

CRITICAL EVENTS IN THE PROCESS OF LONG-TERM SYSTEMIC THERAPY FROM THE PERSPECTIVE OF INDIVIDUAL CLIENTS AND THEIR THERAPISTS.

Background

Qualitative and quantitative studies in the field of psychotherapy have shown that clients can identify "significant" or "critical" events in the process of therapy, but that there is also a discrepancy between perspectives of clients and therapists as to their nature (Gehart-Brooks & Lyle, 1999; Hill, Thompson, Cogar, Derman, 1993; Ladislav, 2010; Rennie, 1992; Sundet, 2011). Webster & Mertova (2007) propose that "critical events are identified through the impact on the storyteller" (p. 83). In their view, critical events have several qualities, for instance, they exist in a particular context, have an impact on the people involved, have life-changing consequences, are only identified after the event, and are intensely personal with strong emotional involvement.

Aim of the study

This qualitative research project's aim was to identify critical events in the process of long-term systemic therapy from the point of view of both clients and therapists. We were particularly interested in how critical events appeared to affect the lives of the clients' families and their own, and whether there was a discrepancy in client-therapist perspectives.



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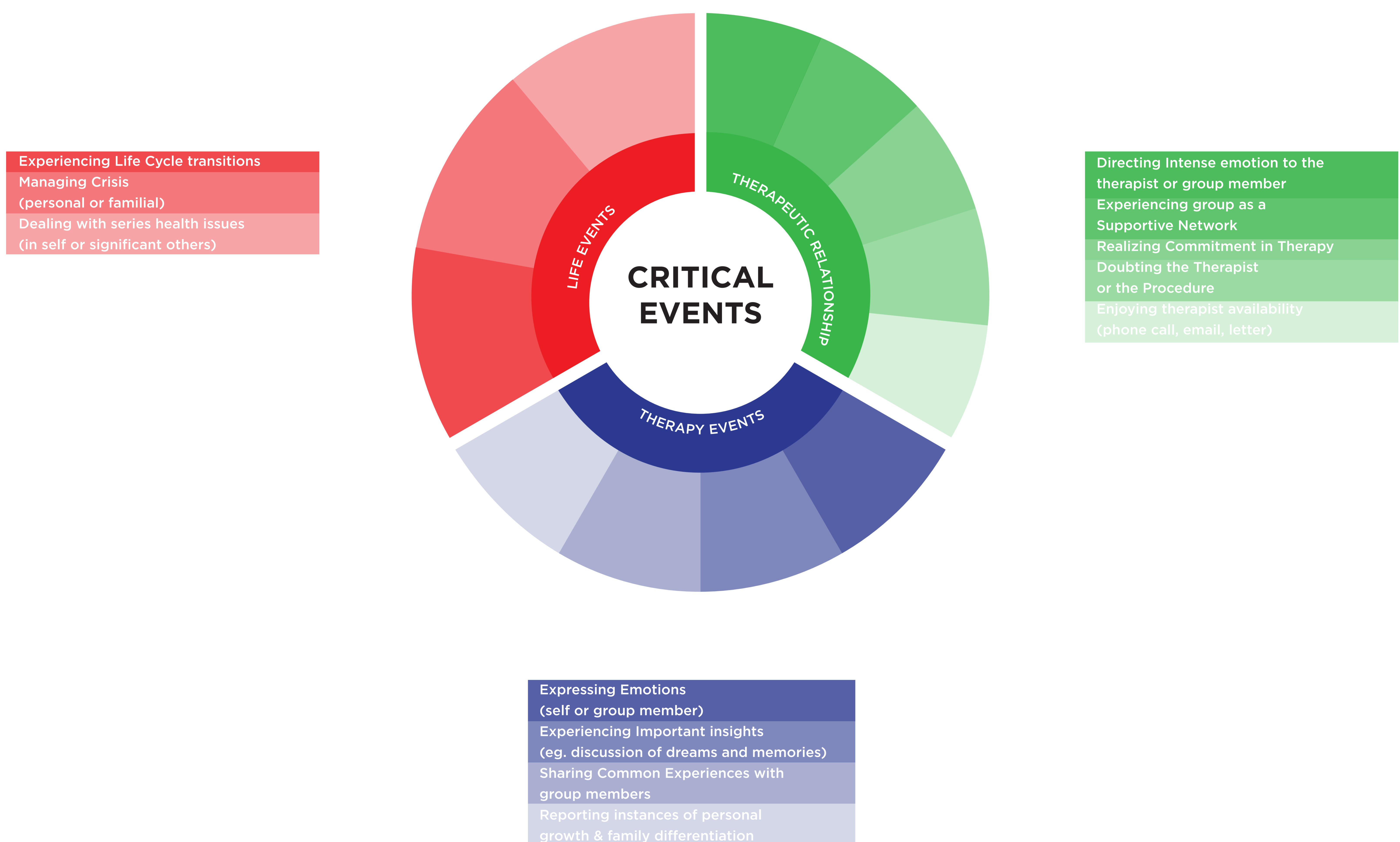
Method

We interviewed 12 clients that were in systemic group therapy for at least two years and 2 matching therapists that had first seen them in individual sessions. Questions were designed based on a guide by Webster & Metrova (2007). For instance: "Within the period of your therapy so far, do you remember a particularly stressful period?" Answers of clients and their therapist were compared. Findings were also compared to matching case histories in an effort to understand the meaning that critical events appear to have for the co-construction of self-narratives. Our analysis focused mainly on the content of narratives rather than the form (see Riessman, 2008; Lieblich et al, 1998).

Discussion

Critical events, mentioned by clients and therapists, partly referred to aspects of the therapy process (significant moments and effects of the therapeutic relationship) and partly to life occurrences that either facilitated change or gave clients an opportunity to rehearse change. Many therapy events were connected to client participation in a therapy group. Also, clients referred more to insights from in-depth work (dreams, recollections) rather than to any classic systemic intervention. Even though most studies show that perspectives on what is significant in therapy often differs between clients and therapists, our study found a fair amount of agreement between clients and their therapists. Inquiring into events that occurred in long term therapy recalled by memory rather than inquiring into events occurring in a recent recorded session may explain this difference in findings. Another explanation may lie in the empathic stance or therapy style of a particular therapist: our two therapy participants were not equally able to match their view with that of their clients.

MAIN RESULTS



Therapist-client agreement on critical events

Our study found a fair amount of agreement between clients and their therapists.

For example, client (N) said:

"When I first went to the group...I was really scared...when I spoke, I rushed out the door... Therapist (A) came out and calmed me down...and I went back in..."

Therapist (A) said for client (N):

"...the first day...in the group she couldn't handle it and left the room...I went out and convinced her to come in...I can't even describe how fearful she was..."

Therapist-client disagreement on critical events

Client (I) and therapist (E) disagreed on the client's critical events.

Client I said:

"...to search how I see my parents...to claim my piece of the cake...how can our roads be parallel but different..."

Therapist E said:

"...the time that she was away...her parents were ill with cancer...she felt very guilty..."

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