Leaving time and space for patient to decide whether to start or not
38	Ending in a way – their choice – (personal experience) she had to fight to keep her decision rather than being pushed into having more	EX2	Drop-outs: they EX2
39	"I want to go" – ok let's talk, but fine – she doesn't worry about it too much, clients are not there to make her happy	EX2	people know I'm here if they need (a non-possessive way of relating)
40	A balance between therapist's and client's needs: Intersection of what therapist is comfortable with and what works on clients, It's difficult fo	EX2	Remaining flex EX4
41	Not allowing emos, maybe client needed him to be there, not to get too sucked into	EX3	No one fix way of relating with the client
42	A client's need about how therapist should be with him/her may change from one session to another	EX4	Rules are good, but they are there to be broken
43	What does the client need in order to express and explore one's self? Detecting that need in order to facilitate therapy	EX4	Patient also wil PA1
44	Attending to what client needs in order to continue with the exploration	EX4	Not minding w PA2
45	Better at understanding what client needs and changing tracts more quickly in line with what client needs	EX4	When it comes PA4
46	Remaining in the position of not-knowing – not chasing client – respecting his boundaries, needs and desires	PA1	They can leave any time and come back any time as long as tx still works
47	Relatedness differs with patients	PA1	If client doesn't like tx's publically expressed political views = their problem and material, they can bring or not – making a
48	No pre-set assumption – according to the needs of the patient	PA1	
49	Needs of the patient is important	PA1	
50	Different relational modes according to the needs of the patient	PA1	
51	Need of the patient is to get more in touch with her inner experience – coach – may experience eye contact as a distraction	PA1	

Appendix 9: Final table of themes

Themes	Participants' quotes	Number of participants
1. Themes showing inter-modality similarities		
A. Eigentlichkeit of the therapist		
A sound sense about what one offers as a therapist	EX1: 7:13; EX2: 7:7; EX3: 3:20; EX4: 6:24; PA1: 13:24, 19:24; PA2: 2:7; PA3: 3:17; PA4: 3:27, 4:2	8
"Not for me" clients and situations	EX1: 14:8; EX2: 11:8; EX3: 8:1; EX4: 11:19; PA1: 8:2; PA2: 5:19; PA3: 5:32; PA4: 9: 27	8
Satisfaction from the relational experience	EX1: 5:14; EX2: 6:6; EX3: 16:11; EX4: 10:6; PA1: 13:10; PA2: 15:25; PA3: 9:21; PA4: 9:13	8
Experience of taking part in this research interview	EX1: 18:22; EX2: 30:8; EX3: 10:17; EX4: 12:30; PA1: 22:1; PA2: 10:14; PA3: 15:20	7
Professional experience changing the quality of therapeutic relationship	EX2: 8:21; EX3: 18:1, 18:15; EX4: 8:13, 9:15; PA1: 12:14; PA2: 4:7; PA3: 3:19; PA4: 7:3	7
B. Alterity in the therapeutic relationship		
Therapeutic relationship as at the core of therapy	EX1: 3:7, 2:11, 16:30; EX2: 2:15, 5:6; EX3: 2:8, 6:26; EX4: 1:9, 2:12, 5:9; PA1: 6:11, 10:14, 14:12; PA2: 2:25, 3:17, 7:20; PA3: 2:25, 3:28; PA4: 4:8, 9:6	8
Attending to clients' needs, therapists' own needs and negotiation between them	EX2: 11:24, 20:12; EX3: 11:3; EX4: 2,7; PA1: 2:28, 6:30, 7:7; PA3: 5:6, 8:11, 14:22; PA4: 4:14, 8:1	6
Mutuality, attunement and encounter	EX1: 4:6, 5:7, 10:17; EX2: 2:15, 8:1, 15:8; EX3: 9:23; EX4: 1:18, 3,15; PA1: 13:28, 15:10, 16:1; PA3: 3:21, 5:6; PA4: 2:17, 4:19, 6:8, 6:26	7
Experience of first meeting	EX2: 23:4; EX4: 4:31; PA1: 16:11; PA2: 13:24; PA4: 10:17	5
C. Therapeutic relationships as radically different from daily relationships		
The exchange of money as a part of therapeutic relationship	EX2: 27:18; EX3: 14:8; EX4: 12:1; PA1: 19:4, 19:19; PA2: 15:1; PA3: 14:13; PA4: 12:21	7
Difference between therapeutic and daily relationships	EX1: 2:31,16:30; EX2: 5:14; EX3: 16:17; EX4: 10:14; PA1: 13:3; PA2: 3:24; PA4: 8:26	7
2. Themes showing inter-modality differences		
A. Difference in the epistemological discourse		
Focus on the present vs. forming a historical narrative	EX1: 9:8; EX2: 15:21; EX4: 3:4; PA1: 4:12; PA2: 7:12; PA3: 12:26; PA4: 10:29	7

What is to be done with therapists' subjectivity in the therapeutic relationship	EX1: 11:22; EX2: 23:18; EX3: 4:17; EX4: 4:12; PA1: 15:23; PA2: 4:26; PA3: 3:23; PA4: 5:19	8
Exploring the unknown together vs. therapist knowing what is veiled	EX1: 17:30; EX2: 2:11, 4:25; EX3: 3:16; EX4: 6:26; PA1: 4:17; PA2: 7:17; PA3: 9:2, 13:17	7
3. Themes showing intra-modality similarities		
A. Authenticity through phenomenology (the existential approach)		
Authenticity	EX1: 16:13; EX2: 25:14; EX3: 3:2; EX4: 10:10	4
Phenomenology	EX1: 7:10; EX2: 2:18, 5:1; EX3: 7:13; EX4: 1:4, 4:8	4
B. Desire to be real in the room (the psychoanalytic approach)		
Resisting to the idea of being ideal	PA1: 7:26; PA3: 9:17; PA4: 2:20, 2:25, 10:9	3
On (not) being blank	PA1: 4:28; PA2: 12:25; PA4: 6:15, 9:3	3
Face to face relationship as a distraction	PA1: 6:26; PA3: 4:26	2
4. Themes showing intra-modality differences		
A. Position of the therapist within the therapeutic relationship (the psychoanalytic approach)		
Categorising clients (the psychoanalytic approach)	PA1: 2:20, 7:19; PA3: 5:29; PA4: 6:7	3
Self-disclosure (the psychoanalytic approach)	PA1: 12:11; PA2: 6:10; PA3: 15:1; PA4: 6:22	4
Containing vs. frustrating (the psychoanalytic approach)	PA1: 15:1; PA2: 4:23, 9:29; PA3: 1:11, 2:12; PA4: 4:18	4