Existential Time-Limited Therapy:

An Interpretative Phenomenological Analysis of the Experience of Existential Counselling Psychologists and Psychotherapists Providing Therapy in Time-Limited Contexts

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.

STATEMENT OF AUTHORSHIP

This dissertation was written by Argyro Ioannou and has ethical clearance from the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University. It is submitted in partial fulfillment 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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Also to my partner Simon B. Without your encouragement, patience and unconditional love my whole existence would be impossible.

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Abstract

This dissertation explores the experience of existential counselling psychologists and psychotherapists providing time-limited therapy. Ten participants were interviewed, using semi-structured interviews, focusing on the emotions, meaning-making processes and attitudes that constitute their experience. The material was analysed using Interpretative Phenomenological Analysis - IPA. Five superordinate themes were identified, highlighting the main constituents of the experience of existential therapists in time-limited settings: the experience of time-limitation, the experience of ending, the experience of the therapeutic process, attitudes towards time-limited therapy and support systems. Existing literature on time-limited therapy and the existential approach was utilised to shed light on the results and to reach a better understanding of the implications that this study has on the existential approach, supervisory and training settings, and counselling psychology. It is suggested that existential time-limited therapy is particularly relevant for the widespread provision of time-limited therapies, and its application is based on three main values: the philosophical value, the relational value and the holistic value. The importance of support systems for therapists providing existential time-limited therapy, in the form of supervision and training, was also highlighted, with reference to the particular challenges and opportunities that such a work entails. Finally, the contribution of this study to the division of Counselling Psychology, and the necessity for such a research in order to safeguard the division's values, promote its pluralistic identity, and provide ethical and competent services to those in need, is also presented.

The long unmeasured pulse of time moves everything.

There is nothing hidden that it cannot bring to light,

Nothing once known that may not become unknown

Nothing is impossible. (Sophocles, 440 B.C.E./1953)

Contents

1.   Introduction

The aim of this research is to explore, understand and critically engage with the experience of existential counselling psychologists and psychotherapists offering time-limited psychotherapy. The research question investigated in this study is 'What are existential counselling psychologists' and psychotherapists' lived experiences of providing therapy in time-limited settings?', with specific emphasis placed upon the exploration of their self-experience, including their feelings, cognitions, and meaning-making processes, and their understanding of the therapeutic process in these contexts.

While the terms "time-limited therapy", "brief therapy", and "short-term therapy" are often used interchangeably in literature, the term "time-limited therapy" is considered to be more accurate for the current study, as it indicates that a specific time limit is set at the outset of therapy –usually less than 25 sessions—and is explicitly stated and contracted with the client from the beginning of therapy (Sledge et al., 1990, Steenbarger, 1992). In order to maintain a degree of homogeneity in sampling (Smith, Flowers & Larkin, 2009; Smith & Osborn, 2008) the experience of offering 6 -12 sessions – with the specific number of sessions being contracted form the beginning of therapy – was considered to be a criterion for participation, in accordance with most public and voluntary therapeutic services sectors' approved time limitations (Health and Social Care Information Centre, 2014; UK Employee Assistance Professionals Association, 2014; We Need to Talk Coalition, 2014).

For the purpose of this study Interpretative Phenomenological Analysis (IPA) was utilised. In the following chapters, I present the rationale behind this study, as well as a literature review that allows for a better understanding of the context of time-limited therapy and the existential approach. In addition, I demonstrate a detailed account of the epistemological and methodological considerations that underpinned its development.

In accordance to IPA, a method with commitment to phenomenology and interpretation, a thorough and in-depth presentation of the results of the data-analysis is offered, in order to allow the reader to have a real sense of the journey that led from the participants' accounts to the five superordinate themes that emerged from this research study. The themes are discussed with reference to the existing literature, as well as additional literature when that has been deemed suitable.

Finally, the discussion of the superordinate themes leads to a discussion of the clinical implications of this study for the existential approach, supervisory and training settings, and the counselling psychology division.

1.1 Personal reflexivity

Before I move on to the theoretical and professional rationale that led to the decision of conducting this research study, I would like to provide the reader with a more personal account that will hopefully offer greater insight into this journey and the ways that my personal experiences might have influenced it.

To present this journey as faithfully as possible requires from me to go back in time.

As an only child, brought up in a sparsely-populated, at the time, suburb of Athens, and with the lack of children of my age to play with, I had plenty of time to spend on my own. My parents, both hard-working, had to trust in my own maturity, even from a very young age, to take care of myself, until they would come home from work, late in the evening. Summers meant long, and to my childhood mind, endless days of no human interaction, apart from the scarce and anxious phone calls from my mother to check up on how I am doing.

This is when, I believe, my fascination with time began. How is one meant to 'spend time'? How do you "fill the time" or "kill time" when time seems so infinite, and every minute leads to another, and the minutes that are still remaining, before your parents come home, are so many and pass so slowly in the hot Greek summer? Time had taken a new form for me, it was not any more an abstract human invention, but a very tangible dimension, like space, a space to fill and drag yourself towards its other end, a room that is empty and needs to be filled.

And later, in my teenage years, when my newly acquired independence led me to my first adventures outside home, and filled me with excitement about a world that is full of interesting people and places, the question became: how do you stop time? How do you make time stand still, how do you make present an eternity, where you will remain forever in the back seat of your friend's car, where everything is possible and the summer is still here, but it will end soon, and anyway you have to return home soon, because the time has come, and soon it will all be over?

And then there were the times that time ended. My parents divorced and my father left, and my time with him ended as well, and my grandfather, the one I loved the most, died, and our time together came to an end, without any warning or sign, the sand in our imaginary hourglass reached the bottom of the glass.

And there were also the times that time actually stopped, not because I wanted it but because that's what time does sometimes, it stops and scars your memory with your mother's disappointed look that plays in your head in an endless loop. You don't remember what has preceded this time and what came afterwards, it's only this endless play of the look in her eyes, the little wrinkles around her mouth, the shame and fear that came with that, and it is still there, frozen; time has stopped.

During my personal therapy, time continued to fascinate me. It was the magic 50 minutes. The very clear, finite space I had, where, even though the speed of time seemed to fluctuate, sometimes passing so fast, and others going so slow that I wish I could disappear, when the clock reached the 50th minute of the hour, it would all end, and I would be outside of the room, still influenced by what had been said, but continuing a life that gradually felt so far away from the therapeutic room, until the next week, same day and same time.

As a therapist myself I sensed a change: I became the ruler of time. It is my responsibility to pay attention to it, and when I see the clock reaching the 50th minute, I am the one to say: "this is where we have to stop". I often wonder how my clients perceive our time together. Do we have a similar perception of it? When time seems to fly away, or when it seems to acquire an eternal quality, does it feel the same for my client?

And then it was the fact that for the last 4 years I worked in time-limited settings, as a trainee in the voluntary sector and low-cost clinics. The contracts in these settings were clear, therapy would last for six or twelve sessions, this was our time together, and this is where all needed to happen. As a trainee counselling psychologist, I remember asking my supervisors with intense anxiety: "What am I supposed to do in this limited time?" and hearing my colleagues echoing the same anxious question, all of us raising our doubts and fears that the time is too short, what if we don't provide what we wish to provide, and time comes to an end, and our clients will leave and we will never hear from them again and we will never know.

Moreover, being existential therapists, how do we remain faithful to the values of the existential approach, honouring phenomenology, when the clock is ticking, and results are expected? And then there were these magic moments, where you felt that miracles are possible, that this short encounter with this other human being, your client, meant something, something significant and great, something that words cannot express, but you witnessed it, it happened and you feel a surprising satisfaction, and hope and faith was restored.

Time is still an exciting mystery to me. I feel that, even though I have managed to befriend it at times, it still remains a wild animal that I cannot fully tame. But I am interested in it. I am interested in how it shapes experiences, how it affects them and defines them. My interest in this topic started from my interest in time. A time-limitation in therapy, a predefined time of sessions for a therapist to work in, creates those particular conditions that I wished to investigate. And remembering the anxious tone of my voice, and the voice of my colleagues in supervision groups, I also want to see if,

through this research study, we can reach a better understanding of the effects that time-limitation has on us.

I understand that a great part of this study lies on the assumption that the effect of time in time-limited therapy is of interest. Starting my investigation on this matter, I tried to stay open to the fact that this might not be the case, that maybe my personal interest is not shared, and that it might just reflect the outcome of a personal journey as an only child with plenty of time on my hands or no time at all. Through my reading and through my interviews with the participants of this study, I believe that this interest is not just a mere eccentricity of mine. Moreover, through my studies and my personal development, my understanding about time has been shaped, not so much by minimising its value, but by accepting that time not only shapes our experiences but it is also shaped by them, and by our attitudes, emotions, expectations and fantasies.

Time-limited therapy is a given of our times, and therapists from all different approaches work in settings where time is predefined and specified by organisational regulations. Engaging with this study, it became clearer to me that it is important as therapists and counselling psychologists to reflect on how these regulations affect us, and how it is to work in the temporal confinement of a predetermined contract. In addition, it is important also to acknowledge how our own ideas about therapy, about our identities, our expectations, and the expectations of others also shape the ways we experience our work in time-limited settings.

Through my questions during the interviews and the attitude I adopted for this study, my aim was to remain open and approach this phenomenon with curiosity and respect,

allowing it to unfold through the participants' voices and their stories. Some of the experiences the participants shared seemed to coincide with my own, while others, I found surprising and novel. In order to avoid my own assumptions, history, and personal experiences skewing the experiences of the participants and the analysis of the results, I used three layers of reflection that facilitated my phenomenological attitude: my personal therapy, my discussions with my supervisors and the diaries that I kept for the whole process of the study.

Towards the completion of the research, I found myself gradually coming to a better understanding of what it is like for existential therapists and counselling psychologists to offer their services in time-limited settings. While this is satisfactory on its own, my wish is to also open a dialogue that will further broaden our understanding of this experience, and will lead to serve and care for the clients and therapists in time-limited settings both efficiently and ethically.

2.   Rationale of undertaking this study

This research investigates counselling psychologists' and psychotherapists' experience of working in time-limited settings and who identify themselves as working from an existential standpoint. The research interest in this phenomenon was initially generated by a general fascination of mine regarding the issues of temporality and finitude, and the ways that the passage of time shapes and is being shaped by our experiences, as presented in the previous section. From a professional and theoretical standpoint, it also stems from my own personal experiences as a therapist in time-limited settings, and by my effort to adapt my training in the existential approach to these settings.

As a trainee counselling psychologist, I worked in various placements where time-limited therapy was offered, and I have experienced the influence of the particular characteristics of these settings on both a professional, as well as on a personal level. In the last years, I have worked in voluntary settings and low-cost clinics, both in Athens and London, with contracts that did not exceed 12 sessions. The large waiting-lists of people in need in these settings, along with the lack of financial resources, have made clear to me the pragmatic need for a shorter form of therapy. This work has brought me into contact with clients that wouldn't easily find themselves on the couch of a long-term, private therapist: the less affluent population of Athens and London, ethnic minorities, the disadvantaged and troubled people that needed some kind of help, but couldn't afford it otherwise. At the same time, I was encountering people that struggled with issues that commonly surface in existential therapy: accepting responsibility of one's life, dealing with

paradoxes, uncertainty and endings, searching for meaning, accepting limitations and the difficult task of choice, and attempting to live life with greater courage and autonomy.

While initially, the task of working with such deep existential issues, in such a short time, seemed unmanageable, I was surprised to see that it wasn't only possible, but that, at times, the experience of a time-limitation and the coming ending could be used productively, during the therapeutic hour, to bring light into the clients' issues and initiate a deeper reflection on the universal issues of finitude, givens, temporality, anxiety and choice.

Nevertheless, these same time-limitations, imposed by the settings' regulations, evoked my own personal existential struggles: how do I make the best of this limited time, what choices do I make in terms of the adaptations necessary to fit my existential practice in this briefer encounter, how do I deal with the effect that endings have on me, as well as with the anxiety and uncertainty that finitude involves. Since my training, as an existential therapist, has been mostly focused on long-term therapy, these short encounters with my clients filled me with an intense ethical need to offer them the best therapeutic service I could, remaining at the same time faithful to the values and ideas of the existential approach.

The scarce literature on the actual experience of existential counselling psychologists and psychotherapists working in time-limited settings and the lack of an analogous theoretical and practical focus, both in training and in supervision groups, have also been a significant influence for the development of this research study. More specifically, the fact that most of the theoretical work in time-limited therapy is based on psychoanalysis

(e.g. Sifneos, 1972; Mann, 1973; Malan, 1976) and prototypically brief interventions, such as cognitive behavioral therapy (CBT) and solution-focused therapy, evidences an important lack in the existential literature of time-limited practice (with few exceptions such as the work of Bugental, 1995; Strasser & Strasser, 1997; Lamont, 2012 Rayner & Vitali, 2014).

In this section I explore the reasons why I believe this study can provide beneficial information for the therapeutic practice of both existential psychotherapists and counselling psychologists, and I argue for the imperative necessity for this and similar research projects to take place, if we want our practice to match, both ethically and competently, society's current needs. In addition, even though this particular research study focuses in counselling psychologists' and psychotherapists' experience of working in time-limited settings from an existential standpoint, I believe that the findings can be of great use to practitioners from different therapeutic approaches as well, since the limit of time is a common factor in all time-limited therapies. Finally, I argue that this study is an important addition to the field of counselling psychology, which has traditionally emphasised the importance of an ethical and research-driven practice, and that its findings can be used for the further improvement and development of its services.

There is no doubt that, since the latter part of the twentieth century, an important prevalence of the practice of brief psychotherapy has taken place (Messer, 2001). Even though psychotherapy was traditionally developed to fit an open-ended, and often rather long, dictum, its practice could not have remained unaffected by the latest societal changes that led to the need for shorter interventions. The progressive advancements in health care systems and voluntary agencies in the provision of therapeutic treatments to

the public has led to increased financial and time-efficiency pressures and subsequently to the demand of briefer therapies (Messer, 2001; Shapiro et al., 2003, Pekaric & Finney-Owen, 1987; Levenson, Speed & Budman, 1995). In the recent years, the de-stigmatisation of psychotherapy and the increased public awareness of the benefits of such treatments has resulted in a huge increase of people accessing therapy. The last review conducted by the British Association for Counselling and Psychotherapy (BACP, 2014) has shown that 28% of people in the UK have consulted a counsellor or psychotherapist and that, in total, over half of Britons have either had therapy themselves, or know someone who has. This increased public interest in talking therapies that has resulted into long-waiting lists, with one in ten people waiting for more than a year to receive treatment in the NHS, and more than half waiting for three months (We Need to Talk Coalition, 2013), along with the limited financial coverage of most insurance companies and managed-care programs, has had similar results in the decrease of the number of sessions available to those in need (Levenson, Speed & Budman, 1995).

As a result of the aforementioned financial and policy reasons, in most countries where psychotherapy is established, most clients receive brief therapy, and, especially in Britain and America, prototypically brief models, such as CBT, have seen a widespread adoption by public health agencies (Shapiro et al., 2003). In the UK, more specifically, financial restraints in the NHS have put significant pressure for the reduction of the length of therapy. In 2014, the latest annual review of the Improving Access to Psychological Therapies (IAPT), which is the NHS frontline in implementing psychotherapeutic services, following the National Institute for Health and Clinical Excellence (NICE) guidelines, states that:

Nationally, the IAPT programme has assumed that NICE guidance would

translate into services giving an average of 8-10 sessions of treatment, bearing in

mind that some patients will recover with less than the full number of sessions

recommended by NICE and others will require the full dose. (Health and Social

Care Information Centre, 2014, p.19)

It is also worth stating that the same review notes that the mean number of sessions

delivered in the year 2013/14 was 6 sessions. Similarly, the Employer Assistance

Programs (EAPs), which are usually funded by employers and are offered to employees

who seek alleviation from personal or work-relevant problems, follow an eight-session

maximum limit model, although the most typical number of sessions is 6, and the most

common approaches are Solution Focused Therapy and CBT (UK Employee Assistance

Professionals Association, 2014).

The voluntary sector seems to be subjected to the same reductions in the number of

sessions they can provide, due to commissioners' reluctance to fund services with a high

number of sessions, according to Mind, one of the biggest mental health charities in the

UK (We Need to Talk Coalition, 2014). Finally, in specific settings, such as academic

institutions and school counselling, brief therapy is seen as the preferred method since it

seems to fit both the time structure of the institution, which is usually divided into terms

or semesters, and the particular needs of this age group (Coren, 1999; Cooper & Archer,

1999; Shinebourne, 2006).

The prevalence of briefer therapies has not been limited to the fields of the public and

voluntary sector therapeutic services though, as studies show that this phenomenon has

affected the private sector as well. In one of the first studies that regarded this phenomenon, conducted by Mary Koss (1979), 100 private clients with 7 different psychotherapists were followed and it was found that the median number of sessions attended by the clients was 8, while half of the clients had terminated by the 10th session and only a 20% of clients remained in therapy longer than 25 sessions. Many more empirical studies confirm that, even without the constraints imposed by the setting, psychotherapy clients, in typical time-unlimited contracts, attend surprisingly few sessions (Hansen, Lambert & Forman, 2002; Garfield, 1986; Phillips, 1985; Garfield 1978). Similarly, Messer's (2001) review of various surveys on the use of psychotherapy in the last 30 years concluded that about 90% of clients had fewer than 25 sessions. The reasons for this preference of clients for shorter interventions are not always clear, and can vary from clients' financial constraints to afford longer therapies to clients' disposition for briefer approaches that fit their busy lifestyles (Messer, 2001; Levenson, Speed & Budman, 1995).

I believe it is clear that brief therapies, and the research interest in them, is not just an arid, theoretical enterprise, but a very pragmatic and imminent need of our times. To this end, and in the last decades, there have been a number of studies investigating the effectiveness of short-term approaches (Howard et al., 1986; Keilson et al., 1983; Gelso & Johnson, 1983; Seligman, 1995; Messer 2001; Barkham et al., 2002; Leichsenring, Rabung &Leibing, 2004; Escobar et al., 2007; Gingerich & Peterson, 2013; Lindfors et al., 2015). Nevertheless, and even though different studies show that a large number of psychologists and psychotherapists spend a significant part of their clinical time offering brief therapy (Levenson, Speed & Budman, 1995; Levenson & Evans, 2000; Levenson &

Davidovitz, 2000), the research on the actual experience of practitioners working with brief contracts is limited. It is well documented though that the feelings, values and attitudes of therapists towards short-term therapy, as well as the attendance of training programs and supervision specified to address their struggles and difficulties in such contexts, is an important factor in therapists' actual efficacy and therapeutic outcomes (Gelso, Mills & Spiegel, 1983; Pekarik, 1994; Levenson, Speed & Budman, 1995; Feltham, 1997; Levenson & Evans, 2000; Levenson & Davidovitz, 2000; Messer, 2001).

Moreover, I believe I have shown that researching the experience of therapists in time-limited contexts, by shedding light on their emotions, their particular challenges and difficulties, understandings and meaning-making processes, is not only an important research project, but also an ethical requirement, if we want to offer our best services to the clients that trust us. With this research, thus, I focus on the lived experience of existential counselling psychologists and psychotherapists in time-limited settings, which, given the lack of similar research, can offer important information regarding the use of the existential approach in time-limited frameworks. Moreover, in compliance with the practice guidelines of the division of Counselling Psychology of the BPS (2006), I have confidence in that the findings of this study will raise awareness on the challenges, concerns and opportunities involved in these particular contexts, in an effort to provide therapists with greater reflection and knowledge in their practice. Finally, I believe that, with this study, both the shared themes and the distinctive voices of therapists will be heard, and will provide valuable information, not only to the practitioners, but also to training bodies and supervisors, as well as to the counselling psychology and psychotherapeutic field in general.

3.   Literature review

My engagement with this research study began with the exploration of the existing literature on the subject in order to establish whether there is an actual need for developing further knowledge in this field, as well as in order to gain a better understanding of the context of time-limited therapy. The literature research was based on the comprehensive on-site and online resources of the British Library, in London, and the online data-base of Athens, which I accessed via Middlesex, for journal articles and book reviews.

It is important to note here that most qualitative studies, including IPA, reject the formulation of hypotheses prior to research conduct (Pietkiewicz & Smith, 2014). This means that while a literature review is recommended prior to the engagement with the study in order to widen the researcher's knowledge and identify a gap which the research question can address, at the same time it is the researcher's responsibility to commit to a degree of 'open-mindedness' and suspension of preconceptions and assumptions when designing and conducting the interviews and data analysis (Smith, Flowers & Larkin, 2009, p. 42).

Consequently, as the exploration of the literature review for this study took place prior to the actual design and conduct of interviews and the analysis of the data, much attention was provided so that this would not influence and cloud the way in which the research question would be approached, diverting it to fit preconceived ideas, instead of remaining open to whatever emerged. In order to achieve this and commit to a degree of 'open-

mindedness', I approached the literature review with openness and curiosity, while at the same time I engaged with a constant reflexivity process, where by recording my theoretical understandings, I aimed at bracketing them and suspending them, allowing for the voices of participants to be heard. The use of reflexive journals throughout the whole research procedure, as well as the discussions with supervisors and colleagues, allowed me to remain vigilant during this process and to safeguard a high degree of openness and respect to whatever novel material emerged.

In addition, during the interview process, careful consideration was given so that the interview questions would remain open, rather than 'closed', facilitating the exploration of the lived experience of the participants, rather than aiming at a confirmation of preconceived theoretical constructs (Smith, Flowers & Larkin, 2009, p. 42). Similarly, I would like to invite the reader to approach the following literature review as an opportunity to gain a better understanding of the theoretical context upon which this research study was placed, while also keeping in mind that novel understandings and approaches of the subject will be elicited, as is evidenced in the following chapters.

Due to the breadth of relevant literature and the word-count limitation, it became obvious that this literature review could not be exhaustive, but that it was necessary to make intentional choices of what could be included and what could be left out of the review scope. Since the interest for this study is focused on the experience of existential therapists working in time-limited settings, the literature review is focused on three broader areas: a) the historical exploration of time-limited therapy, which allows us to understand the context in which the need for shorter forms of therapy developed and the theoretical rationale and therapeutic attitudes that influenced its development; b) time-

limited therapy through the existential perspective, which focuses specifically on the existential tradition and its approach to time-limited therapy, through its philosophical and practical underpinnings; and c) the experience of time-limited therapists, which explores the feelings, attitudes, struggles and opportunities of time-limited therapists, as these are documented in literature.

Even though an exhaustive analysis of the vast literature on time-limited therapies is neither possible nor relevant for this study, it is nevertheless my intention to provide the reader with a substantial overview of the main theoretical influences and understandings regarding the practice of time-limited therapy in general, and existential time-limited therapy more specifically. In addition, the literature review is also utilised retrospectively in order to understand, evaluate and compare the themes of the current research, in an effort to facilitate the discussion and place the research findings of this study in the broader theoretical tradition of time-limited therapies, the existential approach, and counselling psychology.

3.1 Historical exploration of time-limited therapy

There is a vast bibliography on the theory of time-limited therapy that permeates all already known modalities of psychotherapy, as well as the existence of others, where time-limitation stands as their major distinction. In the review of literature, both necessity, along with the view of time-limitation as a characteristic that reinforces the power of therapy, underline the main reasons that such interest exists. Nevertheless, the concept of time unavoidably underpins the psychotherapeutic enterprise. Time is always

present and forms the basis of every framework since questions regarding the number of sessions, their duration, termination and the subjective sense of the passage of time, both for the therapist and the client, are always prevalent (Shinebourne, 2006).

For Freud, the acceptable duration of psychoanalytic treatment seemed to change as his theory deepened. His early symptom-focused approach, based on short and sharp interventions, gradually developed to a deeper character altering-process, with more complex and time-consuming techniques, which unavoidably lengthened the duration of treatment (Coren, 2001). Since the goal of therapy was not any more merely the alleviation of symptoms, but the altering of the patient's personality, where 'the whole course of development had to be examined and the infantile roots of psychic conflict dealt with' (Starkey, 1985, p.939), analysis was prolonged, and its length climbed up from 6 months, before the 1920's, to today's six to eight years and more (Starkey, 1985).

Freud (1913, p.12), in those early days, was against any reduction of the treatment's length, emphasising the importance of the continuity of work and the negative effects of interruptions in treatment:

> I work with my patients every day except on Sundays and public holidays-that is, as a rule, six days a week. […]When the hours of work are less frequent, there is risk of not being able to keep pace with the patient's real life and of the treatment losing contact with the present and being forced into bypaths.

By 1918, Freud (1918) is warning against premature endings comparing them to substitute satisfactions.

Even though Freud (1918) was rather opposite to shorter treatments, he was nevertheless aware of the power that fixed endings have in therapy. In his famous case-study of 'the wolf-man' (Freud, 2011/1918), as it is widely known, he notes that placing a specific end-date to the analysis, and staying firm to this date, had immensely productive effects and led the patient to overcome his resistances and remove his symptoms. According to Freud, (2011/1918, p. 3507) it was specifically the time-limitation and the pressure imposed to the patient, by knowing that the analysis would come to an end, which had these profound effects:

> Under the inexorable pressure of this fixed limit his resistance and his fixation to the illness gave may, and now in a disproportionally short time the analysis produced all the material which made it possible to clear up his inhibitions and remove his symptoms. All the information, too, which enabled me to understand his infantile neurosis is derived from this last period of the work, during which resistance temporarily disappeared and the patient gave an impression of lucidity which is usually attainable only in hypnosis.

It is worth noticing here, that Freud, similarly to many of the psychologists and psychotherapists that followed him, had become aware of the positive effects of a time-limitation in therapy, and he made use of it, in order to evoke a particular pressure to his patient that otherwise was impossible to achieve. This pressure, according to this example, was enough to alleviate the patient of his inhibitions and resistance, and to allow him to move along with the analysis with greater 'lucidity'. Although, no further explanation was given by Freud, as to how, in his view, this pressure of time had a positive effect on this particular patient, he seemed to be very accustomed to the use of

such limitation in therapy, especially with 'difficult' and resisting clients, as he admits that there was only one way to work with apathy and resistance, and that was with a firm time-limitation (Freud, 2011/1918).

In 1937, although Freud admits that he had employed the method of a fixed termination date with other clients as well, and he had noticed that the pressure of time had positive effects on treatment (Freud, 1937), he is still reluctant to declare it as a guarantee of a 'perfect accomplishment of the task of psychoanalysis'. 'On the contrary', he says, 'we may be quite sure that, while the impending termination of the treatment will have the effect of bringing part of the material to light, another part will be walled up, as if buried, behind it and will elude our therapeutic efforts.' (ibid, p. 374).

Returning to the issue of length of treatment, though, he admits his pessimism regarding the possibility of patients ever attaining a stable and absolute level of normality, and thus ever ending an analysis completely (Freud, 1937). This by no means implies the approval of shorter interventions, even though the actual goal of total cure seems to have become impossible. This vagueness on establishing termination criteria, is what, according to Malcolm (1982), poses a great difficulty for analysts to conclude when the time for termination has come. Accordingly, the unattainable and ambiguous goals of psychoanalysis have yielded many criticisms that even compare this never-ending enterprise to a religion rather than to a therapeutic method (Szasz, 1974, Starkey, 1985).

Regardless of Freud's persistence on a long, daily treatment, there were many therapists that, even though they had developed from the orthodox psychoanalytic tradition, broke away from Freud's insistence on a long and often never-ending treatment. Adler (1964),

one of the first schismatics, was a supporter of a shorter, more dynamic, active and often didactic treatment, which would focus on the client's manifested difficulties. Similarly, Ferensczi and Rank (1956), as early as 1923, argued that the work of time-limited therapy should not be considered as an inferior imitation of longer treatments, and asserted the viability of a shorter approach, focusing on a specific area of conflict. Rank (1945), with his seminal work, supported that treatment could be enhanced and shortened by focusing on and resolving the issue of birth trauma. Horney (in Starkey, 1985), as well, after many years of analysing a client and faced by the problem that he still had two years of his childhood to work through, was led to the consideration that a shorter intervention would be more feasible if, instead of uncovering all of the client's past difficulties, she was focusing more on his present difficulties. Lacan (1977) was also one of the first analysts who challenged the traditional length of psychoanalysis, and even experimented with sessions of varying length that could last for as little as 10 minutes each. Lacan (1977) was considering the traditional frequency and length of psychoanalytic sessions to be arbitrary and he was an adherent of the idea that the analytic activity should synchronise with the unconscious' natural rhythm, and not the other way round.

Although even from the early development of psychoanalysis, there were those analysts that challenged the long treatment that Freud supported, proposing a shorter and more time-aware therapy, it was mainly after the 1940's and the end of the Second World War, that more systematic approaches to time-limited therapy developed. The reasons were both practical, as there was a large influx of people that needed therapy and a limited number of analysts available, as well as theory driven. Experiments with fewer sessions proved to be as adequate as longer treatments, and it was argued that the longer the

period between sessions is, the more time for the clients to consolidate their insights and to incorporate them into their everyday life (Starkey, 1985).

In response to the needs of the public and the new theoretical and experimental understandings, psychodynamic therapists developed and systemised briefer therapeutic methods, that typically lasted for 25 sessions or less, seeking to activate the change process invoked by psychodynamic theory over a shorter period (Shapiro et al., 2003; Barkham et al., 2002).

According to Steenbarger (1992), two distinctive schools of thought were developed during this period, representing the brief psychodynamic approach: the interpersonal dynamic approach and the anxiety provoking approach. The interpersonal dynamic approach, whose main representatives were Alexander and French (1946), supports that the goal of therapy is to facilitate clients to understand their maladaptive patterns of behavior, and to learn to resist those patterns, through the corrective experience of the therapeutic relationship. The stance of the therapist should be both interpretative and challenging, in order to enhance the necessary conditions where those maladaptive patterns of clients can be enacted within a safe therapeutic environment.

The anxiety provoking model of brief psychodynamic therapies, on the other hand, emphasises the powerful and helpful effect of anxiety in mobilising change. Mann (1973) considers this pressure coming from the actual time-limitation of brief therapy, where the unavoidable ending brings feelings of loss, abandonment and separation that can be worked through in the therapeutic encounter. Malan (1980) believes in the active and challenging role of the therapist, who within the constraints of time, can facilitate the

clients to overcome their resistances and move towards a deep and substantial change. He

also highlighted the need for careful assessment and the necessity to retain a specific

focus in the therapeutic work. Sifneos (1987), with his model of Short-Term Anxiety

Provoking Psychotherapy (STAAP), similarly supports that a direct confrontation is

necessary to facilitate the client in addressing her/his maladaptive patterns. Finally,

Davanloo (1990) also views the experience of anxiety, created by a dynamic interaction

between the therapist and the client, as a powerful tool in order to unlock the client's

unconscious patterns, defenses and resistances.

During the same period, cognitive-behavioral therapy came to the fore, with a focus on

the learned cognitive and behavioral patterns, as the major sources of distress.

Intrinsically short, these types of therapy aim at shifting the maladaptive schemas that are

developed through early life experiences to more constructive and realistic ones (Hollon

& Beck, 1986; Beck & Weishaar, 1989) and to identify faulty beliefs that link to

emotional-behavioral reactions (Ellis, 1962; Ellis, 1989). These reconstructive cognitive-

behavioral therapies demand a high level of engagement from the therapist, who in some

cases can be rather challenging and confronting. In the same genre of cognitive-

behavioral therapies, a different approach of coping skills therapies emerged. This

approach aims at teaching the client techniques in order to deal with stressful life-events

and to cope with anxiety (Lehman & Saloovery, 1990). During a short period of time, the

client is given exercises and, via a supportive environment, is gradually exposed to

stressors through techniques such as systematic desensitisation, relaxation, imagery,

behavioral assignments and direct teaching. Cognitive Analytic Therapy (CAT), created

originally by Anthony Ryle (1990), is also a time-limited approach which combines

psychodynamic and cognitive elements. Ryle (1990) has developed CAT, conscious of the NHS lists, and wishing to create a rather structured form of therapy that could be confined in 16 sessions. The therapist that uses this approach is active and encouraging, and makes ample use of questionnaires, diagrams, and homework assignments.

Another intrinsically brief approach is the Solution Focused Therapy approach (SFT), which first developed in the 1980's in the USA, and has its roots in family therapy as well as other approaches such as the psychodynamic, behavioral and person-centered (De Shazer, 1985). SFT claims to be a client-centered approach, which focuses mainly on the clients' strengths and abilities, rather than their assumed shortfalls and pathology (O' Connell, 2005). SF therapists aim at developing an alliance with the client with whom they work towards a particular goal by seeking her/his strengths and competencies in order to achieve it. One of the main characteristics of this approach is its emphasis on creating a relationship of trust with the client and subsequently working towards the solution or the change that the client wishes for her/his life (O'Connell, 2005).

In the course of this historical exploration, it must be obvious to the reader that there is a significant lack of mention of the development of similar brief models by the humanistic and existential approaches. Traditionally, these approaches have placed their training in long and open-ended forms of therapies, remaining suspicious of the fast pace of shorter modes of therapies (Cooper, 2003; Cepeda & Davenport, 2006). Nevertheless, the recent public and organisational needs for briefer modes of therapies have made the need for the adjustment to shorter contexts of therapy more relevant than ever. While the following chapter presents an extensive overview of the development of the application of existential therapy in time-limited contexts, it is important to note here that the focus of

the humanistic and existential approaches on autonomy, self-awareness and choice has been found to be particularly relevant to the application of time-limited therapy, with an increased interest in the development of their more focused and briefer equivalents (Cepeda & Davenport, 2006; Center for substance abuse treatment, 1999; Rayner & Vitali, 2014).

Concluding this historical exploration, I have portrayed the major landmarks in the history and development of time-limited therapy. Even though, for the scope of this study, I focus mainly on therapy as provided to individual clients, it is necessary to acknowledge that there is also significant interest in the time-limited application of other forms of therapy as well, such as group therapy (Budman, 1981), family therapy (de Shazer, 1991; Boscolo & Bertrando, 1993) and couples therapy (Freeman, 1991). Finally, it is also worth remembering that, apart from the therapies that are time-limited by design, the limits of volunteer and public sectors, which usually fall between 6 and 20 sessions (Feltham, 1997), are a significant factor that can potentially transform all traditionally open-ended therapies to time-limited ones. Concluding this historical exploration, I believe it has become evident that research on time-limited therapies and the experiences of therapists that apply them, are of tremendous professional and ethical interest for practitioners from all approaches and backgrounds.

3.2   Existential therapy: Time, temporality, finitude and the fundamentals of theory and practice

Even though there are varying views on the conceptualisation and application of the existential approach amongst its practitioners and theoreticians (Cohn, 1995; Cooper 2003) there is agreement on some basic premises and values, such as the belief that human difficulties are not symptoms to be eradicated or fixed, but parts of the tensions and dilemmas of the human condition that need to be elucidated (van Deurzen & Adams, 2011). Moreover, the existential therapist does not hold an expert's position over the client's issues, but rather, through the phenomenological/existential attitude, attempts to aid clients in clarifying their worldview, and in promoting the potentiality of novel possibilities, with respect to clients' autonomy and choices (Cohn, 2002; Spinelli, 2007).

More specifically, an existential approach to psychotherapy takes into account the underlying principles of existential phenomenology (Spineli, 2007). The main principle, out of which most others derive, is that all phenomena emerge through the ground of relatedness. An important implication of this principle is that one can only make sense of another through an inter-relational context (Cohn, 1997; Spinelli, 2007). Such a context suggests a fundamental uncertainty, an incompleteness in all reflective ability, that reveals the vulnerability of ideas or constructs about oneself, others, and the world, and the unreliability and fluidity of all meaning-based perspectives. This, in turn, brings forth an inevitable anxiety that runs through all reflective experiences and, therefore, dealing with such anxiety – struggling - is considered part of being human (Spinelli, 2007).

Another main principle that runs through the existential tradition is that 'existence comes before essence' (Sartre, 1973: 26). For Sartre, human beings come into existence devoid of any essence and create themselves in an ongoing process of becoming. The main implication of this belief is that people are born into an autonomous state and are thus 'condemned to be free' (Sartre, 2003: 129). Within this context, the notions of freedom, choice and responsibility become particularly accentuated, as they begin to obtain much more relevant and revealing qualities than any consideration of essence, with regards to therapeutic conceptualisation and practice; the way one chooses to respond to the world is a revelation of how she/he views the world and becomes in the world.

Furthermore, in terms of practice, existential practitioners seek to produce their clinical interpretations on a hermeneutic, rather than a reductive, level, maintaining the phenomenon of original experience at the foreground of their interpretations, rather than at the background (Cohn, 1997). They are not concerned with 'the human being' as an abstraction, but rather with the unique circumstances and experiences that their clients bring. Therefore, the existential practitioner understands that she/he cannot hold the position of expert over clients' issues, but attempts to facilitate them in an unfolding and clarification of their worldview that respects their autonomy (Deurzen & Adams, 2011).

The themes that often derive from the above context, and are considered classical within the approach, correspond to the thematic heart of the existential tradition in literature and philosophy. Mortality, the inevitability of choosing, being fundamentally involved in and with the world, as well as how one responds to this involvement, be it through isolating oneself or over-involving oneself, are but a few of these themes.

In the heart of the existential tradition, existential thinkers, who seem to agree with Bergson that 'time is at the heart of existence' (Bergson, cited in May et al., 1958, p. 56), acknowledge the relevance of time, temporality and finitude to human life. Heidegger (1962), in his seminal work *Being and Time,* emphasises the fact that, as beings, we are inescapably connected to our finitude, and that exactly this awareness has the potentiality to awaken us from an unexamined life and make us face the hard realities of our freedom and responsibility: 'When one has an understanding of Being-towards-death—towards death as one's *ownmost* possibility — one's potentiality-for-Being becomes authentic and wholly transparent' [italics in original], (ibid, p. 354).

Existential psychotherapy has adopted this philosophical position that reveals a unique existential paradox: although humans constantly strive to alleviate themselves from the burden of time, fear of death, hard choices and the consequent anxiety that these involve (Strasser & Strasser, 1997), the existence of temporality and finitude in life are capable of energising them to create a more meaningful, active and authentic life (van Deurzen & Adams, 2011; van Deurzen-Smith, 1988; Weixel-Dixon & Strasser, 2005; Yalom, 2002). As Lamont (2012, p. 91) states '[t]he choice then is how to deal with this most fundamental anxiety, to confront it, to embrace it and so move towards authenticity, or seek to avoid it.'

Besides Heidegger (1962), who asserts that the task of reflection is indeed to make man more aware of the flow of time, many more existential thinkers and therapists have written about the all-permeating quality of the experience of time and its relation to the most fundamental understandings and expressions of human existence (e.g. Binswanger, 1956; Boss, 1963; Jaspers, 1963; Minkowski, 1970; Yalom, 1980; van Deurzen, 2002;

Langle, 2003; Spinelli, 2007). Like the ancient God, Chronos – the Greek word for time – giving birth and devouring his children, existential philosophers and psychotherapists are well aware of the paradox of time, which both gives possibilities and takes them away (Kolesnikova, 2015). For existential therapists thus, the engagement of the client with the issues of time, finitude and temporality can be perceived as an opportunity for those fundamental stances towards life to be questioned and reflected.

In this realm, and due to the historical and pragmatic pressures for the development of time-limited approaches to practice, there have been some initial attempts to conceptualise the frameworks where an existential time-limited practice would be theoretically congruent to the existential views as well as practically plausible. In the following section, the main theoretical and practical approaches to existential time-limited therapy, along with relevant research in the field, are presented and discussed.

3.3 Time-limited therapy through the existential perspective

This section provides the reader with a review of how the existential approach in psychotherapy relates to time-limited therapy.

Traditionally, existential therapists, being 'fundamentally suspicious of technique and skills-based practice' (van Deurzen & Adams, 2011, p.1), appear to hold a view on psychotherapy that cannot easily fit in with the tight confines of time-limited therapy. Mick Cooper (2003, p. 129) notices 'a tendency among existential therapists to be somewhat wary of the 'time-limited' or 'short-term' approaches', which is justified by

their resistance to quick and easy answers to life's complexities and tensions (van Deurzen, 2002), that a brief, time-limited approach would imply.

Despite of (or along with) their scepticism, existential therapists could not have remained unaffected by the pragmatic pressures that were mentioned in the previous section, regarding the spread of time-limited therapy in both the public and voluntary therapeutic services sectors. Wilkes and Milton (2006), in their research on the experience of existential therapists, notice that most of the existential therapists, who participated in this study, are used to working within a short-term approach and they notice a difference in the way they conceptualise therapy and their experience of clients in comparison to open-ended therapy.

Moreover, in an era of hard science and measurements, Rayner and Vitali (2014) conducted a study where they measured clients' assessments of achieving their therapeutic goals after being provided with short-term existential therapy (average number of sessions: 12) in public sector secondary mental health services. Using the CORE Goal Attainment Form, as a measurement instrument, it was found that clients perceived time-limited existential therapy as helping them reach their goals, making the existential approach even more relevant to the current prevalence of time-limited therapy.

Additionally, Lamont (2015), researching the experience of receiving existential time-limited therapy at a counselling service for people affected by HIV, found that it is a particularly effective and viable option, with participants experiencing it as "an actively relational, affirming and enabling approach […]highly attuned to participant needs and objectives" (Lamont, 2015, p. 2).

Even though, in the recent years, some important attempts have been made to research existential time-limited therapy, unfortunately the available literature on this subject is still limited.

Frankl (1960; 1966; 1969) with the development of his existential approach, Logotherapy, an approach especially focused on the importance of the development and search for meaning in one's life, was one of the first existential theoreticians to consider the possibility of a short-term existential approach. Frankl's emphasis on existential and spiritual questions that focus on unfolding the clients' values, the meaning of life, and the meaning of time (Hillman, 2004), along with the use of techniques, such as *attitude modulation, dereflection* and *paradoxical intention* (Sharf, 2016), offers a quite active and challenging therapeutic approach that can fit well in brief treatments constituting of only few sessions.

Bugental (1995), in Shneider and May's *The Psychology of Existence,* even though he is not a supporter for short-term interventions, considering them a less adequate version of long-term therapy and resulting to more superficial outcomes, also presents some first thoughts on what he calls a 'short-term existential humanistic approach'. According to Bugental (1995), short-term therapy requires a focal point, or specific therapeutic goal, in order to be efficient, and a highly structured process, with a series of sequential phases developed to help the therapist be as focused and efficient as possible. While emphasising the importance of a very clear and focused goal of treatment in order for this "limited opportunity" (ibid, p. 262) to provide the maximum gain for the client, he recognises that this is a very delicate and tentative enterprise that requires a sensitive and skilful therapist to maintain the balance between focus and rigidity. It is also important to note that, even

though Bugental (1995) considers time-limited therapy to be of a lesser value than longer term therapy, he recognises that a time-limit in therapy can benefit the therapeutic process, as it can provide an opportunity for clients to reflect on the issues of finitude and the limits to life itself.

Budman and Gurman (1992; 2002) propose their own version of a brief, time-sensitive therapy, the Interpersonal-Developmental-Existential approach (I-D-E), which is an attempt to help clients understand their interpersonal life issues by relating them to their developmental stage and existential concerns, and can vary from issues of mortality to one's meaning and values. Budman and Gurman (1992) emphasise the importance of an efficient and effective use of the available limited time, which should be oriented towards improvement rather than cure. Similarly to Bugental (1995), they also maintain the belief that time-limited therapies should establish a central focus, although they hold the view that this focus can be flexible and incorporate more than one possibility for the client to work on (Budman & Gurman, 2002). An interesting observation by Budman and Gurman (1988, p.10) is that the main definitive characteristic of time-limited therapy is the existence of limitations and that the nature of this treatment should be predominantly viewed as 'a state of mind' of both the therapist and the client who experience these limitations. The limitations of therapy, thus, instead of being perceived as unfortunate givens, become the focal point of therapy and the main task of the existential therapist is to hold these attitudes and values that would allow her to work efficiently in such contexts (further discussion on the specific values and attitudes is provided in the following section).

A different, and I would dare say more comprehensive, approach is presented by Strasser and Strasser (1997) in their book *Existential Time Limited Therapy,* where, more closely connected to the British school of existential analysis (Cooper, 2003), they offer a detailed description of their conceptualisation of existential therapy applied in time-limited contracts. Similarly to Bugental (1995), they also believe in the need for a therapeutic structure in time-limited therapy, proposing what they call 'the existential wheel' (Strasser & Strasser, 1997, pp. 62-63), which can be used by the existential therapist as a facilitating tool in order to gain a more holistic view of the client, even in the brief time of 12 weeks. The existential wheel acts as a diagrammatic visualisation that aims to facilitate therapists in navigating the different existential issues brought by clients and, at the same time, in being more aware of the discrepancies, omissions and contradictions that exist in the clients' accounts at a more early stage of the therapy.

While this dynamic and focused approach of therapy can be perceived as overly challenging by the client, Strasser and Strasser (1997) emphasise the importance of the quality of the therapeutic presence, reminding us that even the most coherent structural model can be useless, or even dangerous, without the appropriate relational context to be applied in. Thus, a caring, respectful and accepting attitude from the part of the therapist is necessary in order for the development of a safe and secure space where the wheel of existence can be applied and important insights can occur (Spinelli, 2015).

In contrast to Bugental (1995) and Budman and Gurman (1992; 2002), Strasser and Strasser (1997) do not believe that existential therapy needs a focal point nor a specific goal to concentrate on, but allows for the natural flow of the clients self-disclosure, maintaining the existential view that all issues are interconnected and it is irrelevant

which issue becomes the focus. It is important to note here that for Strasser and Strasser (1997) the focus and process of existential therapy in time-limited settings is not different from the open-ended ones: the existential therapists' job is still to facilitate the client in reflecting on how their presenting issues relate to their overall worldview, maintaining an active and dynamic engagement with the clients' experience and how this experience relates to various existential issues, such as relatedness, uncertainty, temporality, finitude, etc. While, thus, the content and process of existential therapy in time-limited therapy does not change, what varies is the degree to which the therapist is more focused, active and dynamically challenging in their engagement with the client (Spinelli, 2015).

More importantly though, Strasser and Strasser (1997) seem to be strong proponents of time-limited therapy, as they believe that, although open-ended and time-limited therapy have the same goal — meaning to facilitate clients in understanding themselves, their givens and choices — time-limited therapy, specifically, is considered to have some extra advantages in comparison to the open-ended one. These advantages result by the mere fact that it is *time-limited*, and this limitation of time, which is an intrinsic characteristic of this type of therapy, acts, according to them, as a therapeutic tool that can intensify the therapeutic process and create a different kind of atmosphere, beneficial to the client. The implicit certainty of ending and its constant reminder, throughout the therapeutic process, can intensify the client's commitment to the therapeutic work, as well as elicit strong emotions of separation, loss, and abandonment that could help clients become more aware of their values and attitudes towards them (Strasser & Strasser, 1997).

More relevant to the existential approach, Strasser and Strasser (1997) believe that the existential model works particularly well in time-limited settings due to its traditional

focus on temporality, and the limitations that result by it. They move even further in suggesting that temporality *has* to be part of the therapeutic process because 'every therapy must have a final point, in the same way a person's life must end' (ibid, p. 4). Time-limited therapy, by providing a certain ending, demands, in a way, from the client to face the existential themes of temporality, finitude, death, uncertainty, and limits, which are intrinsic parts of human existence and reveal the ways in which the client relates to them. According to Strasser and Strasser (ibid, p. 33), the way we relate to time and its dimensions (past, present, future) '…reveals important aspects about our relationships to ourselves', and, through a nurturing therapeutic environment, these revelations can lead the client to become more aware of her/his choices, behaviour, and values and possibly create the opportunity for a more authentic way of being.

However, a contradiction to the above idea is evident by Strasser and Strasser's (1997) proposal of a modular approach to the therapeutic enterprise, where additional blocks of sessions can be offered if needed by the client. Even though, this proposal takes into account the ethical need for flexibility in certain circumstances, at the same time, I believe, it contradicts the above rationale regarding the therapeutic opportunity that the certainty of ending and the time-limitation can offer. Moreover, such a modular approach could only be applied by those practitioners that offer their services in the private sector, failing to acknowledge the pragmatic impracticality of such a proposal in the public and voluntary sector.

Langdridge (2006), aware of the above limitations of Strasser and Strasser's (1997) model of existential time-limited therapy, suggests a different approach, where the employment of techniques from Solution Focused Therapy (SFT) is proposed to be

relevant and useful for the application of brief existential therapy. He argues that the focus of SFT on clients' abilities, rather than problems, along with its 'relatively a-theoretical nature' (ibid, p. 359) can fit well with the phenomenological method, that lies in the heart of existential psychotherapy. Additionally, he maintains that the focus of existential therapy both on the past and the present can offer a more balanced approach to the more future-oriented nature of SFT, whose techniques, on the other hand, can enrich and offer some structure to existential time-limited therapy. He doesn't fail to recognise though the limitations of his proposal and the possible sense of incompatibility of such a technique-driven approach, such as SFT, with the inherent distrust of techniques in existential therapy, as well as the possible tension that might derive from the necessity to direct clients towards solutions, diverting from the phenomenological nature of existential therapy.

I believe it is shown by now, that even though there is a shortage of specialised literature on the field of time-limited existential therapy, existential theory is not unfamiliar with the issues of time, temporality and time-limits. On the contrary, the existential approach is one of the few therapeutic models where the issues of time and temporality are of such paramount importance (Shinebourne, 2006). Moreover, the phenomenological attitude of existential therapists, that allows them to be adaptable in their circumstantial givens (van Deurzen & Adams, 2011), along with the importance they place on clients' autonomy and 'cultivation of their own sources of coping, rather than the cultivation of dependency on therapy' (van Deurzen, 1997, p. xii), makes existential therapy particularly well-placed to engage with today's scarce resources that demand shorter therapeutic interventions. As Schneider (2008) puts it, 'to the extent that existential approaches are

understood as attitudes, atmospheres and life encounters, they are not inconsistent with brief […] engagements'. It still remains a challenge, though, to enhance and develop our understanding of how existential therapists experience and conceptualise their work in time-limited settings, so that existential therapy can constitute an appropriate and effective choice for these therapeutic settings.

3.4   The experience of therapists in time-limited settings

The literature on time-limited therapy is plentiful but it is mainly concerned with theoretical constructions regarding its practice (e.g. Strasser & Strasser, 1997; Budman & Gurman, 1988; Malan, 1976) and involves a plethora of research studies regarding its effectiveness (e. g. Howard et al., 1986; Keilson et al., 1983; Gelso & Johnson, 1983; Seligman, 1995; Messer 200b; Barkham et al., 2002). However, very little research has been done on the actual experience of therapists engaging in time-limited practice. A possible reason for this omission can be found in an emphasis given on the professional role adopted by therapists, resulting in an undermining of their experience in such settings.

In this section, I provide a synopsis of the existing literature that provides some insight into the experience of therapists working within a time-limited context, drawn by the theoretical work and research available. This review falls into two categories, which together offer a broader understanding of how it is to work therapeutically within the limitation of time. The first grouping involves the literature that engages with the values and attitudes held by the practitioner in time-limited settings. Its emphasis is on the

understanding of those values and attitudes that make the therapeutic work within a limited time possible and effective. The second grouping engages more with the experience of the therapist as affected by the limit of time, the challenges and opportunities that she or he faces, and the possible issues that the therapist has to deal with when working within time-limited contracts.

3.4. A   Therapists' attitudes in time-limited therapy

In every action our being reveals our preconceived values and declares its stances and attitudes towards our engagements with the world. As Jean-Paul Sartre (2003, p. 62) says 'I am engaged in a world of values. […] In this world where I engage myself, my acts cause values to spring up like partridges.' Our attitudes reveal their existence by the ways we approach everything in the world and equally affect and are affected by our experiences, in a constant interrelatedness. Even though values, beliefs and attitudes are often implicit (Adams, 2013) their place in human interactions is of great importance. In contrast to the inescapable givens of our lives, the attitudes we hold towards them are the ones we have the option and freedom to choose and own, and additionally it is through our attitudes that our experiences are coloured and interpreted, often governing our particular emotions and behaviours (Adams, 2013; Spinelli, 2015; van Deurzen, 2002; Frankl, 2004; Cohn, 1997).

Psychotherapeutic practice, as one form of human interaction, is embedded with "principles", values and attitudes, implicitly or explicitly expressed by practitioners and theoreticians (Spinelli, 2015). In this subsection, the hypothesis that therapists who

engage in time-limited therapy, a unique mode of therapy, hold particular attitudes and values towards its practice, is presented. Additionally, the influence of these attitudes on the effectiveness of the therapeutic process and the satisfaction of therapists is explored.

Budman and Gurman (1988, p.10) argue that although time-limited therapies are in part the consequence of the limitations that derive from the therapeutic services' resources, they are more importantly "a state of mind" of the therapist and client. Comparing the dominant values of long-term and short-term therapists, they emphasise the following values that they consider important for a time-limited therapist to hold (Budman & Gurman, 1992; 2002):

- Pragmatism and parsimony, preference of least radical interventions, belief in improvement but not in cure.

- Belief in psychological change as inevitable

- Emphasis on clients' strengths and resources, rather than on pathology

- Acceptance of the fact that changes can happen after the termination of therapy and that they are not always observable to the therapist

- Disbelief of the timelessness nature of some therapeutic models

- Not engaging in fiscal issues related to the maintenance of long-term clients

- Perception of psychotherapy as sometimes useful and sometimes harmful

- Belief that being in the world is more important than being in therapy

- Perception of therapist as having responsibility of treating a population, rather than just a given client. (Budman & Gurman, 1992, p. 113)

Rather than emphasising a set of techniques or fixed principles, Budman and Gurman (1992) emphasise the importance of therapists' attitudes towards time-limited therapy as a significant determinant of effective therapeutic work. As practitioners of all psychotherapies hold spoken and unspoken values regarding therapeutic practice, the distinct experience of working in time-limited settings requires, according to Budman and Gurman (1988), both the acceptance of the aforementioned attitudinal values, but also the overcoming of others that would be unfitting for an efficient practice in such settings.

Such a value that needs to be attended to, if one wishes to work in time-limited settings, is the striving for 'therapeutic perfectionism', a term coined by Malan (1976), which describes the wish of the therapist to help the client deal with each and every problem for which the client expresses concern. Moreover, instead of the therapist expecting to witness all the changes that take place in the clients' life, in order to receive personal satisfaction, working in time-limited settings requires from the practitioner to accept that the changes might continue happening even after the termination of therapy (Malan, 1976). Thus, therapists who practice in time-limited settings need to be prepared that they might not only miss the opportunity to observe all of their clients' positive changes, but also that they might not even be thanked for them.

In addition, the brief therapist needs to believe that changes in one area of psychological functioning may have an important "ripple effect" in other areas (Malan, 1976, p. 13) implying an inner sense of confidence and faith as necessary conditions in time-limited

settings. Bor et al. (2004) similarly believe that even small changes can be sufficient for the client to initiate a process of change that might continue to develop even after the therapeutic contract has ended. This idea coincides with Hoyt's (2001) findings in *Interviews with Brief Therapist Experts,* that the therapists who are able to provide brief therapy hold the belief that clients can make beneficial change, relatively quickly, with adequate assistance.

Finally, and relevant to the existential values, Budman and Gurman (1988) argue that the practitioner, who wishes to work satisfactorily in time-limited settings, needs to examine and question her or his notions of 'cure', that suggest major character changes, and expectations to alleviate clients from all problems and anxieties. On the contrary, the brief psychotherapist needs to hold a realistic and non-perfectionistic attitude, accepting that notions of cure are inconceivable and that anxiety, conflicts, struggles, losses and doubts are inescapable and pervasive human conditions (Budman and Gurman, 1988).

Interestingly, a research study by Bolter, Levenson & Alvarez (1990) confirmed Budman's and Gurman's hypothesis of attitudinal differences between short-term and long-term therapists. They found that those psychologists, who endorse short-term therapy, agree in their values and attitudes in many of the ways mentioned above. More specifically, it was found that those practitioners who value a timeless quality in psychotherapy and perceive clients' personalities as static and inflexible tend to prefer open-ended and long therapies. On the contrary, those therapists who believe that psychological change could occur outside of therapy, and that setting time limits would intensify the therapeutic work, seem to be able to work more efficiently and with greater

satisfaction in time-limited settings, regardless of their theoretical orientation and practice. (Bolter, Levenson & Alvarez, 1990).

Strasser and Strasser (1997) also place great importance on the therapist's acknowledgment of the effects of time-pressure in therapy, as well as on the belief that change will continue to occur beyond the limits of therapy, and after the therapy ends. This latter attitude is also maintained by van Deurzen and Adams (2011) who also hold the view that "… since life is constantly unfolding there can be no point at which any therapy can be said to have finished –it can only ever be enough for the time-being." (van Deurzen & Adams, 2011, p. 14). Accepting that therapy is never finished, but that it is enough for the time-being, in other words, can allow the therapeutic process to evolve naturally, without the therapist becoming preoccupied with ideas of ideal results, knowing that whatever was gained during the therapeutic hours can be reflected and applied by the client, even after the therapy has come to an end.

Similarly to Budman and Gurman, (1992), Barret-Kruse (1994) provides a model of brief counselling that emphasises the therapists' attitudes and values as the main contributors for therapeutic effectiveness. Thus, regardless of the theoretical orientation of the practitioner and the therapeutic context, Barret-Kruse (1994) identifies the main values and attitudes that a therapist providing time-limited therapy should hold:

- The view that the client is essentially able

- The acceptance of the client's definition of the problem

- The ability to form therapeutic alliance

- Crediting the client with success

- The therapist learning from the client

- The avoidance of power struggle with the client

- The objectification, rather than personalisation, of client's behaviour

For Barret-Kruse (1994) the ability of therapists to develop a strong, respectful and cooperative therapeutic relationship with the client as quickly as possible is of paramount importance in time-limited settings and the above attitudinal characteristics of the therapist are perceived as facilitative factors for such an alliance to occur. The view that the above attitudinal characteristics are the main factors for therapeutic success in time-limited contexts is of great interest, since it suggests that the therapeutic focus should be on the quality of the therapeutic presence rather than the application of specific theoretical constructs and techniques, a view endorsed extensively by the existential approach (Yalom, 1980; Cohn, 1997; van Deurzen, 2002; Spinelli, 2007; van Deurzen & Adams, 2011).

Moreover, Feltham (1997) suggests that time-limited therapists should be willing to take an active approach, be focused and realistic, and to have an ethical concern of how it is best to relieve suffering, by being open to possibilities, in the form of theoretical and practical constructs, even from other approaches, and familiarising themselves with the available literature on time-limited work. The importance of high levels of activity and focus is a common factor that is emphasised in time-limited therapy theory (Steenbarger, 1992; Messer, 2001b; Shapiro et al., 2003) and has been confirmed in research (Adelstein et al., 1983).

The attitude of therapists in time-limited contracts can also be shifted, as a sense of urgency might require from them to be more attentive, responsive and challenging (Lamont, 2012). Van Deurzen and Adams (2011), in contrast to Strasser and Strasser (1997), suggest that a shorter contract might create the necessity for the therapist to focus on just one or two related issues, and make the best use of the time available by the assignment of homework.

Finally, Molnos (1995) considers a positive attitude towards the task of time-limited therapy to be at least as important as the therapist's technical ability to perform it. Confidence and faith in the effectiveness of time-limited therapy, as well as the conviction that it is possible to use time to maximum effect, constitute the optimal attitude for an effective time-limited therapist, according to Molnos (1995). The importance of positive attitude and confidence towards time-limited therapy is also confirmed by various studies. Levenson, Speed & Budman (1995), in a survey of over 300 psychologists, have found that therapists' attitude, experience and training in brief therapy predicts their self-rated skill in performing it. In a previous study (Gelso, Mills & Spiegel, 1983) it was found that therapists' confidence that the client will profit from the treatment being offered, and therapists' predictions about the extent to which they will enjoy their work, along with the client's initial willingness to change, are the three main factors that predict therapeutic success in time-limited therapy. It is important to note, as well, that specialised training and supervision on time-limited therapy result in therapists' greater treatment satisfaction, positive attitude and lower client-dropout (Pekarik, 1994; Neff et al., 1996; Levenson & Davidovitz, 2000).

3.4. B   Working within the limits of time: The experience of therapists

Since Freud (1937), the pressure of time and the imminent ending of the therapeutic relationship, in time-limited therapy, have been noticed to affect clients in different ways, and have been employed as therapeutic factors by many approaches. Less attention, though, has been given to the effect that the same factors might have on therapists, who, over the years, have been engaged in offering their services within the constraints of time.

Even though therapists' attitudes, as mentioned above, and the quality of the therapeutic alliance in time-limited therapy (Steenbarger, 1992; Blatt et al., 1996), seem to be even more important factors of success than the therapeutic model or techniques that the therapist follows, the relevant qualitative research on this domain is scarce, and literature is based mostly on theoretical hypotheses regarding the particular challenges or opportunities faced by time-limited therapists.

One of the major challenges faced by time-limited therapists is the limited time itself, in relation to the particular expectations they hold, and the way they conceptualise a successful therapeutic treatment. Rollo May (1992, p. 459), very eloquently, expresses his wariness towards brief therapies:

> If we allow ourselves to ask the question of what might get left out in this admirable and energetic approach, a few words come to mind: responsiveness, space, patience, 'the holding environment', doubt, reflectiveness, narrative, metaphor, and even a value of self-knowledge for its own sake rather than just to get better.

Similar concerns are expressed by Karasu (1992, p. 282) who describes time-limited therapy as a 'microwave substitute' in comparison to the 'slow-cooking' process that open-ended therapy is, and warns that if one takes a shortcut, as in time-limited therapy, then she or he might never arrive at the desired destination, or might miss some important spots.

The phenomenon of therapists who, even though they feel ambivalent towards time-limited therapy and do not believe in its efficacy, but nevertheless feel forced to do it, due to economic or administrative factors, is not rare, and the term 'therapists in conflict' is used to describe them (Levenson & Davidovitz, 2000, p. 339). Even though different studies suggest that time-limited therapy is able to produce positive and enduring results (Steenbarger, 1992), studies have shown that many therapists hold a rather pessimistic view over its outcomes and who believe that it results in less client growth and change than open-ended therapy (Adelstein et al., 1983; Cornfeld et al., 1983; Hazel Johnson, 1983). A possible reason for these pessimistic views can be found in the beliefs of therapists, and their therapeutic models, regarding what constitutes an "effective therapy" (Hazel Johnson, 1983). Another explanation may be that therapy's termination comes before therapists can witness the effects it had on clients, and the changes that it has possibly set in motion (Adelstein et al., 1983).

Moreover, it is possible that, because traditionally psychotherapy has been based on an open-ended and long dictum, psychotherapists might still have idealised standards regarding treatment length (Gurman, 1981) and the false belief that most clients prefer to receive long-term therapy, a phenomenon named 'the clinician's illusion' (Cohen & Cohen, 1984). These pessimistic views towards time-limited therapy can also result in

difficult feelings, similar to the ones mentioned by Coren (2001): feelings of guilt for not offering enough, feelings of rejection or abandonment, anger towards the system, difficulty of accepting limitations and ambivalence regarding the value of therapy.

The feelings of inadequacy and guilt are a common issue that influences therapists in time-limited settings. Hoyt (2004) confirms this idea, and warns against the potential guilt that practitioners who work in time-limited contexts might experience, by not being able to offer all things for all people. He also refers to the external pressures that therapists might experience, as a consequence of the implied or expressed expectations of some clients for immediate solutions and/or the expectations coming from the mental health institution which acts as the therapists' employer. This latter requirement to 'do something quickly', according to Hoyt (2004, p. 10) can develop what he identifies as "institutional countertransference", which is the tendency of therapists to act in an impersonal, technical way, feelings of resentment towards the clients and the setting, as well as the temptation to quickly impose a theoretical framework.

Another factor that can influence time-limited therapists is the constant presence of an imminent ending in the close future. Similarly to the effect that endings have on clients, in eliciting feelings of pressure and anxiety, analogous feelings can also be heightened and intensified for therapists as well (Strasser & Strasser, 1997). Even though existential therapy's aim is not to offer solutions or promises of a life free of anxiety and struggle (Adams, 2013), therapists in time-limited contracts might experience the tension created by client's expectations that might result in an overwhelming desire to help or fix them (Strasser & Strasser, 1997). Moreover, therapists' own needs for validation and concerns

regarding their core image, as generous and efficient helpers, might also intensify their anxiety and their wish to postpone endings (Shapiro et al., 2003).

Therapists, furthermore, are not immune to the feelings of loss and separation experienced by the termination of a therapeutic relationship, and have to be able to be aware of them and face them with openness (van Deurzen & Adams, 2011). According to Mander (2000), time-limited therapies introduce and make conscious the anxieties of ending, mourning, loss and separation both for the client and the therapist. His view is that not all therapists are equally able to work in a time-limited perspective, as he has identified a number of personal attributes necessary to deal with those anxieties: 'versatility, flexibility, ability to let go, capacity to mourn, willingness to bear uncertainty and not to expect perfect results' (ibid, p. 5). Mann (1973) as well, argues that the termination of a time-limited approach can bring feelings of loss and anxiety by which all humans remain susceptible throughout life. Continuous beginnings and endings can create a number of conflicts for the time-limited practitioner, and feelings such as anger, guilt, rage, depression, and irritation can be evoked. In addition, therapists might face a remarkable uncertainty of whether they can be of help in a short period of time (Mann, 1973).

Much like in the case of clients, time-limitation and imminent endings do not bear just negative consequences for therapists. As Mann (1973) notes, the existence of a time-limitation in therapy can lead to a more realistic perception of time, and the realisation of time's preciousness can lead both the therapist and the client to be more focused and serious about what is important (Lamont, 2012). Moreover, Strasser and Strasser (1997) argue that the limitation of time in time-limited therapies can intensify the therapeutic

commitment and allow for a connectedness between the client and the therapist to be developed, even from the very early stages of therapy. Mann (in Mander, 2000) claims that the experience of therapists offering brief psychotherapy is richer and more affect-laden. Similarly, it is suggested that the therapist might feel more pragmatic, less preoccupied with the notions of cure, with greater belief in change and focus on the "here and now" (Coren, 2001).

It must be obvious by now that time-limited therapy cannot be considered just a shorter version of its open-ended equivalent. Both the limits of time, and the existence of a termination in sight, create a different atmosphere in therapy and affect both clients and therapists in various ways. Existential therapists have not remained unaffected by the current needs of briefer interventions and have adapted their practice as necessary. But what is it like to be an existential therapist working within a time-limited context? What are the experiences of counselling psychologists and psychotherapists offering time-limited therapy from an existential standpoint and how do they understand these experiences? In the following chapters, I present the methodological foundations of this study, and the process that was followed in order to address these questions.

4.   Methodology

Before proceeding to the particularities of the method I chose to investigate this phenomenon, I would first like to provide the reader with the general underpinnings of my personal philosophical stance towards research, as this will also allow for a better understanding of my choice. This provides an insight into my own epistemology, ontology and possibly axiology, which, according to Morrow (2007), are the sources of methodology, the philosophy behind the particular method.

In the sections that follow I, first, present the rationale behind the use of a qualitative research methodology, and more particularly, phenomenology. Then, I explore my stance on the issue of interpretation, focusing on hermeneutics, and explaining the reasons that led me to the choice of Interpretative Phenomenological Analysis, as my preferred methodology. I conclude, by examining the most important alternative methods, clarifying the reasons that these were not chosen for this particular study.

4.1   Qualitative research

Although in their everyday usage, 'explanation' and 'understanding' are two words that might be used invariably to describe the same phenomenon, it was Dilthey, the German philosopher, who emphasised their difference and distinguished them as separate means for approaching the natural and the human sciences, respectively (in Makkreel, 1995). According to his view, which influenced both Husserl and Heidegger, the human

sciences, in contrast to the natural ones, should aim at an *understanding* (Verstehen) of the lived experience and not to an explanation of causal relations through hypothetical generalisations, as the natural sciences tend to do. Distinct, but equally scientific to the natural sciences, human sciences should not move away from the human nexus, or lifeworld as it was later named, but rather this should become their primary object of inquiry (Makkreel, 1995).

Similarly, my personal goal for this study is to offer a better understanding of the experience of practitioners when working in time-limited settings, and at the same time to respect the complexity and ongoing flow of their experience, as well as its interrelation to their context of life. For this reason, it was considered that qualitative methods, in contrast to quantitative ones, would best serve the purpose of this study.

Qualitative methods aim at describing and clarifying experience as this is lived and constituted in awareness, answering questions such as 'how' and 'what' and gathering meanings and processes as those were understood by the participants (Morrow, 2007). With the absence of similar studies on the experience of existential practitioners working in a time-limited setting, qualitative methods were considered the best way to bring light to the meaning and process of this phenomenon, and to allow for new insights, useful to the practice of psychotherapy and counselling psychology, to emerge.

Moreover, apart from the focus of qualitative methods on the enrichment of understanding, those understandings are based as much as possible on the perspective of those being studied (Elliott, Fischer, & Rennie, 1999) taking into consideration their own meaning-making process and worldview. As their emphasis is on the particularity of

experience rather than on the search of generalisations and universal principles, qualitative methods are considered to be:

> […] highly congruent with counselling psychology's traditional focus on human potential and social justice, given that a unique contribution of qualitative methods lies in their ability to explore what is most human about human.
>
> (Havercamp & Young, 2007, p. 289)

This explains also the focus of qualitative study on an idiographic perspective instead of a nomothetic one, as quantitative studies tend to do. The idiographic attitude of qualitative studies will allow me to exert a deep focus on the experience of a few individuals instead of a large sample (Morrow, 2007, p. 215). Although, a nomothetic approach could be especially useful for other type of studies, for the current one it was considered that dealing with particular cases rather than group averages would offer the opportunity for a more detailed and deep understanding of the experience of participants, allowing for unexpected themes to emerge and for commonalities and differences between participants to be illuminated and hopefully understood.

Polkinghorne (2005), who is also an adherent of qualitative research as the most adequate method in order to reach the fullness and richness of social sciences, supports that qualitative methods, with their use of language data, are particularly useful for counselling psychology research, which is interested in the experiential life of the people it serves.

Similarly, this approach to research also adheres to the ideas of existentialism which aims at understanding humans, not from an objective and distant focus, but from a

consideration of how humans inter-subjectively understand themselves in the midst of their lived experiences (Strasser & Strasser, 1997). As McLeod (2001, p.5) puts it qualitative research is *humanistic* and I would dare to add existential, too:

> [Qualitative research] proceeds on the basis that, individually and collectively, we create the world we live in, must take responsibility for it, and can choose to make it different.

4.2   Phenomenology

Phenomenology is a well-recognised philosophical movement, focusing on investigating and understanding the human experience as this is lived and understood by the person, and this makes it a method particularly relevant to counselling psychology and psychotherapy. Phenomenology, simply defined, means "from the point of view of the behaving organism itself" (Snygg, 1941, p. 406) signifying that only by having this living organism, or person, in the center of our attention, can we intend to understand, or at least grasp, the internal meanings of his or her lived experience that construct the phenomenon that interests us. The person and the phenomenon under investigation cannot be separated or controlled, as they both construct an inseparable connection, and it is this connection, or *intentionality,* that we care to understand (Van Manen, 1990).

This focus of phenomenology on the person and their capacity to create meaning and reflect on their experience, is what made me consider this particular method as an appropriate and ethical choice for this study. My intention is to understand the experience of existential practitioners in time-limited settings as this is lived and perceived by them,

offering them a space where their voices, their particular concerns, the challenges and opportunities they encounter, and the meanings they create can be heard and taken into account. Through those voices, it is hypothesised that a better understanding of the practice of existential therapy can be achieved, and new insights regarding the dominant use of time-limited therapies can be acquired. The engagement of phenomenological research with the existential issues and human concerns of life, death, temporality, identity, sense of time, choice and so on (Finley, 2011) was considered to be ideal for a study like this, since time, endings and temporality are in the heart of time-limited therapies.

The focus of phenomenology on lived experience is also considered to provide an ideal fit for psychological research. Husserl (1999) himself believed that his approach would help clarify the fundamental concepts of psychology and thus facilitate psychologists to use those concepts more precisely and consistently. Merleau-Ponty (1962) also wrote extensively about the relationship between psychology and phenomenology. Sartre also believed that the use of phenomenology can enable one to investigate the experiential world far more accurately than positivistic or logical empiricism could and, by criticising the assumptions of traditional psychology, he claims that the phenomenological alternative can significantly help psychology (Sartre, 1962; Sartre, 2004; Giorgi Giorgi, 2003).

The Professional Practice Guidelines of the Division of Counselling Psychology (2006) in its actual definition promotes the development of phenomenological models of inquiry alongside the more traditional scientific ones. These models of research, according to the Guidelines, among other values should also seek to:

Engage with subjectivity and intersubjectivity, values and beliefs; to know empathically and to respect first person accounts as valid in their own terms; to elucidate, interpret and negotiate between perceptions and world views but not to assume the automatic superiority of any one way of experiencing, feeling, valuing and knowing (ibid, pp. 1-2).

My interest in phenomenology as a research method brought me naturally to its foundations, as these were established by the writings of Husserl (1859-1938). Transcendental phenomenology (Husserl, 1931), was based on Husserl's persistent attempts to come up with a method that could allow us to grasp the depth of experience, the essence of the objects of our consciousness. As mentioned previously, according to Husserl (1999), the objects of our consciousness can never be separated from the process of our consciousness, meaning that our consciousness is always *intentional*, it is always *consciousness of something*. In order to be able to examine 'this something' that we are interested in, making it the phenomenon of our inquiry, Husserl developed a method, or a series of techniques, that would allow us to reach this phenomenon and its underlying properties. This method would firstly require us to adopt a *phenomenological attitude* by which we consciously try to move away from our naturalistic assumptions of the world, allowing an inward return to the object itself, as this presents itself to us (in Moran, 2000). This phenomenological attitude can be achieved through the employment of *epoché* (Husserl, 1999), which simply means the "bracketing off" of assumptions, in order to reduce the phenomenon that interests us to its essential characteristics.

Although, admittedly, the work of Husserl has been extremely influential, his ambition to reach one essential and ultimate truth and one radical certitude was also what makes it

questionable and possibly unattainable. While he departed drastically from Descartes' idea that certitude can be achieved through logic and reason only, he did not abandon the idea that such a certitude exists, and that it is possible to be grasped (MacLeod, 2001).

Even though I agree with Husserl's view that in order to understand the participants' experience for this study, I need to stay as close as possible to their descriptions, focusing on how and what they experience, I struggle with Husserl's idea of a pure description that leads to ultimate truth.

The writings of existential thinkers such as Heidegger (1962), Merlau-Ponty (1962) and Sartre (1958) make the possibility of a pure, descriptive phenomenology doubtful as well. Through different lenses, each of them saw human beings as deeply embedded in life, making the possibility of transcendence unattainable. Humans are always in the world, in situations, inside their historical, social and political contexts, inside time, linked with others and with language, immersed in their projects, culture and concerns, and in a continuous affective, interpersonal and embodied relation to the world. Through reading their work, these existential thinkers drove me away from a purely descriptive phenomenology, towards a phenomenology that takes into account those constant relations to the world, and led me to an understanding that will be essentially *interpretative.*

4.3   Interpretation

There is much debate in phenomenological research about the need for interpretation versus the need for pure description, following Husserl's tradition (Langdridge, 2007).

Heidegger (1962) rejected Husserl's phenomenology of pure description and stated that our understanding is interpretative from the start. In Heidegger's phenomenology, hermeneutics are used to describe the mode of Dasein (Being-in-the-world) and its self-directness towards the world and itself, giving more emphasis on choice. It is a phenomenology that takes a leap of interpretation, in contrast to Husserl's mere description.

Being, according to Heidegger (1962), is fundamentally a Being-in-the-world (Dasein), a Being that is inescapably connected with its world and others, thrown and forever embedded in its history and tradition. As Manafi (2010, p.30) argues: 'Human beings are to be understood in the context of a relational totality that connects them to other beings and Being itself.'

 In this immersion with the world, Dasein can only be seen through the lenses of its world and its tradition, and thus there is only the possibility of *interpretation* through this reflected light. For Heidegger (1962), in every understanding lies an interpretation, and denying that interpretation exists even in our phenomenological inquiry would mean to look at the world from a theoretical distance, denying our basic premises and our existence as Beings-in-the-world.

Following this view, Heidegger (1962) also criticises Husserl's need for certitude. In an interpretative understanding, certitude would mean to give to the phenomenon that interests us a definitive character, thus denying its potential possibilities and denying its totality of involvements. By pulling a phenomenon away from its sources and by implying assertion, Heidegger (1962, p. 61) warns us about the possibility of

degenerating it and understanding it 'in an empty way', 'losing its indigenous character, and becoming a free-floating thesis'. That's why he states that '[h]igher than actuality stands possibility. We can understand phenomenology only by seizing upon it as a possibility' (ibid, p. 63). Here is where the words of Nietzsche (1968, p. 481) echo when he, also criticising the need for certitude and factual truth in science, declares:

> Against positivism, which halts at phenomena- 'There are only facts'-I would say: No, facts is precisely what there is not, only interpretations. We cannot establish any fact 'in itself': perhaps it is folly to want to do such a thing.

Another important limitation of a purely descriptive phenomenological enquiry, according to Heidegger (1962), is the essential use of language. In language and discourse, Heidegger tells us, there is always interpretation and assertion. In both hearing and talking, thus, there is always a certain limitation, the limitation that comes with the choice of the words one uses, and the choice of how the listener understands those words. Words carry a specific meaning and it is through those words and the interpreted meaning of the words that we try to understand each other.

Extending this idea, the French philosopher Paul Ricoeur (1913-2005) also asserts that language is a definitive factor of how we understand our experiences, and it is through language that we place ourselves into the world and to the narratives we tell. Criticising Husserl's idealism for pure intuition, through transcendental reduction, Ricoeur (1974) suggests that it is more worthwhile to grasp our limits of knowledge and to accept its constant relation to language and to the world.

This is particularly relevant to a qualitative study like the present one, where participants, through the means of language, intend to communicate their experience, and I, the listener, attempt to make sense of them. Words always carry a meaning, and this meaning is always coloured by the inescapable connection of the speaker with the world. According to Heidegger (1962), Dasein, when speaking, discloses its Being-in-the-world and I dare say that the listener equally does the same, by the way they make sense of what is spoken.

Similarly, or adding on this, the fact that experience can only be recounted retrospectively makes it necessarily interpretative. Van Manen (1990) points out how the accounts of our experiences always get tainted by our own old understandings and interpretations of the world and how, similarly, new understandings and experiences can result in different accounts and interpretations of the phenomenon. Since the participants of this study are asked to reflect on their practice and their experience, after this has happened and after time and new experiences have intervened, it is worth remembering that their accounts might be influenced and changed by the new interpretations they have arrived at. It is, thus, very different for someone to reflect on his or her experience while this is happening, than to reflect on the same experience later, through the use of description. As Schon (2001), with his influential writings on epistemology of practice, asserts though, both of these different modes of reflection can still add and be valuable to the acquisition of knowledge.

Bringing this theoretical discussion to the present study, my point of view is that my involvement with this particular phenomenological enquiry must also follow the hermeneutic route. As I believe both the participants and myself to be deeply rooted in

our worlds and circumstances, and limited by our language and retrospective accounts, it is only natural for me to accept the unattainability of pure description, and agree with Heidegger (1962, p. 61) that 'the meaning of phenomenological description as a method lies in interpretation'. This acceptance does not come light-heartedly though, as, at the same time, it is important for me to stay as close as possible to the experiences of my co-researchers, offering them, as my initial ambition was, the space for their voices to be heard as justly and clearly as possible.

Additionally, although this present study will not imply any certitude or ultimate truth, since its focus is on capturing the experience of specific individuals, I do not perceive its value to be lessened. Through these accounts, however unique and specific they might be, something of what is communal and shared will be touched, and thus new insights, significant to counselling psychology and therapeutic practice, will be acquired. The use of hermeneutic phenomenology, as my chosen mode of research, comes therefore with a great responsibility: my care to the participants who trusted me with their experiences and my commitment to a hermeneutic phenomenological method that will do justice to their accounts and will contribute to the body of psychological research. For this reason, in the following section, a more detailed depiction of the use of interpretation will be offered.

4.4   What kind of interpretation?

Moving to a more detailed exploration of the use of hermeneutic phenomenology, I would first like to remind the reader about the initial aim of this study, which is the

attempt to understand the experience of existential counselling psychologists and psychotherapists when practicing in time-limited settings. The word to be highlighted here, as it was explained in the beginning of this chapter, is the word 'understand'.

Hermeneutics, as a term, has its roots in the Greek word 'ερμηνεύειν', which also means to understand and to interpret. Hidden in the word we can find the Olympian God Hermes, the skilled, playful, wing-footed deity who has the ability to move freely between the divine and the mortal worlds, as a messenger of the Gods to humans (Garagalza, 2013). Hermes, talented with the ability to translate and interpret the words of Gods in a language that humans could make sense of, is the one who can make the divine messages humanly intelligible with the use of language.

In hermeneutics, thus, lies the process of understanding, which is also their primary concern (Geanellos, 1998). Heidegger (1962, p. 199) also makes a distinction between hermeneutics, as an 'interpretation that understands' versus the 'apophantical' interpretation which is based on assertions we have and which are mostly based on our pre-assumptions and beliefs about the phenomena we study. Cohn (1995, p. 24), who also accepts the existence of interpretation in all our communications, emphasises the difference of a hermeneutic interpretation in which 'the phenomenon remains at the core of our understanding' and a reductive interpretation by which the actual phenomenon is not understood, but is actually removed and replaced by something entirely different, which is most often the postulation and explanation of the observer.

In this endeavor of interpreting, yet maintaining our focus on the actual phenomenon that we try to understand, lies a unique challenge. Since we are, as Heidegger (1962) reminds

us, always bound in the sphere of our world, always limited and influenced by our tradition, language, and pre-assumptions, how is it possible to preserve the phenomenon that interests us as closely as possible to our focus? And more importantly, how is it possible to declare that our interpretations have managed to keep that phenomenon in their core and have not replaced it by something that is completely irrelevant and belongs solely to us?

To answer this question, it is relevant to see what Husserl (1931), with his concept of epoché or bracketing, was also striving towards in his later writing. By this point, Husserl, in his effort to reach the essence of phenomena, proposes the act of refraining from, or bracketing, all our suppositions, judgments, theories, convictions and everything taken for granted. By refraining from our every-day interpretations of the world, Husserl (ibid, p. 60) asserts that the real world, 'free from all theory', will manifest to us.

This radical shift of consciousness is not, nevertheless, free of limitations. As Adams (2001), points out, it is both impossible to be aware of all our assumptions as it is naïve to believe that recognising our assumptions is a once and for all endeavor. As our assumptions are useful to us in order to make sense of our lives and give meaning to everything we encounter, the process of recognising and bracketing them shall be a continuous one, and most possibly, as Adams (2001) suggests, it should be seen as an aim, rather than as something that can be fully achieved. Finlay (2009) also discusses the tension that exists between pure description and interpretation, suggesting that instead of perceiving them as opposite and distinct, we can see them as existing on the same continuum.

Agreeing with these views, my vision regarding this current study is to achieve a dialectical stance between description and interpretation. As I also perceive my assumptions to be not only part of who I am, but also impossible to bracket once and for all, my idea of approaching this study is to aim for a constant process of recognition and appreciation of my assumptions, as an attempt to notice them and temporarily put them aside in order to be able to present the participants' experiences as lucidly as possibly. During the analysis stage, my attempt is also to recognise, not only my previous pre-conceptions, but also new ones that might arise through my contact with the material, and that might influence my understanding.

My engagement with the literature review prior to engaging with the design and conduct of the study, as well as my personal experiences as an existential therapist in time-limited settings, demand from me being aware of the extent to which preconceived constructs might influence the research process. This goal is achieved by systematically recording my reflections, feelings and assumptions in my research journal and by my constant engagement with my supervisors and our discussions throughout the whole research process, which allow me to both recognise and temporarily suspend them.

Similarly, the interview process is facilitated by genuine openness and curiosity from my part, and by consciously encouraging participants to reflect on their unique experiences, without the implication that there are right or wrong responses to the research questions. The research schedule is designed to include only open questions that can be utilised as prompting the reflection of their experience rather than directing them towards specific routes of thinking. Again, the interview journals, which are maintained throughout the

whole interview process, allow for my own feelings, assumptions and ideas to be recorded, recognised and bracketed.

In addition, by providing relevant verbatim material from the interviews' transcripts, in order to elucidate the relevant emergent themes, allows the material to be reviewed and evaluated by my supervisors and fellow researchers, permitting a strong degree of confidence that the material analysed correlates significantly with the participants' articulated experiences, rather than it being the result of my preconceived ideas and interpretations.

Finally, by documenting my personal stances and preconceived ideas throughout the text, as well as in the Personal and Epistemological Reflexivity sections, my aim is to provide the reader with a better understanding of the extent to which my own experiences might have influenced this exploration, safeguarding an important degree of transparency, necessary for the evaluation of any qualitative research study.

Through this continuous and persistent process though, lies the acceptance that, both the participants and I, will unavoidably only be able to strive for a pure description that we will never achieve. The participants will bring their experience as they remember it, after interpretations and re-interpretations have taken place, and their narratives will always be the ones that they will choose to share with this particular researcher, on a particular day and time of the day, and in a particular mood. So, with lack of access to the actual experience, this study will have to be, not a direct look from a keyhole, but rather a narration of the story of how the participants have interpreted their experience and shared it with me.

To conclude, my aim, thus, remains to provide the reader with a rigorous and systematic review of analysis, that will combine the flexibility to deal with the paradoxes and complexities mentioned above, with a detailed and clear framework that the reader can understand and make sense of. For this reason, I regarded Interpretative Phenomenological Analysis (IPA), as the most compatible methodology for this endeavor, and whose details I will present below.

4.5   Interpretative Phenomenological Analysis

IPA, in the tradition of Smith, Flowers and Larkin (2009) and Smith and Osborn (2008) was used for this study. The main reason that I chose to use IPA was that it has its roots in phenomenology, hermeneutics and idiography (Smith, 2011a), whose value and significance for this particular research have been explained in detail in the previous subsections.

IPA is a qualitative methodology with considerable potential in therapy-related research (Dean, Smith & Payne, 2006). Its epistemological tradition is informed by phenomenological psychology and focuses on how people perceive an experience, which is the core of phenomenological inquiry. Its aim is to provide in depth accounts of the experience of participants, their sense-making processes, and the meaning they ascribe to them. The theoretical commitment of IPA, furthermore, is to the person as a cognitive, affective, physical and linguistic being, with an acknowledgment of the complex connections between all those states (Smith & Osborn, 2008). For this study, IPA's recognition and envelopment of the participants' cognitive, affective and embodied

nature, as well as its dedication to an in depth exploration of their experience, is particularly relevant as, with lack of similar research, it is important for the whole complexity of emotions, cognitions and meaning-making processes to be revealed and understood.

Moreover, IPA has a clear focus on the experience of the individual and the particularities of their experience. As Frith and Gleeson (2012) mention, the researcher who uses IPA, must stay very close to the data of each individual without being in a hurry to find common themes. This focus on the individual, and the appreciation of the value of each and every piece of narrative offered, is another characteristic of IPA that I find congruent to my own epistemic stance. Through this study, my aim is not only to find commonalities between the participants, but also to highlight their differences, and allow enough space for their individual voices to be heard. I believe IPA's concern with 'the detailed examination of personal lived experience, the meaning of experience to participants and how participants make sense of that experience' (Smith, 2011, p. 9) to be particularly useful for this study.

Another important reason to choose IPA is its acceptance of the complexities involved in reaching someone else's experience, and its acknowledgement of the inevitability of interpretation in all stages of the research (Smith & Osborn, 2008). As I will not be able to have direct access to the experience of participants, I will have to content myself with a retrospective account of the actual experience. As I detailed previously, participants, similarly, will not have direct access to their experience either, as this will be tainted by interpretations and reinterpretations that take place in the meantime of the actual experience and the day of the interview, as well as new reconstructions of the account

due to the fact that the participant narrates and presents their experience to me in particular.

This complex issue of interpretation over interpretation is what Smith, Flowers and Larkin (2009) and Smith and Osborn (2008) call double hermeneutics. IPA thus acknowledges this particular complexity and it is very clear about the scrutiny and care required before any interpretation. With the use of epoché, reflexivity and constant referral to the actual data, the tension between the different interpretations might not be completely resolved, but there will be no shying away from it either: 'The hermeneutic task consists in not covering up this tension by attempting a naive assimilation but consciously bringing it out.'(Gadamer, 2004, p273).

Even though the epistemological and ontological values of IPA have been considered thoroughly before concluding that they are congruent with mine, Finlay (2006) suggests that issues that have to do with the practicalities of the particular methodology and the extent that the methodology relates well with the researcher and the available resources, should not be ignored. In this light, IPA was also chosen for its clear and coherent framework. With a tradition of about 15 years, and a widespread acceptance and successful utilisation, IPA offers me the confidence that I can produce a rigorous and strong research study. With clear directions and well-explained stages to follow through the whole process of data-collection, analysis and writing-up, IPA makes me feel that I have the necessary structure, balanced with adequate space and flexibility though, in order for both my own and the participants' idiosyncrasies to be able to be expressed, and for the participants' experiences to be able to shine in the final project.

4.6   Interpretative Phenomenological Analysis: Challenges

Giorgi (2010) has recently criticised IPA for not being prescriptive enough, concluding that a non-prescriptive method is an example of poor science. His main critique was based on his judgment that IPA is too lax and unclear, allowing an attitude of 'anything goes' which damages the scientific goal of clear and specific methods that can be easily replicated and tested. Although very different to my own appreciation of IPA, I took Giorgi's critique seriously as I also agree with the view that, in order to produce high quality research, both the procedures as well as the reasons that led to them, should be clear and explicit.

Nevertheless, Smith's (2010) reply to this criticism strengthened my belief in the value of IPA. Smith clearly stated in his reply to Giorgi that, even though IPA, and as such any qualitative method, cannot be as prescriptive as a quantitative study, nevertheless it follows specific stages, and offers some guidelines that require the development of complex skills, resulting in a clear methodology with quality control criteria that allows both researchers and readers to evaluate it. To this end, a great assistance has been my attendance at IPA seminars held by the BPS, which provided a clearer understanding of the application of double hermeneutics and the necessary analytic stages in order to achieve this, allowing me to navigate between pure description and interpretation, both systematically and transparently. Moreover, my attendance at IPA forums, and the useful feedback I received by fellow researchers on my presenting extracts of analysed material, offered me the confidence to proceed with the exploration of the research question, interview and analysis process, with a comprehensible and methodical fashion, and

subsequently rendered Giorgi's (2010) criticism on IPA's methodological practices as 'too lax and unclear' incompatible with my own experience.

Another possible criticism of the use of IPA, as a qualitative method, is its inevitably subjective nature, and the extent to which the researcher's own subjectivity might divert the focus of both the research procedure, the analysis, and the results (Brocki & Weirden, 2006). Indeed, this is a criticism that can be applied to all qualitative methods, where traditional validity criteria, such as statistical analyses of the results are irrelevant. Nevertheless, Jarman, Smith and Walsh (1997) recommend that, even though a degree of subjectivity is unavoidable, IPA researchers should take particular care in the production of results, and ensure that each theme is presented appropriately along with extracts of interview transcripts that led to their conclusion. To this end, interview extracts have been used to exemplify all the themes presented in the Results section of this study, and a table of themes (Appendix 10) which illustrates the exact citations of each extract that was used for the development of its associated theme, and the number of participants that articulated these themes during the interview process, is provided to the reader.

In terms of the replication of studies, Smith (2010) reminds us of the complex, unpredictable and dynamic process that a qualitative study is, and that for those reasons it cannot have the same quality criteria as a quantitative one, but rather different criteria, relevant and applicable in the evaluation of a piece of IPA research. For this reason, in order to ensure this study's quality, and in accordance with Smith, Flowers and Larkin (2009) and Smith (2008), Yardley's (2000) four assessment principles were considered to be the most relevant in reflecting on the assessment of validity criteria. These are: sensitivity to context, commitment and rigor, coherence and transparency and importance

of the research, and a detailed account of how these were safeguarded is provided in the section of 'Validity considerations'.

My choice to use IPA, thus, was informed, as detailed above, both from my epistemic values, as well as for reasons of practicality and confidence in the method. Agreeing with Smith (2011b), I find IPA to be a methodology that succeeds in finding a balance between complexity and accessibility and between prescription and flexibility. Moreover, as my aim is to understand the experience of existential counselling psychologists and psychotherapists when practicing in time-limited settings from a combination of emotive, cognitive and embodied standpoints, IPA is believed to be ideal for such an endeavor, where the whole experience of the participant is equally valued and elucidated (Smith, 2011a).

Finally, as much as this research aims to explore the lived world of the participants, it should also be understood that it is a research study that similarly takes place in the lived world, where particular limitations and givens exist. As it is very nicely put by Barbara Steward (2006) research resembles a journey, which hopefully the reader will be able to follow, enjoy and learn from, and where my responsibility is to make it as transparent and clear as possible. To this extent, grave consideration was given to the inclusion of extensive reflexivity sections, which allow the reader to gain an insight of the researcher's journey, as well as a constant, systematic, and transparent depiction of all stages of the research procedure.

To conclude, while it is important to bear in mind the particular challenges found in the use of IPA, I believe that it was shown above that it is a methodwith clear roots and

directions. Since, as with all research methods, the goal of perfection is probably unattainable, the above critical reflections will be my compass to provide the reader with all the necessary information and explanations of the processes that will take place at all stages of this journey, l so as to remain faithful to my aim of producing a rigorous and ethical research study.

4.7   Alternative methods

McLeod (2001) points out that, in qualitative research, no methodology should be considered as a privileged or foundational system of knowing. Similarly, my understanding is that each methodology pertains to different epistemic values and provides different perspectives to the issues that we are interested in. For this reason, it was important to me, not only to identify my preferred methodology, but also to clarify alternatives. McLeod (2001), Langdridge (2007) and Finley's (2011) writings were important in this inquiry.

Discourse analysis, and more specifically Foucauldian discourse analysis, had a significant attraction to me, as it combines a social constructivist theory with a focus on the power of societal and cultural institutions (Georgaca & Avdi, 2012). Although both IPA and discourse analysis are linguistically based approaches, and are concerned with the conversational accounts of the participants, discourse analysis gives more emphasis on examining how discourses construct and create certain versions of reality (Willing, 2008). However appropriate this method would seem for different kinds of inquiries that permit a more critical appreciation of the power relations in our society, and the ways that

these are maintained and imposed, it was considered inappropriate for the scope of this particular study. As my aim is to understand the personal meaning-making of practitioners, a social constructivist approach was thought to possibly limit the horizon of the study, focusing more on the linguistic analysis and possibly undermining the personal meaning-making of the co-researchers. IPA, I believe, maintains a much broader picture of the experience of practitioners that work in time-limited settings. Moreover, with its flexible and dynamic approach to research, it does not exclude the possibility of underlying discourses of power, in the tradition of Foucault, to be considered and illuminated.

Grounded theory, as it was presented by Glaser and Strauss (1967), Strauss and Corbin (1990) and Charmaz (1995), was also considered a possible alternative for this study. Its constant immersion with data and its appreciation of the participant as a purposeful agent, is not very different from IPA's picture of data analysis. Its goal to generate theory, meaning a formal framework of understanding the phenomenon under investigation (McLeod, 2001), undoubtedly holds a certain appeal, as it allows for a more coherent and straight-forward product to emerge, more easily accessible to psychotherapists and psychologists in the form of theory. The reason I decided against Grounded theory though, was because I found it, in comparison to IPA, less epistemologically grounded in hermeneutic phenomenology, and that it corresponds better with a more positivist appreciation of reality and the seeking of objectivity. For practical reasons, Grounded theory was criticised in regards to its vague and ambiguous ways of data gathering and analysis (Payne, 2007) and this was also a reason to prefer the clarity and transparency of IPA's procedures.

The reasons that I decided against descriptive phenomenology, as this is presented by Giorgi and Giorgi (2008) and Colaizzi (1978), have been made clear, I believe, in the previous subsections. In my opinion, a pure descriptive phenomenology, inspired by Husserl, is contradictory to my own epistemological stance, and the appreciation of the inevitability of interpretation in every human action.

Giorgi and Giorgi's (2008) scientific phenomenological method, more specifically, fails, in my view, to address the issue of interpretation, assuming a pure phenomenological description to be possible. Although in their guidelines on data analysis they present the process of 'transformation' of data, where the raw data gathered from the participants is transformed by the researcher into data more relevant to psychology, they fail to make clear how this is achieved, implying that the researcher can possibly discover the one and only objective transformation. In addition, their approach focuses solely on commonalities which are prioritised, in contrast to IPA which seeks to capture examples of both convergence and divergence (Pringle, Drummond, McLafferty, & Hendry, 2011). For the scope of this study, seeking only commonalities, and ignoring the divergences between the participants' experiences, was considered to be limiting and preventive of producing important insights that might occur in the differences in their accounts.

Finally, Colaizzi's method (1978), inspired by Husserl, claims to produce pure, exhaustive descriptions of lived experience, without the use of any interpretation. Thus, similarly to Giorgi's method, it was considered contradictory to my epistemology, which is informed by the difficulty I have in trusting that a full reduction is possible.

Lastly, I would like to mention here that Van Manen' s (1990) writings, and his approach to qualitative research, have been very inspirational and useful during the whole course of this study. His caring and humane approach, and, at the same time, his in-depth knowledge of the application of hermeneutic phenomenology, have been, at several points, a guide to my own questions and struggles. The only reason that I did not decide to use his approach for this study, was that it felt that Smith's IPA, with the more concrete and clear guidelines, could offer me a stronger foundation to support me and a clearer pathway to follow. As a novice researcher, IPA's clarity and structure, in comparison to the more fluid, and sometimes vague instructions of Van Manen's hermeneutic methodology, allow me to proceed with this research with greater confidence and faith in accomplishing a rigorous study. Nevertheless, as I do not find these approaches contradictory, but complementary, some of the views of van Manen's more philosophical and poetic outlook might present themselves in this study, as well.

4.8   Validity considerations

While IPA, as a research methodology, allows for a substantial degree of creativity and flexibility, at the same time it needs to be evaluated in terms of its quality and validity (do the instruments we use really measure what we intend to measure?). It has become evident that in order to evaluate the quality and validity of a qualitative study, the appropriate criteria should be utilised.

In accordance with Smith, Flowers and Larkin (2009) and Smith (2008) the four assessment principles proposed by Yardley (2000) are considered to be the most relevant to reflect on the assessment of the validity of this current study.

Yardley's first principle focuses on the sensitivity to context, which refers to the acknowledgment and understanding of the context the researcher aims to explore. My dedication to this principle started from the very early stages of this research, and with my in-depth engagement with the relevant bibliography on the phenomenon that I aimed to explore, as well as with the understanding of the effects of my epistemology, with detailed and vigorous presentations on the 'Methodology' and 'Research procedure' chapters.

In addition, this principle also refers to the sensitivity towards the perspective and socio-cultural context of participants. A dedicated commitment to present my participants' accounts and be aware of my personal influences has been of primary concern during the whole process of this study. Through careful consideration of the ethical implications of my study, the use of diaries, my discussions with my supervisors, and my commitment to both reflexivity and mindfulness throughout the course of the interviews, analysis, and findings, I believe that this principle has been supported.

Finally, I hope that with the inclusion of a substantial amount of quotes and rich description in the Findings chapter, I ensure that the participants' perspectives are adequately represented and that the reader has the opportunity to evaluate the interpretations I have made.

The second principle focuses on commitment and rigour and refers to the depth of engagement with the topic, the comprehensiveness of the data collection and the competence in the analysis of the data. I believe that my own deep interest in the phenomenon of time-limited therapy, as well as the rigorous application of the methods and the detailed descriptions of all stages of the research, reflect my personal commitment to this study. In addition, my constant collaboration with my supervisors, the attendance of seminars on IPA held by the BPS, peer feedback, and maintaining reflexive notes address the issue of faithfulness to the data.

The third principle that Yardley proposes refers to the coherence and transparency of the study. Again, by systematically presenting each stage of the research process and through the feedback from my supervisors, my aim was to present a coherent and transparent study. I tried to present all my arguments in a clear and transparent form that the reader can easily follow and understand. This has been particularly helpful for me as well since, as a novice researcher, the process of clarifying my thoughts and ideas in a simple, but hopefully not simplistic, manner has allowed me to gain a better handle of this challenging project.

Finally, the last principle proposed by Yardley is that of the impact and importance of the research. Through the epistemological reflexivity that follows, I maintain the view that absolute knowledge is unattainable and, taking into consideration the hermeneutic quality of this study, I do not claim that the findings of the study are "the only truth".

 Nevertheless, my effort to support the above principles offers this study the potentiality to be of value to those interested in this subject, and to provide some useful and

interesting insights in the understanding of this experience. Given the lack of similar research, and the widespread need for time-limited therapies, this research aims to enhance our understanding of what it is like to work existentially in time-limited settings and what are the particular challenges and opportunities that an existential therapist might encounter, in an effort to provide better support to practitioners, supervisors, and training institutions.

5.   Reflexivity

The aim of this study is to present, as faithfully as possible, the experience of existential therapists working in time-limited settings. To engage with this goal, the use of IPA as a methodological compass was chosen. It was, I believe, clearly explained that as much as IPA holds a phenomenological stance, where the actual phenomenon being studied and the participants' experience of the phenomenon are in the core of our attention, at the same time IPA is tied to a hermeneutic tradition, where the researcher, unavoidably, engages in a process of interpretation in order to make sense of the phenomenon being presented (Smith, 2011a). This close connection of IPA with the hermeneutic practice could be considered as a major limitation of this methodology, which can be tainted by the researcher's subjectivity and threaten the actual results of the study (Yeh & Inman, 2007). To avoid this threat and to maintain fairness within the research process a rigorous self-reflexivity is applied in the whole research endeavor.

Schwandt (1997) has described reflexivity as a twofold activity: The first involves the researcher's critical examination and awareness of her or his biases, theoretical or other predispositions and preferences. The second refers to the acknowledgment that the researcher is also part of the context and holds a place in the phenomenon she or he seeks to understand. Creswell and Miller (2000) refer to the process of reflexivity as a validity procedure, where researchers should allow their readers to understand their positions and assumptions, in order to be aware about how these might have influenced and shaped their investigation. Similarly Yardley (2008) and Smith, Flowers and Larkin (2009) put great emphasis on the process of reflexivity as a prerequisite criterion for validity in

qualitative studies, and IPA in particular, that is necessary in order to ensure transparency.

Apart from reflexivity being a method that secures the validity of my research project though, I would like to believe that it serves also an ethical responsibility that I hold both towards the participants, that have volunteered to share their experiences, and the readers to whom these experiences will be presented. Since I cannot claim to live in a vacuum nor that I can totally transcend over the influences of my position in the world and my understanding of it, I find it necessary to at least try to be aware of them, in an effort to bracket them, and present them to the readers, so they can judge this study accordingly.

I believe that reflexivity should not just be a chapter with the aim of 'coming clean in an apologetic and confessional manner' (Kleinsasser, 2000, p. 161) but a continuous process that is characterised by a commitment to scrutinise both personal and theoretical biases and bracket them, in every step of the research endeavor. I appreciate Finlay's (2008, p. 18) metaphor of 'dancing between reduction and reflexivity', that she uses to describe this 'complicated, paradoxical and layered' process of constant striving (ibid, p.17), where by uncovering and bracketing one's assumption, more arise in the awareness.

In order to engage with this constant dancing of back and forth, where by looking at my own assumptions I can also look at my participants' experiences in a fresh way (Finlay, 2009), I kept a detailed diary where I recorded my reflections during all steps of this journey. A separate interview diary was kept in order to reflect on my experiences during the interview process, in which a detailed account of my impressions, emotions, embodied feelings, thoughts and ideas were recorded immediately after the end of each

interview (Hill, Thompson & Williams, 1997). Following the recording of my thoughts and feelings, particular difficulties, doubts and personal vulnerabilities were discussed during my research supervision, in an attempt to understand and manage them (Thompson & Chambers, 2012). The research also involves reflection on the extent to which my own values, beliefs, and experiences might have influenced this exploration.

As this study aims to produce a rich and in-depth understanding of the experience of existential therapists when working in time-limited settings, it is believed that the phenomenological attitude along with a rigorous and reflexive stance, assisted both the bracketing of biases, but also the transparency and validity of results.

In order for the reader to gain a greater insight into how my personal and epistemological reflections might have influenced this research study, along with the 'Personal reflexivity' section that was provided in the Introduction, an Epistemological Reflexivity section is provided below.

5.1   Epistemological reflexivity

In examining my epistemological reflexivity I have reflected upon my assumptions about the world and the ways that knowledge can be drawn from it. One of the main areas of my professional identity is my work as a trainee counselling psychologist and as an existential psychotherapist. Through this identity my efforts to gain a better understanding of my clients' worldviews can be linked to the way I conceptualise "knowledge" in this research.

To start with my stance on knowledge, firstly, I have to acknowledge that, even though desirable, I believe that absolute knowledge is unattainable. As human beings, limited in our predicament of a finite life, and tangled up with layers of history, tradition, societal influences and our unique givens, we often strive to acquire some control in the chaos and absurdity of a life that often seems to lack intrinsic meaning. This striving for control often comes concealed in the form of 'knowledge', and our need to acquire it often hides our personal dissatisfaction with a world that is greater than our understandings, a world that cannot be boxed or diagrammed, and where unpredictability, uncertainty and paradoxes will continue to ruin whatever perfect model we believe we developed.

By saying that, I do not wish to minimise the importance of "knowledge". It is important, I believe, to continue our striving towards it, no matter how hopeless or futile this endeavour might be. I strongly admire those people that, through their own passion for understanding, offer us the art and science to unveil another layer of the mystery that is life, and, borrowing from Plato's metaphor of the cave, force us to see the fire that casts the shadows of what we perceive as real.

With my clients and through this research study, it is this understanding that I strive to achieve. Nevertheless it is an understanding that will remain incomplete, and however painful I believe that is, my hope is for it to remain incomplete. Because by remaining incomplete I believe we can stand ethically in front of it, and we can honour and accept it, and gain the necessary empathy and humility to appreciate it. My clients often ask me to diagnose them, to give them this label that will explain and justify their pain, their sadness, their devastation. They look for an expert, someone with greater authority than them, someone wise that will have the answers and the 'knowledge' that will alleviate

their pain and misery. It is heart-aching to deny this of a suffering human being and, at the same time, I believe it is the most ethical thing one can do. I believe that therapy is a learning experience but as such it will have no graduation or degree to hang on the wall; learning is a lifelong experience. I strive to understand my clients, and through the therapeutic process, my aim is for them to gain a better understanding of themselves and of their lives. But by the end of our therapeutic journey together, I wish for them to understand that however scary it might be not to have the "absolute knowledge" that would lead them to a life free of struggle and anxiety, at the same time, it is their openness to life, their courage to deny being objectified or objectifying others, and their acceptance of their own and others' imperfections that will lead to a life that is worth living.

Considering my understanding of "knowledge", I sense that my choice to conduct a research study involves an inherent contradiction. While I deny the idea of "absolute knowledge", at the same time, I wish to offer my own brick in the wall of knowledge. It is true that I hope that. I hope for a better understanding of what it means to work in time-limited settings, of what particular challenges and opportunities existential therapists face, of what their experiences can teach us so as to develop our practice in ways that are caring and ethical for our clients. At the same time, I wish for this wall to allow for others to mould it and shape it, and for it to never become a claustrophobic prison. I wish that my study, while it will be informative and helpful, it will also reflect my ethical stance towards openness and respect for Otherness.

As a researcher, I found how difficult it is to maintain the balance between being useful and avoiding the arrogance of expertise. As a therapist, I have also had to walk through

this unstable terrain and find the balance of being useful to my clients and at the same time respecting their autonomy and authority over their lives. My training as an existential therapist and counselling psychologist has been of profound help to this journey. For my research study, the choice of conducting qualitative research, and more specifically the use of IPA, I believe has also helped me to navigate in this paradoxical space.

Throughout the whole process of this study, that involved the interviews and the analysis of the findings, IPA has offered me the tools that I could use in order to provide a discussion that will be useful in the field of counselling psychology and existential therapy, while at the same time allowed me to stand with respect and openness towards both the participants and the readers of this research. I find the use of IPA to be congruent both with my professional identity as well as with my epistemological stance, and I find that it enabled me to reach some better understandings of the experience of working in time-limited settings. I share these understandings with you in an effort to co-construct a better approach to time-limited therapy, and with the hope that this effort will remain open and respectful.

6.   The research procedure

In this chapter I provide a detailed account of the exact procedure that I followed in order to conduct this study. I start with the ethical considerations and the steps followed to safeguard an ethical approach towards the participants that volunteered to be interviewed for the purposes of this research. I, then, proceed with presenting in detail all the stages of the research procedure, concluding with a reflection on the methodological choices being taken. The purpose of this chapter is to offer a faithful and transparent description of the journey that led to the results of this study, and to allow for a critical engagement with its process.

6.1   Ethical considerations

The research has received full ethical approval by the New School of Psychotherapy and Counseling and the Middlesex University ethical panel in March 2014. The research proposal for this study and all ethics documents have been approved by the panel and permission to commence the study has been given (Appendices 1-5).

In the course of this research I am working in accordance with the BPS code of human research ethics (2010). The BPS code highlights the importance of 'respect for autonomy and dignity of persons' (ibid, p.8) stressing the clear duty of the researcher to participants. It is understood that the well-being of participants is the primary concern and everything should be done in order to avoid any kind of distress. Moreover, according to the Department of Health (2005), whenever a research study involves human subjects, along with their wellbeing, their dignity, rights and safety should be of primary consideration.

Even though the participants of this study were not considered "vulnerable" and the areas that the interviews examined were not considered "traumatic", it is understood there is the potential that any interaction can lead to distress (Thompson & Chambers, 2012). It is thus the researcher' responsibility to make sure the appropriate measures have been taken in order to ensure that the potentiality of any emotional or other distress has been reduced, and that, in the case of any such experience, participants are aware of the existence of additional support if necessary. What follows below is a detailed account of how this research has been conducted in accordance with the ethical considerations mentioned above, with regards to the protection of participants' wellbeing, safety, rights and dignity.

- **Informed consent**: Informed consent was obtained by all participants prior to each interview (Appendix 4). A detailed participants' information sheet (Appendix 3) was provided to them via e-mail well in advance of the arranged interview appointment, offering ample time to participants to understand the purpose and nature of the study and to reflect on any questions or doubts they have. The purpose of the participants' information sheet was to ensure that no deception was involved, and that full transparency of the aim and methods of this study was available to participants before partaking.

  Even though the risk of potential distress from taking part in this study was considered to be minimum, it was made sure that participants were informed about any anticipated consequences of participating. In case they showed interest in participating, participants had the chance to ask any further questions via e-

mail or in person, before the interview, and an informed consent was provided in order for them to sign it before the interview began.

With respect to the participants' autonomy and dignity, it was understood that the informed consent should not be perceived as something gained once and for all with the participants' signatures (Thompson & Chambers, 2012); it was stated clearly both in written form and verbally, that participants have the right to withdraw their consent at any point before, during, or after the interview, and that they have no obligation to continue nor do they need to give any explanations in the case that they wish to terminate their participation.

- **Confidentiality**: The protection of confidentiality of participants' personal data and identifiable characteristics was decided for this study. Although the issue of participants' anonymity in research studies has been proved debatable recently (Brinkmann, 2007), in order to promote the feelings of safety and the ability of participants to express themselves as freely as possible, the anonymity of participants was safeguarded. Any identifiable characteristics and personal details from the interviews were omitted and pseudonyms were used. It was also made clear to participants that, even though raw data of the interviews might be presented as verbatim in the published research, this would be done as anonymous examples and with the use of pseudonyms. Participants were also informed that any disclosure of data is restricted in accordance to the BPS Code of Ethics and Conduct (2009), and that the interview transcripts would be available to the academic supervisors and examiners only.

All interviews were transcribed by me and for the purpose of anonymity protection, no names appeared on any data sheets/files and a coding system was used to identify participants, in case this should be necessary. All information regarding the participants, including their signed informed consents, personal data, and recordings, were stored on my personal computer and a locked filing cabinet. The computer is password protected in order to ensure that no one can have access to this material. Participants were also informed that all this data would be kept for at least six months after I graduate, and then it would be destroyed.

- **The interview**: During the interview, grave attention was given so that participants would feel heard, respected and safe. The interviews were conducted with care and respect to every participant' understandings, feelings, insights and knowledge of their experience. Attention was given so that any questions or comments were delivered with a non-judgemental, flexible, and open attitude that would hopefully contain and encourage participants' exploration of their experience.

During each interview, I remained vigilant in noticing how participants were feeling, checking with them and noticing any tone, verbal or body language that could be a sign of distress or discomfort. Even though it was not found necessary, in the case that any participant experienced any kind of distress, I was prepared to use my clinical skills so that I could attend to their issues, without providing therapy, but by ensuring their well-being. All participants were reminded that

they could interrupt the interview at any point and withdraw their participation, but no such incident occurred.

Even though, unavoidably, an interview cannot claim to be a reciprocal interaction of two equals, since it is the interviewer that guides and directs the conversation (Suzuki et al., 2007), my effort was to allow participants to freely express themselves and to develop the interview in such a way that emphasised their lived experiences, from their unique point of views. In order to avoid any misconceptions regarding my authority it was made clear to participants that I do not hold any expert's position, but that I rather approach them with a genuine interest in their experience, and that no right or wrong answers existed. In addition, it was explained that part of my motivation for undertaking this research was the completion of part of the requirements of my Doctorate in Counselling Psychology. I also showed willingness to respond to any direct questions regarding the research topic and sustained transparency at all times.

Finally, I paid attention to expressing my appreciation and gratitude by thanking all participants for their time and involvement in this study.

- **Debriefing**: Upon completion of each interview adequate time was given for a debriefing session. The purpose of this period was to ensure that any emotional distress, experienced during the interview, was expressed and potentially reduced, and to allow the opportunity to all participants to ask any questions or clarify any issues that might have arisen out of the interview process. During the debriefing session, the participants were reminded of their right to withdraw the data they

provided, in case they would feel inclined to do so. A list of potential sources of

support was also provided to participants at the end of the interview in case they

needed to further discuss issues that might have arisen during this process

(Appendix 5). This included the websites of major bodies of counselling and

supervision services. In addition, the participants were informed that a second

meeting would be available to them in case they needed to further discuss any

issues or concerns that might have come up for them. All of the participants

reported that they did not need any further support.

My hope is that the quality of this study will be evaluated not only by its epistemic value

but also by its ethical goodness, as I agree that in qualitative research the epistemic and

ethical domains should not be separable (Brinkmann, 2007). For this reason, all decisions

and steps taken in this research study have followed the principles detailed above.

6.2   The sampling

The study was conducted using a small and purposive homogeneous sample in

accordance with Smith, Flowers and Larkin (2009, p. 48-51) and Smith and Osborn

(2008, p. 55-57). Although there is no right or wrong answer regarding sample size,

Smith, Flowers and Larkin (2009) propose four to ten interviews. As they state: 'the issue

is quality, not quantity' and 'IPA studies usually benefit from a concentrated focus on a

small number of cases.' (ibid, p. 51). IPA, similarly to all qualitative studies, is

idiographic in that it focuses on the 'insider' perspective of participants, producing

knowledge from the lived experience of individuals about a particular phenomenon or

concept (Morrow, 2007). For this reason, the qualitative sample must be purposive, rather

than random, focusing on selecting participants from which the most can be taught (Suzuki et al., 2007).

Regarding the issue of homogeneity, even though Smith, Flowers and Larkin (2009) advocate that an IPA research is usually consisted of a 'fairly homogeneous sample, for whom the research question will be meaningful' (ibid, p. 49), they also recognise that 'how homogeneity is defined depends on the study' (ibid, p. 50). For this particular research study, where the research question is 'What are existential counselling psychologists' and psychotherapists' lived experiences of providing therapy in time-limited settings?', it makes sense that all participants should identify as existential therapists and also have experience in providing therapy in time-limited contexts.

This brought up the question of how much experience should be considered as adequate in order for participants to be able to offer some insight perspective into the question under investigation, without other confounding variables, such as the possible anxiety of a novice therapist, to cloud the results. Although the issue of quantifying experience is not a straightforward one, Shadley (2000) considers that practitioners with a certain amount of professional experience are more able to be familiar with how their own idiosyncrasies might affect their therapeutic practice, and he proposes at least one year of post-qualification experience to be an adequate testament that the practitioner is more aware and comfortable with their mode of working. For these reasons, and in order to safeguard a degree of homogeneity that would allow for an insightful study and would safeguard some degree of empirical generalisability and theoretical transferability of the results (Smith, Flowers & Larkin, 2009), it was considered that all participants should identify their mode of practicing as existential, and ideally they should all have at least

one year of post-qualification experience and at least one year of providing existential therapy in time-limited settings.

Even though it is impossible to ever secure that we can be aware of what other personal and other variables might affect the participants' understandings of their experience, it was considered that the above criteria could allow for their shared experience to be illuminated, even if they unavoidably approach it from diverse horizons. Thus, after careful consideration, the inclusion criteria for participation were decided as follows:

Participants should have had adequate experience in providing existential therapy, on a one-to-one basis and in time-limited settings with a predetermined contract of 6-12 sessions.

Participants should have been either qualified counselling psychologists (registered with the BPS and/or HCPC), and/or qualified psychotherapists (registered with UKCP and/or BACP), or trainee counselling psychologists or psychotherapists with at least 250 hours of clinical practice, and ideally with at least one year of post-qualification experience.

Although gender characteristics are not considered to play a difference in the results, it was considered that, if possible, an equal number of male and female participants would be preferable. Similarly, it was attempted to have an equal number of representatives of psychotherapists and counselling psychologists. Finally, no discrimination was made regarding the nationality of participants, although adequate fluency in the English language was required, since no translator was used, and participants should have been located in the area of Greater London or in near distance, so it would be possible to meet them in person on the day of the interview.

6.3 Recruitment

A number of different means have been used in order to recruit participants for this study. An advertisement of this research has been circulated by e-mail to the staff and students of the New School of Psychotherapy and Counselling and Regent's College. The advertisement has also been posted online in various professional groups of psychotherapists and counselling psychologists. The study has been likewise advertised in the e-letter of the division of Counselling Psychology of the British Psychological Society and leaflets have been circulated in the annual conference of the division in July 2014. Finally, the research advert has been attached to e-mails sent to colleagues in order to be circulated to psychotherapists and counselling psychologists that might meet the criteria.

After potential participants contacted me via e-mail, the participant information sheet was sent to them, and further e-mails were exchanged in order to secure that they meet the criteria, and for me to answer any queries they might have had.

6. 4 Participants

A total of 10 participants were included in this research study and the table below demonstrates their demographic characteristics. All participants were selected on the basis of them meeting the participation criteria. Five male and five female participants, ranging from the age of 30 to 70 were interviewed. From them, four were identified as counselling psychologists and BPS members, having completed all their training

requirements and pending their theses' submission, and 6 were identified as psychotherapists, all accredited by the UKCP, and two of them by the BACP as well. Only participants with at least one year of post-qualification experience providing psychotherapy were included in the study, and they all had experience of providing existential therapy in a time-limited setting for at least one year, as well. , The context of their time-limited work included EAP referrals (2 participants), NHS secondary care mental health services (5 participants), university settings (2 participants), the voluntary sector (1 participant), and a low cost clinic (1 participant).

Participants stated that the percentage of working hours that they spend conducting time-limited therapy, in contrast to long-term work, varied from 35% to 80%, with the average percentage of time participants spend in time-limited therapy being 56% of their total working hours. While all participants said that they offer brief therapy in their private practice, if this is requested by the client, this is not considered to fit the criteria of time-limited therapy work as the time limits are imposed by the client, and as such are negotiable.

Table 1:   **Participants' demographics**

Participants' Pseudonym	Gender	Age	Professional Body	Training institution	Context of time-limited therapy	Years of working in time-limited settings	Percentage of time working in time-limited contexts
1. Vera	Female	69	UKCP	Regent's	EAP referrals, University	20	80%
2. Charles	Male	32	BPS, BACP	NSPC	NHS	2	50%
3. Nicky	Female	51	UKCP	Regent's, NSPC	NHS, University	1,4	80%
4. Bill	Male	70	UKCP	Regent's	EAP referrals	8	35%
5. David	Male	55	UKCP, BACP	Metanoia, NSPC	Voluntary sector	5	40%
6. Peter	Male	69	UKCP	NSPC	NHS	3	35%
7. Betty	Female	63	UKCP, BACP	Metanoia	EAP referrals	40	50%
8. Violet	Female	43	BPS, BACP, UKCP	NSPC	NHS	5	80%
9. Mark	Male	43	BPS, UKCP	NSPC	NHS	5	60%
10. Lucy	Female	30	BPS, UKCP	NSPC	Low-cost clinic	4	50%

6.5   Data collection-The interviews

I believe the interview process to be the heart of any research study as it is the way into the participant's world and a unique opportunity to get a glimpse of their understanding. At the same time, I am aware that an interview is an active dialogue between two meaning-making participants, and that no absolute control or predetermined outcomes can be claimed.

Since IPA requires 'an intensive qualitative analysis of detailed personal accounts derived from participants' (Smith, 2011a, p.10), and in accordance with Smith, Flowers and Larkin (2009, p. 57) and Smith and Osborn (2008, p. 57-69), the use of in-depth, semi-structured interviews, that were first audio-recorded, and then transcribed verbatim, was considered the best-suited method to gain 'a rich, detailed, first-person account of [the participants'] experiences' (Smith & Osborn, 2008, p. 56).

Although semi-structured interviews have the advantage of allowing greater flexibility and tend to produce richer data by allowing the participant to move freely to novel areas, they also pose particular challenges (Suzuki, Ahluwalia, Kwong Arora, & Mattis, 2007). For me, the biggest challenge was to balance an open and non-directive attitude with the appropriate vigilance and attentiveness to the phenomenon under investigation. Van Deurzen and Adams' (2011, p. 69) explanation of how to be 'purposeful without being directive', as well as my own training in psychotherapeutic skills, I believe have been of great help in this particular challenge.

Great attention has also been given to the establishment of rapport during the interview process, as it is considered one of the most important factors of a potentially good interview (Smith, Flowers and Larkin, 2009). Without wanting to take the role of a therapist, or make this an unnatural performance, it was important to create an atmosphere where the participant could feel safe, respected and heard (Suzuki et al., 2007). My attitude was one of open curiosity and acceptance of the perceptions of the Other, and, hopefully, from my part, similar to what Buber describes with the notion of 'trust', which means that the interaction is based on the commitment to engaging in building a trustful relationship and communicating dialogically (in Tillmanns, 2013, p. 26). Rapport was also facilitated through both the use of humor and a less formal but respectful communication, when and where I considered these appropriate.

My intention during the interview was to allow enough space for the participants to express themselves and throw light on their experience, securing that we stayed in the territory and the areas we wanted to approach, but without mapping a very specific and limiting route. As suggested by Firth and Gleeson (2012) if we really want to understand the point of view of the participants we cannot claim to know all the questions that will lead us to this, and that, on the contrary, very few open questions are more ideal if we want to negotiate our way into the topic that interests us. Therefore, I designed the interview questions to be open and to act mostly as initiators of a reflexive process, rather than an end in themselves, giving the opportunity to participants to be as open and reflective as possible (Langdridge, 2007). An interview schedule (Appendix 6) was used as a reminder for me of the areas I would like to cover, allowing, at the same time, adequate flexibility. Apart from the introductory and closing statements, I preferred to

follow the natural flow of the conversation, rather than the artificial order of the questions.

In addition, in order to secure that the interview process addresses the research question as effectively and openly as possible, I conducted a pilot study, which consisted of the interview of only one participant, and which has been later included in this study. The pilot study received approval both from my supervisors and examiners in NSPC, providing me with the confidence to continue with the research procedure.

I believe that my questions were directed to unfold participants' experience, cognitions, meaning, and feelings and they fulfil their aim which was to '[permit] the participants to tell their own stories, in their own words' (Smith, Flowers & Larkin, 2009). Moreover, I believe that the experience of this interview was not a gain only for me, but that it was an opportunity for participants to reflect on their experience and gain new insights and understandings, as I agree with McLeod's (1999, p.125) view that 'one of the hallmarks of a good qualitative interview lies in the extent to which the informant learns or gains from the experience.'

All interviews were conducted in the quiet and private space of participants' practices. Before the interview appointments, the participants' information sheet was sent via e-mail to all participants, by which details of the nature and purpose of this research were explained. Before the start of the interviews, informed consents were signed by the participants and the permission to audio record the interview was requested. All participants consented to take part in this research and gave permission for the audio recording of their interviews.

At the beginning of each interview, I outlined the interview's process and duration, and reminded participants of their right to withdraw from the process at any time and without giving any explanation. No participant made use of this right and they all agreed for their interview data to be included in this study. The mean time of the interviews was 73 minutes, and was audio-recorded before being transcribed by me. After the interview, I allowed time for a debriefing session, where I attended to any questions or concerns that might have come up for the participants. A debriefing form with a list of places for further support was offered to all participants. No participant communicated any major concern or distress, and they all expressed their satisfaction with the process and their increased interest in the subject.

Immediately after the end of the interview process I kept notes regarding any paralanguage material that I noticed, such as gestures, glances, or particularly significant pauses or changes in the verbal communication (Yeh & Inman, 2007). In addition, I recorded my own impressions, thoughts, ideas and feelings as part of my reflexive process and in order to reflect on my own difficulties, assumptions, and shortcomings.

6.6   Transcription

For confidentiality reasons, it was decided that all interviews would be transcribed by me. A conscious attempt was made to transcribe all interviews in close time after the interview date, so my memories of the process would be fresh, and any linguistic or paralinguistic expressions, not easily identified in the recordings, could be noted. Since IPA demands a semantic record of the interview (Smith, Flowers, Larkin, 2009) all the

words that were spoken both by me and the participants were shown in the transcripts. The actual transcribed verbatim followed the three column layout suggested by Smith, Flowers and Larkin (2009); (Appendix 8).

During the transcription of oral communication to written form I was aware that many of the nuances and non-verbal communications of the interview would get lost (Suzuki et al., 2007), but my interview diary proved to be of great help in order to have a more accurate impression of the conversation and the subtle variations that took place. Hollway (in Smith, Hollway, Mishler & Hepburn, 2005, p. 313) warns against the obsession with and fetishising of words and symbols in transcriptions and the assumption that the more detailed the transcription the more accurate the analysis is. Nevertheless, in my effort to remain faithful to the meanings shared in the interview, I strived to provide an as detailed and rigorous transcription as I possibly could. While this was a strenuous and time-consuming enterprise, I believe that it allowed me to immerse myself in the participants' descriptions and familiarise with the data. All participants were given the option to receive their interview transcripts once completed, but only one participant requested it, and the transcript was sent to him via e-mail.

6.7   Data analysis

Having explained my epistemological stance in the section of methodology, in this subsection I now undertake to clearly explicate the method of analysis. This is an important subsection, especially since Giorgi (2010) has criticised IPA as not as methodological or clear as other methods. Although I have explained in detail the reasons

of my disagreement with regards to this criticism, I now have the opportunity to clearly describe the steps I undertook during the analysis process, and hopefully to make Giorgi's concerns inapplicable to this study.

After listening to each recording several times and making any necessary corrections to the transcribed material, I commenced the analysis. Focusing on one participant at a time, I started reading and re-reading the transcript and actively engaging with the data. Although Smith, Flowers and Larkin (2009) state that there is no right or wrong way of conducting the analysis, they are very clear about the analytical focus of IPA which is directed towards the participants' attempts to make sense of their experiences. Thus, during the stage of reading and re-reading the transcripts, my commitment was to understand the participants' point of view and their meaning-making processes, noting those 'richer and more detailed sections', as well as 'contradictions and paradoxes' (ibid, p. 82). In order to attend to the material as phenomenologically as possible, and to bracket the 'noise' of my own ideas and impressions, during this stage, I recorded all of my observations on a separate notebook, allowing myself to focus undisturbed on the actual data.

After I felt familiar enough with the transcript I moved to the second stage of analysis which is described as 'initial noting' (Smith, Flowers and Larkin, 2009, p. 83-91). This stage 'examines semantic content on a very exploratory level' (ibid, p. 83), and, although a very time-consuming process, it was at the same time very fascinating and interesting. During this stage, I went over each line and I started making initial descriptive notes on the right margin of the transcript. In the beginning my notes were merely descriptive, focusing on what the participant was sharing. As I gained more familiarity with the

transcript, I added more interpretative and semantic notes, as well as some queries or ideas that I found relevant. I found that the best way to proceed with this stage was to print a hard copy of the transcript and to use different pen colours for each type of comments I made: descriptive, semantic and conceptual (Appendix 7). I found the last types of comments, the conceptual ones, to be the most challenging ones, as they involved the more interpretative part of the analysis. This level of analysis demanded from me to move beyond the purely phenomenological and descriptive thinking and to engage with a more abstract and critical one. Moreover, this level of analysis is described as the most complex one (ibid, p. 90), as it demands of the analyst to use their own thoughts, feelings and experiences, but at the same time to keep the participant's point of view at the forefront.

In order to maintain a good balance between my own interpretations and what the participant was actually sharing, I tried to engage with the transcript in different stages, reading and re-reading both the verbatim and my comments several times. This way I was facilitated to maintain a fresh view of the verbatim each time, and not to become too preoccupied with my personal feelings, whenever I noticed that these were taking me too far away from the participant's experience.

Following the initial noting, I then proceeded with the development of the emergent themes. Consulting my initial comments, the emergent themes were developed in an attempt to reduce the volume of detail and, at the same time, maintain the complexity and richness of the material (Smith, Flowers & Larkin, 2009). In order to do so, by consulting my initial comments, I focused on each transcript again and by using a three column format, with the verbatim in the middle, I concluded to the most relevant exploratory

comments in the right column, and the emergent themes on the left (Appendix 8). As predicted by Smith, Flowers and Larkin (2009), this process involved a substantial degree of discomfort, since it involved the fragmentation of the participants' experience and concerns about how fair and faithful I could remain to the material that arose.

While in the beginning, the developing emergent themes were very tentative, by reading and re-reading the transcripts and initial notes, and immersing myself to the hermeneutic cycle, I gradually felt more comfortable in understanding the synergistic process of description and interpretation. Gradually, a list of emergent themes appeared, accompanied by a feeling that both the participant and I were connected in this process of understanding and reflection.

In a separate word document, all emergent themes were typed in chronological order (in the order they came up). Having completed this tentative and engaging process with one participant, I would then move on to the next, following the exact same procedure. The mean number of emergent themes for each participant was 136, while this number was gradually reduced, by discarding themes that seemed to be repeated.

After I completed the above task, ten lists of emergent themes were printed, one for each participant. I followed Smith, Flowers and Larkin's (2009) recommendation and I used a large piece of card where, after I had cut out and placed each emergent theme on separate pieces of paper, I moved them around and placed them in a way that would show the similarities and discrepancies between the themes (Appendix 9). While some of the themes would seem to easily connect with others in a comprehensive cluster, others seemed to stand alone.

Having spent a substantial amount of time with each participant individually, this process required from me to zoom out, and search for recurrences between themes. It is important to mention here that the decision of whether to discard a theme was not based on whether it seemed to be different from the others or whether it was mentioned by the minority of participants. My effort was to maintain an openness to paradox and plurality, and all decisions were made with attention towards 'participants' attempts to make sense of their experiences' (Smith, Flowers & Larkin, 2009, p. 79). I grouped the themes in the process Smith, Flowers and Larkin (ibid, p. 96) term Abstraction, and developed a table where each preliminary theme was linked to its emergent themes and the relevant quotes verbatim.

Following this first level of grouping, I then proceeded to the grouping of themes under 'superordinate' themes. Each cluster of themes shares a common pattern or connection with others and, together, they are grouped under a new theme. The themes were now grouped into the clusters of superordinate themes. In the end, I arrived to the inclusion of 21 subthemes, which were then clustered into five superordinate themes (Appendix 10) and commenced with writing-up the 'Results' section which is presented below.

While the writing-up process is not often considered part of the research method, I believe it to be an important enough part to be mentioned here. It was during the writing up process that I had to move back to the actual verbatim and choose those quotes that would best represent the themes. This process involved again a level of reflection and brought me back to the hermeneutic cycle, moving again from the general to the specific.

During this process, my aim was to best illustrate, in detail, how each theme applies to the participants, as well as to present how each subtheme interacts and relates with each other, creating a whole picture consisting of the superordinate themes. By looking back to the raw material of the transcripts, I once again revaluated the decisions I took in the previous steps, and a clearer idea of the final themes emerged.

During this process and by re-reading the participants' accounts, I decided to include a theme that I was initially doubtful about due to a lack of recurrence by the majority of participants (this theme is titled 'ending as painful', and it was shared by three participants). By re-reading the participants' accounts again, and the importance of this theme in their understanding of their experience, I found it unethical to discard it, as I felt that it represented an important part of the experience of these participants. In addition, this choice seems to be in accordance to Smith, Flowers and Larkin's (2009) focus on retaining and respecting the individual voices, while, at the same time, presenting the common voice of the group as a whole. This was an important decision as it manifests the importance of writing as part of the research process, a notion very well highlighted by Van Manen (1990). Finally, by reaffirming my commitment to openness, transparency, and faithfulness to the epistemic and ethical values I chose, I became more confident in the appropriateness of my choices for this particular study.

7.   Results

A total of 21 themes emerged from the analysis of the data. These emergent themes were organised into five clusters, constituting five superordinate themes.

Table 2:   **Superordinate themes and their associated subordinate themes**

1. The experience of time-limitation
 	
    1-A   Time as insufficient
 	
    1-B   Urgency
 	
    1-C   The facilitating effect of the deadline
 	
    1-D   Dealing with expectations

2. The experience of ending
 	
    2-A   The awareness of the ending as always present
 	
    2-B   Ending as painful
 	
    2-C   Accepting ending and feelings involved
 	
    2-D   Left with uncertainty

3. The experience of the therapeutic process
 	
    3-A   Existential themes fitting TLT
 	
    3-B   The importance of the relationship
 	
    3-C   Being rather than doing
 	
    3-D   Everything is connected
 	
    3-E   Adaptations

4. Attitudes towards time-limited therapy

     4-A   Belief-Faith

     4-B   Non-perfectionistic

     4-C   Appreciation

     4-D   Acceptance of givens

     4-E   Ethical concerns

5. Support mechanisms

     5-A   Supervision

     5-B   The importance of confidence

     5-C   Need for training

These five superordinate themes provide a broad, as well as an in-depth, overview of the experience of providing existential therapy in time-limited settings, and the meanings, understandings, values and emotions participants attach to this experience. In the following sections, each theme is discussed in detail and extracts from the transcripts are used to further illuminate the themes. Each extract is followed by a citation that has the following format: (participant's pseudonym: transcript's line).

 I start with an in-depth look at the participants' experience of working with the awareness of having a limited and predefined amount of time –the first superordinate theme. I, then, move to the second superordinate theme which revolves around the termination of therapy and how participants experience the actual ending of the

therapeutic encounter. I then continue with how participants experience the therapeutic process when they work in time-limited settings – the third superordinate theme. The above experiences are wrapped up with the attitudes that participants hold towards time-limited work –the fourth superordinate theme – and finally their support mechanisms to deal with the challenges of this particular experience – the fifth superordinate theme.

7.1 Superordinate theme 1 – The Experience of time-limitation

```
                    The Experience
                    of Time-
                    Limitation
   ┌──────────────┬──────────┴──────────┬──────────────┐
Time as        Urgency      The facilitating    Dealing with
insufficient                effect of the       expectations
                            deadline
```
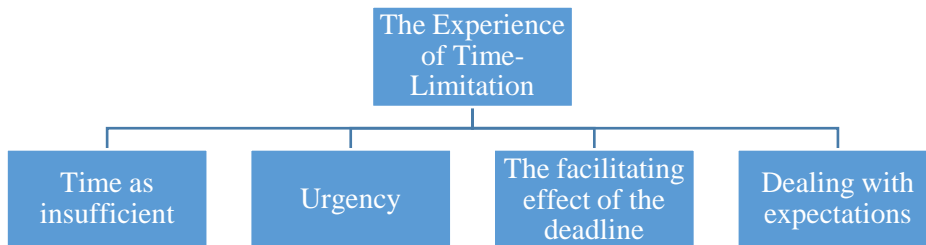
The awareness of a limited and pre-defined amount of time, in the form of a predetermined set of sessions, seems to be one of the most significant elements of working therapeutically in time-limited settings. Understandably, this awareness is what makes time-limited therapy diverge from other therapeutic experiences that do not involve a contracted time-limit, and colours the whole experience with a constant background knowledge. The relation that each participant has with this unavoidable given

provides us with four subthemes and offers an understanding of how it is for an existential therapist to work in the confinements of time. I present this experience below, starting with the experience of time as insufficient, and moving to the feelings of urgency that are evoked by this limitation. I then examine the seemingly paradoxical experience of the facilitating effect that the presence of the deadline evokes. Finally, I conclude with how participants experience and deal with expectations that are both influenced by and are influencing the experience of time-limitation.

7.1. A   Theme 1-A: Time as insufficient

The experience of time as insufficient is prevalent in the way participants experience working in time-limited settings. Time, and especially the fact that it is limited, seems to have a very powerful effect on therapists when faced with a new client, as well as during therapy. Time seems to hold a particular presence in the therapeutic room, it is there from the beginning, and acts as an invisible limit to the possibilities of the therapeutic work. Participants are faced with the very challenging mission of providing what they consider therapeutically valuable in a limited number of sessions that feels insufficient for the completion of such an important and difficult task. While trying to accomplish this task, it seems as if at the same time they have to deal with an internal voice that warns them that, with such a limited time available, this task is possibly unattainable and most probably doomed to fail.

Feelings of overwhelming anxiety, a sense of powerlessness, and questions about one's own worth and abilities arise from this inner conflict: '*But most of all it is 6 [sessions],*

which was very scary and it was lots of anxiety there because I thought, I felt quite powerless because I thought "what can I do in 6 sessions?" You know, you just get to know each other and you have to say goodbye, and how can I do any changes, help anyone to change within 6 sessions.' (Violet: 33).

Similarly, Mark describes his fear that this time limitation would be an obstacle for deep therapeutic work which consequently would expose his own insufficiency as a therapist: *'I know what I am going to do but in time-limited how am I going to address that? You know, and is it enough to just mention each of them [client's issues] in one session and wrap it up, before digging in completely, thoroughly, and that was the main fear. So, not to be sufficient for the client, not to be effective in therapy, that's nothing that I want.'* (Mark: 98).

The issue of how deeply one can work therapeutically in a limited number of sessions and concerns around the sufficiency of time for such work is obvious from David's description: *'My concern was that it was gonna be insufficient time working through, especially working through underlying feelings of, you know, a loss, or despair, or anger, or hopelessness. So something that deep-seated my sense was that it would take much longer time.'* (David: 109). Similarly, Nicky's account presents the feelings of incompleteness and dissatisfaction that arise from the perception of the therapeutic time as insufficient: *'Um, so it varies according to the client, but there is a persistent feeling of … dissatisfaction. Of, you know we could have done more.'* (Nicky: 69)

It is also interesting to note that this sense of time-insufficiency can be amplified by the wish of participants to adhere to the values of the existential approach, by adopting a

phenomenological attitude and facilitating the clients to reflect on existential issues: '*I guess when you work, um, yes, the fact that you don't get the chance, or I don't feel like I get the chance, to address and explore more existential concerns with the client. Because I think it takes time to reach that point, when you have developed that sort of relationship where you can talk about big issues.*' (Lucy: 95). Similarly: '*And especially because my approach is the existential approach, and existentially flavoured all the time, how am I going to deal with that? Because for example if you want to be non-directive, if you want to observe the horizontalisation, for example, and give equal opportunity to what the client is saying, how you can deal with the time-management? And that was very frightening.*' (Mark: 58).

I believe it is worth noting here that, as with most experiences, the experience of 'time as insufficient' described by the participants is not constantly stable, neither as a presence nor in intensity. It can be more prevalent with particular clients and can subside with others, as it can be modified and alleviated with different support mechanisms and attitudes that the participants utilise and hold, and which will be discussed later. In addition, further values, experiences, and thoughts that seem to oppose this view will also be expressed in the following sections..

7.1. B   Theme 1-B: Urgency

The reality of a limited number of sessions to work therapeutically and the fear that this amount of time might not be sufficient affect the participants both emotionally and behaviourally. The desire to make the most out of the existing time creates feelings of

urgency, a need for speedy and quick action, and an accelerated sense of immediacy, meaning that no time should be wasted and that each therapeutic minute should be utilised productively:

'I think in short-term work, I need to formulate quicker. I need to come up with a hypothesis of what might be going on quicker.' (Charles: 364)

'In a way you are kind of learning to scan quickly and find that pain. 'Is it there? Let's look at it'. You don't have time to go maybe it's here, maybe it's there.' (Violet: 206)

'So, I think, and so in a way there is an urgency, 'cause here it is, we have this, we have big issues, you know.' (Nicky: 224)

In addition, this sense of urgency that the participants experience is not limited to the therapeutic work per se, but also affects the way they aim to facilitate the therapeutic relationship in developing as quickly as possible. There is observed a conscious effort to create the necessary conditions, through their presence and attitude, which would allow for the development of a quick connection with the client. This effort seems necessary in order for the client to immediately feel safe and respected, which are essential components for beneficial therapeutic work:

'There is an urgency. […]. So, there is actually not an urgency to get work done, but an urgency in what way I can facilitate them [clients] to feel at ease, you know. In what way I can facilitate them to feel they are ok, they are not mad, they are here, they are safe.'
(Bill: 357)

'What I realised was I needed to make this engagement with the person very, very quickly, and I always used to describe it as, you know, you hit the ground running. I

mean it like, I think it's an expression from the Vietnam War where they come out of a helicopter and they land and they run, and it's a bit like that. You have to make contact with the person very, very quickly and engage with them very, very quickly.' (Peter: 89)

'Well, I think the relationship, it has to happen very quickly, if it's going to happen, because there is no time to build it up. And so, usually, I think it works when the relationship happens quickly.' (Nicky: 471)

Though the aspect of urgency and accelerated therapeutic pace seems to be embedded in the time-limited therapeutic context, at the same time it does not come free of struggle, anxieties, and questions about the quality of the process, for some of the participants:

'I am sure you are losing something when you are speeding up something, I am sure you are losing some valuable bits and pieces on the way, but the core is moving. When you work with long-term therapy you have the luxury in a way to do it a bit slower and a bit more gentle.' (Violet: 245)

'To be honest when I started, I had the fear that it would be a kind of problem, connecting with the client in such a fast way, and that we have to approach each other very fast, and we have to trust each other very fast.' (Mark: 308)

'I think it definitely affects the therapist, or it definitely affects me, knowing that I am entering a relationship which is going to be short-term. So, I know that, you know, we have 12 sessions, and we need to build our trust and relationship in those 12 sessions. Somehow everything goes in a faster pace so how I am with a faster pace in terms of my life. And I guess I am not a big fan of, you know, I am not very good at building relationships very quickly, so I would like to take my own time, generally in my life. But I

think that, somehow, will also show in my therapeutic practice, so possibly that's my

challenge with time-limited therapy.' (Lucy: 164)

7.1. C   Theme 1-C: The facilitating effect of the deadline

Another theme that is evident throughout the descriptions of the experience of time-limitation is the facilitating effect that such a concrete time-boundary has for the participants. I have chosen the title 'the facilitating effect of the deadline' since the core of this theme seems to revolve around the mental awareness of a finishing date that acts as an invisible line to the possibilities of the therapeutic work. Even though this limit, as it is shown above, can create feelings of anxiety and pressure, at the same it acts paradoxically as a facilitating constituent for therapeutic work that is only accessible through time-limited therapeutic contexts. This 'deadline' acts as a reminder of temporality, which consequently results in an appreciation of the available existing time. In addition, the recognition of time's valuable fleeting nature has a revitalising and energising effect on participants:

'So, I find that concept of 'this is the line' really helpful. I know from myself. Without deadlines I just go forever, and that's why ageing is so powerful, you know? Maybe you haven't got to that stage yet, but suddenly there is something you can see it. A realisation. So, it's really, for me, a very, very powerful thing.' (Vera: 139)

'To work with a sense of aliveness, and urgency, and immediacy, and finitude, you know, "we are not here forever". (David: 456)

'Um, the experience of working in time-limited settings actually helped me to notice of the value of time. To be able to work under pressure. To be able to stop procrastinating. I don't say that everything is lovey-dovey ok now, and I am moved by that, but I think that I've changed 50%. I noticed that I appreciate the importance of time.' (Mark: 221)

Moreover, this reminder of the temporal nature of the therapeutic work in time-limited contexts, similarly to the awareness of the temporal nature of human existence, results in a heightened appreciation of the finitude of the possibilities available. During the therapeutic process, each choice necessarily excludes another one and, precisely because time is limited, each choice acquires a quality of preciousness and importance. Although this finite number of possibilities can lead to feelings of disappointment and incompleteness, as it was shown in the theme 'time as insufficient', at the same time it results in an intensified sense of focus and presence, facilitating the therapeutic work:

'I really think it [time-limitation] taught me how to focus. It really taught me to ask what the client wanted and it really taught me to check if they got what they wanted.' (Betty: 393)

'If anything I am more, I think, I am more, um, ruthless is the word that comes to mind. In wanting to give that, that really being there, completely as a person. […]. In that, you know, it's almost like, I suppose a priest that has to prepare when they go to do the service or something. It's almost like the preparation is how present, how very present can I be because we have such a little time and so the more present I can be for you, maybe the more we can do together.' (Nicky: 431)

'And there is also the thing that interventions become more focused, both from the client and from the therapist. So there is a possibility that we can come back to the core of the issue again and again.' (David: 157)

7.1. D   Theme 1-D: Dealing with expectations

Last but not least, another theme that arises through the experience of time-limitation is the existence of others' expectations and how the participants deal with them. Although expectations exist in all therapeutic contexts, the actuality of a time-limitation seems to intensify this experience, making it more prominent and flavouring it distinctively.

Clients' expectations that manifest in time-limited therapy often create a tension between clients' wishes for a speedy cure, expertise and solutions, on the one hand, and what the therapists consider therapeutically relevant on the other:

'[There are] *high expectations and also, I think, somewhat improper expectations that the therapist knows something about certain conditions that they can very quickly make interventions and the client will be freed of those things.'* (David: 137)

'[Some clients] *want results but they don't… They want to be told what to do really. Um, I feel frustrated I think. Because it's like you are pushed to do the work for them, so I find myself, I don't know, it's like they are not really doing anything, and I suppose it's like they don't want to work.'* (Betty: 321)

'*When you are working short-term and the client knows that, you know: 'Can you help me in those 12 sessions?' […]. So they are sort of worried and suspicious of you know;*

"Other people are in therapy for life, decades, and you want me to commit to 12 sessions? Ok, what's the point?" So you have to work with that.' (Lucy: 253)

'Of course there are some clients that want to feel there was someone who is an expert. Now, I am not an expert, but I try and make them think that they are in safe hands.' (Bill: 114)

Moreover, another source of expectations can be found in the actual setting or agency that acts as the participants' employer. It is interesting to present here the experience of tension that is experienced due to the perceived conflict between the setting's expectations of a more medical, technical-like environment and the participants' wish to adhere to the existential values, as described by Charles and Peter.

'There is a sort of a tension in there, I guess. Sort of as a very, sort of medical model, um, where it is about outcomes, you know, medical setting, and sort of measuring your success in terms of, well, the client's success, I guess. In terms, of you know, depression scales and anxiety scales and all of that, and on the other hand you sort of have a very loose way of working existentially.' (Charles: 58)

'I think as an existential therapist, one of the things I found really difficult working in a time-limited way, was the agency itself started using these core evaluations sheets. We were asked to get the clients to tick boxes to show evidence of change. And I felt that was counter-productive to the work that I was doing.' (Peter: 716)

7.2   Superordinate theme 2: The experience of ending

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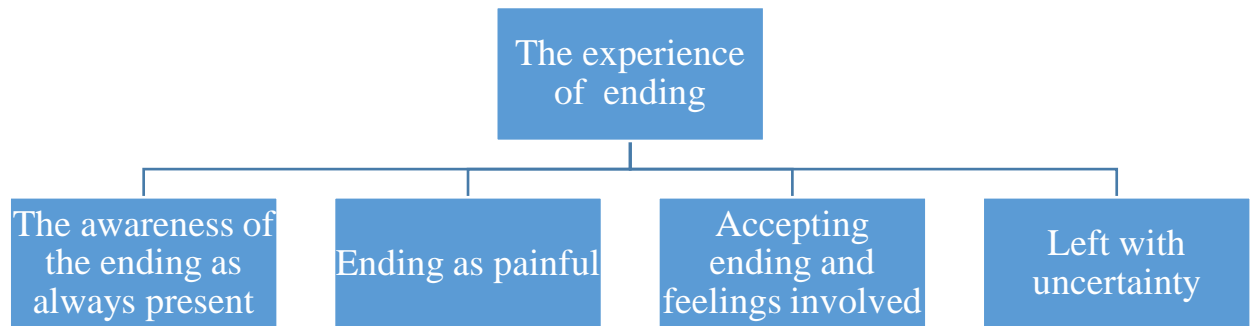
The experience of ending is another significant factor that affects therapists who work in time-limited contexts. Besides the cognitive, emotional and behavioural consequences that the awareness of time-limitation evokes, the actual ending of therapy is another important characteristic of time-limited therapy which evidently colours and influences the experience of participants. I examine the ever-present quality of the ending, and then move to the experience of ending as painful. I then proceed to the importance of accepting the ending, and the feelings involved, and conclude with the feelings of uncertainty evoked in participants, after the termination of therapy takes place.

7.2. A   Theme 2-A: The awareness of ending as always present

All therapeutic relationships involve an ending that will affect therapists in different degrees and ways. Similarly, the experience of the termination of therapy is part of time-

limited contexts, with the main difference being, though, that the exact time for this ending is predetermined and known both by the therapist and the client. This awareness, according to the participants, does not come to the fore only in the final therapeutic sessions, but acquires an influential presence that is prevalent for the duration of the whole therapeutic process, even from the very first session. The awareness of ending permeates and runs through the whole therapeutic experience, affecting, informing, and 'being always there', as described by the participants:

'The ending is always there, right from the start. It is part of the sessions and what sessions we are on, and where they [clients] are, where they might want to go, what they might want to look at, you know.' (Betty: 249)

'So, now I feel I'm changing, you know, I have to, I'm constantly having to change my attitude even from the session one and I think that what it's about for me really is ending, and ending is always a little death of sorts. So, it's almost like I have to be aware of the end even at the beginning.' (Nicky: 57)

'Um, we begin with the end in mind. So, right from the first session we are thinking about 'how would you like to think about this process and the end of the process. What would make this to be a satisfying experience?' (David: 159)

'So, we both know and are aware of ending. And that awareness will be somehow expressed in what we talk about, how we talk about things.' (Vera: 101)

7.2. B   Theme 2-B: Ending as painful

The experience of ending as painful has not been described by all participants, nevertheless the intensity and significance of emotions, exhibited by those who did, makes it important to listen to their voices. Nicky describes the difficulty she experiences with endings, and how, especially in time-limited contexts, where the ending is never too far, questions about how to protect herself arise:

'Um, but I think, you know, it brings up issues around how attached you can be with the client, not how open, because I think that just comes of itself. I wouldn't be less open… But sometimes it's very painful to end.' (Nicky: 61)

Allowing themselves to be open to the presence of the clients, developing a genuine therapeutic relationship and connection seems to work as a double-edged sword for participants, making them vulnerable to feelings of pain and loss:

'You know how it is, when you are with someone, and you really, really get on, you really, really, like the person, there is a fantastic connection, and it is so difficult to have to say goodbye, you know.' (Vera: 158)

'I really connected to these people, I really connected, and I found it really, really painful to end.' (Nicky: 65)

This difficulty of saying goodbye and the wish to postpone the separation is evident from further descriptions by Vera and Peter:

'And there is the temptation to say: 'do get in touch, anytime you want', just because you don't want to let go.' (Vera: 160)

'I have had quite a few clients that I really did not want to say goodbye, but I realised it was time for them to go.' (Peter: 408)

7.2. C   Theme 2-C: Accepting ending and feelings involved

This section describes the ways that participants relate to therapeutic endings in time-limited contexts. Although, similarly to the previous theme of 'ending as painful', feelings of pain and loss are described, participants present the ways they cope with such difficulties, and a more cognitive and attitudinal element is evident in this theme. The raw, underlying emotions that are presented above, here they become processed and managed, and a conscious willingness for them to be accepted and used productively, during the therapeutic process, is presented:

'They [clients] have become part of my landscape. They have become part of my world, part of my life. […]. Um, so I don't think it matters whether it is long-term or time-limited, you can get attached, connected to clients. And you have to have the ability to a) use supervision sensibly and also learn to let go, to learn to experience loss as celebration, rather than as deficit.' (Peter: 444)

'I guess if I have six sessions, then I need to accept that we are going to end.' (Charles: 298)

'All our life is constantly about our having to lose things. Because if we don't lose, we don't develop, we don't move on to the next place, don't leave ourselves open to new opportunities.' (David: 140)

The ability of participants to approach endings with an attitude of acceptance and appreciation is also linked to their existential training:

'Actually, this is the way it is. I think that's the most important step, or the existential step: accept the unacceptable, the uncomfortable. Even if it feels it's not a nice, neat ending with bows and ties, that's it!' (Vera: 128)

'I am very sensitive towards loss so it makes me really, really devastated when I see losses, but, maybe the fact of working existentially and studying existentially, or therapy itself, I've noticed that although everything is unstable and finishes one day, they are not there for eternity, you still have the memories.' (Mark: 331)

7.2. D   Theme 2-D: Left with uncertainty

The experience of ending is not bounded by the concrete limits of therapy, but seems to affect participants even after the actual termination of therapy and for a significant duration of time. Time-limitation and the predetermined, inescapable ending often leaves participants with feelings of uncertainty that revolve around the well-being of the clients and the effects that the therapeutic work had on them. In addition, the fact that participants have a limited time to work with clients and face an ending that is prescribed by the setting, rather than the natural, smooth, agreed ending that open-ended contexts offer, intensifies the feelings of uncertainty, wonder, and curiosity about their clients:

"I often wonder what happens to people. […] You get used to it after 40 or plus years. But there is this curiosity. I am always curious. But I also accept that I am not always going to know." [Betty: 232]
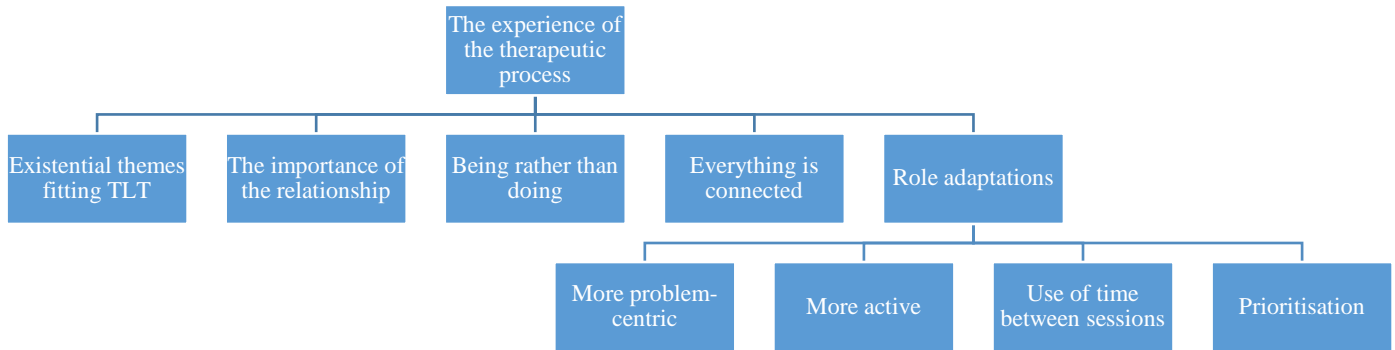
'[…] I think I certainly have some clients that are still in my mind, um, where I have the experience of not having let them go, because I wonder 'Ah, are you going to come back?', or I wonder 'How are you doing?' (Charles: 336)

'And you know, you almost feel that if you can only walk the tightrope together enough times, then it'll be ok, you know, so there's a sense 'will they be ok?' You have to trust that they will be ok, but you always wonder, I suppose.' (Nicky: 153)

'And my concern is that, you know, that sometimes in brief therapy all we can do, all that I've been able to do is just to identify that something in their [clients'] life, which they thought that has not been significant, is in fact significant and it's affecting them now. And that acknowledgement is possible in a relative short time. But actually to work through the emotional consequences of that usually takes longer and my concern is: "well, after acknowledgment, will this person be able to find the necessary environment within which they can work through?" And I think that is the uncertainty I am left with.' (David: 309)

'It's probably never a full, completed work, because it's not that you have two years and you plant the plant and the seeds growing and flourishing together, and probably pruning in a way, you don't do that. You just plant the seeds and hope it's going to grow, that's all you do.' (Violet: 195)

7.3   Superordinate theme 3: The experience of the therapeutic process

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How is it to work existentially in time-limited settings? How do participants experience the actual therapeutic process in such settings, what meaning-making processes take place in order to be able to provide what they consider therapeutically valuable in such constraints, what kind of factors and adaptations do they consider significant?

I examine this experience below, starting with the ways that participants feel that existential therapy is compatible and facilitative to time-limited work, and then move to the importance they place on the therapeutic relationship and presence for beneficial therapeutic results. Finally, I detail the emerging theme 'everything is connected', which holds an important value when working within time-constraints, and conclude with the ways that participants felt necessary to adapt their role to, in order to be able to work in time-limited settings.

7.3. A   Theme 3-A: Existential themes fitting time-limited therapy

Working within the limits of time and facing a predetermined ending evoke in participants different feelings and challenges, as was evidenced in the previous subsections. Regarding the therapeutic process, an important theme that arose was that these exact limits and challenges that a time-limited therapeutic contract releases, can also be seen as relevant to the ways participants relate to the existential approach and therapeutic practice. The issues of temporality, finitude, endings and the acceptance of givens, that are central to the existential approach, are perceived to be overarching themes in time-limited therapy as well, strengthening and enriching the therapeutic process:

'This is why I think it fits with the existential. It's that people come to me and they only have so many sessions, so no matter what we both want that's what is going to happen.' (Vera: 511)

'[T]hat is the great strength, I guess, of existential therapy. Um, that is sort of in-built and a sort of in-built awareness of time and its limitations and I think, um, yes, and I think it's useful to have that.' (Charles: 162)

'I think there is something about the finitude of time, you know? There is something about only having this much of something. That's, uh… I mean, there is something about that which is very much about the human condition, the existential givens, I think.' (Peter: 309)

'So, I guess you have that opportunity to work with endings and the relationship of loss and death in their lives, something that perhaps in open-ended therapy you don't really

address, unless you've reached the very end of therapy, which can be years later on. So, I think that that's also very important. It's one of the positive characteristics of time-limited therapy, that you get the chance to work with that and it can be very existential I think.' (Lucy: 134)

7.3. B   Theme 3-B: The importance of the relationship

The second subtheme that emerged from the participants' transcripts, regarding their understandings of the therapeutic process in time-limited contexts, is the importance they place on the development and presence of a strong therapeutic relationship with clients. It is interesting to note that even though the duration of therapy is limited, there is nevertheless a strong belief that it is possible and, most importantly, necessary to build a good therapeutic rapport. It appears that a genuine connection and the development of a trusting relationship are of great significance for the constructive progress of therapy, and in some cases they can be seen as therapeutic factors in themselves:

'Um, so I believe firmly that if you can get, if you can form a close relationship with people, and I find that I can, you know, we can get to know each other, often in the first session, we'll be quite well.' (Bill: 71)

'I believe through a relationship, in a good relationship, the things are healing on their own way, it's an attachment.' (Violet: 386)

'If it's good enough to build a rapport, some kind of rapport, just by shrinking my ego, just by not worrying so much about myself, you know? I think, I don't know, I like to believe that it can be productive.' (Vera: 304)

'So if we have some relational handle, some click, um, that is useful. And then the rest just happens.' (Charles: 276)

'The frame, the therapeutic frame is not what surrounds you, but what is between you.' (Peter: 263)

7.3. C   Theme 3-C: Being rather than doing

A very significant theme, whose presence was very strong in most transcripts, is the value that participants place on the actual presence of the therapist, their 'being' in the room with the clients and their attitude towards them. I chose to name this theme 'being rather than doing' because this core value is presented as contrasting and separating participants from other approaches that base their practice more on techniques and tools, as well as from a stereotypical belief that time-limited therapies need to be solution and technique oriented. The existential-phenomenological training, that holds a traditional suspiciousness towards the sterile dependency on tools and techniques, seems to play an important part in the ways participants understand their role in therapeutic practice, even in time-limited settings. It is important to note though, that this choice to centre the therapeutic process on such intersubjective components, without relying on the use of techniques, does not come free of tensions and challenges, as will be presented below:

'I think, I sometimes feel that I am not doing much, but that I am simply sitting there and I am providing a space where people can express what they want to express. And that is helpful, so I think it is not particularly the question that I am asked, it is not particularly about what I am doing.' (Charles: 265)

'If I am with a client genuinely, if I am myself, if I am not pretending, if I am honest, If I try to be with the client, to respect their autonomy, to respect their choices, to appreciate them, it doesn't matter if it's 100 sessions, or one session, or 12 sessions.' (Mark: 313)

'I think coming with those sorts of tools, or models, or whatever we call them, I question that in itself because, you know, the existential paradigm is about being with another. You know I start with that. That is for me, you know what existential therapy is about essentially. Being with another, and trying to be as much as possible, within the horizon of their lives, to see what it feels like.' (Nicky: 304)

'So many sorts of short-term therapy have very specific steps to follow, where actually if you do it from an existential perspective you've got to start from nothing, and then just sort of be there, and be in that unknown place, and try to make sense of it.' (Betty: 500)

This last quote from Betty, where she describes that by not depending on tools and prescribed steps, but rather on her 'being there' with the client 'in that unknown place', feels like 'starting from nothing', can introduce us to a more subtle quality that the theme of 'being rather than doing' entails. Even though the choice of resisting to base their therapeutic process on prescribed steps, tools and techniques is a very conscious, and even passionate, decision, it also comes with the anxiety, uncertainty, and sometimes the

strenuous effect that such an emotional investment requires, especially in time-limited settings:

'It [therapeutic process] requires a lot of … a lot of emotional presence. And emotional exhaustion I would say as well. Because each client is different, and new, so I've got to be very open to that. Yes. So, I find it very emotionally taxing.' (Nicky: 340)

'It [lack of tools/techniques] is anxiety provoking because I don't know what we are going to create here. And I don't know… More than that, I don't know whether I am doing what I am doing well.' (Charles: 88)

The temptation to turn to the use of tools and techniques from other approaches, in order to alleviate the anxiety and uncertainty that is associated with the lack of specific procedures to follow, is also evident by some of the participants:

'I think sometimes the tools just in a way prompt the clients to go to that space, when it is scary to go, they are useful. And without them it was quite scary: 'Can I make it?' Of course it is all about me because I felt: "Can I give you what you came for?"' (Violet: 114)

'[T]he first emotion that I had experienced was anxiety, feeling of inadequacy, frustration, as a result of anxiety, and the tendency to switch the therapy to a more, you know, structured one, goal-oriented, something like CBT for example, with clear tasks or something.' (Mark: 68)

7.3. D   Theme 3-D: Everything is connected

When participants were describing their experience of the therapeutic process in time-limited contexts, a theme that emerged was their view regarding the interrelation of issues and subjects discussed by clients. This theme presents their belief that all issues brought by the client are relevant, and at the same time, that working on any issue the client brings will have a snowball effect, affecting therapeutically other hidden parts that the client didn't have the opportunity to discuss. It is quite an important theme, since having a limited amount of sessions to work therapeutically with, necessarily narrows the range of issues that the client can focus on during therapy. The belief that all issues and concerns that the clients bring are relevant and interrelated to other parts of the clients' existence, allows the participants to follow and trust what the client is discussing, even if it is seemingly irrelevant, but also offers them a sense that even though they touched on a limited angle of their clients' lives, this can still affect and be therapeutically useful in other parts as well:

'And I also believe if, for a client or myself, big things are going on and you might not want to talk about that, and you want to talk about that, it is connected anyway. Everything is connected. So, it's all relevant.' (Vera: 287)

'Um, and I also think that, I think that life is connected. So, I genuinely believe that if a client begins to open up an area that doesn't quite connect, it becomes part of the therapy too, in a way, to see whether there are any symmetries or there are any natural resonances between one set of issues in another.' (David: 249)

'If you have six wounds in your body, and you come to me, we can't do each day all the six wounds. But to be honest, it's one body, if you know how to heal one wound you start to look at the others, that's how I see it. Everything is connected.' (Violet: 300)

7.3. E   Theme 3-E: Adaptations

i. More problem-centric

ii. More active

iii. Use of time between sessions

iv. Prioritisation

The final emergent theme in this subsection is the adaptations that participants felt they had to make in order to be able to work in time-limited settings. These adaptations involve both changes in the ways the participants experience themselves, as in the subthemes of 'more problem-centric' and 'more active', as well as different strategies they felt necessary to adopt in time-limited settings, as in the subthemes 'use of time between sessions' and 'prioritisation'.

It is also interesting to note that the former types of adaptation seem to have taken place without necessarily the conscious awareness of the participants, but become noticeable only upon reflection on their experience, suggesting a natural, unplanned adjustment that follows the flow of the therapeutic process, in such time-constraints. The latter adaptations, on the other hand, seem to be more strategically planned and consciously

employed in order for the participants to make the best use of the limited time they have with their clients.

Finally, it is important to mention that the last two subthemes (use of time between sessions and prioritisation) were evidenced only by the participants that are trained as counselling psychologists, and not by the ones that identify as psychotherapists, suggesting some difference between these two groups, that will be addressed in the Discussion chapter.

Theme 3-E-i: More problem-centric

Participants claim a change in their therapeutic focus, perceiving it to be more problem and crisis-oriented in time-limited settings than when working in an open-ended manner:

'The big difference really is, in time-limited, there is usually a life problem, and that's the issue, and that's what we are working from.' (Betty: 203)'

'It [time-limited therapy] has that flavour of being more problem-centric. You know; "What is it that it's troubling you, how you are making sense of your situation at the moment, what possibilities exist for you to meet your situation in a way that feels more satisfying."' (David: 495)

'In short-term therapy people usually have an issue, fairly easily identifiable issue like bereavement or they have got a drug problem, or they have had a car-crash and they have got, they have been diagnosed with PTSD or something. So, what they want is to

help them over a crisis, over a trauma, through something that has happened to them. Or is happening to them.' (Peter: 526)

Theme 3-E-ii: More active

Additionally, participants find themselves to be more active during the therapeutic process, and sometimes more directive, as a result of the awareness of a limited amount of time available:

'So my role changes. I do not know, I guess I become more active. Rather than wanting to be more directive, I think being more directive might almost be more of an outcome. Like, I do not think I am doing more directive therapy, but the outcome of being more focused and interpretative is maybe being more … active.' (Charles: 372)

'I think it's a very different way of working, and it's quite different way of being, because in the short-term therapy sometimes I will be saying 'my apology if I will interrupt you sometimes, we have 50 minutes now, you want us to look at this?'. So, I will ask more questions. I am much more active, I have different structure.' (Violet: 220)

'In short-term therapy there is much more interaction, I am more active. I am active in longer term but not as active. Yes, I am much more active in time-limited. In longer term I am active but I don't speak as much.' (Betty: 435)

Theme 3-E-iii: Use of time between sessions

Participants who identify as counselling psychologists have been found to encourage clients to reflect and make use of the available time between sessions, as a strategy to take advantage of all available time in time-limited settings:

'I guess I would encourage people to think about what we have been talking about more between sessions than I would do in long-term. I would try and somehow make use of the space that people have.' (Charles: 399)

'I am encouraging them, trying to explain that six weeks is going to be six sessions, it's not going to be six hours, it's going to be six weeks. So I ask them to write a diary for example.' (Violet: 231)

'And the other strategy that was kind of working, I didn't use it for all the clients, but for those who were kind of jumping from one, you know, issue to another, their ideas flying, those kinds of thing. I asked them to work in between sessions.' (Mark: 129)

Theme 3-E-iv: Prioritisation

Similarly, participants, who have been trained as counselling psychologists, engage in a discussion with their clients in a process of prioritisation of their pressing issues, as a necessary adaptive mechanism when working within the constraints of time:

'I think it's something that takes a lot of time in your first session, something that possibly you wouldn't do in an open-ended therapy, that, you know: "We have 12

sessions, you have those issues, how can we prioritise them, what's burning more?"'
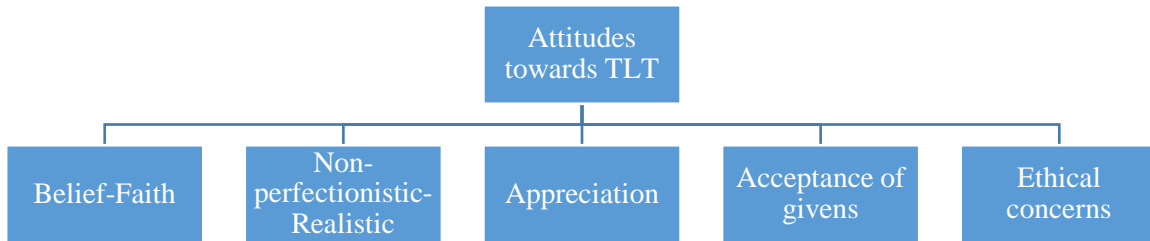
(Lucy: 218)

'Um, the other strategy I used was to come up with a kind of list of the problems, after two sessions for example, or three sessions maximum, the client was presenting all the issues she wanted, he wanted, and then we had a kind of list and then I was asking them that "ok, we have the list of what you have said, and because the therapy is for you, not for me, but we have this time as a given and we can't go through all of them, we can have a review of all of them, or if you want to dig in more we have to prioritise" […]. So, yes, it was about prioritising but not from my side. It was the client's choice.' (Mark: 120)

'[W]hen I work short term therapy I have to do this structured interview in the beginning, the assessment, and we have 10 issues for example and then I say: 'Well, we have six sessions, we can't cover these 10 issues, for example, you can choose which ones are pressing right now and we work on them.' (Violet: 212)

7.4 Superordinate theme 4: Attitudes towards time-limited therapy

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│ Belief-│ │   Non-    │ │Appreciation│ │Acceptance of│ │ Ethical  │
│ Faith  │ │perfectionistic│ │           │ │   givens    │ │ concerns │
│        │ │ -Realistic │ │           │ │            │ │          │
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This superordinate theme examines the attitudes and stances that participants hold for the application of time-limited therapy. These attitudinal characteristics, that are expressed and shared by the participants, play an important role in understanding what meaning-making processes take place and colour the actual experience of working therapeutically in time-limited settings. By examining these beliefs, cognitions and understandings, a clearer picture of the ways that participants approach such therapeutic work and of the facilitating, as well as constrictive, effect of such attitudes presents itself.

I examine these attitudes below, starting with the belief and faith that participants demonstrate towards the therapeutic value of time-limited work, and continue with how this belief and faith is also accompanied by a non-perfectionistic and realistic attitude. I then examine their appreciative outlook on this context's opportunities and the therapeutic process and continue with the accepting stance that participants hold towards

the existing givens of working in time-limited settings. I finally conclude with the ethical concerns and reservations that participants share regarding the wide-spread application of time-limited therapies.

7.4. A   Theme 4-A: Belief-Faith

A common theme that emerged, regarding the attitudes that participants hold towards time-limited therapy, is the sense of belief and faith towards the therapeutic possibilities and value of such work. Participants express their views with passion and intensity, as if in an effort to clear the misapprehensions and assumptions that view such therapeutic work as of poorer or insignificant value. Like a contrasting voice to the previously-mentioned apprehension that time is insufficient, this calming and confident attitude seems to have an evolving character, growing stronger as participants experience successful and positive outcomes with their clients:

'I have this faith because I have perceived those moments and I feel that I've been lucky enough to be able to have those moments with my clients. Even in a short time I feel there is something valuable exchanged.' (David: 440)

'[Y]ou can do miracles in 12 [sessions]. I am still a bit suspicious about four-session frameworks, but I think 12 are very good sort of therapy. So, yes I did learn that you can work, it can be helpful, it doesn't have to be years, it doesn't have to be three times a week, it could be those 12 sessions, as long as you know what you are doing and the client knows what's happening.' (Lucy: 320)

'So, I suppose a third of my work, varying between a quarter and a third, is short-term therapy, six-session work. Um, and I take the attitude that you can get an immense amount done in six sessions.' (Bill: 52)

'I know that I can do hell of a lot in six sessions, a lot.' (Violet: 74)

7.4. B   Theme 4-B: Non-perfectionistic – Realistic

The second theme of this subsection presents the non-perfectionistic and realistic attitude that is described by the participants, and which informs their expectations towards time-limited therapy. The choice to present this subtheme immediately after the attitudes of belief and faith was a deliberate one. It reveals that, even though participants hold a significant degree of faith and confidence regarding the therapeutic possibilities existing in time-limited contexts, at the same time this belief is not an idealistic or exaggerated one. It is evidenced that, in order for participants to experience satisfaction with their work, a more humble, non-perfectionistic and realistic attitude is necessary; one that colours and balances their expectations, allowing them to work effectively in such settings:

'[T]he good part of time-limited is that I think that I can find a kind of satisfaction, um, being happy with small changes, being less ambitious, less perfectionistic, saying 'that's ok, this is what the client is talking about', you know.' (Mark: 271)

'Accepting that, you know, there is so much you can do with that particular client, at that particular time and in that particular framework. […] And you have to accept it and be ok with it, I think, in order to be able to work effectively.' (Lucy: 209)

'And I think it's 'good enough'. I like that concept, Winnicott's: "it's good enough". Because that's the best you can do anyway.' (Vera: 94)

'The attitude is that we are here to do a small piece of work, um, we are here to do a small piece of work and we can both only do our best within that, but within that we can, you know, do something.' (Nicky: 214)

'In the short-term therapy you have to be realistic.' (Violet: 275)

7.4. C   Theme 4-C: Appreciation

Regarding the attitudes that participants hold towards time-limited therapy, another theme that emerged was the feelings of appreciation they experience. This sense of appreciation is perceived to be more of an attitudinal characteristic, rather than an isolated feeling, as it is described as being part of the palette of stances by which participants approach this particular therapeutic work. The word 'appreciation' is used to describe the deliberate choice of participants to perceive the positive features of time-limited therapy and their ability to feel enjoyment and satisfaction with such work. The feelings of appreciation expressed by participants fall into two different categories. The first involves the feelings of appreciation that are experienced as a consequence of the varied opportunities that time-limited therapy offers to participants and their clients:

'I like that sort of intimacy of [time-limited] therapy and the fact that you can really change people's lives very quickly.' (Betty: 114)

David appreciates the opportunity that time-limited settings offer to clients who lack the financial means for longer-term therapies:

'So, people who have less money can access [therapy] more easily and they know that they don't have to spend thousands of pounds. They can spend a small amount of money, for a short period of time, and gain something.' (David: 183)

For Peter, time-limited settings offer him the opportunity to expand his learning and therapeutic development:

'I think your skills as a therapist are developed in a way that, if you are working long-term with people, I don't think they get developed in the same way. There is a lot you learn doing short-term therapy or time-limited therapy.' (Peter: 306)

Besides the appreciation that emerges from the opportunities involved in time-limited work, there is another level of appreciation which is more relevant to the actual therapeutic process. This attitude involves the ability of participants to be appreciative of the accomplishments attained in time-limited work, and their positive outlook towards and satisfaction with their clients' achievements, however small or trivial they might seem:

'So, yes, sometimes we can't go deeper but some stories are short stories and they are still lovely, and time-limited therapy is a short story. But it doesn't have any less value than Hemingway or Charles Dickens' stories.' (Mark: 320)

'I tended to be very, at certain times, very negative of "What can we do in 12 sessions really?" and then I suppose being more open to "Well, actually, we can do some things in 12 sessions" and a lot of people have actually found it very useful, and taken up whatever we've opened up or talked about. And, you know, and having seen them think about things differently, take things on board differently, come back and report: "Oh!" you know, "I feel that I am more", you know "less anxious", or "more", you know, whatever the situation is.' (Nicky: 200)

'But it's nice to work with people, and it's nice to see how people make changes, or how people go "Oh, this is useful", or go "Oh, I didn't know that, that's going to happen", sort of experience curiosity and experience surprise." (Charles: 291)

'And we might have not achieved these miraculous changes, fundamental changes in the client's life, but that was something that the client wanted to address and we have addressed that. […]. So, yes, I am enjoying more the nature of time-limited. I think that it's appreciation of the process rather than the target.' (Mark: 338)

7.4. D   Theme 4-D: Acceptance of givens

Working in time-limited settings implicates dealing with the time-limitations that are inherent to the nature of this work. An underlying theme, evidenced by the participants, is the way they approach and the meaning they attach to these limitations. An interplay between perceiving these limitations as a given they have no control over and, at the same time, the understanding that there is a choice to hold an accepting attitude towards this given is portrayed in participants' quotes:

'Because this is the way it is basically. As a given, this is the way it is. So, we have to find a way to accept it somehow. I think it can be useful. This is the context, this is it.' (Vera: 515)

Even though this given is not the most desirable one for Mark, he approaches it with an attitude of understanding and acceptance: *'If I have the opportunity, the option, to choose between time-limited and open therapy, I would definitely go for open-ended. But what can I do, I am working in the NHS, with limited resources, and I have to deal with that.'* (Mark: 161)

For Charles the appreciation of the time-limitation as a given, that he has no control over, results in feelings of liberation: *'Well, [time-limitation imposed by the setting] can be liberating. It can be something I can hold on to. I think it can be useful. Because that is something I cannot change*.' (Charles: 564)

Finally, another example of this attitude towards the time-limitations imposed by the setting comes from Violet, who feels that her acceptance of givens, and her choice of attitude towards them, coincides with her existential training: *'You have to say this is the limitation and you have to find your way through these limitations. Hey, what can be more existential than that! So, you are dealing with that.'* (Violet: 139)

7.4. E   Theme 4-E: Ethical concerns

Although, in the aforementioned themes of this subsection, the impression of an overall positive attitude towards time-limited therapy is depicted, there is no shortage of the

critical voices and concerns that participants exhibit about this particular mode of therapy.

Participants, even though, as presented in the above subthemes, can approach their experience of providing therapy in time-limited settings with an accepting, appreciative and positive attitude, reflect on the fact their work also entails facing an important ethical dilemma. This dilemma entails on the one hand their acceptance and understanding of the necessity of the use of time-limited contracts in therapy due to financial and organisational constraints, as well as their commitment and faith that such a provision can also be therapeutic and valuable to the clients in need, and on the other hand their apprehension that this exact focus on monetary and systemic issues can lead to an over-generalisability of time-limited therapies, resulting in the neglect of the unique needs of their clients, and the mechanisation of psychotherapy. Although this ethical dilemma is not necessarily resolved, according to the participants' accounts, it colours distinctively their experience, and constitutes an important component of their holistic experience of providing existential therapy in time-limited contexts.

The ethical concerns that are expressed below revolve around participants' duty of care towards their clients, and their apprehension that sometimes financial and organisational issues are considered to be more important than the unique needs of each client:

'So the reasons that are giving rise, let's say, to time-limited are not client factors. They are economic factors, they are resource factors, they are managerial factors, organisational factors. So, I'd be careful about those things, so, yes, do support the

practitioner in working in the time-limited way, but keep open the possibility that it is

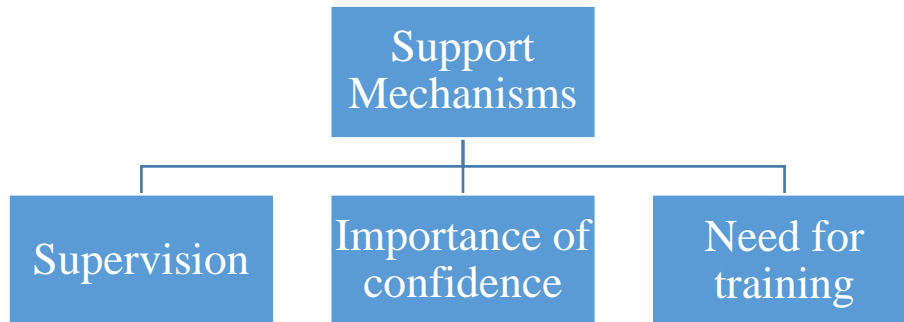*time-limited essentially because of resource issues.'* (David: 544)

'You have to fulfil a quota, otherwise they'll close you down, if you haven't seen 100

people. So, there is something about 'if I only give them 6 sessions each, then I can see

200 people' but then that's turning people into numbers, which is exactly what they come

to you for, it's to be seen like a human. So, that's the dilemma.' (Nicky: 726)

The ethical concerns that arise due to the lack of a theoretical justification for the

application of time-limited therapy and the neglect of the unique needs of the clients for

the sake of an all-encompassing, generalised mode of therapy, are also raised by Vera and

Lucy:

'And me being the one who imposes the limit from a theoretical kind of "this is good for

you, this is good for me", I can't do that. I couldn't do that because I wouldn't know the

person, I wouldn't know on what ground.' (Vera: 535)

'So, I am thinking that sometimes, even though you can do excellent work and have great

outcomes in short-term therapy, sometimes it's not for everybody.' (Lucy: 61)

7.5   Superordinate theme 5: Support mechanisms

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                   │     Support     │
                   │   Mechanisms    │
                   └─────────────────┘
          ┌────────────────┼────────────────┐
   ┌─────────────┐  ┌─────────────┐  ┌─────────────┐
   │             │  │Importance of│  │  Need for   │
   │ Supervision │  │ confidence  │  │  training   │
   └─────────────┘  └─────────────┘  └─────────────┘
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The last, but equally significant, superordinate theme that emerged through participants'
experience of time-limited settings, explores the facilitative role of the support
mechanisms that are used by the participants, as well as their needs in relation to them.

Even though this superordinate theme appears to hold a peripheral position to the actual
experience of working in time-limited settings, at the same time it is central in
understanding and appreciating how it is for participants to work in these settings and
what types of external and internal mechanisms are used to facilitate such work. As
described in the previous subsections, working in time-limited settings involves a
particular set of challenges and difficulties that are not present in other modes of
therapeutic work. Additionally, participants, in order to be able to work effectively in
these contexts, proceed to a number of adaptations and mental processes that enable them
to adjust and make the best use of the inherent limitations of these settings.

One external support mechanism that is of great importance to participants is the use of supervision, the first subtheme of this section. The importance of confidence is also presented in this section as an internal type of support. Finally, the third subtheme voices participants' concerns regarding the lack of and need for a specialised training program, developed to address the specific challenges and difficulties of such work, as well as to help them acquire the necessary skills and understandings for an effective and competent therapeutic process in time-limited settings.

7.5. A   Theme 5-A: Supervision

The main, and in some cases the only, external source of support described by participants is that of supervision: *'I think supervision is the main source of support'* (Lucy: 311). Its importance and relevance seems to be integral to the work in time-limited settings, where participants are faced with unique conditions and limitations: *'[Y]ou know, supervision is absolutely desperate, desperately needed in a situation like that. And, um, and I think that, with time-limited therapy, you need good supervision.'* (Peter: 437)

A collaborative and respectful supervisee-therapist relationship is a great source of support in time-limited settings, as it provides the necessary space for participants to feel safe in exploring their struggles, difficulties and challenges:

'So, with my supervisor we are discussing my difficulties, instead of going "Well, this is it. You just have to do this and this", you know. We are sitting as two people talking about it. And that makes me feel better.' (Nicky: 699)

Moreover, the significance of supervision that respects and promotes the therapist's existential values and therapeutic attitudes is raised by David:

'I've been lucky to be able to create supervisory relationships where I can declare how I want to work as a therapist, why I am a therapist. And the more I've been able to trust myself in saying that the more I've been supported by my supervisor, in that saying "Well, you can work like that in time-limited settings, you don't have to focus on outcomes, you don't have to deliver results in that way, all you need to do is to work with certain constraints, and see those constraints as existential constraints."' (David: 550)

7.5. B   Theme 5-B: The importance of confidence

The relevance of confidence in working in time-limited settings has been touched in the previous subsection, and under the subtheme of faith-belief. In the previous discussion, the ways that participants approach their work in time-limited settings and the stances they hold towards them, was portrayed, revealing the shared theme of an attitude of belief and confidence in the therapeutic value of time-limited therapy. In the current subsection, a parallel, but at the same time different, level of the experience of confidence and its supportive nature is presented.

This type of confidence is more personal and revolves around participants' own competence and efficiency. Even though this level of self-confidence and assertiveness is not a given, but is rather a feeling that is gained through experience and self-reflection, nevertheless, as soon as it is perceived and experienced, acts as an important source of internal support, necessary during the therapeutic process:

'There is something about, I guess there is something about confidence in there as well, you know? There is something about being confident enough to say "I have done this for a while, I think I can go in here and say…" […] I think there is a confidence.' (Charles: 528)

'I think it takes a lot of confidence. […] Um, which I think it just comes with experience, and sitting, and sitting, and feeling uneasy, and feeling scared, or "Oh, God! What can I give to this person, I have nothing to give." All these different feelings, and going through them.' (Nicky: 581)

Similarly to the belief and faith in the therapeutic value of time-limited work, the significance of self-belief and confidence is also balanced with realistic and non-perfectionistic expectations from oneself:

'And you can work in any possible, in all different ways, and when there are six sessions, you don't need to have CBT, or ... I didn't think that in the beginning, because I didn't have confidence as a therapist, and now I become more confident in myself and I am not trying to prove to my clients that I am a good therapist, "I am going to show you something, a miracle here". I know I am not going to do miracles, but I know what I want to happen.' (Violet: 306)

Finally, self-confidence and its supportive nature are not considered to magically alleviate participants from all anxieties and difficulties. Rather than a final destination, the pursuit of confidence is experienced more as a process by Mark, one that is possibly unattainable in its completion. Moreover, its facilitative and supportive nature results in him feeling more grounded:

'I am more grounded now, you know? But it doesn't mean that both of my feet are on the ground. I always have the feeling that I have only one foot on the ground and I have to dance with that. Um, when I started I wanted to dance but both of my feet were on the air. Now, I have the feeling that I have some kind of ground. First of all I feel more confident to find a kind of structure for myself.' (Mark: 150)

7.5. C   Theme 5-C: Need for training

The final theme that allows us to gain an understanding of how it is for existential therapists to work in time-limited settings, revolves around the lack of a specialised training program on the particular challenges and adaptations that such mode of therapy involves for participants, and the effect that such an absence has on them. Although this subtheme does not describe an existing support mechanism, it was evident in the majority of participants' narratives, and presents an opportunity to listen to their understandings and beliefs of what would constitute a source of support for them and how they envision it.

For many of the participants the lack of such specialised training programmes has been perceived as an important omission of the training bodies and institutions; such an

oversight is experienced to have created feelings of frustration and isolation in the participants who were left to deal with the lack of theoretical knowledge and the initial inexperience by themselves:

'[W]hen I was starting out and when I found myself in the time-limited settings I had no idea about time-limited, and I found that frustrating. Um, and I think that at the time it [training] would have helped me.' (Nicky: 642)

'It would have been helpful to have some sort of guidance, or at least some sort of options: "This is how you can work". Because I think it is, it is that vastness in the beginning which I think is sometimes quite difficult.' (Charles: 502)

'So, it was very challenging, very challenging. I had to survive and I had to come up with, you know, these really innovative ideas. […] I was on my own, I still feel this sadness.' (Mark: 385)

A final, but equally noteworthy, point that participants make regarding the necessity of training in time-limited therapy, is the significance they place on the adherence of such a program to the existential philosophy and therapeutic values. Not only do these accounts inform us about how participants envision the development of such a training program, but also offer us another glimpse of the way that participants have understood and realised the application of existential therapy in time-limited settings:

'There's a lot of issues there which I don't think, certainly in my training, got addressed at all. So, it would be great if you, if you had it, as part of the modules, it would be very practical and useful for people. But you need someone who is going to teach it on an existential course, who is coming from an existential position, rather than getting it all by

someone who is a CBT therapist, because you are going to get something completely different.' (Peter: 739)

'*[T]hat's much harder to teach, but if you have already been taught existential psychotherapy, I think you could make a training which doesn't end up looking structured, through the idea of focusing, because I think focusing and presence and all of that sort of thing, make sense in time-limited work.*' (Betty: 503)

'*I think that this kind of training can be done, for example, very phenomenologically, the way you are asking these questions and saying: "Well, this is the different experiences of people who work in six sessions." […] So, it's a way to work with that. I don't know, write a book with case studies, showing the links, and how they are all covering the existential philosophy. And saying it is possible but it has to be your way.*' (Violet: 545)
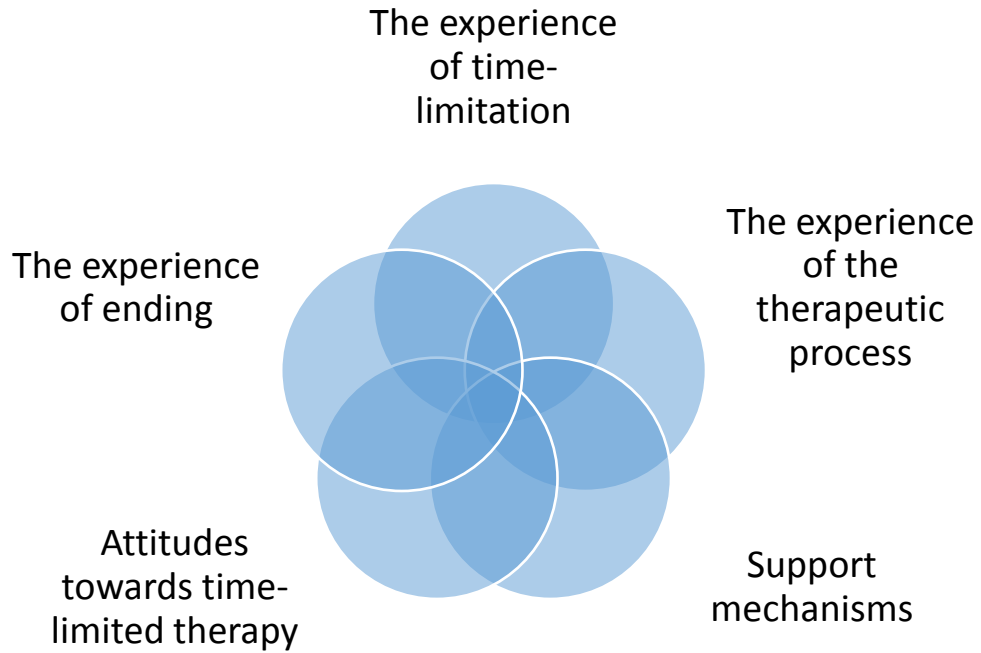
8.   Discussion

This section examines the results presented above in light of pre-existing literature in an effort to place this study in the wider context of counselling psychology and psychotherapy, as well as the existential approach more specifically. While the literature review, offered in the beginning of this study, is perceived as providing a substantial space to reflect on the subject under investigation, it is worth noticing that "it is in the nature of IPA that the interview and analysis will have taken [the researcher] into new and unanticipated territory" (Smith, Flowers & Larkin, 2009, p. 113). Indeed, my engagement with the analysis of the data, while in the most part seems to relate with the theory and research already presented, has also driven me to unexpected thoughts and ideas which offer a different angle to the experience examined. For this reason, the dialogue, between the findings and the literature review in this section, is enriched with the introduction of new material for the first time "in order to frame this new angle that has developed" (ibid, p. 113).

It is also important to acknowledge that, similarly to the analysis of the data, the discussion of the findings does not claim to be the only discussion possible. This would deny one of the basic premises of my epistemological stance, which understands and accepts that, as a 'Being-in-the-world', I am always limited by my historical and personal background, and that any claim of certitude would necessarily distance me from the experience under investigation by denying its potential possibilities (Heidegger, 1962). This discussion, thus, is one of the many possible discussions and, even though

unavoidably selective, my hope is to be of no less value and to stimulate a lively engagement with the experience under investigation.

In this chapter, I present each superordinate theme in turn, commencing with the experience of time-limitation, then the experience of ending, followed by the experience of the therapeutic process, and then moving on to the attitudes towards time-limited therapy, and concluding with the support systems. Even though each superordinate theme will be presented below in a serial fashion, I would like to remind the reader that this is only done for practical reasons, as it is, in my view, impossible to compartmentalise an experience and that all factors of the experience are interrelated, as they both affect and are affected by each other. A possible better depiction of the interrelatedness of the superordinate themes can be found in the graphic design below, where each superordinate theme is shown to be influenced, and to influence the rest, and all of them are constituents of the holistic experience of existential therapists working in time-limited settings.

The experience of existential therapists working in time-limited settings:

The experience
of time-
limitation

The experience
of ending

The experience
of the
therapeutic
process

Attitudes
towards time-
limited therapy

Support
mechanisms

8.1   The experience of time-limitation

The presence of a time-limitation in the form of a predetermined contract, that governs the number of sessions available, emerged as a core component of the experience of existential therapists working in time-limited settings. As Strasser and Strasser (1997) point out, it is the existence of a time-limitation that constitutes the main difference between an open-ended and a time-limited therapeutic practice, bringing the idea of time into the process, and colouring the experience of the therapeutic work. Even though the issue of time can, at least theoretically, be present in all therapeutic frameworks (Shinebourne, 2006), since unavoidably they are all finite, the presence of a fixed number of sessions appears to create a unique atmosphere in which the temporal nature of the therapeutic encounter comes into the forefront, and thus influences the participants in unique ways. Time, then, instead of a mere theoretical and abstract construct, becomes an actuality, and seems to hold a very real presence in the therapy's room, bringing into awareness this fourth dimension to which we are very often oblivious or apt to forget.

For the participants of this study the awareness of the limitation of time, in time-limited contexts, results in the perception of time as insufficient, provoking feelings of anxiety, fear, powerlessness, and dissatisfaction. These feelings can be understood from Hoyt's (2004) description of the psychological need of therapists to offer everything to everyone, and the experience of guilt that arises from the acknowledgement of the impossibility of this enterprise due to its time-boundaries. In addition, the traditional foundation of existential therapy on open-ended contracts (Cooper, 2003) and the suspiciousness and resistance of existential therapists to quick and easy fixes (van Deurzen, 2002) is shown to affect some of the participants by amplifying their sense of time as insufficient,

particularly when regarding their wish to adhere to the phenomenological values of existential therapy and finding them incompatible to the fast pace of time-limited therapy. A response to this tension can be found in Strasser and Strasser's (1997) proposal of a highly structured time-limited existential therapy, which could be used in order to acquire a holistic view of the clients and address their existential issues, even in the limited time available.

Moreover though, it is possible that, regardless of the exact number of sessions available, just the mere fact that there is a time-limitation can be an adequate reason for the feelings of the insufficiency of time and the subsequent feelings of anxiety. It is interesting that these feelings were expressed by participants that worked within 6-sessions contracts, as well as by those with 12-sessions contracts, which is double the number of sessions of the former. This poses the question of what available number of sessions would feel sufficient, and whether it would ever be possible to conclude to any adequate such limitation. According to the view of many existential philosophers and psychotherapists (Heidegger, 1962; Cohn, 1997; Weixel-Dixon & Strasser, 2005; van Deurzen & Adams, 2011), while time and temporality are inescapable ontological givens, our everyday experience often fails to recognise -or looks away from - the existence of this inescapable given, and is caught into what we could describe as an infinite project of a sequence of "nows", 'the inauthentic temporality of everyday Dasein', according to Heidegger (1962, p. 477). The presence of fixed time-boundaries in time-limited therapy, thus, similarly to boundary experiences, like the confrontation of one's own death with the diagnosis of a terminal illness, brings up for therapists an awakening to the experience of time and the

temporal nature of the therapeutic process, that might not be so readily conscious in open-ended forms of therapies.

From a philosophical perspective, it could be hypothesised that, similarly to the boundary that death poses into our existences, the awareness of a concrete time-limitation in therapy can cause similar feelings of dread and anxiety when we are faced with the actuality of finitude and the issues of freedom, choice and responsibility that follow (van Deurzen, 1997). The feelings of time as insufficient and the anxiety involved could be then perceived as 'not an accidental or random mood of 'weakness' in some individual; but as a basic state-of-mind of Dasein, [anxiety] amounts to the disclosedness of the fact that Dasein exists as thrown Being towards its end.' (Heidegger, 1962, p. 295). While Hoyt's (2004) warning against those feelings of anxiety, and Strasser and Strasser's (1997) existential wheel as a solution to the issue of time in existential time-limited therapy, are to be taken seriously, another suggestion that can be proposed here, is that this feeling of time as insufficient may never be completely alleviated, since the mere existence of a time-boundary is a reminder of our finite possibilities, a painful but nevertheless inescapable condition of human existence. As Nicky says 'there is a persistent feeling of … dissatisfaction. Of, you know we could have done more.' (Nicky: 69) which resonates with the reality of our finite life: we could have always done more.

A direct consequence of the feeling that time is insufficient, for an ideally complete therapeutic process in time-limited settings, seems to be the experience of urgency that emerged from the participants' accounts. This experience involves both an emotional component, meaning a persistent feeling of urgency that moulds the therapists being in the therapeutic room, as well as a behavioural component which results into actions that

reinforce the immediacy and quick pace of the process. This finding doesn't come as a surprise as it is acknowledged in the literature (Steenbarger, 1992; Strasser and Strasser, 1997; Messer, 2001b; Shapiro et al., 2003;Lamont, 2012) where it is suggested that such an experience is not only inevitable in short-term contracts, but also desirable. In some ways it is as if this feeling of urgency and quick pace in the therapeutic process is expected from the practitioners in order for them to make the best use of the available time, by becoming more attentive, more focused, and more challenging (Lamont, 2012). This sense of urgency arises also from the wish of participants to connect with their clients in the early stages of therapy, a requirement according to Strasser and Strasser (1997) for a successful time-limited therapy which is also supported by research showing that an early alliance in therapy can have powerful effects on therapeutic outcomes (McMillan & McLeod, 2006).

What are less discussed though, are the contradictory feelings that such an experience evokes in some existential practitioners. On the one hand, they acknowledge that such a sense of urgency is both unavoidable and necessary, but on the other hand they fear that this sense will lead them to diverge from the values and ideals they hold for their therapeutic practice. Similar to Rollo May's (1992) concerns for what valuable pieces of therapy might be left out in such an energetic practice, Violet is also wary of what might get lost in the fast pace of time-limited therapy. For Marc and Lucy, the problem of the sense of urgency in time-limited settings is mostly focused on the therapeutic relationship, and their concerns regarding the pressure both they and their clients experience to quickly trust and connect with each other.

It is possible that such concerns derive from a traditional reliance psychotherapy and therapeutic training have on long-term contracts (Gurman, 1981), as well as existential theory's suspiciousness of quick forms of therapy, more specifically (van Deurzen, 2002; Cooper, 2003). While the aforementioned struggle is not common for all participants, nevertheless, it can be an indicator for further research on the subject of time-limited therapy and the values that therapists hold regarding it. Even though research suggests that time-limited therapy can be as efficient for therapeutic change as its long-term equivalents (Gelso & Johnson, 1983; Keilson et al., 1983; Howard et al., 1986; Steenbarger, 2002; Shapiro et al., 2003), it is worth examining the question of what can be lost in such an urgent and fast pace and what factors lead some therapists to experience such a loss more intensely than others.

A seemingly controversial finding regarding the experience of time-limitation is the experience of the deadline as a facilitative factor in such contexts, described by most participants. It seems paradoxical to the above findings of the experience of time as insufficient, because while the experience of a fixed number of sessions and a concrete boundary in the therapeutic possibilities can fill therapists with anxiety and fear, at the same time it holds a revitalising and energising effect, leading to a better appreciation of the available possibilities, even in this limited period of time.

From an existential perspective though, this paradox is not surprising. Similar to the awareness of finitude in life, death as an inescapable ending can result both in the experience of dread and anxiety, as well as to a heightened appreciation of one's remaining life, leading to a sense of a more authentic presence and aliveness (Yalom, 2002). Heidegger (1962) was one of the first philosophers to recognise the value of such

an awareness which has also been presented extensively by the existential approach (van Deurzen & Adams, 2011; van Deurzen-Smith, 1988; Weixel-Dixon & Strasser, 2005; Yalom, 2002).

While research on the effect of a deadline on different tasks is inconclusive, with some studies suggesting that the existence of an externally imposed deadline can be beneficial in helping participants to conquer procrastination (Ariely & Wertenbroch, 2002) and result in improved outcomes (Moore, 2004) and others suggesting that they can lead to a reduction of interest in the task at hand (Reader, 1982), the current findings seem to confirm the positive effects of an externally imposed deadline in the therapeutic encounter. Even though it cannot be suggested by this study that a fixed deadline should be present in all therapeutic encounters, it has nevertheless been found that such a deadline is not necessarily negative. It rather has the potential to create a richer, more pragmatic, and more appreciative understanding of the preciousness of time, congruent with the existing literature in time-limited therapy (Mann, 1973; Lamont, 2012; Strasser and Strasser, 1997; Coren, 2001).

The final theme of the experience of time-limitation is called 'dealing with expectations'. It reminds us that there is no experience isolated from the effect of others, and more specifically the effect of others' expectations and demands, either expressed or implied. Although expectations exist in all therapeutic contexts, the actuality of a time-limitation seems to intensify this experience, making it more prominent and flavouring it distinctively. Most participants describe a persistent pressure, coming both from their clients and the institutions they work in: to do something quickly, to offer solutions, to cure, to be helpful. Again, if we take into consideration the scepticism of the existential

approach to quick and easy fixes (van Deurzen, 2002), and to the widespread medical model that is prominent in many public and voluntary settings, it can be a logical conclusion to expect existential therapists to feel particularly challenged by such expectations. Strasser and Strasser (1997) warn against the effect that such pressures might have on existential therapists and which might result in an intense desire to help and fix clients, leading therapists to diverge from the existential values of respecting clients' autonomy and their focus on an open exploration, making them preoccupied with notions of cure and solutions.

Nevertheless, it is suggested that the pressure therapists feel by such expectations is a common factor regardless of their theoretical orientation (Hoyt, 2004). At the same time, and without wishing to minimise the pragmatic pressures that participants encounter, it is worth considering the possible interplay of actual external expectations and internal self-expectations that have to do with the therapists' own needs for validation and concerns regarding their efficiency (Shapiro et al., 2003). While the external expectations are real and pressuring, a possible interesting outlook that can be helpful in supervisory settings would be to examine the internal self-expectations that psychotherapists hold regarding their services, and the possibility that such internal self-expectations might intensify the pressures that come from the external ones.

8.2 The experience of ending

Even though an ending is inevitable in all therapeutic relationships, the main difference between time-limited therapies and open-ended ones is that this ending is prearranged

with a very specific, fixed date upon which it will take place. While there can be some slight changes on the exact amount of sessions after which the ending will happen, with the client or the therapist requiring an extension in therapy, nevertheless the ending is never far away, and each session brings both the client and the therapist closer to it.

Since Freud (1918; 1937; 2010), the effect that the termination of therapy has on clients has been discussed and analysed, and important questions of when and how an ideal ending of therapy should take place, as well as the various effects premature endings or externally imposed endings might have on clients, have been posed. Even so, there is no universal consensus of what a preferred ending should be like, and every therapeutic model, practitioner and client might have different views on the way that it should occur (Spinelli, 2015).

In time-limited therapy, the ending of the therapeutic relationship, rather than being an abstract concept placed somewhere in the unknown future, has a very concrete place in the therapeutic work, and it has often been theorised that its effects on the psyche of the client should be used in a productive manner during the therapeutic process, as a unique opportunity for the client to reflect on issues like loss, abandonment and separation (Mann, 1973). In their proposed model of existential time-limited therapy, Strasser and Strasser (1997) have similarly pointed out the value of explicitly reminding clients of the remaining number of sessions and the approaching ending, and of utilising this as a parallel to the unavoidable givens of finitude and temporality of human existence.

Regarding the therapists' experience, the present study has found that the issue of ending has different effects on them. Less than half of the participants (4) have expressed that the

ending in time-limited therapy plays a central role in the therapeutic process, affecting and influencing the way the therapy unfolds. The impending termination of the therapeutic encounter is constantly in the background of their awareness, a constant presence in the space they create with their clients. Interestingly, two of the participants that described the constant influence that the ending has on them, as well as a third participant that didn't, described the experience of deep feelings of pain and loss when the actual termination occurs. Similarly, five of the participants, including three of those to whom the ending is a constant presence in the therapeutic process and has caused them feelings of pain, have presented their conscious effort to accept the ending as part of the givens of the therapeutic work in time-limited settings, and to reflect on and accept the difficult feelings that are involved in such an experience.

While the above findings showed variation across participants, the reasons to include them nevertheless was twofold. Firstly, in accordance to Smith, Flowers and Larkin's (2009) proposal of respecting and including the individual voices of participants, presenting both the convergence and divergence from the norm, I believed it to be ethically relevant to allow the voices of those participant to be heard. A second, more theoretical reason though, was to explore the possible reasons for such a variation.

Even though, according to the literature, therapists are not immune to the difficult feelings that accompany the ending of a therapeutic relationship, and have been found to experience feelings of pain, loss, mourning and separation (Mann, 1973; Mander, 2000), in the current study the majority of participants didn't express such feelings. While a possible explanation would be to conclude that different therapists experience different levels of sensitivity towards endings, it could also be possible that the particular type of

therapeutic work and the constant facing of endings could have enhanced the ability of therapists to deal with them and to accept them as part of the therapeutic process. This constant facing of endings, that are an intrinsic characteristic of time-limited therapy, could have also created what Williams (1997, p. 347) refers to as a kind of 'defensive crust' which permits therapists to safeguard themselves from feelings of pain and deep personal involvement, and which is developed after many years of practice. Another possibility could be that only those therapists that seem to have an ability to deal with the constant beginnings and endings of this therapy mode choose to work in time-limited contexts. This is congruent with Mander's (2000) view that only those therapists that have the ability to let go, mourn, and accept the separation that endings involve are capable of becoming brief therapists. In addition, it is possible that the participants' training in the existential approach, that traditionally deals with the acceptance of human givens, such as endings, death, temporality and finitude (Cohn, 1997; Yalom, 2002; van Deurzen, 2002; van Deurzen & Adams, 2011; Spinelli, 2015), has provided participants with the adequate theoretical and practical space to reflect on and deal with the issues of ending and separation and the ways they are affected by them. This hypothesis seems to be confirmed by the third subtheme, which offers descriptions of how participants deal with the difficult feelings of endings in an effort to consciously accept them as part of the human condition. As Vera says: 'I think that's the most important step, or the existential step: accept the unacceptable, the uncomfortable.' (Vera: 128)

Another interesting, and surprising finding for me, regarding the experience of termination in time-limited contexts, was the manifestation of feelings of uncertainty that participants experience. Participants, almost unanimously (9/10), expressed how they are

left with uncertainty regarding their clients' wellbeing and the effect that their short therapeutic encounter had on them. In a way this finding shows that the experience of ending is not bounded by the concrete limits of therapy, but seems to affect participants leaving them with feelings of uncertainty that can last for a significant duration of time, after the actual therapeutic termination.

While the experience of anxiety and uncertainty, from the therapist's part, regarding the introduction of ending can be found in open-ended forms of therapy (Spinelli, 2015), it is more common when a therapist is faced with a premature termination where the client abruptly, and sometimes without explanation, ceases to continue their therapy (Piselli, Halgin & MacEwan, 2011; Spinelli, 2015). In those instances, the client's decision to end therapy might come as a surprise for the therapist and can provoke the therapist's own insecurities regarding their personal and therapeutic efficacy. Contrary to those surprising endings though, the termination in time-limited contexts is pre-contracted, and both the client and therapist are aware of, and possibly prepared for, its coming appearance.

Moreover, the feelings of uncertainty, described in this study, focus mainly on thoughts and concerns regarding the wellbeing of clients and the effect that the therapeutic encounter might have on them after the agreed termination, rather than on therapists' concerns regarding their own efficacy.

Whereas all forms of therapy can leave therapists with some degree of uncertainty regarding their clients' life-after-therapy, due to the professional boundaries that this relationship involves and the necessary ceasing of communication with the client after the termination of therapy, it is possible that the experience of uncertainty can be intensified

in time-limited settings, where the termination of therapy is prescribed by the setting, in contrast to the more natural, smooth, mutually agreed ending that is most usually the case in open-ended contexts.

In addition, the experience of a prescribed time-limitation seems to deprive therapists of the opportunity to witness the exact effects that therapy had on clients, and to make sure of the positive influence of therapy on their clients' lives. Violet, with her interesting metaphor of therapy as the planting of seeds, says exactly that: 'You just plant the seeds and hope it's going to grow, that's all you do.' (Violet: 195). This idea is congruent with Mander's (2000) view on the importance of therapists' ability to deal with such an uncertainty, and to let go without expecting perfect results in time-limited settings and Budman and Gurman's (1988) acknowledgement that a therapist in time-limited settings needs to accept that she or he will not be able to witness all changes that will take place in the client's life. Another possible explanation of the experience of feelings of uncertainty can also be found in the idea that time-limited therapies, with the provision of a certain ending, bring to awareness the existential givens of temporality, finitude, loss and uncertainty (Strasser and Strasser, 1997), affecting therapists in similar ways and bringing up feelings of uncertainty that are common to the experience of endings in all its forms.

Finally, I believe it is worth remembering, that existential therapy, as most therapeutic approaches, values the development of a therapeutic relationship as an important factor for therapeutic change, even in the fast-pace of time-limited contexts (Strasser and Strasser, 1997). Since therapists are also humans, we can assume that they are not immune to the feelings that the termination of a relationship can have, and it is possible

that the genuine feelings of care and concern for their clients might continue to exist even when the contracted period of therapy is over.

Concluding the discussion of the superordinate theme of the experience of ending, as this emerged in the current study, it was found that, even though therapists are possibly prepared and used to the perpetual endings that working in a time-limited context involves, termination might have profound effects on their experience. It is worthwhile having in mind, that even though not all therapists experience endings as painful, it is still a possibility that needs to be acknowledged. Moreover, the feelings of uncertainty, which most of the participants experience, are also indicative of the need to recognise that therapists are also influenced by the endings in time-limited contexts, and this influence can remain even a long time after the actual termination of therapy. It is important for both training institutions and supervisors to be aware of these possibilities, and to provide the necessary space and time for therapists to express and reflect on these feelings, as well as to feel supported and heard.

8.3   The experience of the therapeutic process

The third theme that emerged through participants' descriptions of their experience in time-limited contexts reveals the ways they understand, conceptualise and experience the therapeutic process in these kinds of settings. Five subthemes arose regarding the experience of the therapeutic process: existential themes fitting time-limited therapy, the importance of the relationship, being rather than doing, everything is connected and role adaptations.

The first subtheme about existential therapists' experience of the therapeutic process in time-limited settings regards the view that the themes that the existential approach traditionally focuses on, like temporality, finitude, endings, death, limitations and the acceptance of givens, are particularly well fitted in time-limited therapeutic settings. It is understood that the particular limitations and challenges that a time-limited contract involves are perceived as an opportunity for the above existential themes to come to the surface and thus to be used in a productive manner in therapeutic practice. At the same time, existential therapists seem to feel particularly well-suited to work in such time-constrains, as their training, and their philosophical approach to life's givens and the human condition, seem relevant to the issues that often arise in such settings.

This view is highly congruent with Strasser and Strasser's (1997) belief that the existential model works particularly well in time-limited settings due to its traditional focus on temporality, and its consequent limitations, and that the introduction of a time-limitation and a definitive ending in the therapeutic process has the potentiality to enrich and deepen the therapeutic work. Even though participants do not go as far as Strasser and Strasser (1997) in claiming that temporality, and thus a pre-contracted ending, has to be present in all therapeutic encounters, when this is externally introduced by the setting or organisation they work for, it can be experienced as an opportunity that will yield important insights to their clients and a better understanding of their relationship with the unavoidable givens of life.

While it would be unfair to other therapeutic approaches to imply that existential therapy is the most relevant type of therapy in time-limited contexts, it is nevertheless important to acknowledge that existential therapists feel confident to apply their theoretical

understandings and training to this mode of therapy. The traditional focus of the existential approach on the paradoxical experiences that temporality, limitations, and endings evoke (van Deurzen-Smith, 1988; Yalom, 2002; Weixel-Dixon; Strasser, 2005 & van Deurzen & Adams, 2011) seem to make existential therapists feel particularly well-equipped to deal with the analogous feelings that a time-limited setting could bring up for their clients.

I believe this finding is particularly interesting if we consider Mick Cooper's (2003, p. 129) observation that there is "a tendency among existential therapists to be somewhat wary of the 'time-limited' or 'short-term' approaches". Even though there is no reason to dispute Mick Cooper's observation, at the same time it is important to maintain an open mind and possibly reconsider the value of the application of existential therapy in time-limited treatments, as it can have the potentiality to address and penetrate at a deeper level the issues that become apparent in such contexts, due to its theoretical and practical focus on the issues of time, temporality, finitude and limitations.

Participants have also presented the central role that the development of a therapeutic relationship plays in their work in time-limited contexts. A main characteristic of the findings was that the existence of a warm, respectful and trusting therapeutic relationship can be one of the main factors of a positive and fruitful therapeutic experience for the clients. The facilitative nature of a good therapeutic alliance between the client and the therapist, and the view that therapy is mainly an interpersonal process, are not surprising, as decades of research confirm that a positive therapeutic relationship correlates more highly with clients' outcomes than any other factor, such as techniques, or the theoretical approach used (Steenbarger, 1992; Blatt et al., 1996; Lambert & Barley, 2001). In

addition, existential therapy, in particular, places significant focus on the importance of a trusting, safe, and respectful therapeutic relationship, where clients can feel heard, in a non-judgemental way, but with great care for their dignity and autonomy (Cohn, 1997; van Deurzen, 2002; Adams, 2013; Spinelli, 2015).

While in open-ended modes of therapy this finding wouldn't come as a surprise, the short nature and fast pace of time-limited therapies could render the development of a strong therapeutic relationship as less important or even unattainable. Nevertheless, Strasser and Strasser (1997), in their exploration of the development of a structured existential time-limited therapy, also maintain the view that the quality of the relational connection, between the time-limited therapist and the client, is a necessary component for the fruitful application of their therapeutic model. The same idea was found in the narratives of many of the participants, who also claimed that the existence of a good therapeutic relationship can be the main prerequisite for a good therapeutic outcome in time-limited contexts.

The third subtheme that emerged regarding the experience of existential therapists in time-limited contexts, and of their therapeutic practice more specifically, seems to be particularly connected to the idea of the importance of the therapeutic relationship, even though at the same time it offers a slightly different angle. Participants, almost unanimously, described the value they put on the intersubjective component of the therapeutic practice, and their belief that 'being' with the client, is much more important than 'doing', referring to the lesser importance they place on specific interventions, techniques, or models of therapy. It is apparent, therefore, that this finding constitutes a confirmation of the previous one, suggesting again the importance of the relational aspect in therapeutic practice.

The view that being with the client is more important than the techniques or tools utilised, is very common in existential theory, with Dryden stating that "the existential approach is well known for its anti-technique orientation" (1990, p161), and Moja-Strasser's (1997) view that existential therapy's emphasis is on being with the client, rather than doing something unto the client. In addition, the findings are congruent with Wilkes and Milton's (2006) research on the experience of practicing existential therapy, where it was also found that being with the client in an open and respectful encounter was also considered as the main priority of existential practice. Participants of this study also expressed their concerns that a reliance on technique, and 'doing rather than being', can jeopardise the necessary openness of the intersubjective encounter, a view that seems to contradict Langdridge's (2006) proposal for the use of Solution Focused Therapy's techniques in the practice of existential time-limited therapy.

It is important to note that this emphasis on the intersubjective component, rather than the use of a more structured, technique-oriented approach, poses particular challenges to some of the participants. They describe that the lack of techniques or specific tools to use, and the reliance on their being in the therapeutic process, often causes them feelings of anxiety, uncertainty, and mental exhaustion, and in some cases the temptation to use the tools and techniques of other therapeutic approaches, in order to alleviate their anxiety when working in time-limited contexts. It is possible that the combination of a more structured mode of existential therapy, which at the same time acknowledges the uniqueness of each therapeutic encounter, and values the importance of openness to and appreciation of the Other, could be the answer for the concerns and challenges existential therapists face in time-limited contexts. Such a balanced approach to the application of

time-limited existential practice can be found in Strasser and Strasser's (1997) book and Langdridge's (2006) proposal. At the same time, though, participants demonstrated that their focus on being with the client rather than doing something, seems to be a very conscious one, which is based on the philosophical and theoretical ideas that underpin their practice. Therefore, it is possible that there will always be some degree of anxiety, uncertainty and fear involved, as it is always present when we really meet the Other and we allow the Other to meet us. It can be hypothesised, thus, that while some degree of structure and direction would be useful in order for existential therapists to work in time-limited contexts, at the same time it would be important to acknowledge that, if therapists want to remain open and attentive to their clients, a certain degree of anxiety and uncertainty should be present, and the necessary supervisory contexts should be in place for such challenges to be discussed and considered.

Another theme, relevant to the ways that existential therapists experience their work in time-limited settings, was the theoretical and practical value that the idea that 'everything is connected' holds. By this phrase, participants describe their theoretical belief that someone's life is not a serial succession of unrelated events, but that all parts of one's life are interrelated to one another, and that any change on one part of life can affect and change other parts as well. The acknowledgement of the interrelatedness of all dimensions of one's life, as well as the idea that both past, present and future exist simultaneously and affect each other, is a common view of existential theory (Cohn, 1997; van Deurzen, 2002; Spinelli, 2015) and its practical application can be seen in the rejection of a deterministic, cause-and-effect, linear view of human existence. Instead, human existence is understood as a multidimensional and interrelated whole.

This idea seems to have particular value in time-limited therapy, as it is obvious that, due to the limited sessions available, there is no time for the client to reflect on all issues, dimensions, and constructs of their lives. Participants in this study seem to find this idea particularly beneficial, as on the one hand it allows them to follow the client on the subjects that she or he chooses to discuss, without feeling the pressure to direct the therapeutic dialogue on what they feel is important, and on the other to maintain their hope and faith that the limited therapeutic encounter might have snowball effects on parts of the clients' life that were not discussed in therapy. The latter belief in the snowball effect of therapy is more commonly accepted, with findings showing that a common attitude of therapists working in time-limited contexts is their belief that change can occur outside of therapy, and after its termination (Bolter, Levenson & Alvarez, 1990).

What is still debatable though, is whether some form of direction and goal-oriented focus should be offered by time-limited therapists, or whether it is more important for an open dialogue to exist, even if this diverts from the initial focus of the client, considering that everything is significant and connected to one another. Strasser and Strasser (1997) are proponents of the latter view, that existential therapy does not need a focal point nor a specific goal to concentrate on, but allows for the natural flow of the client's self-disclosure, maintaining the existential view that all issues are interconnected and it is irrelevant which issue becomes the focus. On the contrary, Bugental (1995) and Budman and Gurman (1992; 2002) hold the view that it is important, if one wants to be efficient in time-limited therapy, to first agree with the client on a specific issue that will be the focal point of therapy, and the therapist should actively direct and focus the client on this point. In addition, Ryner and Vitali (2014), in their recent study on the implementation of short-

term existential therapy to clients in public sector secondary mental health services, have also proposed a more goal-oriented approach, without though failing to recognise the tension that comes from this potential contradiction: 'that of staying with the client and that of seeking to elicit where the client wishes to aim for' (ibid, p. 302). Nevertheless, the accounts of participants in this study suggest that it is possible for practitioners to attend to clients from a holistic standpoint, and to allow for a fluidity of the therapeutic experience, without feeling the need to compartmentalise it into specific goals or issues, even in the short number of sessions in time-limited contexts.

The final subtheme of this section involves the different adaptations and adjustments participants employ in the therapeutic process, and the strategies they use in order to offer their services effectively in time-limited contexts. While participants continue to perceive themselves as offering existential psychotherapy in these contexts, at the same time they are aware that some changes in the ways they provide therapy were necessary, confirming the idea that time-limited therapy is not just a shorter version of the open-ended mode of therapy, but that its intrinsic limitations have possible effects in the ways it is practiced (Strasser and Strasser, 1997). Moreover, this final subtheme agrees with Feltham's (1997) idea of the importance of openness to possibilities and willingness to explore different ways of practising, as a characteristic of the optimal attitude for effective time-limited therapy.

Participants of this study described four different ways that they feel their approach in psychotherapy changes in time-limited settings. They feel that their work is more problem-centric, and that they experience themselves as more active, in comparison to their open-ended therapeutic experiences, that they utilise the time between sessions as a

continuum of the therapeutic practice, as well as that they facilitate their clients into prioritising the issues they want to work on in the limited time available. While the first two adaptations are described as changes in the attitudes the participants hold, regarding their therapeutic role, the latter two seem to reflect a more pre-planned, strategic disposition of how to make the best use of the available time.

The finding that therapy in time-limited settings shifts into becoming more problem-centric is particularly interesting for existential practitioners, as the traditional focus of the approach is a more holistic endeavour of reflecting on clients' existence (Cohn, 1997; van Deurzen, 2002; Spinelli, 2015), as is also discussed in the previous theme 'everything is connected'. Nevertheless, it is important to note that these two findings are not necessarily contradictory, and that it is possible that, due to the time-limitation of these particular contexts, both the client and the therapist, feeling the pressures of time, have a tendency to focus on the initial concern the client brings. While focusing on the specific problem the client brings, therapists, at the same time, maintain the view that it is possible for the client to diverge from their initial concern without disturbing the therapeutic process, but rather enriching it with new details and understandings. This view can offer a new insight to the previous debate of whether time-limited therapy should have a specific direction and focus, and can allow us to conclude to an answer that it is not determined by an 'either/or' mentality, but rather by a more balanced approach, where both the concern of the client is acknowledged and respected, and the totality of their beings is also recognised and explored.

In addition, the urgent atmosphere of this mode of practice seems to require the therapist to take an active approach in therapy, a finding congruent with the literature on time-

limited therapy (Adelstein et al., 1983; Steenbarger, 1992; Feltham, 1997; Messer, 2001b; Shapiro et al., 2003;).

While the above two findings were prevalent in the descriptions of both those practitioners who identify as psychotherapists, and those that identify as counselling psychologists, it was interesting to observe that the latter two adaptations – use of time between sessions and prioritisation – which relate to a more strategic attitude towards the therapeutic process, were only apparent in the descriptions of the participants that identify as counselling psychologists. These participants described the ways in which they encourage their clients to continue their therapeutic work between sessions, either by reflecting on the issues brought in the last session, keeping a diary or doing some homework. In addition, they discussed the need to facilitate their clients in prioritising their concerns and issues, as a necessary adaptive mechanism when working within the constraints of time. Even though the relatively small sample of participants in this study would be prohibiting of definitive conclusions as to why these differences exist between psychotherapists and counselling psychologists, it could nevertheless be hypothesised that the different training that these two related, but in some ways different, professions entail, could be the reason for such a finding. It is possible that the training of counselling psychologists, as regulated by the BPS, and its focus on a broader understanding of the various therapeutic approaches, and the integration of psychological theory and research with therapeutic practice (British Psychological Society, 2013), could play a role in the reasons that counselling psychologists in this study were found to use the aforementioned strategies when working in time-limited contexts. Of course, further research on the topic

of the different adaptations practitioners make, as well as the reasons behind those chosen adaptations, is necessary for a better understanding of this theme.

To conclude with this superordinate theme, I would like to express my view that, despite being relatively small-scale, I believe that this study gives important insight into how it is to be an existential therapist working in time-limited settings. Through this theme, it is made apparent that there are some similarities in the ways that existential therapy is understood and practised in time-limited contexts. These similarities exist despite the traditional view that the application of existential therapy is diverse and open to the different styles, theories and approaches of each therapist (Cooper, 2003), and that 'there are as many ways [to practise] as there are practitioners," (du Plock, 1997,p. XX). While it is important to acknowledge the diversity between existential practitioners, at the same time it is essential to consider the similarities that would allow us to understand what it is like, and what it means, to work existentially in time-limited settings, and to facilitate a dialogue in training institutions, supervision contexts, and professional bodies.

Finally, another interesting insight comes to light when we consider that the application of existential therapy in time-limited contexts has been scarcely discussed in the literature, with few exceptions (Strasser & Strasser, 1997; Lamont, 2012; Rayner & Vitali, 2014). Regardless of the scarcity of theoretical and practical focus on such a mode of therapy, it is interesting to observe and reflect on the ways that existential therapists have managed to adapt their theoretical approach and practice to time-limited settings, and to reach some initial conclusions on what theoretical constructs and adaptations are important and relevant for existential practitioners who offer their services in such settings. I strongly believe that further research and dialogue would be beneficial for

developing a better understanding of both the application of existential therapy in time-limited contexts, as well as the needs of the practitioners that provide it.

8.4   Attitudes towards time-limited therapy

In 1988, Budman and Gurman argued that, although time-limited therapies are in part the consequence of the limitations that derive from the therapeutic services' resources, they are more importantly 'a state of mind' (ibid, p.10) of the therapist and client. They proposed the idea that one of the most definitive factors for practitioners being able to work in the limitations of such contexts is the attitudes they hold towards their practice, and that those attitudes play a much more important role than their theoretical and practical orientation. Rather than emphasising a fixed set of techniques and principles, they highlighted the significance of specific attitudes that therapists need to hold, in order to be able to work in the constraints of time-limitation, both efficiently and satisfactory. Such attitudes included a sense of pragmatism and realism regarding the goals of time-limited therapy, belief in psychological change as inevitable, acceptance of the fact that therapeutic changes can occur after the termination of therapy, as well as the ability to overcome a need for perfectionism, where the therapist feels satisfaction only when, and if, they have attended to and helped the client with each and every problem and concern. The importance that specific attitudes hold regardingthe ability of therapists to offer their services in time-limited contexts was also confirmed by Hoyt (2001), who found out, in his *Interviews with Brief Therapist Experts*, that therapists who are able to provide brief therapy hold the belief that clients can make beneficial change relatively quickly, with

adequate assistance. Similarly, in 1990, Bolter, Levenson & Alvarez (1990) confirmed Budman and Gurman's (1988) hypothesis of attitudinal differences between short-term and long-term therapists. They found that those psychologists, who endorse short-term therapy, agree in their values and attitudes in many of the ways mentioned above.

The current study has also revealed that existential therapists, who work in time-limited settings, share a number of similar attitudes, comprising this fourth superordinate theme. This theme brings to light the meaning-making processes of the participants and invites a reflection regarding the interrelatedness of the actual experience and the understandings, attitudes, and stances that one holds for this particular experience. It was found that, similar to Budman and Gurman's (1988) proposal, participants of this study share an attitude of belief and faith towards the therapeutic possibilities and value of time-limited therapy, a non-perfectionistic and realistic attitude towards their expectations and goals in such settings, an appreciation of the opportunities that such a practice entails, both therapeutically and personally, and an attitude of acceptance of the limitations and constraints of this practice as givens that one has to work with, rather than against.

Interestingly, these attitudes seem to work as facilitative factors when one works in time-limited settings, as they provide the therapist with a general attitude of optimism, confidence, satisfaction and acceptance, creating a balance for the particular challenges that such work entails. While the facilitative nature that these attitudes hold regarding the effectiveness and satisfaction of time-limited practitioners has already been hypothesised by Budman and Gurman (1988), it is unclear whether those are created as a consequence of working in time-limited contexts or whether they are pre-existing attitudes that practitioners held even before engaging in time-limited work, making them the best

candidates for such settings. Moreover, from this study, it is difficult to ascertain the degree by which the therapeutic approach that the participants share – in this case, the existential approach – plays a role in acquiring these particular attitudes.

My view is that, while it is not possible to answer these questions definitively, as that would require the compartmentalisation of the actual experience of participants, it is very important to appreciate the importance of the attitudes that practitioners hold, as it is due to these attitudes that their experience acquires a fulfilling and satisfactory element, which is necessary for withstanding the challenges that exist in such contexts.

I can't help but bring to mind the influential work of Victor Frankl (2004), *Man's search for meaning,* where through his own experiences in the Nazi concentration camps, he concludes that, even in such extreme circumstances, what makes the difference between those that persevered psychologically is the exact attitudes that they held, and the meaning they attached to their unfortunate fate. Bringing his experience to the everyday struggles that we all experience, due to the limitations and givens that constitute our existence, including the unavoidable pain, death and guilt, the question that each of us has to answer is 'how is it possible to say yes to life in spite of all that?' (ibid, p.139). Even though the challenges that the participants of this study encounter in their time-limited work are not comparable to the struggles that Frankl might have experienced, they nevertheless encounter the givens of a therapy that is limited, that doesn't feel sufficient, and that has to end even though more therapeutic work feels necessary, causing feelings of loss, pain and uncertainty. Similarly to the inescapable givens of our life, which requires from us to live it despite its finitude, pain, and unavoidable existential guilt for our limitations, participants of this study, through the attitudes they hold,

manage to say "Yes" to time-limited therapy, in spite of everything. With their optimism, realism, appreciation and acceptance of givens, they seem to personify Frankl's emphasis on 'the human capacity to creatively turn life's negative aspects into something positive or constructive', and his inspirational encouragement to 'make the best out of every situation' (ibid, p. 139).

At the same time that Frankl (2004) proposes a creative, dynamic and flexible attitude to life's struggles, he doesn't promote an attitude of indifference to those aspects of life that require from us a critical, and even oppositional, stance, to those forces that disrespect, devalue and disregard human existence and dignity. Similarly, participants of this study raised their concerns regarding the ethical value of such a mode of therapy, and their apprehension that sometimes financial and organisational issues are considered to be more important than the unique needs of each client. It is interesting that even though the majority of participants expressed the aforementioned positive attitudes towards time-limited therapy, at the same time, they do not turn a blind eye to the possible negative effects that a generalised time-limited treatment, which doesn't take into account the specific needs and issues of each client, might have. Similarly to Feltham's (1997) observation on time-limited therapists, participants of this study show that they can hold both a positive attitude towards time-limited therapy, characterised by faith, non-perfectionistic and realistic attitudes, but also have an ethical concern of how it is best to attend to their clients and their suffering.

The tradition of existentialism, both as a philosophical movement, and later as its incorporation into psychotherapy, through its proponents, has a recent, but rather significant history of 'challenging the increasing technologisation, mechanisation, and

systematisation of human being that they witnessed around them." (Cooper, 2011, p. xix).

Considering Mick Cooper's observation (ibid, p. xix) that, '[from] an ethics of care,

existentialism emerged', it is not surprising that the participants of this study are weary of

the possible disregard for the uniqueness and specialness of the being of each of their

clients, due to the current prioritisation of the financial and organisational needs of the

health system over the care of its patients.

Nevertheless, it would be unfair to imply that such concerns are evidence of the moral

superiority of existential practitioners, as the recent reality shows that voices of

discontent and criticism over the systematisation of mental health care, and its

overgeneralised reliance on time-limited therapies, are raised from many and different

therapeutic bodies and approaches. An example of this is the very recent letter that the

British Psychoanalytic Council sent to The Guardian (2016), and by which they argue

that the IAPT programme of the NHS disregards the needs of some clients for longer-

term treatments, demanding a more resourced and accessible range of longer-term

treatments that would be available for those in need.

I hope that, through the presentation of this superordinate theme, some important insights

have been reached regarding the attitudes that existential therapists hold when working in

time-limited settings. What I hope most though, is that some important questions have

been introduced, and that the inspiration for a dialogue regarding these attitudes has been

provided. It is important to acknowledge the value that the attitudes and meaning-making

processes of therapists hold in therapeutic practice and, consequently, it is important to

reflect and research how these attitudes are developed, what factors facilitate them, and

whether and how it would be possible to encourage them and reinforce them.

In addition, it is worthwhile to remember that it is possible that both our accepting and appreciative attitudes can exist simultaneously with our more critical and oppositional ones, without this being necessarily a sign of inner conflict, but of a continuum of attitudes and stances that create the bigger picture of how we approach a particular experience.

With regards to time-limited therapy in particular, my view is that what is a conscious effort on the part of practitioners, to provide their services as best as they can in the givens of the current financial and political situation, should not be misinterpreted as a lack of ethical awareness and care for this profession and for the people that are in need. It is possible though, that, while practitioners do the best they can in the current circumstances, at the same time they fight for a better, more humane, and more efficient mental health system.

8.5   Support mechanisms

The final superordinate theme, that emerged from participants' descriptions, is titled Support mechanisms, and is about those support mechanisms that existential therapists have utilised when working in time-limited settings, as well as their needs regarding them. As mentioned before, this theme is particularly useful since, by throwing light on the ways that participants feel supported when dealing with the challenges involved in time-limited settings, we gain a better understanding of their needs and the ways in which their work can be facilitated. Three subthemes have emerged regarding the support

mechanisms of participants: Supervision, the importance of confidence, and the need for training.

Supervision has been described by half of the participants as the main, and in some cases the only, source of external support. The importance of a respectful and collaborative environment in supervision, where both the practitioners and their values are heard and respected, seems to be an integral part of this particularly challenging mode of therapeutic work.

Another source of support, described by participants, reveals a more internal and personal mechanism that facilitates participants' experience of working within the constraints of time-limited settings. Half of the participants revealed how important it is to experience a sense of inner confidence and to believe in their own competence and efficiency when dealing with the challenges of these settings. This sense of inner-confidence, even though it is not a given, once gained through experience and self-reflection, acts as an important source of internal support.

Finally, participants, almost unanimously, reported their need for specialised training that would provide more thorough theoretical and practical knowledge of the particular challenges, adaptations, and ways of working in time-limited settings, while at the same time would adhere to the existential philosophy and therapeutic values. Such a lack of a specialised program in the training institutions, that participants attended, was perceived by many of them as a great omission, creating feelings of isolation and frustration.

Having discussed the experience of existential therapists when working in time-limited settings, and the different challenges, opportunities, attitudes, and ways of working in

them, it becomes even more relevant to consider that this particular type of work requires particular types of support. The above findings of the support mechanisms that therapists utilise, or feel that they need, are congruent with the findings of research on this field. The importance of supervision and specialised training programs on time-limited therapy has been found to correlate with therapists' greater treatment satisfaction and positive attitude, and lower client-dropout (Pekarik, 1994; Neff et al., 1996; Levenson & Davidovitz, 2000). In addition, it was found that therapists' attitudes, experience and training in brief therapy predict their self-rated skill in performing it (Levenson, Speed & Budman ,1995). Finally, the importance of self-confidence as a predictive factor for therapeutic success in time-limited therapy has also been confirmed by Gelso, Mills & Spiegel (1983).

Summarising this discussion, the experience of existential therapists working in time-limited settings has been explored, revealing a multifaceted whole of interrelated factors that discloses what it is like to work in the constraints of time-limited settings as an existential therapist. Five superordinate themes emerged through the analysis of the participants' interviews: the experience of time-limitation, the experience of ending, the experience of the therapeutic process, attitudes towards time-limited therapy and support mechanisms. I believe that important insights have been provided regarding this type of work, creating an opening for further questions and dialogue that will permit a better understanding of the particular factors that render this work both efficient for clients and satisfactory for practitioners. In the following section, I provide the reader with a more holistic reflection on how these new understandings can be applied in time-limited

existential therapy and their implications on supervisory and training settings, as well as

the field of counselling psychology.

9. Reflecting on the whole picture: A discussion about the clinical implications of this study
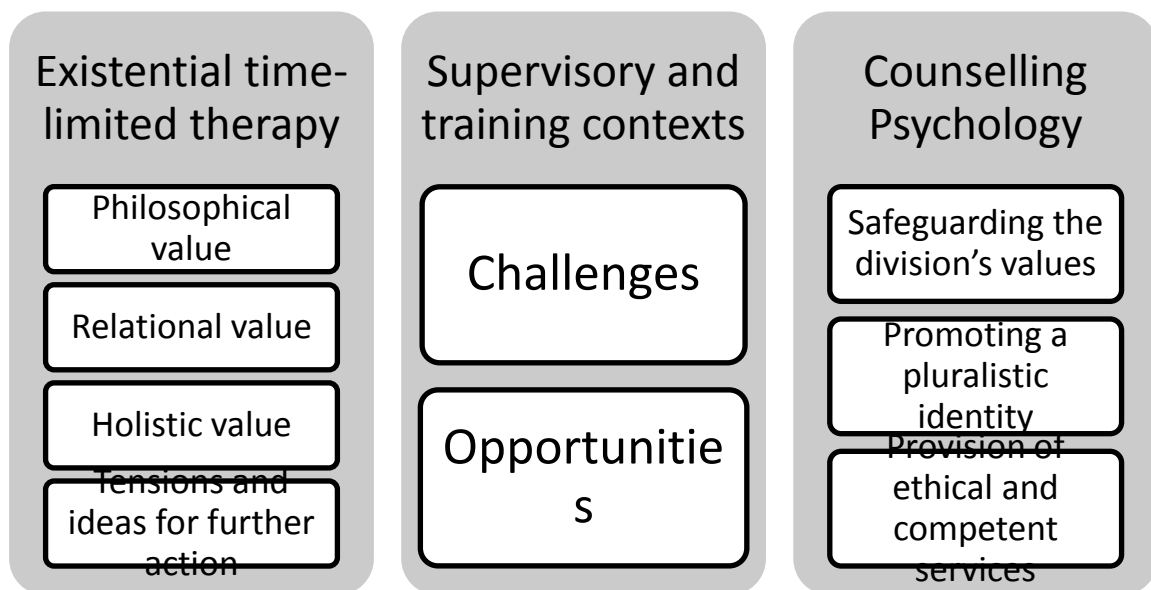
While with the previous sub-section I aimed to present and discuss each superordinate theme in detail and in reference to bibliography, the purpose of this section is to take a step back, in an effort to reflect on the findings of this study more holistically and to consider how these might promote a better understanding of the experience of existential therapists working in time-limited settings. Even though it is beyond the scope of this research to produce any generalisations, since its methodological core lies in its idiographic focus, I, nevertheless, believe that the experiences that the participants shared can illuminate some important aspects of time-limited therapy, which in turn can facilitate a better and more efficient approach towards it. This research has the potential for having an impact on the conceptualisation of existential time-limited therapy and on understanding those theoretical and practical constructs that can make its application in these settings not only feasible, but also particularly relevant and meaningful. In addition, through the exploration of the particular challenges and opportunities that participants experience in their time-limited work, and the attitudes they hold, a better understanding of the needs of therapists that work in such contexts, and the best provision of their support by supervisory and training settings, can be reached.

It is worth stating though, that, similarly to the discussion on findings that preceded this section, the presentation of the clinical implications below comes from my personal understanding of the results, and is subsequently limited to my own subjective viewpoint.

More and different suggestions are possible and welcome, and any variation in viewpoints can only be perceived as inspiring and enriching.

I start with the implications that the results of this research have on existential therapy, presenting the theoretical and practical values of the existential approach when this is practiced in time-limited settings. I then proceed to discussing the tensions that exist in the application of existential therapy in time-limited settings, offering some ideas for further action. I continue with the ways that supervisors and training institutions can offer their support to therapists and trainees who practice in time-limited settings, and the lessons that can be learnt from the experiences of participants, in how to best address therapists' needs, challenges and concerns. I conclude with the implications ofthis study with regards to the division of counselling psychology, and the enhancement of counselling psychologists' practice.

Table 3:   **Clinical implications**

Existential time-limited therapy	Supervisory and training contexts	Counselling Psychology
Philosophical value	Challenges	Safeguarding the division's values
Relational value		Promoting a pluralistic identity
Holistic value	Opportunities	Provision of ethical and competent services
Tensions and ideas for further action		

9.1   Implications for existential time-limited therapy

In terms of the conceptualisation of existential time-limited therapy, the findings of this study suggest the existence of three main shared theoretical and practical constructs that underpin its application. Through the presentation of these shared constructs, it is possible to consider what in particular the existential approach has to offer, and to appreciate its contribution to the widespread provision of time-limited therapy. Moreover, a better understanding of the tensions that exist for existential therapists who work in time-limited settings can provide our field with a better idea of what further actions can be taken for the best implementation of the existential approach in these settings.

9.1. A   Philosophical value

To begin from a broader outlook, it would seem that existential therapy resonates with time-limited psychotherapeutic practice in that the themes that emerge for existential practitioners in such endeavours have direct links to basic philosophical writings of the tradition. More explicitly, it was found that existential therapy, with its traditional focus on temporality, finitude, choices, and givens, provides a particularly good fit for time-limited settings.

Existential therapy, even though traditionally sceptical of the fast pace and quick results of short-term therapeutic endeavours, at the same time provides a particularly good model for time-limited settings that needs to be acknowledged. This study shows that existential practitioners feel well-equipped to work with the concerns, emotions, tensions,

and challenges that the inherent temporal nature of time-limited contexts provide, and to take advantage of these unique circumstances in order to facilitate their clients in reflecting on broader issues about their lives and their conditions.

Thus, what could be perceived as merely a limitation in time-limited contexts, for existential therapists has the potentiality to provide an opportunity to reach new territories with their clients, and to pose those important questions that constitute the backbone of our existence: What is it like to be a temporal being towards death? What is it like being faced with limitations and givens that I cannot control? What is it like to face endings and losses as well as new beginnings? What is it like to have a finite life where I am responsible for my choices, and where each choice excludes another? How can I make the best of the limited time I have, and what are these values that offer my life meaning? How do I relate with others and with myself in the face of uncertainty and temporality?

All these questions, that reach deeply into the most basic human concerns, while in the experience of everydayness are ignored or even denied, through existential time-limited therapy can become not only relevant regions for reflection, but also opportunities for a more enriched and authentic way of being.

9.1. B   Relational value

Besides its philosophical value, existential therapy was shown to provide those factors that allow for a deep relational connection to occur, even in the small amount of sessions that time-limited settings provide. It was shown that existential therapists place great

importance on the intersubjective nature of the therapeutic process, considering the relational aspect of therapy as one of the main factors for therapeutic change.

In congruence with many research findings that prioritise the relational quality of therapy, over the theoretical approach or the techniques utilised (Steenbarger, 1992; Blatt et al., 1996; Lambert & Barley, 2001), existential practitioners, with their belief that 'being with the client is more important than doing something unto the client', provide this relational space for the client to feel heard, respected and accepted. Through the phenomenological attitude, existential practitioners facilitate their clients in unfolding their concerns in a non-judgemental space, following their narratives with care and interest.

This focus on the relational aspect of the therapeutic process can be particularly beneficial for time-limited therapy, as it can become a substantial motivational factor for clients in order to feel the necessary level of trust and safety that would allow for a better exploration of their concerns in a relatively short time.

In addition, existential therapists, with their focus on their 'being' rather than their 'doing', can provide clients with a model of existence that can be of great value in the fast and busy lifestyles we maintain in current western society, and which is mainly directed towards goals and results. There is a valuable lesson that clients can learn from existential time-limited therapy, and that is that there is value in remaining still, in listening to our needs and reflecting on our thoughts and emotions, and a sense of worth that comes from our beings and the relationships we develop, as opposed to the frantic chase of external solutions and achievements.

9.1. C   Holistic value

Another important construct that was found to characterise existential time-limited therapy, as this was described by the participants, is its focus on the holistic nature of experiences and its conviction that 'everything is connected'. Existential therapists acknowledge the interconnectedness of all levels of experience, including emotions, cognitions and values, as well as maintain that both past, present and future are interrelated and affect each other. Existential therapy is interested in facilitating clients in gaining a better understanding of the dynamic centre that constitutes their unique being, and which is made up by an interconnected network of physical, personal, social and spiritual dimensions, with unique challenges, tensions, and paradoxes.

In time-limited settings, where there is an inherent urgency to facilitate the client in order to reflect on problems and solutions, existential therapists maintain a balanced attitude of recognising and focusing on the initial concern of the client, while, at the same time, acknowledging the interconnectedness of all constituents of the client's existence. This attitude allows the therapist to respect and utilise everything the client brings in therapy, considering it of equal value and significance, in an effort to provide the necessary space for clients to reflect on their concerns. Instead of compartmentalising the client's experience, adopting the role of an expert, existential therapists allow for the client's worldview to emerge, safeguarding at the same time the client's autonomy and authorship of their lives.

While there are many therapeutic models that are concerned with solutions, results and techniques, as necessary components for time-limited work, existential therapy provides

an alternative outlook, where, through an open and phenomenological attitude towards clients' concerns and issues, the client becomes more able and active in reflecting on them from a standpoint that makes sense for the whole of their existence, rather than from an isolated symptom-alleviation mentality.

9.1. D   Tensions and ideas for further action

While it is clear to me that existential therapy can be of great value in time-limited contexts, at the same time it is important to acknowledge the tensions that exist in its application.

Even though existential therapists in this study have shown that they feel capable of working in such contexts, maintaining the philosophical, relational and holistic values of their approach, at the same time they expressed their feelings of isolation and anxiety due to the lack of the necessary support and guidance. Considering that Strasser and Strasser's book (1997) is an isolated example of conceptualising a model of working in time-limited settings, as well as the lack of specialised training for therapy in time-limited settings, it is only natural for such feelings to emerge.

Existential therapists in this study, however, managed to come up with the necessary adaptations for their practice, and to find the ways that would make their existential training suitable for a briefer mode of therapy. Regardless of the scarcity of an adequate theoretical and practical focus, in terms of bibliography and training, they expressed their belief and faith in the efficacy of their therapeutic work. It is though important to continue vigorous research on the application of existential time-limited therapy, whose

goal should be twofold: Firstly, we need to understand and make the best use of the inherent values of existential therapy in order to be able to be visible and present in the current needs of most public and voluntary contexts for short-term therapies. In addition, we need to provide the approach with those resources that will allow the provision of support to existential therapists, through supervision and training programs, developed to address their challenges and tensions, and to inform them of the possibilities of their work.

Having said that, it is also important to acknowledge that existential therapists manage to develop these attitudes that make working in time-limited settings possible and satisfying. In spite of the inherent challenges of this work, and the lack of support and guidance, existential therapists undertake in navigating in the deep waters they've been thrown in, applying their existential training to the attitudes they hold for their work: attitudes of belief and faith, non-perfectionistic and realistic expectations, appreciation of the opportunities their work entails, and acceptance of the givens and limitations that exist in time-limited settings. At the same time though, they express their ethical concerns regarding what they view as an excessive use and reliance on the application of time-limited therapy, and the prioritisation of financial and organisational concerns over the specialised needs of each client. It is important to perceive these voices as not necessarily conflicting with the more accepting and appreciative ones, but as part of a continuum of attitudes and stances that create the bigger picture of how participants approach their work in time-limited settings.

My view is that it is important to acknowledge the necessity of existential therapy's value in time-limited settings, and the ethical responsibility we share in offering an alternative

to the highly medicalised and technique-oriented approaches that are now the norm in such settings. Moreover, it is also essential to reflect on the particular challenges that our approach might face in these settings, and to conclude on the best ways that we can create a balanced approach, faithful to our philosophical and relational underpinnings, as well as adaptable to the needs of a short-term contract.

Finally, I believe that we can offer our services, remaining, at the same time, vigilant in protecting our clients from the technologisation and mechanisation of therapy. In order to do so though, we need to make ourselves part of history through our dedication in promoting and offering the valuable therapeutic components that existential therapy has to contribute in time-limited settings, whereas also being courageous in voicing and influencing the ways that mental health services are organised and controlled, safeguarding the best care for those in need.

9.2   Implications for supervisory and training contexts

This study made evident the important role that support mechanisms have in the provision of time-limited therapy. It was found that feeling confident about one's own competency and efficiency as a therapist is an important factor of working in time-limited settings, and has the potentiality to transform this experience into a fulfilling and satisfying one. Participants voiced their needs for those supervisory and training settings that would allow them to gain this confidence, as well as to offer them the adequate space to reflect on the best ways of dealing with the challenges that such work entails. In addition, participants of this study, by having expressed those attitudes that they find

particularly helpful, when working in time-limited settings, offer an enrichment of knowledge on how supervisors and training institutions can better enhance and promote them, in order to make existential time-limited therapy both more satisfactory for the practitioners and more efficient for the clients in need.

9.2. A   Potential challenges in time-limited settings

Working in time-limited settings presents existential therapists with a number of challenges that are not common in open-ended forms of therapy. More explicitly, practitioners find themselves dealing with the issue of being-towards-an-ending, with the fears that this unveils, and with the anxiety that accompanies it. This is also presented in the existential anxiety that participants express when they find themselves in the position of 'We could have done more', feeling that the time available in these settings is insufficient.

This, of course, also highlights the concepts of responsibility and choice when, moving towards an inevitable ending, practitioners need to responsibly choose how they would work, which trails they would follow, and which they would leave behind, abandoning certain potentialities. Dealing with the implicit or explicit expectations that come both from the clients and the organisations they work in, has also been shown to fill participants with significant levels of pressure and the need to tread carefully between complying with those expectations and being congruent with their values and understandings.

Furthermore, the personal engagement that takes place in short-term therapeutic relationships has sometimes been underestimated, leading to beliefs that therapists are protected from feelings of pain, separation and loss when this ends. This study, though, shows that the facing of constant endings, and the interruption of the relationship with the clients, has the potentiality to fill some participants with feelings of loss and pain, similar to the feelings of mourning, experienced when any relationship comes to an end. It is important thus to have in mind, especially those readers that provide their services in supervisory and training contexts, that, for some therapists, the endings in therapy, and especially in time-limited therapy, where they are constantly present, could be a cause of pain and anxiety, and the ways to deal with such feelings should be explored. Therapists are not invincible to the feelings that their clients might experience, and, similarly to them, they can be touched and influenced by the loss of a therapeutic relationship. I believe it is worthwhile to acknowledge this and to be prepared to support those practitioners that face such difficulties as openly and respectfully as possible. It is possible that an existential reflection on the matter of endings could be particularly helpful for therapists that work in time-limited contexts, and could offer them a better acknowledgement of the inescapable conditions of human life and the difficult feelings involved.

In addition, participants describe the deep feelings of uncertainty that they experience after the termination of therapy, that leaves them worrying and wondering about their clients and the course that their lives have taken after the end of therapy. Even though the lack of contact with clients, after the termination of therapy, is an unavoidable given for most therapeutic relationships, and can leave therapists feeling curious and concerned

about their clients' lives after therapy, these feelings can be amplified if therapy seems to have been left incomplete or terminated abruptly and, as shown in this research study, similar feelings surface for therapists working in time-limited settings.

While this study has been focused on existential therapists, I do not believe that the above difficulties are necessarily limited to the experience of existential therapists. As the bibliography shows, and was detailed in the previous chapters, it is common for therapists from different approaches to experience time-limited therapy as a particularly stressful experience that demands from them to face their own insecurities, fears, and difficulties in dealing with limitations, finitude, and endings. While the terminology and the explanation for the above findings might be different according to different schools of psychotherapy, I think it is important to acknowledge that these issues exist.

The existential approach, I believe, is particularly well-equipped to consider the above findings not necessarily as difficulties that need to be eradicated, but as parts of the struggle that comes up when one comes face to face with a reminder of our temporal nature, of the finitude that is present in all our actions, and subsequently with the tensions that are inherent in such an awareness. I believe thus, that it is important for supervisors to be aware of the above existential concerns that might arise in time-limited settings, and, through a collaborative and respectful atmosphere, to allow their supervisees to reflect on the above challenges and tensions. It seems essential that time-limited therapists should be able to find this safe place, where they can consider how their own experiences of temporality, finitude, and dealing with givens might affect their experience in the therapeutic room, their work and their attitudes towards it. In addition, I believe that it is also important for supervisors to be aware that the above feelings are not

uncommon, and to facilitate their supervisees in reflecting on them, not as signs of incompetency, but rather as a natural result of the particular limitations that this work entails, enhancing their confidence and being sensitive to the feelings of isolation and insecurity that have been voiced in this study.

While the above challenges are not limited to the existential approach, it is also important that supervisors are aware of the challenges that are particularly relevant to existential practitioners. Through this study, it has become evident that working with the existential approach entails some particular tensions, when this is applied in time-limited settings.

Part of the challenge comes from the scarcity of the necessary resources, in the form of literature and specialised training programs about the application of existential time-limited therapy, which can be probably traced to the traditional focus of the existential approach on longer or open-ended modes of therapy. With the lack of these necessary resources, participants are faced with the difficult task of providing a form of therapy that is congruent to the existential values of remaining phenomenological, appreciating the holistic nature of the client, focusing on the intersubjective experience, and providing a deeply relationally-based therapy, while, at the same time, facing a limited amount of sessions and experiencing an urgency to provide the client with what they came to therapy for. Such pressures can also be intensified by the expectations, implied or overt, placed by the clients or the settings themselves, for quick 'results' and success rates. It is thus important for supervisors of existential therapists to be aware of the tensions that existential therapists face in time-limited settings, the pressures that such work entails, and the possible wariness that the fast pace of time-limited therapy can create, and which can complicate the endeavour of remaining faithful to the existential values.

As it has been shown in this study, it is possible for existential therapists to work in time-limited contexts and to experience satisfaction and achievement, while at the same time remaining congruent with their basic philosophical and ethical views of therapy. Even though some adaptations have been deemed necessary, at the same time participants expressed their faithfulness to the existential tradition, remaining focused on the philosophical and ethical underpinnings of their approach. It is thus important, I believe, for supervisors, while allowing existential therapists to express the pressures, tensions and conflicts they experience in their time-limited work, at the same time to facilitate them in considering these adaptations that would make their work possible but not incongruent to the ways they envision their roles as existential practitioners.

Similarly, I believe that training institutions need to offer specialised programs or workshops that would make existential therapists more aware of the ways that existential therapy can be applied in time-limited settings, as well as of the potential challenges and difficulties they can face in these settings, and those resources that would permit these difficulties to be addressed. Agreeing with many of the participants who expressed their wariness of training courses that would be highly structured and would create a sense of a mechanised and technique-oriented form of therapy, opposite to the values of existential therapy, I also hold the view that both supervisory and training settings should be prepared to offer their support to therapists without though being too rigid or prescriptive in the ways that existential therapists "should" work in time-limited settings.

It is important for existential therapists to be aware of the philosophical, relational and holistic value that the existential approach can instil in time-limited therapeutic work, while at the same time to be facilitated in finding their own understandings and voices as

therapists. Since this balance has been already achieved through the courses and books that inform about the application of existential therapy, without these becoming too boxed and dogmatic, I believe it is possible to similarly develop those resources that would inform, facilitate and support existential therapists in their time-limited work.

9.2. B   Potential opportunities in time-limited settings

Just as nothing in life is black or white, similarly the experience of working in time-limited settings does not only pose challenges and difficulties to the practitioners that engage with it. I believe that this seeming opposition by no means cancels this experience, but can be seen as shedding light to the often conflicted and paradoxical nature of human meaning-making. Similar to the paradoxical feelings that the awareness of one's finitude holds, the awareness of time-limitation in therapy has been found, not only to be a source of pain, uncertainty, and anxiety, but also to enhance therapy with the realisation of the preciousness of each moment, offering a sense of appreciation, and a revitalised energy and focus.

Participants expressed a sense of aliveness in time-limited settings that comes from the awareness of their limited opportunities. This awareness, while on the one hand has the potential to fill them with fear and anxiety, at the same time it can become a motivational factor for therapists to appreciate each moment available, and to become more present and focused on what is important.

Additionally, this study illuminated particular attitudinal characteristics and meaning-making mechanisms that seem to enhance the therapeutic experience with feelings of belief and faith, non-perfectionistic but realistic expectations, appreciation, and acceptance of the limitations as givens. While it is unclear from this study whether these attitudes pre-existed the engagement with time-limited therapy or whether therapists developed them afterwards, they seem to offer an insight into how it is possible to work in such a stressful environment, while, at the same, time being able to feel content, satisfied and confident.

These attitudinal characteristics, along with the feelings of aliveness and energy that the awareness of finitude can create, are important factors that need to be acknowledged both in supervisory settings and training institutions. While a better understanding, of how these attitudes and feelings evolve, is necessary, they can still be used as reminders of how, those that engage with the clinical supervision and training of therapists in time-limited settings, can facilitate them in considering and revaluating their attitudes, offering them the possibility to acquire those attitudes that seem particularly helpful. They can support therapists in:

- developing and maintaining their faith and belief in the effectiveness of time-limited therapy,

- holding realistic and non-perfectionistic expectations,

- being able to acknowledge and appreciate the possibilities of their work

- being able to perceive and accept the givens that their work entails

- being aware of the paradoxical feelings that finitude and endings involve, and

- acknowledging and experiencing not only the anxiety-provoking and fearful parts of this experience, but also the energising, revitalising sense of aliveness that it entails.

In order to achieve the above, supervisors, and those involved in the training of existential therapists, should be able to develop certain conditions where it would become possible for therapists to reflect, identify, challenge and revaluate their assumptions, biases, and attitudes towards time-limited work. By achieving this, therapists can also inspire their clients themselves to not only develop and maintain such attitudes towards their therapy, but also to apply those attitudes to their own lives and their own encounter with life's inevitable endings and finitude.

9.3   Implications for Counselling Psychology

As a trainee counselling psychologist myself, at the core of this research is my intention to contribute to the field of counselling psychology and to promote its professional identity and values. Cooper (2009, p.120) has defined six key characteristics that define the identity of counselling psychologists: an emphasis on subjectivity and intersubjectivity, a focus on wellbeing and the realisation of potential, an orientation towards client empowerment, a commitment to a collaborative and egalitarian therapeutic relationship, an acknowledgement of the uniqueness of the individual, and finally, an understanding of the client and ourselves as always relationally embedded. Holding those

values, counselling psychologists aim to offer their services and be part of both the public and private provision of talking therapies.

In 2006, due to the recognition of the increased number of people in need of talking therapies and the high prevalence of anxiety and depression, the government introduced a mental health programme titled Improving Access to Psychological Therapies (IAPT). Time-limited therapy (6-12 sessions) is the main mode of therapy for the public sector and IAPT, and in 2013, 50% of counselling psychologists were found to work in the public sector and some in IAPT (James, 2013). Counselling psychologists also work in employee assistance programs, in educational and forensic settings, and the voluntary sector, where similarly time-limited work is the preferred mode of therapy.

The division of counselling psychology (DCoP), throughout the years, has been faced with the tension of promoting and safeguarding its intrinsic values, and its pluralistic identity, in an atmosphere of increasingly mechanised and clinical treatments, while at the same time trying to fulfil the need to remain client-focussed by providing the best therapeutic option in these time-constraints (James, 2013). While there has been significant progress in the last few years for the DCoP, safeguarding the equivalence of competence with clinical psychology, and the introduction of more modalities, other than CBT, in the IAPT programme, there is still room to think and work on ways to enhance the profession and maintain good services for clients. I believe that researching, understanding, and concluding on the best ways to offer time-limited therapy, while maintaining the pluralistic and professional values of the division, is one of the major needs of our times. In addition, being able to provide counselling psychologists with up-

to-date resources and support for their work in time-limited settings is not only necessary, but is also our ethical responsibility both to therapists and clients.

I believe that through this qualitative study, which has been conducted in accordance to the phenomenological and intersubjective underpinnings of counselling psychology, it has become possible to present how the existential approach, an approach particularly relevant to the values of counselling psychology mentioned in the beginning of this section, can be a treatment of choice in time-limited settings. It was found that existential therapists, maintaining their philosophical, relational, and holistic perspectives, feel able to provide their services in the fast-pace of time-limited contexts. While I do not wish to imply that existential therapy is better than any other approach, it is nevertheless important to acknowledge that it can be a valuable treatment of choice, and with its relational and phenomenological focus, it can be an alternative to the more technique-oriented and symptom-alleviation treatments. Existential therapy is particularly relevant to the humanistic values of DCoP and, if we want to continue being a lively and pluralistic division, it is important to research and promote these approaches that hold those values, while managing to provide a competent model of therapy in time-limited settings.

Finally, in compliance with the practice guidelines of the division of Counselling Psychology of the BPS (2006), I hope that the findings of this study will raise awareness regarding the challenges, concerns and opportunities involved in this particular context, in an effort to provide therapists with greater reflection and knowledge in their practice. While this study has examined the experience of existential therapists working in time-limited settings, I do believe that the findings can be useful and can increase awareness

for practitioners, supervisors and training institutions from other theoretical modalities as well, and especially those coming from the humanistic tradition. Since existential therapy is a deeply relational approach, the findings of this study that illuminate the particular challenges and opportunities faced in time-limited contexts, can also be useful for most theoretical approaches that focus on the relational aspect of the therapeutic enterprise.

In addition, the findings of this study, although embedded in existential philosophy, can provide an important guidance for those practitioners, supervisors and those related with the education and training of counselling psychologists, who wish to gain and promote a more philosophically-oriented approach to the particular experience of working therapeutically within the constraints of time.

To end, I hope that this research study will be followed by more studies that examine the experience of therapists and psychologists, both in the increasingly prevalent settings of time-limited therapies, as well as in other, less-examined settings. I feel it is crucial, for the best provision of our services, to be open to reflect on, challenge and illuminate our own experiences, including the tensions, challenges, and difficulties that these might involve, in an effort to be able to provide our clients with an ethical, competent and efficient therapeutic experience.

10. Limitations of the study and recommendations for further research

10.1 Limitations of the study

Unavoidably, choosing one path of approaching a phenomenon excludes all other possible paths, and directs our view to a particular perspective of the phenomenon. IPA, as an idiographic study, offers an in-depth exploration of the participants' experiences, which as a consequence can be seen as lacking in breadth, since its focus is on the experience of 'small, purposively-selected and carefully-situated samples' (Smith, Flower & Larkin, 2009, p. 29). Even though such a choice might be seen as incompatible with acquiring knowledge that can be generalised to the broader population, I believe that it can still offer us important insight into the phenomenon under investigation while at the same time doing justice to the complexity of human nature itself. Thus, while 'idiography does not eschew generalisations, but rather prescribes a different way of establishing these generalisations' (Harre, 1979 in Smith, Flower & Larkin, 2009, p. 29), a study that would focus on larger samples would also be significant and welcomed and it would offer the possibility to compare and reflect on this experience from different perspectives.

In terms of the sample, my aim was to establish a fairly homogeneous one, for which the research question would be meaningful. All participants self-identify as existential practitioners with similar training and experience, in that they are all qualified therapists, with at least one year of post-qualification experience and with at least one year of experience in time-limited settings. While the settings that participants offer their services

in, as time-limited therapists, vary, this variation would have been deemed problematic if the scope of the study was limited in investigating existential therapy in relation to a specific presenting issue or setting. On the contrary, it was considered as an opportunity to focus on the phenomenon of interest, in this case the experience of a time-limitation in therapy, which is common to all those settings, and to explore the experience of existential therapists in relation to that. It was nevertheless established that all participants work with the general adult population, and that the number of sessions that were regulated by the setting were between 6 to 12 sessions. Of course, significant care was given to establish any possible variations in the participants' accounts that would suggest the effect that a particular setting might have had, although no such phenomenon was present in the analysis of the findings.

During the recruitment phase, I intended to include an equal number of psychotherapists and counselling psychologists, advertising the research to all these mediums that would reach practitioners from both divisions. Due to the lesser interest of counselling psychologists to participate in the study, and the limitation of time available, I had to conclude with the inclusion of four counselling psychologists and six psychotherapists. I believe that this lesser interest from the part of counselling psychologists to participate in this study is interesting, and it poses questions on the possible reasons for this. Nevertheless, if time permitted, I would have tried to include more counselling psychologists so as to gain a better understanding of how the specialised training in counselling psychology might have affected the experience and understanding of the application of existential therapy in time-limited settings.

In addition, due to practical reasons that followed my conscious choice to conduct the interviews face to face, all participants were located in the UK (with the exception of one participant who, at the time of the interview, was in Greece, and the interview took place there), and they were all trained in London-based existential psychotherapy training programs. This similarity, allows us to obtain a clearer idea of how existential therapists, trained in the British existential-phenomenological tradition of existential therapy and counselling psychology, experience their work in time-limited settings. Nevertheless with 136 recognised existential therapy institutions worldwide (Correia, Cooper & Berdondini, 2016), focusing on different branches of the existential tradition, such as logotherapy and existential-humanistic psychotherapy, it could be interesting to examine how different existential therapeutic traditions can affect this experience. For the scope of this study though, this similarity was considered appropriate for the maintenance of homogeneity, although further research on the different existential traditions could be of interest.

During the interview process my aim was to facilitate participants in reflecting on their experience, elucidating their cognitive, emotional, embodied and meaning-making understandings. Nevertheless, and due to the fact that the use of language has been the main means of capturing experience, it is understood, in hindsight, that further engagement with and appreciation of the participants' embodied presence could have been encouraged and presented as material. Even though this is a common limitation of all studies that base their collection of data through verbal exchanges, greater consideration and focus on non-verbal expressions could have potentially provided a richer account of the experience under investigation.

Finally, an intrinsic limitation of this study is located in the fact that it has been conducted by a novice IPA researcher. Even though I cannot claim to have the level of experience of someone more familiar with this type of research, I believe that I took all necessary measures that would safeguard the rigour and quality of such a responsibility. For this reason, my effort was to be as transparent as possible in the writing-up process. Moreover, with my constant collaboration with my supervisors and my commitment to reflexive inquiry, I believe that this study has produced a fair and useful understanding of the participants who offered their time and courageously shared their experiences in order to enhance our knowledge and understanding of how it is to work existentially in time-limited settings.

10.2   Recommendations for further research

My interest in the effects of time in shaping our experiences, and the ways that our attitudes and feelings might also shape the experience of the passage of time, continues to intrigue me. I believe that, even though there is a substantial body of research in examining the physiological and psychological interrelation of time and experience, there is still plenty of room for qualitative studies that would present more in-depth first-persons accounts of this phenomenon, and that would bring different perspectives in common experiences, such as boredom, addiction, middle-age crisis, etc.

Regarding this particular study and its focus on existential time-limited therapy, as I have already emphasised, my wish is for further research to follow. Since my study is idiographic, it would be useful, for comparative reasons, to examine the same experience,

and if possible from different perspectives. A possible alternative methodology for this study could be the use of Narrative Analysis that, by focusing on a smaller sample, could offer a deeper understanding of what it is like to be an existential therapist working in time-limited settings, and thus provide a more concrete idea of the particular support necessary. Grounded theory could also be employed in the research of the same subject in order to be able to produce and propose a more explicit model of existential time-limited therapy. In addition, it would be possible to employ quantitative methods, in order to have access to a larger, and more heterogeneous sample and examine the possible commonalities and divergences from the current study.

Furthermore, I would find it interesting to examine how existential therapists, who do not necessarily follow the British existential tradition, and come from other cultural backgrounds, understand and conceptualise their approach in time-limited settings and what particular challenges and opportunities they face.

Finally, although a very conscious decision, my study has been focused solely on the experience of therapists and not on the experience of clients. Even though some first attempts on examining the experience of clients when receiving existential time-limited therapy have been made (Lamont, 2012; Rayner & Vitali, 2014), I believe that it is important to continue researching the experience of clients, in an effort to develop a more evidence-based practice and secure that what we consider useful and therapeutically relevant mirrors what the clients also perceive as helpful.

With regards to the results of the study, I was particularly intrigued by the shared theme of attitudes that participants presented. Although congruent to Budman and Gurman

(1992; 2002) and others (Bolter, Levenson & Alvarez, 1990; Barret Kruse, 1994), it is still unclear to me what specific processes take place in order for these attitudes to exist. I would be interested in finding out more about the development and effect of these attitudes, and their relation to the specific theoretical modality used by practitioners. My understanding is that a great part of the possibility of working in time-limited contexts is based on the ability to hold these attitudes of faith, realism, appreciation and acceptance of givens. For this reason, I believe it is important to understand better how and why these attitudes come to exist, and consider how this knowledge can be helpful in the support of time-limited therapists.

Finally, since my research study made apparent the need for supervision and training resources in order to support and facilitate the work of existential therapists in time-limited contexts, I suggest that further research in the areas of supervision and training is necessary. Being able to provide, develop and realise those support mechanisms that will take into account the particular needs of therapists, the distinctive nature and demands of the settings they work in, and the philosophical and ethical values that underpin their approach, as well as the division of counselling psychology, is of paramount importance. Participants shared how they enter the therapeutic room with their whole being, becoming exposed to the struggles, tensions, and paradoxes that this type of work entails. It is necessary, thus, to be able to support therapists in the best way possible, and to address their concerns, difficulties and dilemmas both with sensitivity and raised awareness.

Of course, the above suggestions are directed to those interested in these areas of study and by no means is the above list exhaustive and complete. Different areas and ideas

might pose different questions for the reader, and different routes of research might be

considered pertinent for the development of further knowledge. I would like to welcome

beforehand any and all different views and perspectives, as I am sure that it is through

our collective but also unique understandings that our journey towards the elusive light of

knowledge can continue.

11.   Conclusion

Completing this research and reflecting on the journey that has led me here, I can see that it wasn't an easy one. After all, time relates to everything around…Time has been a constant presence throughout this process, pushing me, paralysing me, frustrating me, filling me with anxiety, awe, and determination. In these last 4 years, that I dedicated to this research, I faced my own endings, both in my personal life and with my clients, I feared that 'time was insufficient', I struggled to balance my own values and needs with the expectations of others, I felt energised in the face of time-limitations, and I procrastinated, when I could, hoping that I could stretch time, and wishing to avoid the inevitable.

This dissertation has made me more sensitive to the ways I relate to time: the avoidance techniques I use, in order to escape it, the experience of moments that feel eternal, and the awareness of an invisible clock, which brings me closer to death, but which at the same time gives meaning and purpose to my present. I listened attentively to my clients' experiences of time, the ways they relate to their own invisible clock, the ways they try to escape or embrace it, the emotions and thoughts that the awareness of temporality and finitude evokes to them. I also had the honour to listen to the participants of this study, existential psychotherapists and counselling psychologists that shared their own experiences of working within the limitation of time, and how this awareness of a finite time affects their work, their attitudes, their feelings and cognitions.

At times, I felt disheartened, realising how hard it is to think about time. How can one

dare to distil this experience from the totality of our Being, when Being is always

entangled with time, and time is always here, constantly affecting and ruling our lives?

This elusive quality of time, and its powerful presence, made me, though, even more

intrigued and determined to understand it. Through this research, I learnt to respect time,

to honour it, and to avoid the hubris that comes with the arrogance of believing that you

managed to tame it. But, I have come the closest I have ever come to realising its

connection to core existential questions: responsibility, meaning, choices, givens, anxiety,

and uncertainty. I feel enriched both on a personal and professional level.

I come to accept that it is indeed very difficult to contemplate time. It needs courage to

lift the curtain and face Chronos devouring his children, and realising that you will face

the same destiny, and your time will come soon. It is scary without a doubt. One needs,

though, to consider whether lifting this curtain is also worth it, because for the limited

time you have, there lies the possibility to realise that, like all children of Chronos, you

are also a God, a Creator, a Sisyphean hero, perhaps, but a hero nonetheless. Existential

time-limited therapy, combining the temporal nature of this work with the approach's

therapeutic and philosophical values, can provide the stage where this curtain can be

lifted for the client, while in the comforting and respecting presence of the therapist,

making this terrifying leap in the darkness less terrifying and more enriching.

Coming back to this research, the experience of providing therapy in time-limited settings

appears to have a significant effect on therapists' feelings, thoughts, meaning-making

processes, and attitudes. The unique conditions of a predetermined time-limit and the

imminent ending of the therapeutic endeavour in such settings create a distinctive

atmosphere that cannot be found in other open-ended contexts. In such an atmosphere, and under those particular boundaries, the existential therapist is met with unique challenges and struggles, as well as with unique opportunities and possibilities. The present study has found that this experience envelopes five, both distinct and interrelated, dimensions: the experience of time-limitation, the experience of ending, the experience of the therapeutic process, the attitudes towards time-limited therapy and the support mechanisms that existential therapists consider valuable for this particular mode of therapy.

More specifically, this study suggests that existential therapists base their practice in time-limited settings on three main core values: the philosophical value, which endorses Strasser and Strasser's (1997) view that existential therapy, with its engagement with the issues of temporality, finitude, and givens, uniquely positions itself in the practice of time-limited therapy, the relational value and its focus on intersubjectivity, and the holistic value, which resists the compartmentalisation of clients' existence and experiences, and allows for the acknowledgement and appreciation of everything that the client presents, as interrelated parts of the whole of the client's being.

Furthermore, the issues of temporality, limitation, finitude and endings, so prevalent in time-limited settings, were shown to affect and influence existential therapists, posing them particular opportunities and challenges that revolve around the limitation of time and the impending ending of therapy. These opportunities and challenges have been discussed in detail, in an effort to provide a better understanding of the development of those support systems that would facilitate and enhance the work of existential therapists.

Finally, the study unveiled those particular attitudes that existential therapists share when working in time-limited settings: faith, non-perfectionistic and realistic expectations, appreciation and acceptance of givens. At the same time, participants shared their ethical concerns regarding the overgeneralisation of time-limited therapies and their dedication to resist a 'one-size-fits-all', oversimplified attitude towards the unique needs of their clients. These attitudes present another important aspect of the provision of time-limited therapy, raising awareness on the ways that therapy can be enhanced or restricted by the presence or lack of them.

In this era when time-limited therapies are a necessary, and sometimes unavoidable, given, due to financial constraints and the increased need for talking therapies, I believe that this study offers important understandings into the provision of existential time-limited therapy. Existential therapists have valuable insights to offer in the provision of time-limited therapy. So, if they want to be included as a treatment of choice in the public and voluntary settings, they need to accept those pragmatic constraints, while, at the same time, they need to safeguard their values, their clients and themselves by raising their awareness of how their practice can be applied and enhanced. I hope that this research is an important step towards this direction.

12.   References

Adams, M. (2001). Practising Phenomenology - some reflections and considerations. *Existential Analysis*, 12 (1), 65-84.

Adams, M. (2013). *A concise introduction to existential counselling*. London: Sage.

Adelstein, D. M., Gelso, C. J., Haws, J. R., Reed, K. G. & Baron Spiegel, S. (1983). The change process following time-limited therapy. In C. J. Gelso and D. H. Johnson (eds.). *Explorations in time-limited counseling and psychotherapy* (pp. 63-86). New York: Teachers College Press.

Adler, A. (1964). *The Individual Psychology of Alfred Adler.* New York, NY: Harper Perennial.

Alexander, F., & French, T. M. (1946). *Psychoanalytic therapy: Principles and applications.* Lincoln: University of Nebraska Press.

Ariely, D. & Wertenbroch, K. (2002). Procrastination, deadlines, and performance: Self-control by precommitment. *Psychological Science,* 13 (3), 219-224.

BACP. (2014). *Increase in counselling and psychotherapy suggests lessening of mental health stigma.* Retrieved in March 2016 from http://www.bacp.co.uk/media/?newsId=3506 .

Barkham, M., Rees, A., Stiles, W. B., Hardy, G. E. & Shapiro, D. A. (2002). Dose-effect relations for psychotherapy of mild-depression: A quasi-experimental comparison of effects of 2, 8, and 16 sessions. *Psychotherapy Research*, 12 (4), 463-474.

Barrett-Kruse, K. (1994). Brief counselling: A user's guide for traditionally trained counsellors. *International Journal for the Advancement of Counselling*, 17(2), 109-115.

Binswanger, L. (1956). Existential analysis and psychotherapy. In F. Fromm-Reichman & J. Moreno (Eds.), *Progress in psychotherapy.* New York, NY: Grune & Stratton.

Beck, A. T., & Weishaar, M. (1989). Cognitive therapy. In A. Freeman, K. M. Simon, L. E. Beutler, & H. Arkowitz (Eds.), *Comprehensive handbook of cognitive therapy* (pp. 21-36). New York, NY: Plenum.

Blatt, S. J., Zuroff, D. C., Quinland, D. M., & Pilkonis, P. A. (1996). Interpersonal factors in brief treatment of depression: Further analyses of the National Institute of Mental Health Treatment of depression collaborative research program. *Journal of Consulting and Clinical Psychology*, 64 (1), 162-171.

Bolter, K., Levenson, H. & Alvarez, W. F. Differences in values between short-term and long-term therapists. *Professional Psychology: Research and Practice*, 21(4), 285-290.

Bor, R., Gill, S., Miller, R. & Parrott, C. (2004). *Doing therapy briefly.* London: Palgrave.

Boscolo, L. & Bertrando, P. (1993). *The times of time: A new perspective in systemic therapy and consultation.* New York, NY: Norton.

Boss, M. (1963). *Psychoanalysis and Daseinsanalysis.* (I. B. Lefebre, Trans.). New York, NY: Basic Books.

Brinkmann, S. (2007). The good qualitative researcher. *Qualitative Research in Psychology,* 4, 127-144.

British Psychoanalytic Council (2016). *Letter to the Guardian - the NHS needs a well resourced and accessible range of longer-term therapies.* Retrieved 20 February 2016 from http://www.bpc.org.uk/news/letter-guardian-nhs-needs-well-resourced-and-accessible-range-longer-term-therapies.

British Psychological Society. (2006). *Division of Counselling Psychology: Professional practice guidelines.* Leicester: Author.

British Psychological Society (2006). *Counselling Psychology.* Retrieved 18 February 2016 from http://careers.bps.org.uk/area/counselling.

British Psychological Society. (2009). *Code of ethics and conduct.* Leicester: Author.

British Psychological Society. (2010). *Code of human research ethics.* Leicester: Author.

Brocki, J. M. & Wearden, A, J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in Health Psychology. *Psychology and Health*, 21 (1), 87-108

Budman, S. H. & Gurman, A. S. (1988). *Theory and practice of brief therapy.* New York, NY: Guildford.

Budman, S. H. & Gurman, A. S. (1992). A time-sensitive model of brief therapy: The I-D-E approach. In S. H. Budman, M. F. Hoyt & S. Friedman (eds). *The first session in brief therapy.* New York, NY: The Guilford Press. (pp. 111-134).

Budman, S. H. & Gurman, A. S. (2002). *Theory and practice of brief therapy*. New York, NY: Guildford Press.

Budman, S. H. (1981). (Ed.) *Forms of brief therapy.* New York, NY: Guildford.

Bugental, J. F. T. (1995). Preliminary sketches for a short-term existential-humanistic therapy. In K. J. Shneider & R. May (eds.). *The psychology of existence: An integrative, clinical perspective* (pp. 261-271). New York: McGraw-Hill.

Center for Substance Abuse Treatment. (1999)*Brief interventions and brief therapies for substance abuse: Treatment improvement protocol (TIP).* Rockville, MD: Substance Abuse and Mental Health Services Administration.

Cepeda, L, M. & Davenport, D. S. (2006). Person-centered therapy and solution-focused brief therapy: An integration of present and future awareness. *Psychotherapy: Theory, Research, Practice, Training*, 43(1).

Charmaz, C. (1995). Grounded theory. In J. Smith, R. Harre & L. van Lagenhove (Eds), *Rethinking methods in psychology* (pp. 27-65). London: Sage.

Cohen, P., & Cohen, J. (1984). The clinician's illusion. *Archives of General Psychiatry*, 41, 1178–1182.

Cohn, H. W. (1995). Misconceptions in Existential Psychotherapy. *Journal of Existential Analysis*, 6 (1), 20-27.

Cohn, H. W. (1997). *Existential thought and therapeutic practice*. London: Sage.

Cohn, H. W. (2002). *Heidegger and the roots of existential therapy*. London: Continuum.

Colaizzi, P.F. (1978). Psychological research as the phenomenologist views it". In R.S. Valle & M. King (Eds.), *Existential-Phenomenological Alternatives for Psychology* (pp. 48-71). New York, NY: Oxford University Press.

Cooper, M. (2003). *Existential therapies*. London: Sage.

Cooper, M. (2011). Foreword, in Loewenthal D. *Post-existentialism and the psychological therapies.* London: Karnac.

Cooper, S. & Archer, J. (1999). Brief therapy in college counseling and mental health. *Journal of American College Health*, 48(1), pp. 21-29.

Coren, A. (1999). Brief psychodynamic counselling in educational settings. In: Lees, J. & Vaspe, A. (eds) *Clinical Counselling in Further and Higher Education*. London: Routledge.

Coren, A. (2001). *Short-Term Psychotherapy: A Psychodynamic Approach*. Hampshire: Palgrave.

Cornfeld, J., Johnson, H. D., Baron Spiegel, S. Whittaker, J. P., Wasserman, D., & Gelso, C. J. (1983) Duration expectancies and client satisfaction with time-limited counseling. In C. J. Gelso and D. H. Johnson (eds.). *Explorations in time-limited counseling and psychotherapy* (pp. 162-174). New York: Teachers College Press.

Correia, E. A., Cooper, M. & Berdondini, L. (2016). Existential therapy institutions worldwide: An update of data and the extensive list. *Existential Analysis.* 27 (1), pp. 155-200.

Creswell, J. W. & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory into Practice*, 39(3), 124-131.

Davanloo, H. (Ed.). (1980). *Short-term dynamic psychotherapy.* New York, NY: Aronson.

De Shazer, S. (1985). *Keys to Solutions in Brief Therapy*. New York, NY: W.W. Norton.

De Shazer, S. (1991). *Putting difference to work.* New York, NY: W. W. Norton.

Dean, S. G., Smith, J. A., & Payne, S. (2006). Low back pain: the meaning of exercise management through interpretative phenomenological analysis (IPA). In L. Finlay & C. Ballinger (Eds) *Qualitative research for allied health professionals* (pp. 139-155). Chichester: John Wiley & Sons.

van Deurzen-Smith, E. (1988). *Existential Counselling in Practice*. London: Sage.

van Deurzen, E. (1997) Series preface. In Strasser, F & Strasser A. *Existential time-limited therapy: The wheel of existence.* Chichester: John Wiley & Sons.

van Deurzen. (2002). *Existential counselling and psychotherapy in practice* (2nd ed.) London:Sage.

van Deurzen, E. & Adams, M. (2011). S*kills in existential counselling and psychotherapy*. London: Sage

Department of Health. (2005). *Research governance framework for health and social care.* (2nd ed.) Retrieved 23 January 2014 from http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/ digitalasset/dh_4122427.pdf.

Dryden, W. (1990). *Individual therapy.* Buckingham: Open University Press.

Du Plock, S. (1997). *Case studies in existential psychotherapy and counselling*. London: Wiley.

Elliott, R., Fischer, C. T. & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology.* 38(3), 215-229.

Ellis, A. (1962). *Reason and Emotion in Psychotherapy.* Secaucus, NJ: Lyle Stuart.

Ellis, A. (1989). The history of cognition in psychotherapy. In A. Freeman, K. M. Simon, L. E. Beutler, & H. Arkowitz (Eds.), *Comprehensive handbook of cognitive therapy* (pp. 5-20). New York, NY: Plenum.

Escobar, J.I., Gara, M. A., Diaz-Martinez, A. M., Interian, A., Warman, M., Allen, L. A., Woolfolk, R. L., Jahn, E. & Rodgers, D. (2007). Effectiveness of a time-limited cognitive behavior therapy type intervention among primary care patients with medically unexplained symptoms. *Annals of Family Medicine,* 5(4):328-35.

Feltham, C. (1997). *Time-limited counselling*. London: Sage.

Ferenczi, S, & Rank, O., (1956). *The development of psychoanalysis.* (C. Newton, Trans). New York, NY: Dover.

Finlay, L. (2006). Mapping Methodology. In L. Finlay & C. Ballinger (Eds.), *Qualitative research for allied health professionals: Challenging choices* (pp. 9-29). Chichester: John Wiley& Sons.

Finlay, L. (2008). A dance between the reduction and reflexivity: Explicating the "Phenomenological Psychological Attitude". *Journal of Phenomenological Psychology,* 39, 1–32

Finlay, L. (2009). Debating phenomenological research methods. *Phenomenology & Practice*, 3(1), 6-25.

Finlay, L (2011). *Phenomenology for Therapists: Researching the lived world*. Chichester: Wiley- Blackwell.

Frankl, V. E. (1960). Paradoxical intention, a logotherapeutic technique. *American Journal of Psychotherapy,* 14, 520-535.

Frankl, V. E. (1966). Logotherapy and existential analysis, a review. *American Journal of Psychotherapy,* 20, 252-260.

Frankl, V. E. (1969). *The will to meaning: Foundations and applications of logotherapy.* New York, NY: New American Library.

Frankl, V. E. (2004). *Man's search for meaning.* London: Rider.

Freeman, D. (1990). *Couples in conflict.* Milton Keynes: Open University press

Freud S. (1913). On beginning the treatment. *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. 12. London: Hogarth Press.

Freud S. (1918). Lines of advance in psycho-analytic therapy. *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. 17. London: Hogarth Press.

Freud S. (1937). Analysis terminable and interminable. *The Complete Psychological Works*, Vol. 23. London: Hogarth Press.

Freud, S. (2011). From the history of infantile neurosis (1918). In I. Smith (Ed.), *Freud-Complete works.* (pp. 3502-3596). Retrieved from: https://www.valas.fr/IMG/pdf/Freud_Complete_Works.pdf

Frith H. & Gleeson, K. (2012). Qualitative data collection: Asking the right questions. In D. Harper & A.R. Thompson (Eds*.), Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 55-68). Oxford: Wiley-Blackwell.

Gadamer, H. G. (2004). *Truth and method*. London: Continuum.

Garagalza, L. (2013). In the footsteps of Hermes: The meaning of hermeneutics and symbolism. Parrhesia, 16, 1-13.

Garfield, S. L. (1978) Research on client variables in psychotherapy. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change*, New York: Wiley.

Garfield, S. L. (1986). Research on client variables in psychotherapy. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behaviour change* (3rd ed.). New York: Wiley.

Geanellos, R (1998). Hermeneutic philosophy. Part 1: Implications for its use as methodology in interpretive nursing research. *Nursing Inquiry*, 5(3), 154-163.

Gelso, C. J., & Johnson, D. H. (1983) Introduction. In C. J. Gelso and D. H. Johnson (Eds.) *Explorations in time-limited counseling and psychotherapy* (pp. xxi-xxvii). New York: Teachers College Press.

Gelso, C. J., & Johnson, D. H. (1983). *Explorations in time-limited counseling and psychotherapy.* New York: Teachers College Press.

Gelso, C. J., Mills, D. H., & Spiegel, S. B. (1983) Client and therapist factors influencing the outcomes of time-limited counseling one month and eighteen months after treatment. In C. J. Gelso and D. H. Johnson (Eds.) *Explorations in time-limited counseling and psychotherapy* (pp. 87-114). New York: Teachers College Press.

Georgaca, E. & Avdi, E. (2012). Discourse analysis. In D. Harper & A. R. Thompson (Eds), *Qualitative methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 147- 161).Chichester: Wiley-Blackwell.

Gingerich, W.J. & Peterson, L. T. (2013). Effectiveness of solution-focused brief therapy: A systematic qualitative review of controlled outcome studies. *Research on Social Work Practice,* 23(3):266-283.

Giorgi, A. & Giorgi, B. (2008). Phenomenology. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 26-52). London: Sage.

Giorgi, A. (2010) Phenomenology and the practice of science. *Existential Analysis*. 22(1), 3-22.

Giorgi, A. P. & Giorgi, B. M. (2003) The descriptive phenomenological psychological method. In Camic, P.M, Rhodes, J. E & Yardley, L. (Eds.), *Qualitative research*

in psychology: Expanding perspectives in methodology and design (pp. 243-273). Washington, DC: American Psychological Association.

Glaser, B. J. & Strauss, A. (1967). *The discovery of grounded theory*. Chicago: Aldine.

Gurman, A. S. (1981) Integrative marital therapy: Toward the development of an interpersonal approach. In S. H. Budman (ed.) *Forms of brief therapy*. New York: Guildford Press.

Hansen, N. B., Lambert, M. J., & Forman, E. M. (2002). The psychotherapy dose-response effect and its implications for treatment delivery services. *Clinical Psychology: Science and Practice*, 9, 329-343.

Havercamp, B. E. & Young, R. A. (2007). Paradigms, purpose, and the role of literature: Formulating a rationale for qualitative investigations. *The Counseling Psychologist*, 35(2), 265-294.

Health and Social Care Information Centre (2014). *Psychological Therapies, Annual Report on the use of IAPT services: England– 2013/14 Experimental Statistics.* Retrieved 26 January 2015 from http://www.hscic.gov.uk/catalogue/PUB14899/psyc-ther-ann-rep-2013-14.pdf .

Heidegger, M. (1962). *Being and Time* (J. Macquarrie & E. Robinson, Trans.). Oxford: Basil Blackwell.

Hill, C. E., Thompson, B. J., & Nutt Williams, E. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist,* 25(4), 517-572.

Hillman, J. (2004). *Archetypal psychology.* Putnam, CT: Spring.

Hollon, S. D. & Beck, A. T. (1986). Research on cognitive therapies. In S. L. Garfield & A. E. Bergin (Eds.), *Handbook of psychotherapy and behavior change* (3rd ed., pp 443-482). New York, NY: Wiley.

Hoyt, M. F. (2001). *Interviews with brief therapy experts.* Philadelphia, PA: Brunner-Routledge.

Hoyt, M. F. (2004). *The present is a gift: Mo' better stories from the world of brief therapy.* New York, NY: iUniverse, Inc.

Howard, K.I., Kopta, S.M., Krause, M.S., & Orlinsky, D. E. (1986). The dose-effect relationship in psychotherapy. *American Psychologist*, 41, 159-164.

Husserl, E. (1931). *Ideas* (W. R. Boyce Gibson, Trans.). New York, NY: Routledge.

Husserl, E. (1999). *The Essential Husserl: Basic writings in transcendental phenomenology* (D. Welton, Ed.). Indianapolis, IN: Indiana University Press.

Jarman, M., Smith, J.A. and Walsh, S. (1997). The psychological battle for control: A qualitative study of health-care professionals' understandings of the treatment of anorexia nervosa. *Journal of Community and Applied Social Psychology*, 7, 137-152.Jaspers, K. (1963). *General psychopathology.* (J. Hoening & M. W. Hamilton, Trans.). Chicago, IL: The University of Chicago Press.

Karasu, T. B. (1992). *Wisdom in the practice of psychotherapy*. New York: NY: Basic Books.

Keilson, M. V., Dworkin, F. H., & Gelso, C. J. (1983) The effectiveness of time-limited therapy in a university counseling center. In C. J. Gelso and D. H. Johnson (Eds.) *Explorations in time-limited counseling and psychotherapy* (pp. 5-13). New York: Teachers College Press.

Kleinsasser, A. M. (2000). Researchers, reflexivity, and good data: Writing to unlearn. *Theory into Practice,* 39(3), 155-161.

Kolesnikova, L. (2015). The category of time in existential psychotherapy. *Journal of East European Association for Existential Therapy,* pp. 165-193.

Koss, M. P. (1979) Length of psychotherapy for clients seen in private practice. *Journal of Consulting and Clinical Psychology*, 47(1), 210-212

Lacan, J. (1977). *Ecrits: a selection* (A. Sheridan, Trans). London: Tavistock.

Lambert, M. J. & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice, Training,* 38 (4), 357-361.

Lamont, N. (2012). The End in Sight: Engaging with an existential understanding of time when working in time-limited practice. *Existential Analysis,* 23(1), 89-100.

Lamont, N. (2015). *Is* time of the essence? Experiential accounts from clients of time-limited existential therapy at an HIV counselling service. *Counselling Psychology Doctoral Thesis.* Retrieved 26 April 2016 from http://eprints.mdx.ac.uk/17131/1/NLamontThesis.pdf .

Langdridge, D. (2006). Solution focused therapy: A way forward to brief existential therapy? *Existential Analysis*, 17 (2), 359-370.

Langdridge, D. (2007). *Phenomenological psychology: Theory, research and method.* London: Pearson.

Langle, A. (2003). Meaning and fundamental existential motives. *Psychotherapy in Australia.* 10 (1), 14-19.

Lehman, A. K. & Salovey, P. (1990). An introduction to cognitive-behavior therapy. In R. A. Wells & V. J. Giannetti (Eds.), *Handbook of the brief psychotherapies* (pp 239-260). New York, NY: Plenum.

Leichsenring F., Rabung, S. &Leibing, E. (2004). The efficacy of short-term psychodynamic psychotherapy in specific psychiatric disorders: A meta-analysis. *Archives of General Psychiatry.* 61(12), 1208-1216.

Levenson, H. & Davidovitz, D. (2000). Brief therapy prevalence and training: A national survey of psychologists. *Psychotherapy: Theory/Research/Practice/Training*, 37(4), 335-340.

Levenson, H. & Evans, S. A. (2000). The current state of brief therapy training in American Psychological Association- accredited graduate and internship programs. *Professional Psychology: Research and Practice*, 4, 446–452.

Levenson, H., Speed, J., & Budman, S. H. (1995). Therapist's experience, training, and skill in brief therapy: A bicoastal survey. *American Journal of Psychotherapy*, 49(1), 95-117.

Lindfors, O., Knekt, P., Heinonen, E., Härkänen, T. & Virtala E. (2015). The effectiveness of short- and long-term psychotherapy on personality functioning during a 5-year follow-up. *Journal of Affective Disorders,* 173, 31-38.

Makkreel, R. (1995). *The Cambridge dictionary of philosophy* (R. Audi, ed.). Cambridge: Cambridge University Press.

Malan, D. H. (1976). *The frontier of brief psychotherapy*. New York: Plenum.

Malan, D. H. (1980). The most important discovery since the unconscious. In H. Davanloo (Ed.), *Short-term dynamic psychotherapy.* New York, NY: Aronson.

Malcolm, J. (1982). *Psychoanalysis: The Impossible profession*. London: Picador.

Manafi, E. (2010). Existential-phenomenological contributions to counselling psychology's relational framework. In M. Milton (Ed.). *Therapy and beyond: Counselling psychology contributions to therapeutic and social issues.* (pp. 21-39). Chichester: Wiley-Blackwell.

Mander, G. (2000). *A psychodynamic approach to brief therapy*. London: Sage.

van Manen, M. (1990*). Researching lived experience: Human science for an action sensitive pedagogy.* Albany, N.Y.: The State University of New York.

Mann, J. (1973). *Time-limited psychotherapy.* Cambridge, MA: Harvard University Press.

Mann, J. (1973). *Time-limited psychotherapy*. Cambridge, MA: Harvard University Press.

May, R., Angel, E., & Ellenberger, H. (Eds.). (1958). *Existence: A new dimension in psychiatry and psychology*. New York, NY: Basic Books.

May, R. (1992). On the integration of science and practice in brief psychotherapy. *The Counseling Psychologist*, 20(3), 455-459..

McLeod, J. (1999). *Practitioner research in counselling.* London: Sage.

McLeod, J. (2001). *Qualitative research in counselling and psychotherapy*. London: Sage.

McLeod, J. (2003) Doing Counselling Research. London: Sage.

McMillan, M. & McLeod, J. (2006). Letting go: The client's experience of relational depth. *Person-Centered and Experiential Psychotherapies*, 5, 278-293.

Merleau-Ponty, M. (1962). *Phenomenology of Perception* (C. Smith, Trans.). New York: Humanities Press.

Messer, S (2001b). What makes brief psychodynamic therapy time efficient. *Clinical Psychology: Science & Practice*, 8(1), 5-22.

Messer, S. (2001a). What allows therapy to be brief? *Clinical Psychology: Science & Practice*, 8(1), 1-4.

Minkowski, E. (1970). *Lived time: Phenomenological and psychopathological studies.* (N. Metzel, Trans.) Evanston: Northwestern University Press.

Moja-Strasser, L. (1997). Chapter 9 in S. Du Plock (Ed) *Case studies in existential psychotherapy and counselling*. Chicester: Wiley.

Molnos, A. (1995). *A question of time: essentials of brief dynamic psychotherapy*. London: Karnac.

Moore, D. A. (2004). The unexpected benefits of final deadlines in negotiation. *Journal of Experimental Social Psychology*, 40 (1), 121-127.

Moran, D (2000). *Introduction to Phenomenology*, London: Routledge.

Morrow, S. L. (2007). Qualitative research in counseling psychology: Conceptual foundations. *The Counseling Psychologist,* 35(2), 209-235.

Neff, W. L., Lambert, M. J., Lunnen, K. M., Budman, S. H. & Levenson, H. (1996). Therapist's attitudes toward short-term therapy. *Employee Assistance Quarterly.* 11 (3), 67-77.

Nietzsche, F. (1968). *The will to power: in science, nature, society and art* (W. Kaufmann & R. J. Hollingdale, Trans.). New York, NY: Vintage Books.

O'Connell, B. *Solution Focused Therapy.* (2nd Ed.) London: Sage.

Payne, S. (2007). Grounded theory. In E. Lyons & A, Coyle (Eds). *Analysing qualitative data in psychology* (pp. 65-86).London: Sage.

Pekarik, G. (1994). Effects of brief therapy training on practicing psychotherapists and their clients. Community Mental Health Journal, 30 (2), 135- 144.

Pekarik, G. & Finney-Owen, G. K. (1987). Psychotherapists' attitudes and beliefs relevant to client drop-out. *Community Mental Health Journal.* 23(2): 120-130.

Phillips, E. L. (1985). *Psychotherapy revisited: New frontiers in research and practice.* Hillsdale, NJ: Erlbaum.

Pietkiewicz, I. & Smith, J. A. (2014). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology. *Psychological Journal*, 20 (1), 7-14.

Piselli, A., Halgin, R. P. & MacEwan, G. H. (2011). What went wrong? Therapists' reflections on their role in premature termination. *Psychotherapy Research.* 21 (4), 400-415.

Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology*, 52(2), 137-145.

Pringle J., Drummond, J., McLafferty, E. & Hendry, C. (2011). Interpretative phenomenological analysis: a discussion and critique. *Nurse Researcher,* 18 (3), 20-24.

Rank, O. (1945). *Will therapy and truth and reality*. New York, NY: Knopf

Rayner, M. & Vitali, D. (2014). CORE Blimey! Existential therapy GOALS! *Existential Analysis*, 25 (2), 296-312.

Reader, M. J. (1982). Deadlines, self-perceptions, and intrinsic motivation. *Personality and Social Psychology Bulletin,* 8, 742-747.

Ricoeur, P. (1974). *The conflict of interpretations: Essays in Hermeneutics* (D. Ihde, Trans.). Evaston IL: Northwestern University Press.

Sartre, J.P. (1958). *Being and nothingness: an essay on πhenomenological ontology* (H. E. Barnes, Trans.). London: Routledge.

Sartre, J. P. (1962). *Sketch for a theory for the emotions* (P. Mairet, Trans.). London: Methuen & Co.

Sartre, J.-P. (1973). *Existentialism and Humanism* (P. Mairet, Trans.). London: Methuen.

Sartre, J.P. (2003). *Being and nothingness.* (H. E. Barnes, Trans.). London: Routledge.

Sartre, J. P. (2004). *The Imaginary: A Phenomenological Psychology of the Imagination* Tr (J. Webber, Trans). London: Routledge.

Schon, D. (2001). The crisis of professional knowledge and the pursuit of an epistemology of practice. In J. Raven and J. Stephenson (Eds), *Competence in the Learning Society* (pp. 185-207). New York: Lang Publishing.

Schwandt, T. A. (1997). *Qualitative inquiry: a dictionary of terms.* Thousand Oaks, CA: Sage.

Seligman, M. E. P. (1995). The effectiveness of psychotherapy: The Consumer Reports study. *American Psychologist*, 50, 965–974.

Shapiro, D., Barkham M., Stiles W. B., Hardy G. E., Rees A., Reynolds S. & Startup M. (2003). Time is of the essence: a selective review of the fall and rise of brief therapy research. *Psychology and Psychotherapy*, 76(3), 211-235.

Sharf, R. S. (2016). *Theories of psychotherapy and counseling, concepts and cases.* (6th ed.). Boston, MA: Cengage Learning.

Shinebourne, P. (2006). It's about time: Perspectives on Time and Temporality in Time-Limited Therapy. Existential Analysis, 17(1), 102-116.

Schneider, K. J. (2008). Innovations in short-term EI practices. In K. J. Schneider (Ed.) *Existential-Integrative Psychotherapy: Guideposts to the Core of Practice.* (pp. 165-175). New York, NY: Routledge.

Shadley, M. L. (2000). Are all therapists alike? Revisiting research about the use of self in therapy. In M. Baldwin (Ed.), *The use of self in therapy.* (pp.191-212). New York: The Haworth Press.

Sifneos, P. E. (1972). *Short-term psychotherapy and emotional crisis*. Cambridge: Harvard University Press.

Sledge, W. H., Moras, K., Hartley, D., & Levine,M. (1990). Effect of time-limited psychotherapyon patient dropout rates. *American Journal of Psychiatry*, 147, 1341–1347.

Smith J. A., Flowers, P. & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage.

Smith, J. A. & Osborn, M. (2008). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 51-80). London: Sage.

Smith, J. A. (2011b). Evaluating the contribution of interpretative phenomenological analysis: a reply to the commentaries and further development of criteria. *Health Psychology Review*. 5(1), 55-61.

Smith, J. A., Hollway, W., Mishler, E. G., & Hepburn, A. (2005). Commentaries on Potter and Hepburn, 'Qualitative interviews in psychology: problems and possibilities'. *Qualitative Research in Psychology*, 2(4), 309-325.

Smith, J.A. (2010) Interpretative phenomenological analysis: A reply to Amedeo Giorgi. *Existential Analysis*. 21(2), 186-192.

Smith, J.A. (2011a) Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*. 5(1), 9-27.

Snygg, D. (1941). The need for a phenomenological system of psychology. *Psychological Review*, 48, 404-424.

Sophocles. (440 B.C.E / 1953). Ajax. In *Electra and other plays.* (E. F. Walting, Trans.) New York, N.Y: Penguin Books.

Spinelli, E. (2007). *Practising existential psychotherapy: The relational world.* London: Sage.

Spinelli. E. (2015). *Practicing existential psychotherapy: The relational world.* (2nd Ed.). London: Sage.

Starkey, K. P. (1985). The lengthening hour: Time and the demise of psychoanalysis as therapy. *Social Science & Medicine,* 20 (9), 939-943.

Steenbarger, B. N. (1992). Toward science-practice integration in brief counseling and therapy. *The Counseling Psychologist*, 20(3), 403-450.

Steward, B. (2006). Strategic choices in research planning. In L. Finlay & C. Ballinger (Eds), *Qualitative research for allied health professionals* (pp.30-45). Chichester: John Willey & Sons.

Strasser, F. & Strasser, A. (1997). *Existential time-limited therapy: The wheel of existence*. Chichester: John Wiley & Sons.

Strauss, A. L. & Corbin, J. (1990). *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. London: Sage.

Suzuki, L. A., Ahluwalia, M. K., Kwong Arora, A. & Mattis, J. (2007). The pond you fish determines the fish you catch: Exploring strategies for qualitative data collection. *The Counseling Psychologist,* 35(2), 295-327.

Thompson, A. R. & Chambers, E. (2012). Ethical issues in qualitative mental health research. In D. Harper & A.R. Thompson (Eds.) *Qualitative research methods in*

mental health and psychotherapy: A guide for students and practitioners. Oxford: Wiley-Blackwell.

UK Employee Assistance Professionals Association (2014). *Counsellors' Guide to working with EAPs.* Retrieved 26 January 2015 from: http://www.eapa.org.uk/wp-content/uploads/2014/10/Counsellors-Guide-to-working-with-EAPs-FINAL.pdf .

We Need to Talk Coalition (2013). *We still need to talk: A report on access to talking therapies.* Retrieved in March 2016 from: http://www.mind.org.uk/media/494424/we-still-need-to-talk_report.pdf .

We Need to Talk Coalition (2014). *We need to talk*: *Getting the right therapy at the right time.* Retrieved in 26 January 2015 from http://www.mind.org.uk/media/280583/We-Need-to-Talk-getting-the-right-therapy-at-the-right-time.pdf

Wiexel-Dixon, K. & Strasser, F. (2005). Time and purpose. In E. van Deurzen & C. Arnold-Baker (eds.). *Existential perspectives on human issues* (pp. 227-235). Hampshire: Palgrave Macmillan.

Wilkes, R & Milton, M. (2006). Being an Existential Therapist: An IPA study of existential therapists' experiences. *Existential Analysis*, 17.1, 71-83.

Williams, S. (1997) Psychotherapeutic ends and endings. *British Journal of Psychotherapy*, 13 (3), .337-350.

Yalom, I.D. (1980). *Existential Psychotherapy.* New York. NY: Basic Books.

Yalom, I. D. (2002). *The gift of therapy.* New York, NY: HarperCollins.

Yeh, C. J & Inman, A. G. (2007). Qualitative data analysis and interpretation in counseling psychology: Strategies for best practices. *The Counseling Psychologist,* 35(3), 369-403.

Appendices

Appendix 1: Ethics application form

Middlesex University, Psychology Department

REQUEST FOR ETHICAL APPROVAL

*Applicant (specify): PG (Module:*DCPsych)...*) PhD STAFF   Date submitted:...8/10/13............*

Research area (please circle):

Clinical	Cognition + emotion	Developmental	Forensic	Health
Occupational	Psychophysiological	Social	Sport + exercise	

Other: **Counselling Psychology and Psychotherapy**_____

Methodology:

Empirical/experimental   Questionnaire-based   **Qualitative: Interpretative Phenomenological**
Analysis   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?   Yes

- Is this an amended proposal (resubmission)?   No
  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_____Alistair
Ross_____

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[1] see Guidelines on OasisPlus

Name(s) of investigator(s): Argyro Ioannou

Name of supervisor(s): Dr Alistair Ross

Title of study: Existential Psychotherapy in a Time-Limited Context: An
Interpretative Phenomenological Analysis of existential counselling psychologists' and psychotherapists'
experience of working within a time-limited context

Results of Application:

REVIEWER - please tick and provide comments in section 5:

APPROVED   APPROVED WITH AMENDMENTS   NOT APPROVED

✓ **SECTION 1 (to be completed by all applicants)**

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?

Although the population of this study is not considered to be a vulnerable one, taking part to a project always contains some risk. Possible risks are addressed in the research proposal and the participant information sheet, and an elaborate debriefing form will be provided to the participants that will make available to them sources of support in case they need them.

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).

<u>Note</u>: 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 <u>must</u> be conducted for any work undertaken off university premises)*[6]

'Participants will be recruited through research posting in the British Psychological Association (BPS), the United Kingdom Council of Psychotherapy (UKCP) and the Society of Existential Analysis (SEA). Additionally, the researcher will communicate with schools of Existential Counselling and Psychotherapy and inform them about the research project. In addition, there will be research posts on relevant internet sites that address to psychotherapists and psychologists.
 Interviews will be conducted at the premises of New School of Psychotherapy and Counselling where all health and safety policies and procedures are in place.
In the case any of the participants prefers to be interviewed to a place of their choice, the researcher will commute to them however the interview will strictly have to be conducted in a public building, where all health and safety policies and procedures are in place. and during working hours when other people will be around. In this case the researcher's next of kin will also be informed about the location of the interview to be conducted, the expected time of return, and a mobile phone will be available.

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

5b. If the study involves any of the above, the researcher needs CRB (disclosure of criminal record)
      -Staff and PG students are expected to have CRB – please tick   YES
      -UG students are advised that institutions may require them to have CRB – please confirm
      that you are aware of this by ticking here   ___N/A_____

---

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*)
    Informed consent will be obtained from the research participants through their signature. Once they have
    shown interest to participate in the project, the participant information sheet and consent form will be sent
    to them either through e-mail or via the post and it will requested to be sent back to the researcher.

---

7. Will you inform participants of their right to withdraw from the research at any time,
    without penalty? (*see consent guidelines[2]*)   YES

    Please see the attached participant information sheet and consent form for further details.

---

8. Will you provide a full debriefing at the end of the data collection phase?   YES
      (*see debriefing guidelines[3]*)
    A full debriefing will be provided for all participants after the completion of their interview. Please
    see the attached debriefing sheet for further clarifications

---

9. Will you be available to discuss the study with participants, if necessary, to monitor
    any negative effects or misconceptions?   YES
      If "no", how do you propose to deal with any potential problems

---

10. Under the Data Protection Act, participant information is confidential unless otherwise
    agreed in advance. Will confidentiality be guaranteed? (*see confidentiality guidelines[5]*)   YES

If "yes" how will this be assured *(see[5])*
For the purpose of participants' anonymity protection, their names will not appear on their data sheets/files and a coding
system will be introduced to identify individual participants, in case this should be necessary. Participants will be informed
that excerpts from their data may be published verbatim as anonymous example and the consent form will therefore include
a section informing them for such inclusion. Moreover, data will be kept stored on a computer with password known only
to the researcher and participants will be allocated a pseudonym of their own choice.

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*).

11. Are there any ethical issues which concern you about this particular piece of research, not covered elsewhere on this form?   NO

   If "yes" please specify:

(NB: If "yes" has been responded to any of questions 2,3,5,11 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).

SECTION 2 (to be completed by all applicants – please tick as appropriate)

	YES	NO
12. Some or all of this research is to be conducted away from Middlesex University	✓	
If "yes" tick here to confirm that a Risk Assessment form has been submitted	✓	■
13. 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	✓	
14. 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)	✓	
15. 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	✓	

SECTION 3 (to be completed by academic <u>staff</u> -- for student approval, go to Section 4)

Researcher…………………… date ……………..

Signatures of approval: Ethics Panel …………………………. date …………….. *PSY OFFICE received* 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 and before the start of data collection – 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:…………...

SECTION 4 (to be completed by <u>student</u> applicants and supervisors)

Researcher (student signature) ……… ………………… date …3/5/13………..

CHECKLIST FOR <u>SUPERVISOR</u> – please tick as appropriate

	YES	NO
1. Is the UG/PG module specified?	✓	
2. If it is a resubmission, has this been specified and the original form enclosed here?	n/a	n/a
3. Is the name(s) of student/researcher(s) specified?	✓	
4. Is the name(s) of supervisor specified?	✓	
5. Is the consent form attached?	✓	
6. Are debriefing procedures specified? If appropriate, debriefing sheet enclosed – appropriate style?	✓	
7. Is an information sheet for participants enclosed? appropriate style?	✓	
8. Does the information sheet contain contact details for the researcher and supervisor?	✓	
9. Is the information sheet sufficiently informative about the study?	✓	
10. Has Section 2 been completed by the researcher on the ethics form?	✓	
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.		✓
13. Letter(s) of acceptance from external institutions have been requested and will be submitted to the PSY office ASAP.	n/a	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.	✓	
15. Is the proposal sufficiently informative about the study?	✓	

PSY OFFICE received

Signatures of approval: Supervisor ………… date 4/5/13   ………..   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):_____

Required documents seen by Ethics Panel ……………………… date ……………..

SECTION 5 (to be completed by the Psychology Ethics panel reviewers)

	Please Tick or Use NA	Recommendations/comments
1. Is UG/PG module specified? (student appl.)		
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? (student appl.) 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 or protracted testing are involved, do the benefits of the study outweigh these undesirable aspects?		
18. Any other comments?		

Appendix 2: Risk assessment form

INDEPENDENT FIELD/LOCATION WORK RISK ASSESSMENT   FRA1

This proforma is applicable to, and must be completed in advance for, the following field/location work situations:
1. *All field/location work 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).*
2. *All field/location work undertaken by postgraduate students. Supervisors to complete with student(s).*
3. *Field/location work undertaken by research students. Student to complete with supervisor.*
4. *Field/location work/visits by research staff. Researcher to complete with Research Centre Head.*
5. *Essential information for students travelling abroad can be found on www.fco.gov.uk*

FIELD/LOCATION WORK DETAILS

Name: Argyro Ioannou

Student No: M00252670
Research Centre (staff only)…………………………………..

Supervisor: Dr. Alistair Ross

Degree course: Doctorate in Counselling Psychology and Psychotherapy

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 field/location work	……….…………..None……….……………...……………………………………………
	……….…………….…………….……..………………………………………….
	……….………….…………….……..……………………………………………..
Any health problems (full details) Which may be relevant to proposed field/location work activity in case of emergencies.	……….………….…………….None……….……..………………………………
	……….…………….…………….……..………………………………………….
Locality (Country and Region)	…………………England, London……………………………………………
	……….………….…………………..………………………………………….
Travel Arrangements	The researcher will travel from his home address in London to New School of Psychotherapy and Counselling in London, for the purposes of conducting the

interviews and further organization of the research process. In the case any of the participants prefers to be interviewed to their private practice or other public buildi[...] the researcher will commute to them.

NB: Comprehensive travel and health insurance must always be obtained for independent overseas field/location work.

No travel and health insurance will be obtained since the study will be conducted within the UK

Dates of Travel and Field/location work

The dates of travel will be arranged during the course of participants' recruitment, possibly during the winter term of 2014.

………..………..………..………..…..………………………………………

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).** For each locality, enter the potential hazards that may be identified beyond those accepted in everyday life. Add details giving cause for concern **(Col. 2).**

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 rang
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'.

1. LOCALITY/ROUTE	2. POTENTIAL HAZARDS
Participants will commute towards the premises of the New School of Psychotherapy and Counselling where interviews will be conducted and all health and safety policies and procedures are in place. In the case any of the participants prefers to be interviewed to a place of their choice, the researcher will commute to them.	**NONE**

The University Field/location work code of Practice booklet provides practical advice that should be followed in planning and conducting field/location work.

Risk Minimisation/Control Measures   **PLEASE READ VERY CAREFULLY**

For each hazard identified **(Col 2),** list the precautions/control measures in place or that will be taken **(Col 3)** to **"reduce the risk to acceptable levels",** and the safety equipment **(Col 5)** that will be employed.

Assuming the safety precautions/control methods that will be adopted **(Col. 3),** categorise the field/location work risk for each location/route as negligible, low, moderate or high **(Col. 4).**
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 field/location work 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 field/location work 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.

3. PRECAUTIONS/CONTROL MEASURES	4. RISK ASSESSMENT (low, moderate, high)	5. SAFETY/EQUIPMENT
There is a possibility of participants experiencing some levels of psychological distress during or after the completion of their individual interview. Please see further information within the attached research proposal (under ethical considerations section) where details are provided with regards to the possible reasons of the possibility of the experience of psychological distress and what ways the researcher has decided to deal with this.	Low	Details are provided within the 'ethical implications for participants' section in the research proposal which is attached to the application.
In the case any of the participants prefers to be interviewed to a place of their choice, the researcher will commute to them however the interview will strictly have to be conducted in a public building, where all health and safety policies and procedures are in place and during working hours when other people will be	Low	Public building, health and safety policies and procedures in place, next

around. In this case the researcher's next of kin will also be informed about the location of the interview to be conducted, the expected time of return, and a mobile phone will be available		of kin will be informed and a mobile phone will be available.

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 field/location work period and additional precautions taken or field/location work discontinued if the risk is seen to be unacceptable.

Signature of Field/location worker (Student/Staff)
………...…   ……………..………..………….

Date   ……3/5/13….…………

Signature of Student Supervisor
…………………...…………..…………..…………
…

Date   …4/5/13….……………
…...

APPROVAL: (ONE ONLY)

Signature of Director of Programmes (undergraduate students only)
…………………..………..…………………..……………

Date

………..……………....

Signature of Research Degree Co-ordinator or Director of Programmes (Postgraduate)
…………………..………..…………………..……………

Date

………..……………....

Signature of Research Centre Head (for staff field/location

Date

FIELD/LOCATION WORK CHECK LIST

1. 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:

    ✓ Safety knowledge and training?

    ✓ Awareness of cultural, social and political differences?

    ✓ Physical and psychological fitness and disease immunity, protection and awareness?

    ✓ Personal clothing and safety equipment?

    ✓ Suitability of field/location workers to proposed tasks?

2. Have all the necessary arrangements been made and information/instruction gained, and have the relevant authorities been consulted or informed with regard to:

    ✓ Visa, permits?

    ✓ 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?

    ✓ Financial and insurance implications?

    ✓ Crime risk?

    ✓ Health insurance arrangements?

    ✓ Emergency procedures?

    ✓ 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 field/location worker 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.

Appendix 3: Participant information sheet

Existential time-limited therapy: An Interpretative Phenomenological Analysis of existential counselling psychologists' and psychotherapists' experience of working within a time-limited context.

being carried out by Argyro Ioannou

as a requirement for a Doctorate in Existential Counselling and Psychotherapy
from NSPC and Middlesex University

NSPC Ltd
258 Belsize Road
London NW6 4BT

Middlesex University
The Burroughs
London NW4 4BT

Participant Information Sheet

Dated: 27/2/2014

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.

1. <u>What is the purpose of the research</u>?

This study is being carried out as part of my studies at NSPC Ltd and Middlesex University.
In the recent years, time-limited therapy has become the choice of preference for many public and voluntary sector therapeutic services. Financial restrictions, long waiting lists, as well as the preference of clients for a quicker treatment have made the need for a time-limited approach more relevant than ever. Existential counselling psychologists and psychotherapists, in order to adapt to those needs and to remain a valid part of today's therapeutic field, often adjust their practice within a briefer, time-limited context. However, very little has been written about this development for the practice of existential therapy in a time-limited context. Similarly, there has been little research

about the lived experience of existential psychologists and psychotherapists working in these contexts. My study is designed to investigate the actual experience of existential psychologists and psychotherapists working in a time-limited context with the intention of achieving a better understanding of this experience in order to enhance the practice of existential psychotherapy in a time-limited setting. You are being asked to participate in this study because you have replied to my advertisement to volunteer for this project and you meet the criteria for participation in this research.

2. What will happen to me if I take part?

You will be interviewed on one occasion and the interview can be at your own convenience with regards to date and time. The interview can take place either at your private practice or at a private room in the premises of NSPC, or at a public building where all health and safety policies are in place, and during working hours. The semi-structured interview will take about an hour and the information gathered from the interview will be analysed using an Interpretative Phenomenological Analysis methodology.

3. What will you do with the information that I provide?

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. For the purpose of your anonymity protection, your name will not appear on your data sheets/files and a coding system will be introduced to identify you, in case this should be necessary. In the attached consent form you are informed that in the case you agree to participate in this study, excerpts from your data may be published verbatim as anonymous example. The interview will be transcribed by me and I can send you a copy of your transcribed interview in case you request it. Moreover, data will be kept stored on a computer with password known only to the researcher and you will be allocated a pseudonym.

The information will be kept at least until 6 months after I graduate, and will be treated as anonymized. 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.

4. What are the possible disadvantages of taking part?

During your interview, you will be asked several questions regarding your experience of working with clients in a time-limited context. Talking about personal experiences may sometimes be distressing for certain participants. If so, please let me know, and if you wish, I will stop the interview. Also, although this is very unlikely, should you tell me something that I am required by law to pass on to a third person or the relevant professional body, I will have to do so. Otherwise, whatever you tell me will be anonymized.

5. What are the possible benefits of taking part?

As it has been mentioned earlier, there is a limited bibliography on the practice of existential therapy in a time-limited context and the actual experience of existential psychologists and psychotherapists. The benefits of taking part in this study might not be direct, but it is possible that it will be beneficial for the professionals within counselling and psychotherapy that work in a time-limited context, using the existential approach. Moreover, being interviewed about your experience as a therapist/psychologist might provide you with the opportunity to reflect on your clinical practice, and you could find this beneficial.

6. Consent

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.

7. Who is organising and funding the research?

This research is organized by myself in collaboration with my primary and secondary research supervisors and it is funded exclusively by myself.

8. Who has reviewed the study?

All 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.

9. Expenses

In case the interviews will be conducted at NSPC or other agreed public building, I can reimburse you for your travel expenses using public transportation in London (tube, overground, DLR, buses).

Thank you for reading this information sheet.

If you have any further questions, you can contact me at:

Argyro Ioannou
New School of Psychotherapy and Counselling
254-6 Belsize Road
London NW6 4BT

ioannou_research@yahoo.com

If you have any concerns about the conduct of the study, you may contact my supervisor:

Dr Chloe Paidoussis
New School of Psychotherapy and Counselling
254-6 Belsize Road
London NW6 4BT
chloe_paidoussis@hotmail.com

Or

The Principal
NSPC Ltd. 254-6 Belsize Road
London NW6 4BT
Admin@nspc.org.uk
0044 (0) 20 7624 0471

Appendix 4: Informed consent form

Middlesex University School of Health and Social Sciences

Psychology Department

Written Informed Consent

Title of study: Existential time-limited therapy: An Interpretative Phenomenological Analysis of existential counselling psychologists' and psychotherapists' experience of working within a time-limited context.

Academic year: 2013-2014

Researcher: Argyro Ioannou

Supervisor: Dr Chloe Paidoussis

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 that extracts of the data may be published verbatim as anonymous example and I provide my consent that this might occur.

_____   _____

Print name   Sign Name

                                  Date:

To the participants: Data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Social Sciences 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

Middlesex University
The Burroughs
London NW4 4BT

NSPC Ltd
258 Belsize Road
London NW6 4BT

Debriefing Form
For the Study entitled:

"Existential Time-Limited Therapy: An Interpretative Phenomenological Analysis of existential counselling psychologists' and psychotherapists' experience of working within a time-limited context."

Dear participant,

We would like to thank you for taking the time to participate in this research project.
If you have any concerns about your participation or the data you provided in light of this disclosure, please don't hesitate to discuss this with us. We will be happy to provide any information we can to help answer questions you have about this study. If your concerns are such that you would now like to have your data withdrawn, we will do so. Moreover, if you feel distressed for any reason because of your participation we will be able to offer a second meeting to discuss any issues and concerns that came up for you and to provide further sources of professional support in case you need so (please see next page).

For any questions and concerns about your participation in the study, please contact me at:

Argyro Ioannou
New School of Psychotherapy and Counselling
258 Belsize Road
London
NW6 4BT
ioannou_research@yahoo.com

Or my primary research supervisor at:

Dr Chloe Paidoussis
New School of Psychotherapy and Counselling
254-6 Belsize Road
London NW6 4BT
chloe_paidoussis@hotmail.com

Please again accept our appreciation for your participation in this study.

<center>Sources of Professional Support</center>

http://www.bps.org.uk/bpslegacy/dcp : BPS directory of chartered psychologists.

http://www.bps.org.uk/bpssearchablelists/ropsip : BPS directory of psychologists who specialize in psychotherapy

http://www.bps.org.uk/bpssearchablelists/rapps : BPS directory of Applied Psychology Practice Supervisors.

http://members.psychotherapy.org.uk/find-a-therapist/ : UKCP directory of Accredited Psychotherapists and Psychotherapeutic counsellors.

http://www.psychotherapy.org.uk/supervisiondirectory.html : UKCP directory of approved supervisors.

http://www.dilemmaconsultancy.org/services/low-cost-clinic.html : Low cost existential psychotherapy and counselling supervised by Prof Emmy Van Deurzen.

http://www.existentialanalysis.org.uk/find-a-therapist/existential-therapists-london/ SEA directory of existential psychotherapists in London.

http://www.existentialanalysis.org.uk/find-a-therapist/existential-therapists-uk/ : SEA directory of existential psychotherapists in the UK.

Appendix 6: Semi-structured interview schedule

1. <u>Introductory questions</u>:

- ➢ Could you briefly describe to me what it was that initially attracted you to the existential approach and how it happened that you work in a time-limited manner?

- ➢ Could you briefly describe to me the time-limited setting you would like to talk about? (how many sessions, clientele, particular objectives)

2. <u>How is the experience</u> of working existentially in a time-limited manner?

Prompt questions about:

- ➢ Feelings

- ➢ Thoughts

- ➢ Relational aspects

- ➢ Opportunities

- ➢ Challenges

3. <u>Meaning and understanding of this experience</u>:

- ➢ How do you see yourself as a therapist in a time-limited context?

- ➢ How do you understand your role as an existential therapist in a time-limited setting?

➢ How do you feel that the time-limited framework might have affected your therapeutic work?

4. <u>Afterthoughts and coping mechanisms</u>:

➢ Do you feel that you have learned anything from this experience?

➢ What do/did you find helpful when working in a time-limited manner, if anything?

5. <u>Additional questions if they come up</u>:

➢ If your experience has changed during the years, what do you feel influenced this change?

6. <u>Closing question</u>:

➢ Is there anything else you would like to add regarding your experience, or something that you might feel is relevant and I haven't asked you about?

Appendix 7: First stage of analysis example – Initial noting (descriptive, semantic and conceptual)

The transcript excerpt (centre column, lines 136–161):

136 we only have so much time, let's focus', anything like that. No!
137 No! Because let's say if you are my client, you come to me, we
138 both know, you are an adult [laughs], I am an adult, we both
139 have agreed 'so many sessions'. Ok? You are aware of how
140 much time, why would you forget? [laughs]. Why do I have to
141 remind you? To me that's kind of insulting. I mean, I am
142 exaggerating, but in a way, come on, yes? So, we both know
143 and are aware of the time. And that awareness will be
144 somehow expressed in what we talk about, how we talk about
145 things. Does that make sense?

146 I: Yes, definitely.

147 V: So, by default the knowledge of the time... And a vreally
148 interesting thing used to happen, um, and it started in my
149 placement. The classic Freddie syndrome. Let's say a student
150 was to have the 10 sessions, and you think 'oh, no!' Both of us,
151 the student wanted more and I want more. So, then you talk to
152 the supervisor and 'ok, ok have two more sessions' [laughs].
153 And then we had two more sessions and it's again like
154 [expression showing terror, angst]. So interesting! So,
155 interesting, this idea 'if only I had more time, I could do more,
156 explore more'. It happened, that was good enough. And I was
157 really keeping doing that, and then with the EAP the same
158 phenomena happened every time. It's like 'why do we do this'.
159 This limit is so, so important!

160 I: You said it's very important, and this idea of deadline is very
161 significant. How do you perceive this importance?

Left margin handwritten notes:

Perceptions of ... drawing as competent adult

The awareness of time as permeating the whole of the therapeutic process

Postponing the ending 'If only I had more time'

The assumption that more time equals better therapy

Right margin handwritten notes:

She doesn't ... the client of how many sessions are left.

She perceives the client as an adult

"we both know and are aware of the time. And that awareness will be somehow expressed in what we talk about, how we talk about"

Awareness of time limitation is reflected in therapy. Need to postpone ending.

"if only I had more time I could do more, explore more"
"it happened it was good enough"
"This limit is so, so important"

Struggle between postponing the ending and owning that with more time, more things could be explored and accepting that it was 'good enough'.

Appendix 8: Second stage of analysis example – The development of emergent themes

Emergent Themes	Transcript	Exploratory Comments
Anxiety Tension resulting from the rigid, medical model of TLT context and working existentially Structure of TLT and the existential approach feel conflicting Tension resulting from the expectation for outcomes Expectations from the setting feel conflicting to personal	There is sort of a tension in there, I guess. Sort of as a very, sort of a medical model, um, where it is about outcomes and, um, you know, [Inaudible] setting at the beginning and sort of measuring your success in terms of, well, the client's success, I guess. In terms of, you know, depression scales and anxiety scales and all of that, and within that, um, sort of that is on one side and on the other hand you sort of have a very sort of loose way of working existentially. I: And you said that was anxiety-provoking. C: Yes. Yes. I guess... I guess because, um... [pause] There is sort of a tension, I mean, uh, in terms of outcomes for example, so you have to, you have this sort of thing that if you provide six sessions of therapy and then people are getting better in terms of, I don't know, or supposed	He has to find what he is doing [He feels pressured?] Tension: The very rigid structure of TLT, measurements, and outcomes, 'sort of medical model [conflicting with the existential approach?] Measuring his success in terms of the client's success [expectations, fear of failure?] Therapeutic success is measured with depression and anxiety scales [He seems conflicted: On one hand the TLT, experienced as very rigidly structured, with measurements, outcomes, scales, need for success and on the other hand the existential approach experienced as loose, more open, less (or not at all?) structured] Tension (it's an important word, he repeats is) Expectation for outcomes (whose expectation is it?) Expectation for clients to show

values regarding therapy	to get better in terms of their depression or their anxiety or what this sort of, they come with quite a particular referral reason and you sort of have to work, um... No, you don't, I don't have to but, um... I guess there is an expectation placed on me, um, to provide a certain thing, where I am not sure that that is a sort of thing that I can provide or whether I am not even quite sure of whether that is the thing that needs to be provided, because people come with, I guess generally with one reason for wanting to have therapy and go out with a different experience. Um, so it is sort of navigating that and just very much staying with the experience of the client and not being able to say "Well, this is what I can provide" or "This is what I cannot provide" or "This is how you know to [Inaudible] to get better" or "This is how you know to [Inaudible]that you don't go, that you are not getting better", this is all something that we have to make up, the two of us in the room. And, I guess,	improvement by the end of TLT
Expectations implied by the setting and clients as anxiety provoking		[Sense of pressure? He cognitively knows that he doesn't _have_ to perform in this particular way but the sense of something being expected from him is significant]
		He feels like there is an expectation to provide a certain 'thing' although he is unsure of whether this is what is needed
		[Conflicted? Expected from him to provide something that he might not want to?]
		Navigating through the client's experience
		[He sees therapy as a process of navigation, where he needs to stay with the client's experience]
		He feels unable to give concrete answers from the beginning of therapy of what he provides, and how the client will improve. He feels that this is expected by him?
		Anxiety: Feeling that things are expected from him that he either disagrees with or doesn't know how to give them [sense of inadequacy? conflict?]

	that is sort of anxiety-provoking.	
The pressure of time	I: So, it wasn't... You didn't feel that you can do that? C: Um… It is not so much, I guess, about... Well, I think initially as a trainee certainly there was something about, uh, you know, ''What, what can I do here?'', and I think it is...	Need for clarification. Is it that he can't provide what he feels is required by him or that he doesn't want to because it is against his values?
Time as insufficient	If I only, if I only have six sessions, I mean... It is a limited amount of time. Um... [Pause] But there is also nothing... Or it is, I guess, more difficult to get a sense of ''Am I providing good therapy?''. Um, because there is no external guidance of ''This is what good therapy looks like''. Because if I turn to existential theory, if I turn to existential literature, um, what I am reading is it is all about the idiosyncratic encounter in the room. So, there is no guidance to be had. And I think that is great on one hand, because I think that is sort of, is in tune with my own experience if I go, if go to my own therapy, I don't want anyone to tell me how this is going to turn out,	Limitation of time, pressure 'What can I do here?' [Uncertainty? Feeling overwhelmed?]
Lack of external guidance causes uncertainty and anxiety		'How do I know I am providing good therapy? Lack of external guidance The existential approach does not give answers-no guidance from theory
Lack of guidance creates paradoxical feelings: both preferable and anxiety provoking		

	but at the same time it is anxiety-provoking because I don't know what we are going to create here. And I don't know... More than that, I don't know whether I am doing what I am doing well. I guess that is sort of my experience. And, of course, you get feedback from your clients. And, of course, you know, someone says ''Well, this was really useful'' or someone says ''This was not really useful'', but I think people are not often very good at articulating what therapy has done for them, whether it was useful or whether it was not useful. I think people, in my experience, tell me what was useful a year later, but not at the end of therapy. So, yes, I don't know whether that sort of...	[Paradox: lack of guidance is closer to his experience but anxiety provoking]
Lack of guidance causes questions about own competency, uncertainty		Uncertainty: 'I don't know what we are going to create here' Anxiety
		'I don't know whether I am doing what I am doing well' Again lack of guidance, lack of specific theory, or measurements?
Not trusting client's feedback: uncertainty over TLT outcomes		
		Not feeling he can trust clients' feedback
		He has repeated 'I don't know' many times: uncertainty, anxiety?

Appendix 9: Third stage of analysis example: The development of superordinate themes
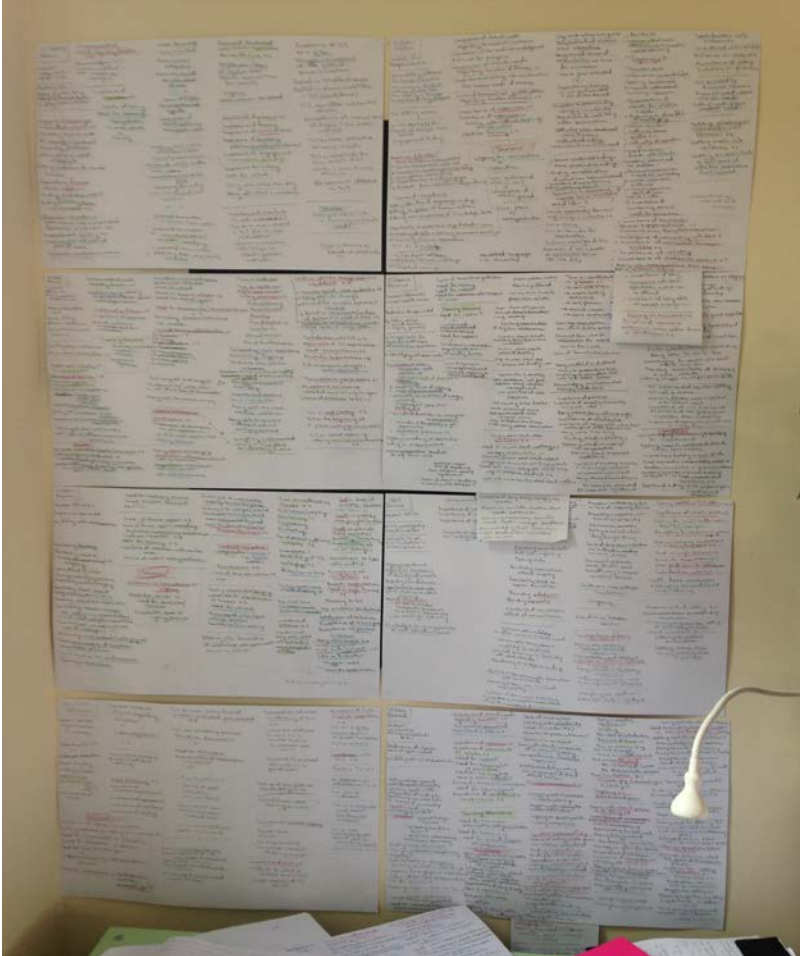
Appendix 10: Final table of themes

Themes	Participants' quotes	Number of participants
1. The experience of time-limitation		10
A. Time as insufficient	Charles: 193, 263; Nicky: 42, 52, 69, 128; David: 109, 113, 116, 120, 130, 305; Violet: 34; Mark: 57, 72, 78, 84, 91, 98, 294; Lucy: 95, 195	6
B. Urgency	Lucy: 164, 332, 343; Bill: 354; David: 146; Peter: 89, 597; Betty: 216; Violet: 191, 206; Mark: 308; Charles: 218, 364, 371, 413; Nicky: 99, 224, 471	9
C. The facilitating effect of the deadline	Vera: 89, 119, 139, 400, 408; Charles: 152, 199; Nicky: 385, 431, 476; David: 146, 157, 170, 176, 452, 456; Peter: 125, 585; Betty: 95, 393; Violet: 164, 180; Mark: 172, 182, 204, 214, 225, 237	8
D. Dealing with expectations	Charles: 58, 65, 100, 128, 148, 427, 588; Vera: 312, 379; Bill: 114; David: 132, 137; Peter: 483, 716; Betty: 303, 321; Lucy: 213, 253	7

2. The experience of ending		10
A. The awareness of the ending as always present	Vera: 101; Nicky: 57, 208; David: 159; Betty: 249	4
B. Ending as painful	Vera: 106, 158, 160, 170, 176; Nicky: 61, 65; Peter: 402, 408, 420	3
C. Accepting ending and feelings involved	Vera: 115, 157, 173, 493; Charles: 298; David: 292; Peter: 353, 444; Mark: 329	5
D. Left with uncertainty	Charles: 329, 334; Nicky: 82, 153, 248; Bill: 174; David: 284, 309, 595; Lucy: 83; Peter: 402; Betty: 232; Violet: 195, 445, 466	9
3. The experience of the therapeutic process		10
A. Existential themes fitting TLT	Vera: 78, 511; Charles: 162; Nicky: 350, 373; Peter: 309, 315, 321; Lucy: 128; Violet: 519	6
B. The importance of the relationship	Vera: 203, 304, 378; Charles: 241, 263, 264, 267, 272; Bill: 71, 92; Peter: 55, 263; Violet: 386; Lucy: 178	5
C. Being rather than doing	Charles: 16, 73, 88, 111, 218, 247, 265; Vera: 369; Mark: 322, 313; Violet: 114, 474; Nicky: 236, 304, 340, 423, 431, 442; Bill: 141; David: 413, 579; Peter: 45, 85, 285, 567, 576; Betty:	9

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D. Everything is connected	Vera: 287; Nicky: 447; David: 249, 253; Charles: 282; Violet: 300; Mark: 109; Betty: 412, 418	7
E. Adaptations	David: 495; Peter: 526, 548, 599; Betty: 133, 197, 203, 435, 442; Violet: 212, 220, 231, 285; Marc: 64, 120, 129, 260; Lucy: 30, 95, 106, 218, 224, 338; Charles: 372, 379, 399, 405	7
4. Attitudes towards time-limited therapy		10
A. Belief-Faith	Vera: 125, 149, 358; Bill: 52, 91; David: 269, 433, 440; Betty: 87; Violet: 73; Lucy: 147, 320	6
B. Non-perfectionistic-Realistic	Vera: 94, 110, 272, 287, 500; Nicky: 189, 214, 481; Mark: 164, 271, 320, 347, 397; Violet: 275; Lucy: 203, 209, Bill: 174	6
C. Appreciation	Charles: 291, 582; Bill: 68, 134, 344, 349, 382; David: 181; Betty: 114, 178, 477; Peter: 297, 306, 445; Vera: 272, 422; Nicky: 200, Violet: 261; Mark: 288, 336	9
D. Acceptance of givens	Vera: 515; Charles: 570; Nicky: 710; Betty: 313, 454; Violet: 139, 159, 493, 519; Marc: 161, 302; David: 90; Peter: 244; Lucy: 353; Bill:	10

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5. Support systems		10
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B. Importance of confidence	Charles: 528; Nicky: 581; Violet: 306, 324; Mark: 150; Bill: 410	5
C. Need for training	Charles: 502, 516; Nicky: 642, Bill: 423; Peter: 652, 739; Betty: 430; Violet: 545; Mark: 367, 385, 399; Lucy: 301, 307; David: 515	9