

RENEWING EXPERIENCE

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Renewing Experience - Therapists' Thoughts on What is Effective in Psychotherapy

Abstract

In this qualitative study, nine psychotherapists with different theoretical approaches were interviewed about their thoughts on what is effective in their work. Data was collected and analyzed according to Grounded Theory. The results are presented as a grounded theory of therapists' thoughts on what is effective in psychotherapy. The theory consists of a core category, Renewing Experience, its subcategories and their subsequent properties. The therapists' efforts in psychotherapy are to use the relationship with the patient as well as psychotherapy techniques available to cause the patient to experience something new. New experiences in psychotherapy add to and place earlier life experiences in a new perspective. If the new experiences are related to the patient's central issues, they can modify and renew existing and maladaptive conceptions of reality and make new life alternatives available to patients. Renewing Experience is a cumulative process where the therapist's ability to individualize interplay is decisive.

The function of the therapist in psychotherapy has been discussed and examined in research to some extent. The therapist-patient relationship, for example (Norcross, 2002), is one area in which the therapist as an individual has been of interest. In a summary of sixty years of psychotherapy research, Lambert and Barley (2002) state that the therapeutic relationship is of greater importance for the outcome of therapy than the chosen techniques; and that some therapists therefore are better than others in helping patients. Those therapists are reported as being more understanding and empathic, warmer and more supportive, and to a certain extent, less blaming and critical of their patients.

A similar line of research involves the importance of the therapeutic alliance (Horvath & Bedi, 2002), a concept that summarizes various aspects of how well therapist and patient manage to find common goals and a mutual commitment to the therapy process. Horvath and Bedi conclude that a strong therapeutic alliance helps the patient stay in therapy and contributes to a positive outcome both statistically and clinically. Therapists who correctly are able to perceive the degree of alliance early in therapy and respond adequately to patient needs are more likely to be successful.

Psychotherapy research has traditionally identified separate common and specific factors that are helpful in psychotherapy. Common factors, relationship factors, are considered to be present in all psychotherapies and specific factors, the therapeutic models and techniques, are the active ingredients that are found exclusively in a certain technical intervention or theoretical orientation. A somewhat different approach (Duncan, Miller, Wampold, & Hubble, 2010) is the use of the concept therapeutic factors for all effective interventions regardless of whether they are considered common or specific. This view acknowledges that different working

factors or mechanisms in psychotherapy are intertwined and interactive and that it is not meaningful to single out certain aspects of psychotherapy as more specific or more effective than others. Specific technical interventions are often the trademarks of a therapeutic school or orientation. They, however, rely on the existence of a safe and trusting therapeutic relationship as well as a skilled and fine-tuned psychotherapist in order to have a therapeutic effect (Lindgren, Folkesson, & Almqvist, 2010).

A meta-analysis of internet-based Cognitive Behavioral Therapy also demonstrates that therapy techniques do not work properly without the personal input of a therapist who engages in a patient-therapist dialogue via e-mail to assist in the application of the techniques (Spek, et al., 2006). Internet interventions that include access to therapist support are far more efficient than interventions lacking access to such support. Patients in Internet treatment seem to be able to benefit highly from the limited support they

receive through e-mail communication with the therapist.

Another line of research that focuses upon psychotherapists and their use of theory and techniques is the study of private theories. Private theories are defined by Werbart and Levander (2006) as therapists' pre-conscious explanatory systems. Werbart and Levander attribute the creation of these theories to the therapist's psychological need of coming to an understanding of the patient's problems and how the problems can be solved. According to Canestri (2006), private theory is the therapist's elaboration upon official theory in light of experiences with patients as well as the need for guidance in individual cases. Private theories constantly change and evolve, influenced by theories outside the therapist's official theoretical orientation as well as by clinical practice and experience with patients. This process is common and more or less unavoidable according to Canestri. When private theories are

generalized and published for example as case studies, they impact the therapeutic community in a more general sense and may eventually lead to changes in official theories. Sandler (1983) argues that the official theories are general by nature and need to be more specific to become applicable to an individual case. There are gaps in official theories that need to be filled by a therapist in order to treat a patient. Creating private theories is one way in which the therapist achieves this theoretical specificity.

Thus, many actions and decisions taken by therapists seem to rely not only on theoretical knowledge, but also on therapists' experiences and elaborations of their own concepts of psychotherapy as well as their thoughts about psychotherapy and what works. In this study we aim to explore, in some depth, what therapists think about their own personal ways of doing therapy and how they describe, in their own words, what they do as therapists in their daily work with patients. The thoughts and reflections we are most interested in are those emanating from their own clinical work. Psychotherapy, after all, is an inter-subjective experience (Elliott & James, 1989).

The Aim of the Study

This study aims at exploring the thoughts that psychotherapists have concerning what in psychotherapy contributes to the outcome for the patient.

Research question

What do psychotherapists think is effective in their way of conducting psychotherapy?

Method

The data in this explorative study was collected through interviews with psychotherapists licensed for individual psychotherapy with adults by the Swedish

National Board of Health and Welfare (SNBHW). The data collection, sampling procedures and subsequent analyses were conducted according to Grounded Theory (Glaser, 1998; Strauss & Corbin, 1998).

Sample

Therapists were found by consulting the websites of various psychotherapy institutions and psychotherapist associations. Therapists were approached by e-mail with a description of the study and a consent form; they were asked if they were willing to participate in the study. If so, they replied by e-mail, and a time and place for an interview was arranged. Some therapists were previously known to the researchers and were asked directly if they were willing to participate in the study. They were also provided with the written description of the study as well as the consent form to sign before arranging an interview. The interviewer visited the therapists mostly in their offices and interviews lasted between approximately forty-five to sixty minutes. An informed consent was obtained from all informants prior to participation in the study.

The therapists had various professional backgrounds including psychologist, psychiatrist, social worker and psychiatric nurse. They also had different theoretical orientations, cognitive and behavioral as well as integrative and psychodynamic. Both male and female therapists were included and the therapists were, with two younger exceptions, middle-aged and quite experienced. It should be noted that in order to become an SNBHW-licensed psychotherapist, a certain amount of professional experience and theoretical study is required after standard academic training to become a psychologist, psychiatrist etc. As a result, therapists tend to approach middle age before becoming licensed psychotherapists.

The sampling procedure started at a point within the field of investigation, where it was expected that relevant data would be found. Two interviews for first data collection were arranged with therapists working in psychiatric outpatient contexts. Therapists in psychiatric outpatient services see a broad spectrum of patients with various types and degrees of difficulties and they see many patients each week. One might say that they "produce therapy hours" at a high and steady rate. The therapists were experienced psychotherapists with a psychodynamic and relational orientation. The third therapist interviewed worked in the private sector with vocational rehabilitation, using cognitive behavioral therapy manuals in his work. This is also a context in which the patients present a wide variety of difficulties. Eventually data collection was conducted through theoretical sampling, an iterative process of data collection and analyses that continually provides clues about where relevant data will be found in order to saturate the evolving core category.

Six individual interviews and one group interview were completed; in sum, nine psychotherapists were interviewed. Theoretical satu-

ration of the core concept was achieved after seven interviews. Two additional interviews were made to validate the analysis.

The interviews were conducted as an open dialogue in conjunction with Kvale's (1997) recommendations for interview techniques in qualitative research. All the interviews contained one initial question to start the following free dialogue, namely "In your way of conducting psychotherapy, what do you think are the actions that bring about a change in your patient?" The interviewer was an experienced psychotherapist. The informants were able to develop themes and follow their own thoughts without much interruption by the interviewer who used a supportive approach. The interviewer mainly asked follow-up questions in order to clarify what

was being said and was careful not to interrupt the direction of the dialogue. When constructive, the interviewer recapitulated what had been said and then, on occasion, directed attention to a less explored area or to a theme that had been touched upon but had not been fully discussed. Interviews were recorded, transcribed verbatim, and analyzed with the support of QSRN6® and NVivo 9® software designed for qualitative studies analysis. Quotes are translated into English.

Analysis

Statements made by the informants were coded statement by statement. The codes were grouped into categories and sub-categories and a core concept was formulated. When the core concept was established and saturated, a theory grounded in the collected data was formed, based on the core concept, second level concepts and their relations. The first author conducted the interviews as well as transcribed and coded them. The development of the concepts and the grounded theory were developed by all three authors collaboratively.

Results

The general picture that the therapists give of psychotherapy and the way in which they work in order to be effective is that of a process with a definite beginning and a definite end, but with an intermediate process as well, that is more or less unknown beforehand. The whole process starts with the first meeting with the patient.

A Personal Encounter

When first meeting the patient, therapists consider the need to establish a constructive working relationship with the patient and create a setting in which therapy can take place. The Personal Encounter is thought to serve two therapeutic purposes. First, it gives the patient a unique experience of relating directly to another person in a sheltered setting, the room, without the everyday constraints of social life. Second, the patient-therapist interaction is reflected upon professionally by the therapist and is used for providing feedback to the patients about behaviors and relational strategies that the therapist perceives. This creates a dialogue which therapists find useful for patients to benefit from.

"How is it that a human being both develops and does not develop; what are the factors (...) that's what I wondered before. I suppose, after all, that it's this factor -- the encounter, the significance of the relationship."

The secure and creative atmosphere, the team feeling, and the cooperative working environment; together, these are recurring aspects of the setting that the therapists find important to create. They want to make the atmosphere relatively stable over time and want it to always be there to enter into when every session starts. This emotional climate is thought of as different from what the patients usually have experienced and the Personal Encounter is therefore also, to some extent, considered as compensatory for experiences of violent, broken or otherwise sub-optimal relationships earlier in life. A good caring relationship with the therapist is found to aid patients in developing the ability to care for themselves.

"(...) I think, one often fills early deficits because many patients have, if you think about their relation to early caregivers, they are often either too close or too distant (...) or violent, abuse."

The atmosphere of the room is considered by the therapists to be special and they think of themselves as part of this unique therapeutic quality. The therapists' self-image is that of a special person. This includes their particular background, what they have been through in their personal lives, what goes on in their private lives outside their professional commitment, their individual training, and their personal skills and characteristics – all these aspects play a part in creating a Personal Encounter and a therapeutic relationship.

"And this [patients mentioning that the therapist is more receptive and empathic than before] has nothing to do with the training [to be a psychotherapist] (...) I have linked it to an additional layer of emotional life through parenthood, that I can use. As a new [emotional] depth maybe."

Furthermore, therapists appreciate that the Personal Encounter demands something more of the therapist than just "being there" as a person. The Personal Encounter has a purpose. Therapists intend to use it as a therapeutic intervention. This means they think they have to stay alert and focused.

"It's the case all the time to be open and observant (...) I think it's more in a general sense to be alert (...) that's probably the difficult work, you have to be very concentrated all the time, what can I do and not do (...)."

Individualization

When therapists were asked to share their thoughts on what works when they do psychotherapy, the common manner of elaboration was to give examples from ongoing or past therapies. They made their points by referring to a particular case and, in doing so, provided a picture of what they considered to be a general principle of both what works in psychotherapy and a single incident of the principle, adjusted to a unique patient and a particular situation. This seems to distinguish the way

psychotherapists usually think about their work; general principles and individual cases are always in dynamic interplay in their minds.

Assessing the patient. At the beginning of therapy, therapists find it important to assess the main issues that the patient is seeking help for in order to determine the personal approach and decide which psychotherapy techniques might be useful. They want to evaluate how emotionally close the patient will allow them to become and whether there is perhaps an optimal interpersonal working distance. Therapists find it important both to listen to patients' descriptions of their problems and to observe the ways in which they interact with a therapist while describing the problems. Also, the patients' personal resources and strengths are examined and evaluated. This can give the therapist an idea of the level of pressure and confrontation that the patient can handle and use constructively.

"(...) but also the big picture, What sort of person is this? What resources do they have? What problems, and so on.... This has to be taken into account when providing treatment."

Monitoring the process. According to our informants, constant monitoring of the psychotherapy process is an essential part of using psychotherapy techniques. Monitoring is done partly by referring back to treatment manuals in terms of what is to be expected, but when difficulties arise, therapists say they also turn to their experiences of working with other patients. Another navigational tool that therapists find important is the patient's own thoughts about treatment. Therapists say that patients know what is working well and what is not, and sometimes speak out in helpful ways to their therapists. Other sources of knowledge and support in monitoring the psychotherapy process noted by therapists as important are the colleagues and supervisors with whom cases, situations, and one's own reactions

can be discussed. According to therapists, the purpose of monitoring is to know if, when and how to intervene effectively in the process.

"So I try to let the patients' material come forward and at the same time, I am active in examining patient material and I sit on the sidelines watching - both at the same time."

Adjusting the techniques in use. No technical intervention is exempt from modification by the therapist if it is believed that it will be constructive for the patient and if it is in accord with treatment goals. Knowing patient needs, therapists monitor the treatment process and design interventions accordingly. Therapists report having theoretical and technical skills as well as knowledge of treatment manuals, but do not seem to rely on them without adding or subtracting elements or sequences that do or do not fit the patient and the occasion. There seems to be just cause in their minds to do things a bit differently from one patient to another. Therapists often refer to problem complexity in order to make peace with changing the prescribed treatment procedures.

"Most of the time I can say that I don't work according to a standard, I make my own depending on what I consider to be appropriate."

Psychotherapy Techniques in Use

A psychotherapy technique, although adjusted to each individual case, is considered necessary for the relationship to be a psychotherapeutic working relationship, rather than any other type of partnership or friendship without professional goals. Typically, therapists think they will end a psychotherapy if collaboration with a patient through a technique is not possible.

"You can't negotiate away the psychotherapy technique (....) What works is the flexibility, but what I think is helpful in the technique is not negotiable, so to speak (....) It doesn't feel ethical to not give effective treatment."

Treatments that are viewed as effective come from the whole spectrum of therapy schools and traditions. Psychotherapy techniques or technical interventions might look very different, but according to the therapists' views in this study, they serve a common purpose and have similar effects. The use of techniques defines the context as "psychotherapy"; techniques have a theoretical reason and explanation that make sense to the therapist and they aim to give the patient an opportunity to experience something new or something in a new way. These new experiences are considered to have an impact on the inner world and behavior of the patient as well as to be integrated with the patients' existing perceptions and conceptions of themselves and the surrounding world.

Often, interventions from different domains can be mixed or techniques can be influenced by more than one orientation. Some therapists advocate a relational focus. They describe interactions with their patients in the room, intentionally holding back strong emotions, waiting and trying to understand what the patient is talking about before "doing" anything. Or they mention more active ways of interacting, exchanging views of what they perceive to be the patients' problems with their patients. Therapists find that they can contribute to the patients' personal development also by examining their views and memories in some detail and by giving alternative perceptions or interpretations of the patients' history or real life situation. The therapists' assumption is that patients take to heart what therapists say and do, if the therapist and the Personal Encounter are important and meaningful to the patient.

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Other techniques therapists find effective are perhaps more active and task-oriented. Therapists consider patient exercises, for patients to actually do things differently or behave differently in difficult real life situations, to be constructive. Such techniques expose patients to experiencing anxiety and pain and their use relies on the trust and confidence in the psychotherapist that the Personal Encounter has established. Sometimes therapists find it effective to give patients homework, for example exposure training outside therapy hours. They further find education a useful means for informing their patients about normal human functioning and common aspects of various symptoms or syndromes. Finally, they also mention creative techniques such as symbol drama or dream work as effective interventions.

The emotional relationship of the patient and therapist is considered a precondition for the patient to tolerate adherence to various psychotherapy techniques. Therapeutic interventions and actions are seen as part of a process, well prepared and carefully followed-up.

“As I said earlier, before we do exposure we don’t just go to the city and do it, we talk about it first, how we are going to do it, step by step. The patient takes part in this planning, and then we do it. Afterwards, we sit down to evaluate. So, it’s the whole chain of events.”

The psychotherapists in this study consider resolving interpersonal conflict and dealing with other obstacles as an intrinsic part of what works in psychotherapy. Obstacles are thought to be present in psychotherapy when progress is slow or when no work is being done by the patient. Dealing with obstacles includes upholding or defending the requirements of techniques and treatment goals, all of which the informants think must remain uncompromised for the relationship to be psychotherapeutic.

There are two main options for treatment termination described by therapists, both of which are thought to work, depending upon the patient and the situation. Some therapies have a set termination date from the start and other therapies end when the job is more or less done. More problematic endings transpire when a therapist decides to end the treatment if the patient fails to comply with treatment demands as well as when patients want to end therapy at a time when the therapist thinks it is premature. Therapists believe that these situations sometimes can be turned in constructive directions, but they are also thought of as potential therapeutic failures. What therapists say they aim for, however, is that patients and therapists come to a mutual understanding of how and when psychotherapy should end.

A Grounded Theory

A core concept, Renewing Experience, was developed from data. Renewing Experience is an integrative and inter-subjective process in which the therapist and the patient interact and try to create situations in which the patient can experience something new. The purpose of creating these new experiences is to contradict the old beliefs and fears a patient has or to provide a new perspective on past experiences that makes them more understandable, reasonable or manageable. The renewing of experiences is the key to therapeutic change according to the informants. Being in a secure and emotionally containing relationship with a therapist, being challenged and encouraged to try new behaviors or getting in touch with hidden thoughts and feelings through dream work are all examples of potentially new and renewing experiences. Renewing experiences are significant and make a difference for patients; they are experiences that cannot be “un-experienced” again. The concept Renewing Experience provides a meta-level view of the seemingly different psychotherapy techniques and orientations. It conceptualizes therapies

aimed at behavior change as well as therapies aimed at changing painful or conflicting thoughts and emotions. The process described by the informants involves three key components. First, there is the personal encounter between therapist and patient. Second, the uniqueness of each patient demands that psychotherapy is individualized in order to be effective. And third, there are psychotherapy techniques that therapists apply to a problem or a symptom. These central components of psychotherapy are thought to work together in renewing experience throughout different stages of therapy. Renewing Experience is conceptualized as a cumulative process where the patient’s experiences are constantly added to from the beginning of therapy and onward.

The concept Renewing Experience and its second level concepts, A Personal Encounter, Individualization and Psychotherapy Techniques in Use, thus capture what the therapists in this study think brings about change in their patients’ experiential world and behavior.

Discussion

What can we learn about psychotherapy from the thoughts of psychotherapists? Their understanding of psychotherapy indicates that it consists of interdependent, intertwined and inseparable therapeutic factors rather than consisting of separate and independent parts. Relational and technical aspects, or common and specific factors, work together under the joint supervision and cooperation of the therapist and the patient.

Rogers (1957), one of the pioneers of psychotherapy and psychotherapy research, was confident that a respectful and empathic relationship was a necessary and even a sufficient condition for successful psychotherapy. The thoughts of the psychotherapists in this study maintain, to some extent, a similar posture

summarized in the concept of a Personal Encounter. The trusting relationship is described as an intervention in itself and further is a foundation for assessing the patients’ capacities and difficulties, for the monitoring of the therapy process and for the patients’ tolerance of challenging new experiences.

The therapists' thoughts are that there are many different roads to similar, but always individual, treatment goals and thus many decisions and choices that have to be made by the therapist along the way to a successful therapy. This line of reasoning goes all the way back to Rosenzweig's (1936) claim that the positive outcome of psychotherapy does not necessarily validate the underlying theory. Rosenzweig further suggests that the human psyche works both as separate parts and as an integrated whole. The whole can be reached by connecting to either one of the different parts through various therapeutic means that are adjusted to this particular "channel". This view is consistent with the focus on the Individualization of treatment, and the therapists' notion of the common working factor, Renewing Experience, in the results of this study. The importance ascribed by the therapists to Individualization in therapy might also explain why psychotherapists sometimes hesitate to implement research results in their clinical practices. The notion of efficacious techniques that demand adherence to a treatment manual is actually the opposite of what psychotherapists in this study think a practitioner should do.

The concept Renewing Experience takes a meta-approach (Larsen, 1979) to specific psychotherapy orientations by formulating an underlying common objective and a common *modus operandi*. Larsen (1979) points to the fact that experienced therapists tend to have drawn their own conclusions about psychotherapeutic work and tend to practice and understand psychotherapy in more similar ways than inexperienced therapists that just have finished training. Larsen (1979) suggests that

these similarities might reflect a non-verbalized meta-theory that experienced therapists develop regardless of their theoretical orientations. The phenomenology of psychotherapy, according to Larsen (1979), thus takes precedence over its methodology. There is so to speak a phenomenological imperative for therapists in psychotherapy. The results of this study and the concept Renewing Experience also suggest that there is substantial knowledge about psychotherapy that is independent of theoretical orientation and common for seasoned therapists.

A meta-theoretical approach to psychotherapy does not however imply that all techniques are the same nor does it advocate a common "integrative" technique as the best practice for all psychotherapists. There may well be, as a study by Larsson, Kaldo and Broberg (2009) suggests, incompatible techniques among those used and described by the informants in the present study as well as among psychotherapists in general. For example, there are interventions that renew patient experience which demand "technical neutrality" from the therapist. This neutrality is probably incompatible with techniques that renew patient experience through some degree of self-exposure by the therapist or that involve spending time with the patient outside the office.

Psychotherapy techniques or specific factors in psychotherapy play an important role not only in psychotherapy but in research and training contexts as well. They define, delineate and market professional competence and trademarks of psychotherapists and researchers worldwide. The need to separate these specific factors from common, or simply therapeutic, factors (Duncan, et al., 2010) is thus therefore not entirely motivated by clinical needs. New techniques, new acronyms, seems to emerge in the field of psychotherapy at rather constant intervals and efforts to reconcile the differences in therapy approaches are more often integrative than

meta-theoretical. The psychotherapy "market" is perhaps more interested in new mixes of specific factors and new acronyms or trademarks than in meta-theoretical or meta-technical approaches. If therapists have much in common and their technical differences and preferences prove to be equally or close to equally effective, singular expressions of a common ground, there might not be much point in arguing about what "method" to advocate. This makes the results of this study both interesting and challenging.

Strengths and Weaknesses of the Study

In this study, the informants' were asked what they think and were asked to put those thoughts in their own words. Their theoretical orientations were neither explicitly asked for nor registered, and no effort was made in processing data to distinguish varying answers as originating from one group of therapists or from therapists of another orientation. No doubt, such comparisons could also have revealed new and interesting knowledge. On the other hand, treating all psychotherapists as colleagues belonging to one and the same profession may have provided us with rich data and may have provided them the advantage of being free from any obligations to represent a certain orientation.

The development of an open and non-judgmental atmosphere and the collection of rich interview data may also have been facilitated by the fact that the interviewer was a colleague. On the other hand, a naïve interviewer with limited or no knowledge of the psychotherapy discourse might have been able to uncover things that a psychotherapist is inattentive to, due to familiarity and identification. There is no certain resolution of this dilemma in qualitative research.

Glaser's (1998) four criteria for evaluating and doing grounded theory has been a guideline for analysis. The grounded theory should work to explain behavior,

fit the data, be relevant to the persons in the field, be open for development and be modifiable. Qualitative, theory-generating studies are seldom replicable due to the part played by the individual researcher in construing the theory (Strauss & Corbin, 1998). Coding procedures and conceptualization of data depend to some extent on the researcher's individual understanding of the phenomenon. The application only of technical procedures to determine what is in the data in qualitative research may reduce the potential for discovering something new and unique, rather than guaranteeing a correct scientific procedure (Olsson, 2008). In this study, efforts have been made to describe the research method and research procedure step-by-step, in an open and transparent way.

Future Research

With the findings of this study in mind, one can argue for directing more attention to factors other than psychotherapy techniques in seeking potential areas through which to improve psychotherapy and enhance therapy outcome. A further exploration of both therapists' as well as patients' private theories or meta-theories could enrich our knowledge of the psychotherapy process. Fonagy (2006), among other researchers, concludes that psychotherapy research and theory need to originate in the clinical practice, a practice that seems to be more than just straight application of research findings or theoretical work. Furthermore, the decision-making process of psychotherapists seems especially worthwhile to explore further; on what grounds do they make the determination for a certain intervention or the modification of a particular technique? Future psychotherapy research will perhaps be able to describe and evaluate therapist decision-making and treatment individualization in more detail.

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