“*For Me It Was a Key Moment of Therapy*”: Corrective Experience From the Client’s Perspective

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Despite recent attempts to develop a consensus definition, questions still remain as to what constitutes corrective experiences (CEs) in psychotherapy and how clients perceive them. This qualitative study assessed clients’ first person accounts of CEs associated with their own treatment-related changes. Participants were 8 clients in private psychotherapy in Buenos Aires. Treatment, by therapists from diverse theoretical backgrounds, varied from 4 to 24 months. The Patients’ Perceptions of Corrective Experiences in Individual Therapy interview protocol was used to assess clients’ perceptions of CEs at posttreatment. All interviews were audiorecorded and transcribed and submitted to a 2-stage thematic analysis to assess CEs and the contextual factors that contributed to them. Of the 8 participants, 5 narrated stories about CEs that changed the way they thought about themselves and their behavior. Additionally, clients highlighted disconfirmation of therapist role expectations and surprise regarding therapists’ actions and behaviors as mechanisms of these corrective moments. © 2016 Wiley Periodicals, Inc. J. Clin. Psychol.: In Session 73:153–167, 2017.

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Introducing the concept of corrective emotional experience (CEE), Alexander and French (1946) identified the creation of a transference relationship as the fundamental ground, or cornerstone, that enabled psychoanalysts to confront their clients’ past maladaptive relationship experiences. The therapeutic focus on this transference relationship provided psychoanalysts with the opportunity to re-expose their clients to earlier negative emotional situations, but now in the more benign interpersonal context of the therapeutic relationship. This new context was purported to promote more positive emotional outcomes.

More recently, Alexander and French’s (1946) psychoanalytically informed CEE definition has been expanded to accommodate differing theoretical orientations and treatment approaches. Specifically, according to Castonguay and Hill (2012), corrective experiences (CEs) in psychotherapy are “ones in which a person comes to understand or experience affectively an event or relationship in a different and unexpected way” (p. 5). Despite this more encompassing, pantheoretical definition, Castonguay and Hill noted that there remains a lack of consensus among mental health professionals regarding key aspects of CEs, how they differ from insight, and how CEs generalize outside of therapy.

Moreover, until recently, the client’s own perspectives on CEs have been notably absent in discussions of this clinically important construct (Heatherington, Constantino, Friedlander, Angus, & Messer, 2012). In particular, there remains a paucity of research on clients’ perspectives of their CEs as measured *after* treatment has ended. Accordingly, a primary goal of the present qualitative, naturalistic study was to not only examine clients’ perspectives on CEs but also select and evaluate therapy session events that clients identified as significant shifts and/or changes in their psychological functioning. We addressed the following exploratory research questions:

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In what therapeutic contexts do CEs occur? Which therapist variables set the stage for CEs in therapy sessions? How are CEs and change represented in the context of the therapist–client relationship? What is the role of CEs in clients' accounts of therapeutic change?

It is important to note that the setting for this study was Buenos Aires, Argentina, a unique sociocultural context that has been highly influenced by psychoanalysis (Ben Plotkin, 2003; Jock et al., 2013). Furthermore, a study conducted in 1995 estimated that approximately 25% of adults in Buenos Aires had undergone psychotherapeutic treatment in their lifetime (Fernández-Álvarez, & García, 1995). As part of this cultural context, clients often have had previous treatments and have specific role expectations of what therapy should "be like." Therefore, the confirmation or disconfirmation of these expectations may influence the way clients perceive their current treatment and their therapists, and this too was assessed in the present study.

Method

Participants

Clients. Eight clients (four women, four men; mean [*M*] age = 31.00 years; standard deviation [*SD*] = 6.00 years), all of whom had engaged in private psychotherapy in Buenos Aires, were recruited by their therapists at the final session to participate in research about their experiences in psychotherapy. Clients expressed that their reasons for seeking therapy were mainly relationship difficulties, life crisis, anxiety, and minor depressive symptoms. Clients participated in weekly therapy sessions (*M* number of sessions = 47.00; *SD* = 26.14), and treatments ranged from 4 to 24 months (*M* = 11.00; *SD* = 6.05 months).

Therapists. Three female and three male therapists (*M* age = 38.62 years; *SD* = 13.48 years), with diverse therapeutic backgrounds and years of experience (see Table 1 for participants demographic and treatment information), participated in this study.

Measures

Patient Perceptions of Corrective Experiences in Individual Therapy (PPCEIT; Constantino, Angus, Friedlander, Messer, & Moertl, 2011). All clients completed this semistructured interview protocol that was designed to explore client CEs and changes throughout the psychotherapy process. While open-ended questions and requests for specific examples provided a guide for interviewers, follow-up probes and digressions were encouraged to allow participants full expression of their therapeutic experience.

The PPCEIT interview starts with a request for participants to provide an overview of their treatment and then moves to specific questions about CEs, change, and other aspects of their therapy. For instance, the PPCEIT asks clients, "Are you aware of any significant shifts or differences in *who you are* or *your outlook on yourself or life* that you attribute to any experiences that have occurred since beginning this therapy? If so, please provide one or more specific examples and describe as fully and vividly as possible." The request for a specific example of a CE in a therapy session allowed researchers to assess and evaluate what kinds of events clients identify as being central to their experience of significant personal shifts. In its final stages, the interview provided participants the opportunity to express how they felt during the interview itself.

A bilingual researcher with experience in clinical and research interviewing translated the protocol to Spanish. Two of the co-authors (JO and MB) checked the translation and provided some changes in wording to improve understanding. All three researchers agreed on a final version of the interview and conducted a pilot administration with a nonparticipant to test the protocol. Minor changes were made to the final protocol, specifically replacing obtuse words or formal language with more colloquial expressions to facilitate communication.

Two researchers (a 34-year-old experienced female clinician, LC, and a 35-year old female researcher with experience in qualitative interviewing, JO) were trained in the administration of this protocol. The data analysis team included a group leader (JO) and three psychology

Table 1
Participants´ Demographic and Treatment Information

	Client					Therapy		Therapist				
Fictional name	Gender	Age	Marital status	Occupation	Previous treatments	Length (months)	Sessions (n°)	Code	Gender	Age	Theoretical orientation	Experience (years)
Isabel	Woman	35	Divorced	Physician	2	12	54	T1	Woman	70	Systems Oriented	47
Francisco	Man	30	Single	Accountant	0	24	104	T2	Man	35	PDT	10
Ana	Woman	24	Single	Undergraduate student	1	6	26	T3	Woman	32	CBT	8
Mario	Man	35	Single	Clerical worker	2	4	18	T4	Man	26	Integrative	4
Daniel	Man	30	Married	Administrative-level employee	0	10	42	T3	Woman	32	CBT	8
Carla	Woman	29	Married	Designer	3	12	48	T5	Woman	42	Integrative	6
Ruben	Man	44	Single	Lawyer	0	12	50	T6	Man	37	CBT	5
Veronica	Woman	24	Single	Speech therapist	4	8	34	T2	Man	35	PDT	10

Note. CBT = cognitive behavioral therapy; PDT = psychodynamic therapy.

undergraduate students (women, aged 21 to 24 years, one with experience in qualitative analysis). A second group of experienced researchers (AR and MB) reviewed the analysis and provided feedback to the primary team before the final document with the analysis results was completed.

Demographic questionnaire. Following the interview, clients were asked to complete a structured demographic questionnaire, indicating their age, gender, educational level, marital status, and number and duration of previous psychotherapeutic treatments (if any). The original questionnaire includes a question about race/ethnicity, but in Argentina that question could be interpreted as discriminatory and most people would not know what to answer, so it was eliminated for this study.

Therapist characteristics form. The therapists completed a short form with their age, gender, highest degree, and years of practice. They also answered questions about their psychotherapeutic orientation, including whether they felt they had a primary orientation, and if they currently regard their orientation as integrative/eclectic.

Procedure

Researchers sent an e-mail with the main objective of the research study, a summary of the extent of clients' and therapists' participation, and information regarding confidentiality to 14 therapists selected from a larger pool who had participated in therapy research studies in the past. This list included therapists of different theoretical backgrounds (e.g., cognitive-behavioral, psychodynamic, integrative, humanistic, and systems-oriented) and with varying degrees of psychotherapeutic experience (4 to 47 years of experience). Of the 14 therapists, 10 contacted asked for further details about the study and how they should invite their clients to consider participation. Six therapists followed through on approaching their clients.

Eight clients, approached by the 6 therapists, agreed to participate and gave permission for researchers to contact them by phone. After this initial phone contact, these eight clients provided signed consent and were scheduled for a PPCEIT interview within 2 weeks after their treatment termination. The audiorecorded interviews lasted on average 58 minutes (range = 42 to 81 minutes; $SD = 15.86$ minutes) and were transcribed for the analyses. After the posttreatment interviews were completed, therapists received an email with a link to the therapist characteristics form. The Institutional Review Board of the University of Buenos Aires approved the study.

Analytic Strategy

We conducted an intensive, two-phase thematic analysis of interview transcripts that entailed the identification of CE events and the consensual analysis of repeated thematic patterns occurring within and across client transcripts (Braun & Clark, 2006). A consensus approach informed by Consensual Qualitative Research (Hill, Nutt Williams & Thompson, 1997) complemented the theme analyses.

The thematic data analysis took place in two different phases. In phase 1, researchers located and analyzed participant identified CEs in the PPCEIT transcripts. In phase 2, researchers analyzed the complete PPCEIT interview transcripts to identify contextual themes. At each phase of the analysis, the primary team of four researchers (JO and three undergraduate psychology students) independently participated in identifying, analyzing, and coding CEs from the full interview transcripts before reaching consensus on key themes. The two auditors (AR and MB) revised the primary team´s work and reached consensus with them on every phase before continuing the analysis. Figure 1 details each phase of the analysis performed by the team.

Phase 1. In the first phase, transcript examples of therapy experiences that led to a significant shift or change, and that could be considered a possible participant-identified CE, were extracted from the interview transcripts and examined in depth for key properties that were grouped into cross-cutting themes.

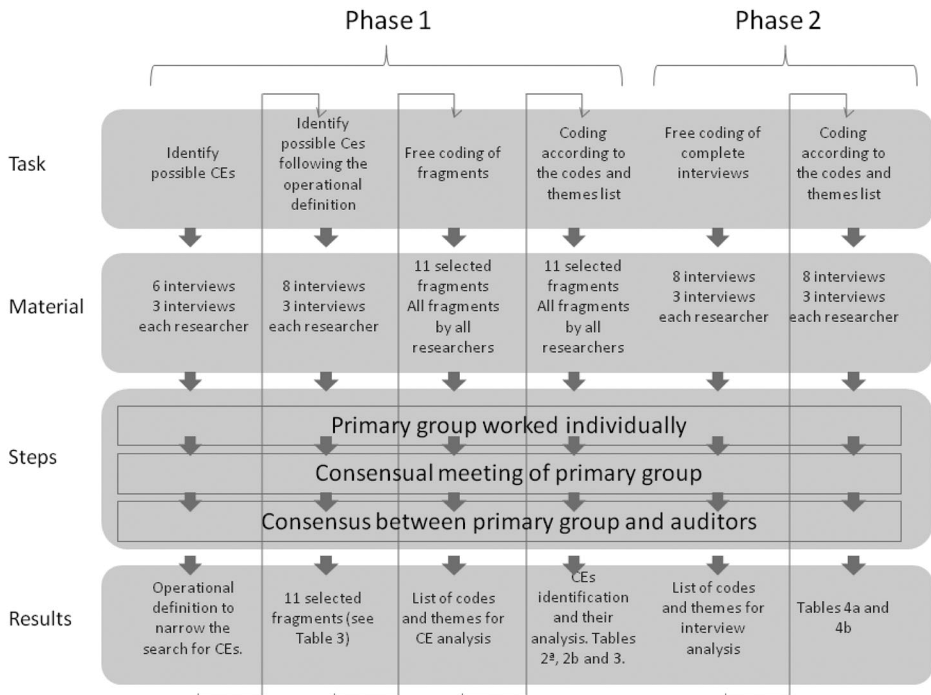

Figure 1. Steps of the thematic analysis.

Step 1. Initially, researchers familiarized themselves with the post-therapy interview transcripts/dataset. Next, with Castonguay and Hill´s (2012) conceptual definition of CEs in mind, each researcher read a set of three PPCEIT interviews, and then discussed their initial findings from the thematic analyses with two auditors. The researchers found it difficult to apply this definition to client CE accounts and so developed an operational definition of participant-identified CEs to refine the selection criteria used in this study, In particular, to provide enough description to code client accounts of CE's, segments selected for thematic analyses would now be required to include the description of a specific experience, event, or episode in psychotherapy that was associated with a significant change/shift.

Step 2. Next, researchers read an additional set of three PPCEIT interview transcripts and were asked to identify CEs, using the operational definition noted above as a guideline. While they were instructed to select at least one CE event per case, there was no upper limit as to how many they could identify. This procedure was completed in order to compare clients' CE accounts across the whole sample. This process of fragment selection, first individually, then by consensus, and third in agreement with the auditors, resulted in the identification of 11 client CEs.

Step 3. This step entailed the intensive thematic analysis of the researcher-identified CEs. Researchers first coded the events individually and were told that transcript segments could be coded more than once if different "themes" seemed to fit. During a consensual analysis meeting, researchers compared and discussed their codes until a consensual list of 18 codes was developed and audited. The code list was also sorted into broader themes and five consensually derived themes emerged from this intensive transcript analysis.

Step 4. Researchers recoded all of the previously identified CE's, using the code list and five themes that had emerged from the intensive transcript analyses. Consensual Qualitative

Research (Hill, Knox, Thompson, Williams, Hess, & Ladany, 2005) guidelines were used to establish code frequencies; that is, the term *general* was used for all or all but one cases; *typical* for more than half to all but one cases; *variant* from more than three to less than half cases; and *rare* for two to three cases.

Finally, in a group meeting, researchers analyzed each selected CE, using the criteria included in Castonguay and Hill's (2012) transtheoretical definition of CEs noted earlier. After an in-depth discussion, consensus was reached that 8 of the 11 CEs fit that definition.

Phase 2. In the second phase of the CE analyses, the complete posttherapy interview transcripts of all eight participants were coded to discover key determinants and cross-cutting themes that were associated with the experience of participant-identified CEs in therapy sessions. The research team decided that it would also be useful to analyze and code the entire PPCEIT interview transcripts provide a more in-depth understanding of the participant-identified CEs. Specifically, we were interested in finding out if there were thematic differences in the interviews of clients who were able to recall and talk about CE events compared to those who struggled to do so. Moreover, we wondered about possible differences in other contextual information, such as other perceived changes, perceived facilitating conditions for change, and the nature of the therapeutic relationship.

Accordingly, researchers were instructed to code each of the PPCEIT interview transcripts by identifying key words that captured the core meaning of participant responses to interviewer questions. After coding each interview, researchers met to discuss and reach consensus on the list of identified codes; these were then sorted into themes and if needed, renamed to facilitate comprehension and clarity of meaning. As a result, four new themes emerged from the analysis: clients' perceived changes, the therapeutic relationship, facilitating conditions for change, and expectations about therapy. Table 3 shows these contextual themes, codes included in each of them, and illustrative examples of coded segments.

Results

Overall, we found that clients were enthusiastic and able to reflect on their therapeutic process and provided a rich description of what happened during therapy. Thematic findings from phases 1 and 2 will now be discussed.

Phase 1

The first phase of the analysis identified 11 CEs and formed the basis for identification of 18 consensually derived codes that were grouped into five themes: setting, duration, therapist action, change associated to the key moment, and surprise. In the presentation of results, we include tables with illustrative examples in order to capture the essence of clients' accounts. Tables 2a and 2b present the codes, themes, and illustrative examples for the 11 CEs.

Setting. When describing setting, four client accounts made reference to a session that occurred in the therapist's office, while others identified CEs happening in external settings. For instance, Ruben referenced an exposure exercise with the therapist that unfolded in a subway in Buenos Aires, while the setting for another CE event occurred for Carla while talking with a therapist on the phone, at home. It was not possible to identify any specific location for one identified CE event.

Duration. The codes *unique moments* and *building up of several moments* were grouped into the theme *duration*, which included almost half of the CEs that clients identified. The unique moment events described a specific episodic memory–or moment in time–that occurred in the context of their therapeutic treatment. In contrast, other clients were not able to identify one specific CE; instead, they referenced a series of events/moments occurring over time, in the context of a generic memory of their therapy experiences.

Table 2a
Analysis of Themes and Codes in PCEs and Illustrative Examples

Theme code	Frequency *n=11*	Example
Setting		
In session, at therapists office	*Variant*	When I told my therapist my ex-boyfriend had a date with another woman, I was expecting her to say something as my friends would have–"He is not worth it, forget about him." But she said something different. We did an exercise in which the conclusion was that it was great that he had experiences with other women if he still chose me. (Ana)
In session, outside office	*Rare*	While hyperventilating at the subway, what made me nervous was feeling embarrassed, but that experience shocked me because 99% of the people there didn't pay any attention to me. (Ruben)
Not in session, at home	*Variant*	Sometimes it happened to me that it was a Saturday night, everybody went out, and I stayed home alone. And suddenly I made a *click* and said: "If I stay home is because I want to and I can enjoy that, stay at home watching a movie. I don't need to be with someone to feel good." And that realization was the key for me to feel good this year. (Isabel)
Not in session, with therapist support	*Rare*	And one day I felt trapped in my house, I wouldn't go outside, I couldn't manage to get outside my home, and she, my therapist, made me do it. I called her for help and from that instant she gave me support on the phone (Carla)
Not identifiable	*Rare*	Change happened in relationship with my characteristics, things I knew about myself that where influencing my decisions and my thoughts, such as never being satisfied and having perfectionism (Francisco)
Duration		
Unique specific moment	*Typical*	My therapist made me go to the door, then get outside the door, try to go to the corner, like that. And what she did was say, "Don't stay there in the chair, stand up, do something." For me, it was a key moment of therapy. (Carla)
Building up of several moments	*Variant*	I did an exercise where I had to write a letter imagining the worst possible situation of my life regarding failure. When I was writing it, and I did it 100% realistic, I couldn't believe how I felt: I started crying. It was a real blow. Then I imagined myself failing in different situations, and read the letter several times. I recorded myself reading it and listened to the recording. At first, it struck me but there was a moment I became bored . . . being able to face feared situations was a change in me, is the thing I value the most. (Ruben)
Therapist's action		
Reflected on client's behavior and provided feedback	*Rare*	Therapist used a metaphor, a story, like you were in a house in the prairie, and you started walking because you liked walking, and you walked and walked. And when you decided to go back, you suddenly fall in a hole. . . . What do you do when you are in the hole? . . . . Well, you walk and you . . . instead of looking backwards try thinking what you can do to get out of the hole, because you are already in it. I always remember that. (Daniel)
Exposed client to feared situations while providing support.	*Rare*	She gave me the confidence of saying, "Today you accomplished something, you went outside. That shows that you can do it; you will be able to go through it." (Carla)

Note. n = 11. PCE = perceptions of corrective experiences. Frequency labels followed Hill et al., 1997. General = 10–11; typical = 7–9; variant = 4–6; rare = 1–3.

Table 2b
Analysis of Themes and Codes in PCEs and Illustrative Example

Theme code	*Frequency n=11*	Example
Therapist's action		
Challenged client's expectations while providing a new way of interpreting an event or behavior	*Variant*	And I told my therapist about a situation, an everyday thing with my boyfriend. We had to choose a place to go and I didn't like any of the three options he proposed. And my therapist said, "Why not think about another option?" And there was when I realized that I had to make a change. (Mario)
No particular action associated	*Rare*	It's good to share concerns with another person so that they can communicate their understanding. (Francisco)
Changes associated with the event		
Interpersonal change	*Rare*	I learnt that I could negotiate with the other person, and that was a substantial change in the way I am ... I thought is true! I don't know how to negotiate, and then I started applying it in other situations, not just with my boyfriend. (Mario)
Intrapersonal change	*Typical*	And at this point everybody said to me that they thought I was better, even my therapist, and how good I looked. But there was a day in which I looked at myself in the mirror and stopped and thought, "I am better." I really felt better. And when I told my therapist about this, she started to talk about terminating the therapy. (Isabel)
Behavioral change	*Rare*	Being able to face feared situations was a change in me, is the thing I value the most, I used to hide from situations and look away, and then I realized that these situations became bigger, they became a giant problem because I wasn't facing them, this is something I learnt and now use in many situations (Ruben)
The client was not able to identify a specific change related to a particular event	*Rare*	At first, I was very impulsive, wanted everything together and at the same time–one relationship after the other, many relationships at the same time, everything.... Therapy made realize that it was not the best way to relate to others.... (Veronica)
Surprise		
Therapist did something unexpected	*Variant*	It surprised me that my therapist said she would come to my house for sessions. We also had a session in a car where I worked on my fear of driving; it was unexpected. (Carla)
Therapist said something unexpected	*Typical*	My therapist once told me that I had to understand that every mourning lasted at least one year, one Christmas, one new year, one birthday, one Easter, and I thought, "She is crazy," ... but the truth is, that now, one year later [note that one year after the day she decided to seek treatment] I understand why she said that. (Isabel)
Therapist never did anything unexpected	*Rare*	My therapist never surprised me; I already knew what he would say. There was never an eye opener. I would have liked that, [for] the therapist to show me a different way of looking at things. (Francisco)

Note. N = 11. PCE = perceptions of corrective experiences. Frequency labels followed Hill et al., 1997. General = 10–11; typical = 7–9; variant = 4–6; rare = 1–3.

Table 3
Excerpts of the Selected PCEs Sorted by Case

Case	Excerpts of selected fragments	CE
Ana	1) When I told my therapist my ex-boyfriend had a date, I was expecting her to say something as my friends would have—"He is not worth it, forget about him." But she said something different.	Yes
Ruben (a)	2) That experience shocked me because 99% of the people there didn't pay any attention to me.	Yes
Ruben (b)	3) I couldn't believe how I felt. I started crying. It was a real blow.	Yes
Mario	4) And my therapist said, "And why not to think about another option." And there was when I realized that I had to make a change.	Yes
Francisco	5) Change happened in relationship with my characteristics–things I knew about myself that where influencing my decisions and my thoughts, such as never being satisfied and having perfectionism.	No
Isabel (a)	6) And suddenly I made a "click" and said, "If I stay home is because I want to, and I can enjoy that, stay at home watching a movie."	Yes
Isabel (b)	7) But there was a day in which I looked at myself in the mirror and I thought I was better. I really felt better.	Yes
Isabel (c)	8) She once told me that I had to understand that every mourning lasted at least one year.	Yes
Carla	9) And what she did was say, "Don't stay there in the chair–stand up, do something." For me it was a key moment of therapy.	Yes
Veronica	10) Therapy made [me] realize that it was not the best way to relate to others . . . I could see in therapy that this impulsiveness caused me to end my previous relationship.	No
Daniel	11) Instead of looking backwards, try thinking what you can do to get out of the hole, because it's done. I always remember that.	No

Note. CE = corrective experience; PCE = perceptions of corrective experiences.

Therapist Action. In terms of the theme "therapist's action," during the selected event, two clients noted that their therapist reflected on their behavior and provided feedback, and two other clients described their therapists exposing them to feared situations while providing support. Four clients stated that their therapists challenged expectations while providing a new way of interpreting an event or behavior. Finally, in two instances, participants did not identify specific actions, or interventions, as the CE referenced the clients' experience of therapy as a whole.

Perceived changes associated with the events. This thematic category included intrapersonal, interpersonal, behavioral, and not identifiable types of change experiences. In terms of interpersonal change, clients referred to a variety of experiences. For example, Ruben was surprised about other people's reactions, such as disinterest, when he was hyperventilating at the subway station; Ana found that she was able to change the way she related to others based on her therapist's new way of interpreting her boyfriend's actions; and after his therapist opened his eyes to alternative options to avoiding confrontation, Mario stated that he learned how to negotiate in his relationships.

On the other hand, in terms of intrapersonal change, some CE events referred to how clients ended up feeling different about themselves, how they are now able to start facing fears as well as put an end date to grieving the loss of a significant other. In two instances, it was not possible for the research team to identify a specific change because the client referenced the whole of the therapeutic process as leading to an overall sense of personal shift or change.

Surprise. The last theme generated in analyzing the selected fragments was named "surprise," and it refers to therapists doing or saying something unexpected. For example, Carla was surprised when her therapist proposed to have a session inside a car to help her overcome her

anxiety, and Isabel was surprised when her therapist said that mourning lasted one year. This theme also includes narratives in which clients recalled that their therapists never did anything unexpected. For example, Francisco explicitly stated that his therapist never surprised him and that he knew what therapists (in general) would say.

CE analysis of client-identified experiences of change. After analyzing the selected CE segments, we compared the data with the Penn State (Castonguay & Hill, 2012) definition of CE and reached a consensus that in eight of the selected CE's, the client had described "understanding or affectively experience an event or relationship in a different or unexpected way" (p. 5) as a result of their engagement in psychotherapy sessions. Table 3 presents a synthesis of each selected CE event description and the consensual decision the team made about each of them.

In the context of the research group discussions regarding whether client-identified experiences of change met criteria as a CE, it became clear that when identified change experiences evidenced a specific narrative structure of the event that included a beginning, a climax, and an end, clients described a process of change that cohered with Castonguay and Hill's (2012) CE definition. For example, Mario described his experience of the process of change, the associated interventions, and how he came to understand things differently in this way: "I learned (in that session) that I could negotiate with the other person, and that was a substantial change in the way I am ... I thought: it is true! I don't know how to negotiate, and then I started applying it in other situations, not just with my boyfriend."

In contrast, we found that client accounts of CE's that lacked an organized narrative of what change happened, when it occurred, in what context of the therapy treatment, often did not meet the definition of CE provided by Castonguay and Hill (2012). For example, Francisco was only able to enumerate a list of perceived changes without being able to describe specifically the context and manner in which they happened: "Change happened in relationship with my characteristics, things I knew about myself that were influencing my decisions and my thoughts, such as never being satisfied and having perfectionism."

Phase 2. Analysis of Contextual Themes

In phase 2, we analyzed the entire transcripts of the eight interviews for themes that were related to CEs. The analysis yielded 17 codes subsequently grouped into three themes, which can be seen in Tables 4a and 4b.

Clients' perceived changes throughout therapy. This theme included three codes: intrapersonal change, interpersonal change, and behavioral change. All eight of the study participants only described positive changes as a result of therapy in the context of their PPCEIT interviews. The theme, intrapersonal changes as a result of therapy, was identified in seven interviews and included the following examples: "I recovered my happiness, which I hadn't even realized I had lost" (Ruben); "I used to worry about small things, now I only worry when it is worth it; therapy changed my way of thinking" (Carla); and "I learnt that some things will not change and that I have to accept that" (Daniel).

Additionally, six participants mentioned interpersonal changes, such as improving their relationship with their significant other or being able to deal with authority in a more diplomatic way. Finally, three clients mentioned behavioral changes. For example, Carla said that "I could go on vacation twice, traveling by plane"–something she had not been able to do before therapy because of her flying phobia.

Clients' therapeutic relationship. This theme also emerged from the contextual analysis of all eight posttherapy interviews. Seven participants described a strong positive therapeutic relationship; two specifically mentioned admiring their therapists and five acknowledged feeling supported and understood by their therapist. Participants also valued being able to trust their therapist; in this regard, Ruben mentioned that trust included how professional and

Table 4a
Contextual Themes, Codes, and Illustrative Examples

Theme code	Frequency n=8	Example
Perceived changes		
Intrapersonal change	*General*	I am quite structured and it helped me increase flexibility in my way of thinking. It helped me with my perfectionism. I realized I didn't need to know everything or read everything before an exam. (Ana)
Interpersonal change	*Typical*	I am more straightforward and behave in a diplomatic way as much as I can. (Isabel)
Behavioral change	*Variant*	I could go on vacation twice, traveling by plane. Also, I use the bus and the subway every day. (Carla)
Therapeutic relationship		
Positive	*General*	I felt very comfortable. My therapist was a genius; he was a cool guy, active in therapy who could make a joke . . . He was not structured. He interacted with me, he laughed with me. (Mario)
Confident and trustful	*Typical*	My therapist knew what he was talking about, what would made me feel secure and calm. (Ruben)
Professional and distant	*Rare*	I knew that the relationship with the therapist is not a friendship relationship, but I would have liked feeling more comfortable. There was a certain distance. (Francisco)
Problematic	*Rare*	The fact that he was a man became a problem because I found it difficult to tell him certain things. (Veronica)
Facilitating Conditions		
Safe, nonjudgmental space	*Variant*	It was a space where nobody judged me, where I could say whatever came to my mind. (Ana)
Therapist's support	*Typical*	I went with my therapist at rush hour to the subway station, he came to the station, which is a bit far from his office. I felt a bit ashamed of having him take so much time on me, but it made me feel he was committed to the therapy. I valued that very much. (Ruben)
Therapist's flexibility	*Variant*	The way my therapist adapted to my situations was exceptional and helped me a lot. (Carla)
Therapist's style	*Variant*	When I listened to my therapist, her posture, her voice and calmness, gave me a peaceful sensation that had almost never happened to me. (Isabel)
Therapist's persistence	*Rare*	My therapist was persistent, it is difficult to make me change my mind, but she is one of the few people who was able to present things in a different way and open my mind. (Isabel)
Therapist's interventions	*General*	My therapist normalized situations that I viewed as dramatic . . . like thinking that something may not necessarily be wrong–it is the way one chooses to do things. (Daniel)

Note. n= 8. Frequency labels followed Hill et al., 1997. General = 10–11; typical = 7–9; variant = 4–6; rare = 1–3.

knowledgeable the therapist was. Two clients reported that aspects of their therapeutic relationship had been conflictual or distant.

Facilitating conditions. This theme included both therapist relationship skills and technique factors. Among the relationship skills reported by clients was that the therapist created a safe, nonjudgmental space; clients also reported valuing their therapist's flexibility and support. One participant mentioned the therapist's voice and posture as a helpful factor. Addressing technique factors, a variety of interventions were mentioned, reflecting the heterogeneity of therapeutic frameworks and therapists' characteristics within the sample. Some examples are as follows:

Table 4b
Contextual Themes, Codes, and Illustrative Examples

Theme code	Frequency n=8	Example
Expectations about treatment		
Therapy like previous treatments	*Rare*	I thought therapy was going to be similar to my previous treatments and it was. (Veronica)
Psychodynamic expectation of treatment	*Rare*	I imagined my psychologist was going to be an elderly man, and I would have to lay down on a couch . . . he would write things . . . have a watch to keep track of time and when the bell rang he would say that time was over and another client would come in (Rubén)
No previous expectation of treatment	*Rare*	I had no idea what therapy was about. (Francisco)
Prejudiced therapist	*Rare*	As he was a man, I thought that maybe he would not understand my homosexuality. I realized that it was my own prejudice that made me think that. (Mario)

Note. n= 8. Frequency labels followed Hill et al., 1997. General = 10–11; typical = 7–9; variant = 4–6; rare = 1–3.

- In session: "There was this activity of making pros and cons lists, and thinking through different options" (Ana)
- Self-disclosure: "She told me personal details, like how she had married young, divorced and remarried, and at that time I thought, 'I am 34 years old, I just had a divorce, my life ends here´, and then I understood I was not the only woman going through this" (Isabel)
- Humor and bibliotherapy: "My therapist was able to help me, using humor, using metaphors. As I liked reading very much she gave me things to read, that explained a lot the things we talked about, that made me feel secure" (Daniel).

Discussion

Based on the results from the PPCEIT posttreatment interviews, and following the Penn group definition of CE, we were able to identify that 8 of 11 segments, from five out of eight participants, contained stories about significant moments in therapy that changed the way clients thought about themselves, their behavior, and their ways of relating to others. The remaining three participants also mentioned positive changes related to their therapists' actions in therapy, but their account of significant events did not meet the criteria in the definition of CEs.

We found that the five clients whose narratives met criteria for CE were able to recall and tell a story of the event as a whole that included specific contextual elements, such as a stated time and place in which the experience happened. Such vivid and detailed recall of the CE event allowed client participants to reflect on previous expectations they had held, unresolved conflicts they had addressed, and feared situations that they had encountered and mastered. For example, Mario recalled the session in which his therapist asked him to think of other options in relation to decisions that a couple has to make. At that time, he and his boyfriend quarreled a lot because they wanted to do different things. The therapist said it was not necessary to agree or fight but they could find a different option they both were comfortable with.

That intervention led him to realize that he did not seem to know how to negotiate in his important relationships. Moreover, that particular moment in therapy, and realization of his lack of negotiation skills, provided the impetus for changing his way of interacting with others, not just with his boyfriend. Being able to identify that particular key moment in his therapy helped him to understand the meaning and impact of that significant experience and use it to guide more adaptive actions in other situations. It seems that when CE produces change, the client is able to incorporate that change, condensing different kind of experiences, emotions, body sensations, and thoughts into one specific narrative. This narrative becomes part of the client's history. In addition, through its temporal sequence, CEs enable the client to narrate how

he or she was before and after the event; identifying which thoughts, emotions, cognitions, or behaviors were modified (Angus & Greenberg, 2011).

In both cases where participants did not remember or could not describe a specific change event narrative, a chronicle of disconnected facts and experiences emerged. For example, Francisco listed a number of perceived changes, but there was a lack of specificity in the way he described those changes, including explanations for how they came about and how they were inter-related. This does not necessarily mean that this therapist's strategy and work was ineffective or that perceived changes achieved were not valuable or helpful. But it does point to the need for future research to address the connection between client narration of CE events and overall treatment outcomes (see Macaulay et al. in this Special Issue).

Another salient finding from our thematic research analyses was the importance of the disconfirmation of expectations, which is consistent with Constantino and Westra's (2012) conceptual, expectancy-based CE model, and the expression of feeling surprised in clients' CE narratives. Hill and colleagues (2012) noted the belief of some researchers that CEs may be fostered when therapists have the courage to do something "unusual, bold, or perhaps even benevolently shocking" (p. 359). In our results, we found that this was the case in seven of the recalled events. Surprise as an element in psychotherapy has a long tradition, going back to Reik in his 1936 book, *Surprise and the Psychoanalyst*. In addition, Rogers, in his dialogues with Buber in 1957 (Buber, Rogers, Anderson, & Cissna, 1997), noted that surprise is an element in the dialogue that takes place during session, and how in the context of this dialogue clients can be also surprised by themselves.

Surprise was an identified recurrent item in the narratives of five clients that recalled specific CE's in therapy. Clients were surprised when their therapist said something unexpected, behaved in a different way, or when external factors, such as other people's behavior as in Ruben's account of his hyperventilation in the subway, challenged their beliefs. Clients were surprised and valued therapists' flexibility in adapting to their needs, such as changing the place of therapy (e.g., the client's home or subway station). Also, the disconfirmation of beliefs of how therapists should behave was a recurrent factor when analyzing the contextual aspects of the participants that identified a CE. For example, Ruben and Ana were expecting therapists to behave as an unattached silent listener and where surprised when their therapists behaved differently, such as using self-disclosure or actively guiding therapy.

In contrast, one of the participants that did not recall a specific CE event said that her therapist was exactly as expected and another participant said he had no previous expectations. Daniel, the other participant whose significant event did not meet criteria for CE, mentioned that his expectations about therapy and therapists' behavior were disconfirmed. This suggests that not every disconfirmation reaches the level of a CE. Daniel mentioned that his therapist sometimes self-disclosed and that this was unexpected for him, but he attributed self-disclosure to therapist youth and inexperience.

Having the opportunity to thematically evaluate clients' accounts of significant therapeutic events we were able to deepen our understanding of how a CE interrelates with other aspects of treatment. By analyzing not only the CE event but also the contextual factors (such as perceived changes, the therapeutic relationship, facilitating conditions and expectations about therapy), we intended to shed light on therapeutic conditions that foster CEs in therapy.

The physical location where the CEs took place varied. CEs could occur during sessions in therapists' office, during session outside of office, in a client's home while speaking to the therapist by phone, or outside session when the client was home alone. The temporal occurrence for CE also varied; in the majority of cases, it was a single event at some point in time, but there were cases where the CE occurred after the accumulation of successive events. This variety of locations and times shows the heterogeneity of human experiences and the variability of factors fostering CE.

It would be valuable to study if therapies with recalled CEs have a greater enduring impact on a client's life and interpersonal relationships than those therapies without observable or specifically noted/recalled CEs. In terms of the debate about how much clients must verbalize and overtly make sense of CEs for such experiences to have a lasting impact, we clearly support the idea of the usefulness and impact of identifying–"storying"–and making meaning of these experiences

of change (Angus & Greenberg 2011). This does not mean that the act of externalizing the experience of a CE, as a shared story, is the *cause* of the CE, but that it may be an important processing step that provides the client with a more memorable, coherent understanding of the relationship between a CE in therapy and sustained personal change over time. However, further research needs to be conducted to support this hypothesis. Also, it would be interesting to investigate clients' accounts of CEs across different theoretical frameworks, searching for divergences and convergences in their narratives.

This study reflects the strengths and weaknesses of most qualitative research samples, which present a limited number of cases to enable a detailed analysis. In addition, the fact that therapists were asked to refer their clients could have led to a biased selection of successful clients. This might have resulted in a larger proportion of corrective experiences among the sample than would have been the case otherwise. In the present investigation, however, this was a "useful" confound given that the aim of the study was to observe the nature of CEs.

Also, generalizability is limited because client and therapists' characteristics in this sample do not reflect these populations in Buenos Aires. For example, all treatments were held in private offices, and common mental health disorders, such as major depression, were absent. Clients recruited for the sample were White and the socioeconomic status was middle or high. In addition, although therapists had a variety of theoretical backgrounds, they did not represent the vast variety of therapeutic approaches that are conducted in Buenos Aires. Nevertheless, there was no intention of generalization with this study; instead, we sought to provide new rich data that could lead to a better understanding of the CE phenomenon. Also, this study aimed at achieving ecological validity by studying cases in their naturally occurring contexts. Finally, participants' narratives are retrospective accounts that could be affected by their ability to remember and put the experience into words.

Clinical Practices and Summary

Some implications for practice can be derived from the present study. Results show that CEs not only provide connections between events in everyday life and therapy and change but also are associated with a more profound understanding of such changes. Being able to narrate a story provides clients the chance to view their experience from a distance and detect that moment of "shift" that will remain in their memory, facilitating its implementation further in life (Angus & Greenberg 2011, Angus & Kagan, 2013). Thus, therapists who encourage the production of stories in therapy with the above-mentioned characteristics may foster CEs. The importance of co-constructing and narrating stories that represent new behaviors, feelings, and beliefs (Angus & Kagan) is that this new story merges into the subject's life story. As per Angus and Greenberg, the co-construction of a new self-narrative allows the replacement of maladaptive emotion schemes in which the narrative scaffolding of emotional experiences provides a framework for the organization and integration of felt emotions with unfolding action sequences.

In the same sense, addressing perceived change during treatment and helping clients identify key moments of therapy could help them incorporate these changes into their lives after therapy termination. Clients also linked CEs to instances where therapists adapted to their needs. In fact, in all cases where CEs occurred there was a positive therapeutic relationship. As Castonguay et al. (2012) noted, therapists' empathy, warmth, and openness are often cited as facilitating conditions for CE. From this research, we do not know if CE would occur in the context of a poor therapeutic relationship, but our results show that in two of the three cases without CE, clients described the therapist as formal or distant.

Given the importance of surprise to clients, it could be helpful to discuss this issue in training. Surprise *per se* is not necessarily beneficial, and therapists need to know what kind of surprises could be useful and which ones detrimental. Therapists could be trained to think "out of the box" in different situations so that they become more comfortable with innovation and spontaneity. It is not possible to plan in advance when something unexpected will appear en therapy, but it is possible to learn to be open to taking "risks." On the other hand, sometimes clients are surprised when therapists are doing what they always do, which is using prescribed interventions from their theoretical framework. It is not the therapist doing something innovative but the client's

way of experiencing that generates surprise. In that sense, young therapists could be trained to make their interventions simple and understandable, eliding complex jargón and theoretical clichés because the comprehension of the clinical actions is an important part of the surprise.

In conclusion, we are optimistic about the work and findings about CEs from the last years, which are illuminating the relationships among interventions, the therapeutic relationship, and change in psychotherapy. We suggest that giving more space to the client's voice about the significant moments of therapy will give us more information about different types of CEs, refining the concept and understanding its mechanisms of change. We hope that future research will connect results with activities specially oriented to the training of practitioners in obtaining maximum benefit of their interventions and actions to foster CEs.

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